Bundle Partnerships, People and Population Health Committee 13 September 2022

1 09:30 - PP22/85 Welcome and apologies for absence

Gareth Evans
Gill Harris

2 09:31 - PP22/86 Declarations of Interest

3 09:32 - PP22/87 Draft minutes of the previous meeting held on 12.7.22 for approval

PP22.87 PPPH draft minutes 12.7.22 - V0.05 public session.doc

4 09:33 - PP22/88 Matters arising and table of actions

PP22.88 Table of actions.doc

5 09:45 - PP22/89 Report of the Chair

Linda Tomos

6 09:46 - PP22/90 Report of the Lead Executive

Chris Stockport

7 STRATEGIC ITEMS

8 09:47 - PP22/91 Draft Partnerships, Engagement and Communications Strategy

Helen Stevens Jones
Recommendation
The PPPH Committee is asked to discuss and comment on the draft Strategy.

PP22.91a Partnerships Engagement and Communications Strategy Draft v2.docx

PP22.91b BCUHB Partnerships Engagement and Communication Strategy 2022-2025 v5 August 2022 DRAFT.docx

PP22.91c Appendix 1 PEC Action Plan_v2.docx

PP22.91d Appendix 2 Stakeholder Analysis.docx

PP22.91e Equality Impact Assessment Screening_PEC Strategy 2022 v3.docx

9 10:02 - PP22/92 Update on Digital, Data and Technology BAF risks and Proposed Transformation of Informatics Operating Model

Dylan Roberts
Recommendation
The PPPH Committee is asked to receive the proposed BAF and high level plan for transforming Informatics into DDAT and provide any comments to inform the process.

PP22.92a DDAT PPPH Sept Update ReportFINAL.docx

PP22.92b DDAT App 1 BAF.docx

PP22.92c DDAT App 2 IT SCORE EXPLAINER.docx

PP22.92d DDAT App3 Global Resourcing.pdf

10 10:17 - PP22/93 North Wales Market Stability Report 2022

Chris Stockport
Recommendation
PPPH is asked to note the content of this paper which provides an assessment of the sufficiency and stability of the social care market for regulated services in North Wales.

PP22.93a Market Stability Report 130922 final.docx

PP22.93b App1. MSR Draft (English) v.04.pdf

PP22.93c App2 MSR EqIA v.1 (English).pdf

11 10:32 - PP22/94 BCUHB – Decarbonisation Action Plan - 2022-2027

Rod Taylor in attendance
Recommendation
The Partnerships, People and Population Health Committee is asked to
consider and support the Decarbonisation Action Plan - 2022-2027 which meets the requirements of Welsh Government's request to all Health Boards in Wales to develop five–year decarbonisation action plans.
note the planned governance arrangements to ensure engagement and delivery of actions contained within the action plan.
recommend to the Health Board that the action plan is approved and submit to Welsh Government.

PP22.94a BCUHB Decarbonisation Action Plan 13-09-2022 Rev 1.1 Final.docx

PP22.94b App 1 CR_NZO_BCUHB_Decarbonisation-plan-2022-24_v6(f)_220706.pdf

PP22.94c App2 NHS Wales Decarbonisation Strategic Delivery Plan.pdf

12 PP22/95 Item deferred

13 10:42 - COMFORT BREAK

14 10:52 - PP22/96 Welsh Language Monitoring report 2021/22

Teresa Owen
Recommendation
The Committee is asked to agree submission of the report to the Board for approval.

PP22.96a Welsh Language Services Annual Monitoring Report 2021-2022.docx

PP22.96b App1a Welsh Language Services Annual Monitoring Report 2021-2022.docx

PP22.96c App1b Welsh Language Services Annual Monitoring Report 2021-2022 WELSH-CYMRAEG.docx

PP22.96d App2 Welsh Language Strategic Forum Terms of Reference 2022-2023 v1.0 approved.pdf

15 11:07 - PP22/97 Population Health : Travel Well

Teresa Owen
Recommendation
The Committee is asked to note the content of the report.

PP22.97 Travel Well Report.docx

16 11:17 - PP22/98 Test, Trace, Protect (TTP) Programme update

Teresa Owen
Recommendation:
The Committee is asked to note the changes to TTP in light of the revised Welsh Government's "Together for a Safer Future: Wales' Long-term Covid-19 Transition from Pandemic to Endemic" strategy and the associated reduced funding arrangements.

PP22.98 TTP Report for PPPH Committee 13.09.22.docx

17 11:22 - PP22/99 The TUPE transfer of the Local Public Health Team (LPHT) to the Health Board

Teresa Owen
Recommendation
The Committee is asked to note the proposed transfer date (1 October 2022) for the team from Public Health Wales (PHW) to BCUHB.

PP22.99 LPHT Transfer - v1 01.09.2022.docx

18 11:27 - PP22/100 People (Workforce) report

Sue Green
Recommendation
The Committee is asked to NOTE the current performance position provided and agree the ongoing reporting format from this point forward

PP22.100a People_Workforce Performance Report v4.docx

PP22.100b People report Appendix 1 IMTP Priorities Update Report.docx

PP22.100c People report Appendix 2 Rapid Improvement Deep Dive Recruitment SBAR.docx

PP22.100d People report Appendix 3 Recruitment Deep Dive Workshop Session Feedback.pptx

19 11:47 - PP22/101 Corporate Health Standard report

Sue Green
Recommendation
The Committee is asked to note the report

PP22.101_CHaWUpdate_Final.docx

20 GOVERNANCE

21 11:52 - PP22/102 Chair assurance reports: Executive groups and partnership boards

PP22/102.1 Population Health - Teresa Owen
PP22/102 .2 Together for Mental Health - Teresa Owen
PP22/102 .3 Transformation - Chris Stockport
PP22/102 .4 People - Sue Green
The Committee is asked to note the reports

PP22.102.1 Committee Chair's Assurance Report t edg sept PPPH v2.docx

PP22.102.2 Chair's Assurance Report T4MHPB sept 22.docx

PP22.102.3 Chair's Assurance Report Transformation EDG July 2022 meeting.docx

PP22.102.4 Committee Chair's Assurance Report_EDG People.Culture Final.docx

22 12:07 - PP22/103 North Wales Regional Partnership Board (RPB)

Chris Stockport
Sally Baxter in attendance
Recommendation
The Committee is asked to receive the paper, note the update provided and offer any comments on the updates provided.

PP22.103a RPB update September 2022.docx

PP22.103b NWRPB draft notes 8.7.2022.pdf

23 12:17 - PP22/104 Items previously discussed in committee private session and reported in public

The Committee is asked to note the following had been discussed in private session on 12.7.21 : Agreement in principle to develop an outline business case and Corporate Risk : CRR21/11

24 RISKS

25 12:18 - PP22/105 Corporate Risk Register (CRR)

Nick Lyons
Phil Meakin in attendance
Recommendation
The Committee is asked to review and discuss the report.

PP22.105a Corporate Risk Register v1.0 Public.docx

PP22.105b Appendix 1 - Partnership People and Population Health Committee Corporate Risk Register.pdf

PP22.105c Appendix 2 - Full List Corporate Risks.docx

PP22.105d Appendix 3 - Risk Key Field Guidance Definitions of Assurance Level.docx

26 12:27 - PP22/106 Board Assurance Framework (BAF)

Sue Green on behalf of the Acting Board Secretary
Recommendation
The Committee is asked to:
• Note and review the BAF risks that fall within the remit of the Partnerships, People & Population Health Committee

PP22.106a PPPHC BAF.docx

PP22.106b BAF appendix 1.pdf

27 12:37 - PP22/107 Review of risks highlighted in the meeting for referral to Risk Management Group

28 12:39 - PP22/108 Date of next meeting 8.11.22

29 12:39 - Exclusion of Press and Public

Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board
DRAFT
Partnerships, People and Population Health (PPPH) Committee

Minutes of the meeting held in public on 12.7.22, held virtually via Teams

Present:	
Nicola Callow	Independent Member (Vice Chair) Chairing in place of Linda Tomos
John Cunliffe	Independent Member (IM)
John Gallanders	Independent Member
In Attendance:	
Andrea Williams	Head of Informatics Programmes Assurance and Improvement
Catrin Roberts	Collaboration Team North Wales Regional Partnership Board (NWRPB)
Chris Stockport	Executive Director Transformation, Strategic Planning, & Commissioning
Gaynor Thomason	Interim Executive Director of Nursing & Midwifery
Helen Stevens-Jones	Director of Partnerships, Communications and Engagement
Jody Evans	Corporate Governance Officer (Standing in as Secretariat)
Justine Parry	Assistant Director of Information Governance & Risk
Molly Marcu	Interim Board Secretary
Nick Lyons	Executive Medical Director
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Sally Baxter	Assistant Director ~ Health Strategy
Sue Green	Executive Director of Workforce & Organisational Development (WOD)
Teresa Owen	Executive Director of Public Health
Observing	
Dave Harris	Head of Internal Audit
Jackie Hughes	Independent Member (IM)

Agenda Item	**Action**
PP22/60 Chair's welcome and apologies **PP22/60.1** Apologies received from Linda Tomos, Adrian Thomas, Gareth Evans, Dylan Roberts, Gaynor Thomason and Gill Harris.	
PP22/62 Declarations of Interest **PP22/62.1** None to report at the meeting.	
PP22/62 Draft minutes of the Partnerships, People and Population Health Committee held on 20.5.22. **PP22/62.1** The minutes were approved. **PP22/62.2** It was agreed to review the length of the minutes and refer to titles, rather than naming individuals within future iterations.	OBS Team

PP22/63 Action Log **PP22/63.1** The table of actions was updated.	
PP22/64 Report of the Chair **PP22/64.1** The Chair advised that there had no items to report on.	
PP22/65 Report of the Lead Executive **PP22/65.1** The Lead Executive highlighted that the Executive Delivery Groups had started to meet, however there was not yet a consistent and systematic cycle to enable the assurance reports to feed into the PPPH. It was anticipated that this would be in place in time for the next meeting.	CS
STRATEGY	
PP22/66 Annual Plan and compliance with the Wellbeing of Future Generations (Wales) Act (2015) **PP22/66.1** The Assistant Director of Health Strategy presented the report and provided the update concerning the Health Board's response to previous Audit Wales recommendations. **PP22/66.2** The Assistant Director of Health Strategy emphasised from previous discussions that, the recommendations had been updated and Internal Audit had been content with amendments, in relation to the specific responses to recommendations within the paper. The focus of the environmental issues was acknowledged and further work to ensure assurance levels was raised. It was expressed that there were 2 risks, which had been logged via the Datix system, in response to a Deep Dive. The challenge to continue to invest in long-term sustainability and planning was acknowledged. The Committee accepted the update and questions were invited. **PP22/66.3** The Committee Vice Chair requested clarification pertaining to links with the Integrated Medium Term (IMTP), in relation to asset management strategy and estates. The stance was clarified, via the Well-being of Future Generations, and via other Strategies. Links to the Asset Management Strategy would require clarification, the Assistant Director of Health Strategy agreed to review and clarify with the Assistant Director of Finance. The Assistant Director of Health Strategy also agreed to review throughput and links periodically, in relation to how evidence was being fed through. **PP22/66.4** An Independent Member (IM) questioned the level of partnership working and involvement that was undertaken. The Executive Director of Public Health confirmed Health Board staff attend the Public Service Board Meetings and Team Members were heavily involved. It was confirmed that discussion and involvement had expressly matured, it was reiterated that Needs Assessments were communicated effectively. It was acknowledged that the purpose of the 2022 refresh was to review findings; arising from assessments, in order to flag out key messages.	SB

It was also raised that Surveys, along with Needs Assessments fed into Strategic Plans, and were handled separately, via single data gathering. **PP22/66.5** It was resolved that the Committee note the update. [SB left the meeting at 10:12am]	
PP22/67 The Digital Strategy Review **PP22/67.1** The Head of Informatics provided the report on behalf of the Chief Digital Information Officer. It was stated that following on from the recent appointment of the Chief Digital and Information Officer; Informatics discovery work continued, with regards to learning, development and planning to improve and modernise the way that digital, data and technology was delivered within BCUHB. Implementation of the digital strategy had started in the 2021/22 period at pace, with key areas of success such as the implementation of the online patient experience system, Symphony, the Welsh Patient Administration system, Office 365 as well as the rollout of mobile equipment for staff to enable agile working. The Chair acknowledged the significant amount of work accomplished by the informatics team. **PP22/67.2** An IM acknowledged the positive steps taken to achieve the progress to date, but also raised a question regarding partial completions, highlighting actions RAG rated as amber on the action plan. The Head of Informatics explained that the theme was due to resources, a discussion ensued. The Head of Informatics assured the IM that the focus had predominantly been on project delivery, however acknowledged the requirements to prioritise, and confirmed it was under review by the Programme Management Office. Levels of increase and demand was also raised. **PP22/67.3** Members enquired whether the BAF required an update or escalation in risk rating, in order to adequately highlight the resource and capacity issues outlined by the Head of Informatics. Specific reference was made to Board Assurance Framework (BAF) Risk 21.16. It was agreed the Executive Director of Workforce and OD would consider the potential effect on the Board's Corporate Risk relating to recruitment. The Interim Board Secretary enquired whether the Head of Informatics was of the view that there was an enhanced to risk exposure, on resources, or whether this remained within a tolerable range. It was noted that the Health Board (HB) was in a better position, in terms of Welsh Government funding, however finance issues were ongoing. An IM confirmed that a meeting was scheduled to review the risk with the Chief Information Officer, in order to consider the changes to resources and terms of structure, along with deliverability and levels of detail within the strategy. It noted that the BAF was to be submitted to the HB Meeting in July 2022, and that the risk was to be reviewed ahead of the meeting. **PP22/67.4** An IM raised a question regarding the NHS Application development, and how engagement and consultation had taken place within North Wales. The Committee noted the ongoing pilots and benchmarking going on nationally. Impacts on a national level, in terms of risk identification was also discussed, along with management of patient and customer expectations that seemed to be very much primary care focussed. External pressures and expectations of the launch was raised, and it was agreed that assurance levels were to be monitored and future	SG AW

updates would be provided within future reporting, as the development progresses. **PP22/67.5** A discussion then ensued in relation to reinforcement of cross escalation of key drivers, (relating to risks upon the BAF and CRR). **PP22/67.6** The Digital Communities Wales Appendix was discussed, and an IM suggested the possibility of widening opportunities for trade unions; to work alongside informatics, to enable training for Estates and Facilities Staff to be made more accessible. The lack of office 365 knowledge and skills was highlighted, along with the large uptake on the offers of training. The Head of Informatics acknowledged the suggestion. **PP22/67.7** An IM raised a query with regards to progression of the Eye Care Program and the WCCIS Business Case approval. Levels of support regarding social prescribing was also raised, the Committee acknowledged the continuing work in order to implement and support at lower levels, with regards to intervention verses demand. An offline discussion was agreed between the IM and the Head of Informatics regarding social prescribing. **PP22/67.8** It was agreed that assurances of progress levels and achievements made, and the "Partial" achievements and vulnerabilities of recruitment and retention were to be further revisited, in light of the slippage and priorities, as well as the risk exposure (as outlined in the BAF), which was noted to have changed from the time of the original assessment. **PP22/67.9** The Committee agreed that the "partial" achievements within the Digital Strategy Review, and vulnerabilities of recruitment and retention and the cross escalation of key drivers, relating to risks on the BAF and CRR would be reviewed at the next meeting. **PP22/67.10** It was resolved that the Committee noted the report.	AW DR
PP22.68 Integrated Digital Informatics Assurance Review **PP22.68.1** The Head of Informatics Programmes Assurance and Improvement presented the paper and highlighted key points relating to progress against the Digital Strategy 2021 – 2024; • Secondary Care - Multi Disciplinary – Welsh Patient Administration System • Urology - My Medical Record – Prostate Specific Antigen (PSA) Tracker • Secondary Care - Multi Disciplinary – Digital Health Record • Secondary Care - Multi Disciplinary – Welsh Nursing Care Record • Secondary Care - Multi Disciplinary – Welsh Emergency Department System/Symphony • Secondary Care - Multi Disciplinary – Endoscopy System • Secondary Care - Multi Disciplinary – Results Management • Secondary Care - Multi Disciplinary – WCCIS **PP22.68.2** Questions were invited, and an initial discussion arose with regards to responses and critical prioritisation.	

PP22.68.3 An IM raised concern relating to factual accuracies of the WCCIS report, regarding implications of the reviews and engagement, along with the impacts and delays. The requirement to review the key agenda elements moving forwards was noted. The Executive Medical Director acknowledged that the governance and representational aspects of the Digital Health Record were to be reviewed.	AW
PP22/68.4 Discussion ensued concerning progress of funding elements, following concerns raised by an IM, relating to WPAS funding. Following the discussion, the Head of Informatics also agreed to feedback to the IM concerning the Limms system and of any impacts on patients, relating to delays.	AW
PP22/68.5 The Committee agreed that the Executive Medical Director, Interim Board Secretary and Chief Digital information Officer review the clinical risk exposure associated with the delivery of the digital priorities.	NL, MM, DR
PP22/68.6 It was resolved that the Committee note the report and reviewed the levels of assurance.	
PP22/69 - Test, Track and Trace (TTTP) Programme Update	
PP22/69.1 The Executive Director of Public Health provided the verbal report to the Committee. The Committee was advised that the new phase of the programme commenced on the 1st July 2022.	
PP22/69.2 It was noted that the tracing element of the TTTP was reducing by 80%. It was confirmed that partners were working with the outstanding 20%. It was confirmed that Team numbers were increasing. It was further clarified that contacts were not being treated in the same way as per wave 1 and 2 of the pandemic. The new structure within the team was reported upon, along with Logistical challenges.	
PP22/69.3 Positively, it was confirmed that a Point of Care Testing Pilot (POCT) was commencing in Ysbyty Glan Clwyd. The Executive Director of Public Health also reported that, with the support from Welsh Government; funding confirmation was expected, which was to provide assistance to support other health protection issues accordingly.	
PP22/69.4 Following a query from an IM a discussion ensued relating to pressures on staff, in relation to work commitments, if unwell. It was clarified that the HB do not have any wish to pressure staff into work if unwell, and the need to look after our staff was reiterated. It was agreed for workforce to feedback into the system, to review whether there could be further support and communications to staff.	SG
PP22/69.5 The Chair referred to potential flu pandemic situations in future, in response the importance of immunisation was highlighted by the Executive Director of Public Health. It was understood that the Annual Flu Plan was on the Cycle of Business and was to be brought to a future meeting for update.	TO
PP22/69.6 The Chair thanked the Executive Director of Public Health for a clear, articulate, and informative report	

PP22/69.7 It was resolved that the Committee noted the report	
PP22/70 – Well North Wales annual report 2021/22 **PP22/70.1** The Executive Director of Public Health commenced the update by expressing thanks to Dr Glynne Roberts' who had recently retired, along with his contributions to the "Well North Wales" programme updates, specifically in relation to supporting inequalities, along with partnership working links. It was noted that the programme was within the fifth full-year, and the report highlighted the number of successful partnerships created, and how the HB had linked with organisations from across the public sector, third sector and housing providers, which had underpinned the health inequalities agenda across the region. An overview of the reports positivity was greatly acknowledged by the Committee. The Chair commended the positive impacts of the work undertaken and invited questions from the Members. The IMs acknowledged the fantastic work and key drivers within the update and a comment was discussed in relation to engagement with the public within the wider community. It was confirmed that Dr Roberts' post was going out to advert imminently. Following the discussion, the Chair thanked the Executive Director of Public Health for the update report. **PP22/70.2** The Committee approved the report and endorsed the partnership approach taken to address the issue of health inequalities across North Wales.	
PP22/71 - Planning for workforce Deep Dive **PP22/71.1** The Executive Director of Workforce presented the report update to the Committee and stated that the detail was to set out the outline of a model methodology for Rapid Deep Dives. The report outlined how to test the methodology using problem statements relating to the challenges experienced by the HB, in relation to attraction and recruitment of staff, which was to be undertaken within a forthcoming session planned in August 2022. Subject to feedback from the Committee, it was agreed to circulate and inform the Board Workshop on 4th August. **PP22/71.2** It was confirmed that the Deep Dive Workshop was to be held on 18th August 2022. Discussion ensued and timescales were discussed, it was agreed that the plans were to be strengthened, prior to review at the Board Workshop. It was noted that further work was to be undertaken in relation to the workforce content, along with the addition of further details relating to problem statements. The Executive Director of Workforce agreed to participate and was to attend the Deep Dive session. It was confirmed that the session was to be led by the Transformation and Improvement team with External facilitation too. **PP22/71.3** An Independent Member raised concern relating to a diary invitation for the event. It was agreed to ensure the invitations were received in due course. The Executive Director referred to a number of elements and suggestions which was to be built into the plans. It was also noted that BAF item 21 – 16 was being incorporated. A discussion ensued and suggestions raised in relation to reporting mechanisms. **PP22/71.4** Attendance and the presence of Independent Members (IMs) was discussed;	SG SG SG/MM

it was noted that the Interim Board Secretary fully endorsed the attendance and supported the attendance of the IMs. It was agreed to involve the Chairs at the initial stage, then Independent contributions moving forwards. The make up of the group would also involve Union representation. It was agreed for the Vice Chair of PPPH and the Executive Director to agree and discuss.	NC/SG
PP22/71.5 An IM referred to a point made by Internal Audit, in relation to the governance route of the report if PPPH Members were involved, therefore the levels of independent scrutiny would require review and consideration. The Interim Board Secretary informed the group of the issues relating to visibility and mitigation, along with the requirements for clear outputs and assurance in terms of governance. The Executive Director of Workforce agreed to include detail relating to the reporting process within the document.	SG
PP22/71.6 It was agreed to complete the paper by the date of the workshop. It was agreed for the Executive Director to circulate a final version of the paper to the Members of PPPH Committee and the Acting Board Secretary. It was agreed to invite Chairs only for the initial session, which was then to be reviewed thereafter. The Chair expressed concern about being cited as an author of the report presented at PPPH without having had the opportunity to comment on the version that was published, and to ensure in the future adequate time to enable comment on final papers.	SG
PP22/71.7 The Committee noted the plan to test the proposed methodology at the session on 18th August 2022.	
PP22/72 - People (Workforce) Performance Report	
PP22/72.1 The report was presented by the Executive Director of Workforce and the Committee noted that the report outlined the current workforce performance position in relation to the People Strategy 2022-2025 - Delivery Plan (Year 1 2022/2023) and the Workforce Plan 2022 /2023 (recruitment & commissioning) respectively. The interconnectivity of the Committee and the Finance, Performance and Population Health Committee reporting lines had been acknowledged, primarily relating to the recruitment levels and financial aspects.	
PP22/72.2 An IM commented upon the achievements within page 6 of the document and requested for the detail to be further structured in future reporting. Clarification around monthly profiles were also discussed.	SG
PP22/72.3 Table 1: Bridging the Gap – Actuals & Forecast; had been highlighted by an IM, with regards to links within the report relating to staffing levels and clarification requirements of Junior Drs moving along to single led employment, it was agreed to clarify outside of the meeting.	
PP22/72.4 Discussion ensued about the development of the North Wales Medical School in relation to consultation and development, patient engagement and involvement. It was noted that manual workarounds were complete to build Jnr Drs into the Electronic Reporting System. Data aspects regarding whole time equivalents had been noted with links to workforce planning and job planning utilisation. It was confirmed that Consultant contracts incorporated job planning and those with additional roles, were being built in with regards to teaching and education. Capacity, demand, and planning	

elements were noted. Discussion also arose with regards to recruitment, and of relationships with Universities. **PP22/72.5** An IM raised concern about the process and alignment of job planning. It was noted that the Executive Director had also discussed the concern at the PFIG Committee and had acknowledged the concern. **PP22/72.6** The Vice Chair raised a question about impacts of sickness absence and the interaction of that with the gaps identified in terms of vacancies. The Executive Director explained that there had been reference made within the report, along with non-core spend, but it was agreed to include further detail in future reporting data. **PP22/72.7** Detail relating to gaps within bandings was discussed. It was confirmed that gaps had been detailed via talent management and skill mix programs. It was agreed that further detail on gaps by banding could be provided, along with detail on how long individuals stay in post before being promoted. Promotion and skill set was discussed and it was agreed to consider as a future deep dive, to incorporate the possibility of a review in YGC, as a core sample of a service. **PP22/72.8** The Committee noted the proposals confirming the position and forecast in detail. It was agreed that further reports were to include the analysis tracking method against trajectories; therefore, the Committee noted the performance position provided, and agreed the future reporting format.	SG SG
SIGNIFICANT REPORTING	
PP22/74 - Medical and Health Sciences school progress update **PP22/74.1** The Executive Medical Director presented the paper highlighting the progress to date with regards to the establishment of the North Wales School of Medical and Health Sciences. The alignment to governance was acknowledged. It was confirmed that a Gap analysis was under way and it was recognised that Capital issues in relation to investment was to be taken within a separate forum. **PP22/74.2** The Vice Chair questioned the timing of a formal paper being taken to Board. It was confirmed that the timeframe was yet to be agreed. It was reported that a gap analysis was being undertaken, prior to Board review. A discussion also arose regarding main risks, as noted within section 4 of the report, along with formal managing mechanisms. **PP22/74.3** An IM raised a question with regards to possibilities of reductions and prioritisation of placements against current trajectories, along with impacts of longer-term outputs. A discussion ensued, it was noted that the prioritisation of placements were being reviewed, and the location of residing placements were being considered, work was ongoing. **PP22/74.4** The Committee noted the update provided and it was agreed that a paper was to be taken to a future HM Meeting once clarification on capital issues were formalised. It was noted that the risk register for the development was to be brought to a future meeting.	NL

GOVERNANCE	
PP22/75 - Chairs Assurance Reports from Strategic and Tactical Delivery Groups **PP22/75.1** Together 4 Mental Health Partnership Board (T4MHPB) - It was resolved that the Committee noted the report provided within the Agenda pack and the verbal overview. **PP22/75.2** Population Health Group - (TO) - Verbal update provided. The history of the evolution of the Group was provided. It was recognised that the Team were working through the Terms of Reference. The Committee noted the verbal update provided. **PP22/75.3** Executive Delivery Group – Transformation – It was resolved that the Committee noted the report provided and the verbal overview provided.	
PP22/76 - Partnership Meetings **PP22/76.1 Regional Partnership Board update** The Head of Regional Collaboration and the Assistant Director of Health Strategy provided the update to the Committee on the work programme of the Regional Partnership Board. The minutes of recent meetings had been provided to the Committee to note. The paper also included an update on the Regional Integration Fund. The focus on key areas were commented upon, including a transfusion fund update which outlined the proposals. It was recognised that agreed models of care within 7 areas had been submitted to Welsh Government. **PP22/76.2** An IM raised a question relating to the budgetary and financial implications referring to a RIF. It was confirmed that proposals and funding elements were being worked through to understand any impact upon the HB. **PP22/76.3** It was resolved that the Committee noted the update.	
RISK	
PP22/77 - Corporate Risk Register **PP22/77.1** The Assistant Director of Information Governance and Risk joined the meeting to present the update, clarifying a technical issue with the paperwork submitted which had been resolved. **PP22/77.2** It was reported that the Risk Management Group met on the 5th April and 31st May 2022, further updates to the risks had been incorporated. The Committee had been provided with individual progress notes on the risk paper presented. **PP22/77.3** It was acknowledged that the following risk had been escalated and incorporated into the Corporate Risk Register: CRR22-24 – Potential gap in senior leadership capacity / capability during transition to the new Operating Model. **PP22/77.4** CRR20-06 – Informatics - Patient Records pan BCUHB. A significant number of updates had been provided. It was stated that the risk was being reviewed, in light of an SBAR being taken at an Executives Meeting. An IM raised a question with regards to	

risk scoring being in target level. It was confirmed that the item had been discussed with the risk lead for consistency. **PP22/77.5** Two new risks had been incorporated; CRR2220 and CRR22-21, it was flagged that the items had not been presented at Board level to date. It was noted that a check and challenge had been undertaken and actions had been identified. The appropriateness of the scoring was challenged, and a discussion arose. **PP22/77.6** CRR22-24 - It was stated that the item had been presented to the Risk Management Group for check and challenge and no questions had been raised. It was agreed that the internal processes had been completed and had moved forwards. It was confirmed that all internal processes for non-medical staff had been completed. **PP22/77.7** The Committee noted progress regarding the management of the Corporate Risks and of the new escalated risk aligned to the Committee.	
CLOSING BUSINESS	
PP22/78 - Items to Refer to other Committees **PP22/78**.1 The non-delivery of the AMS.	
PP22/79 Review of Risks Highlighted within the Committee **PP22/79.1** As per the Chair's Report to Board.	
PP22/80 - Date of Next Meeting – 13 September 2022	
The Committee Chair closed the meeting to the public and representatives of the press.	

BCUHB People, Partnerships and Population Health Committee Table of actions – last updated 06/09/2022 16:11				
Executive Director	**Minute reference and action agreed**	**Original timescale**	**Latest update position**	**Revised timescale**
Transferred actions from SPPHC closure				
~~Mark Wilkinson (Neil Bradshaw)~~ ~~Sue Hill~~	**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 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. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting 17.6.21 Update received as agenda item 4.10.21 Not available for 14.10.21 meeting due to timing of Board workshop discussion. To be transferred to PPPHC table of actions 11.11.21 Asset Management Strategy on PPPHC 9.12.21 Agenda item 30.11.21 Mark Wilkinson advised will be ready	~~1.4.21~~ June 2021 October December

			February 2022 10.12.21 To be addressed at the February meeting. 24.1.22 To be addressed at next Committee meeting. 10.2.22 PP22/9.3 To be rescheduled 11.4.22 Present to July meeting (amended workplan) The plan is being reworked and scheduled to complete in October 2022.	31.1.22 30.6.22 October 22
Actions agreed at meeting held on 20.5.22				
(Sally Baxter – realigned as below) Sue Hill /	**PP22/34.3.** A draft of the AM Strategy was requested to be made available before the July meeting to enable comments to be made prior to that meeting.	4.7.22	**Update as at 5/7/22** - A Programme for development of the AM strategy has been confirmed which will produce a draft for Committee by November of this year. External support is being secured to facilitate this. A report on the Capital Programme is being submitted to Board this month, which identifies arrears of investment due to capital constraints and risks being mitigated. Ongoing Estates related risks are monitored by the Estates Environment Group and mitigation sought through the discretionary Programme for the top risks. **Update as at 12/7/22** – It was agreed that the prolonged delay of the item would to be escalated to Board. An assurance was given that the AMS would arrive with the Committee by October 2022. **Update from Neil Bradshaw at 24/8/22** - the capital report to the Health Board in August confirmed that following consultation with Welsh Government and NWSSP we have sought external support. The overall aim of the work is to test the	

Neil Bradshaw			current strategy to ensure that our estate enables the delivery of BCUs strategic vision, clinical strategy and operational plan and supports and compliments BCU's workforce, digital and finance strategies. There are three elements to the work: Firstly, to review the current estate strategy within the context of BCU's service and enabling strategies and operating plans to review and further develop the strategic vision for the estate. Secondly, to evaluate how the existing estate measures up to this vision, identify the gaps and how the estate must change. Finally, develop solutions and the required investment pipeline and through engagement prioritise the investment profile. The outputs will be: A refreshed Estates Strategy that provides a vision of the future estate and a roadmap of how to get there. A prioritised Capital Investment Plan – this will present a 10 Year Capital Investment Programme detailing the project pipeline. The plan will be prioritised and ranked based upon agreed criteria developed by BCU and external stakeholders. The prioritisation and ranking of projects will be developed and agreed through engagement with key stakeholders. An estate rationalisation programme – detailing the properties/land to be surplus to requirement and a	

			programme of disposals with potential value. It is expected that the draft outputs will be produced in Q3 22/23 to align with the IMTP timetable.	
Linda Tomos & Sally Baxter	**PP22/34.4.** In regard to SP21/58, it was agreed to close the item but to ensure that oversight continued, that it was to be back as an agenda item for the July meeting. To ensure the nature of the Committee's concerns will be addressed at the next meeting, The Committee Chair and the Director for Health Strategy agreed to clarify the nature of the future agenda item outside the meeting	30.6.22	Item submitted to July meeting	Action to be closed
JC / AW	**PP22/34.5.** In regard to PP21/11, Integrated Digital Dashboard Q1 report, the Committee was concerned about some factual inaccuracies within the review. It was noted that John Cunliffe and the Chief Digital and Information Officer intended to meet subsequent to the meeting, to agree a strategy to move forward. It was also noted that in September the WCCIS programme is to be piloted in two areas in Anglesey; this will provide evidence for a review of the efficacy. It was agreed to close the item but to bring back as an agenda item for the July meeting to ensure further oversight.	30.6.22	At July meeting : agenda item PP22/68 incorporated WCCIS Strategic review final report	Action to be closed
Sue Green	**PP22/39 Draft People Strategy and Plan – Stronger Together** A workshop to be arranged, in conjunction with PFIG, to enable 'deep dives' to be carried out on various specific areas of concern.	30.6.22	**Update received 4/7/22** – The deep dive methodology has been agreed. The workshop will take place in August, for which a suitable date is currently being explored – date to be confirmed. **6.9.22 Update**: Workshop held on 18th August. Update included in Workforce Report on Agenda	Action to be closed

(Sally Baxter realigned as below) Helen Stevens Jones	**PP22/41 Third Sector Framework and Approach** To provide an update to provide clarification around the areas currently receiving funding, with particular reference to whether hospices were included; a list of touchpoints within the third sector, with reference to the development of social prescribing, and the current situation regarding volunteering element of the strategy.	30.6.22	**Update received 4/7/22** - It has been confirmed that the funding allocation referenced in the report did not include hospices, which will be addressed for future reports. The wider third sector contribution, including the range of organisations which are supporting well-being rather than direct health or social care provision) is recognised and addressed through local partnership working, and facilitated by the greater development of place based commissioning. The refresh of the volunteering strategy has been linked into the third sector steering group and is being taken forward under the leadership of the Director of Partnerships, Communications and Engagement **Update received 12/7/22** – It was noted that HSJ work is ongoing – to be updated and reported to every other meeting. Added to cycle of business – next submission due November	Action to be closed
Debbie Lewis RN	**PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR)** **PP22/42.5** The Committee received assurance that the Operating Model was not going to cause a hiatus to this work although it noted that there was no provision in the budget for elements of supporting this work. The EPRR Lead agreed to seek guidance from the Executive Director of Finance in this regard, to see how this can be progressed.	30.6.22	**Update received as at 4/7/22** – Finance unable to meet with DL at present. Issue to be escalated to Executive Finance Director for meeting to be arranged. Item ongoing. **Update received 12/7/22** – MM to clarify when the meeting is taking place. **Update 6.9.22** Acting Executive Director of Finance advises that a provision of £186,000 is set aside	

			within our financial planning assumptions, however the recruitment timeline needs to be further understood to ascertain whether in year funding or full year. A meeting is being arranged with DL to discuss and reach a conclusion.	
Sue Green	**PP22/47 People/Workforce Performance Report** **PP22/47.7** Concern was raised regarding taking down the status of 'Welsh essential' to 'learning Welsh' and if this would impact on the Health Board's compliance with the Welsh Language standard. The Executive Director of Workforce and OD confirmed that this element had not been agreed and reiterated the importance of employing more people able to converse with patients using their first language; it was agreed that she would report back once the Welsh Forum had assessed the situation.	30.6.22	**Update as at 6/7/22** - It has been confirmed that posts are not amended from Welsh Essential to Welsh to be learnt without a formal process. Managers are required to justify any requirement for change by completing and submitting a form to the Establishment Control team for review. Any concerns are escalated to the Head of Digital Workforce & Resourcing / Head of Welsh Language. The process follows a series of questions to ascertain why the change is required and assessed and managed when changed. All requests are fully auditable and we are currently in the process of moving to an automated Office 365 form. **Update as at 12/7/22** – SG requested that the item be closed.	Action to be closed
Linda Tomos	**PP22/53 Agree items for Board/Other Committees** **PP22/53.1** The Chair proposed that via the Chair's Assurance Report, she would update the Board that there will be a joint PFIG / PPPHC Workshop to look at specific issues on a 'deep dive' basis.	27.5.22	**Update as at 4/7/22** – Detail confirmed as included within the Chair's Assurance Report, which is being reported to the July Health Board Meeting. **Update as at 12/7/22** – Item to be kept open for further discussion.	
Actions agreed at meeting held on 12.7.22				
Diane Davies	**PP22/62.2 Previous minutes** It was agreed to review the length of the minutes and refer to titles, rather than naming individuals within future iterations.	23.8.22	Committee secretariat shared with other OBS team members to ensure this practice is maintained for all Board/Committee and Advisory Group minutes when covering for absent colleagues.	Action to be closed

Chris Stockport	**PP22/65 Lead Executive report** The Lead Executive highlighted that the Executive Delivery Groups had started to meet, however there was not yet a consistent and systematic cycle to enable the assurance reports to feed into the PPPH. It was anticipated that this would be in place in time for the next meeting	24.8.22	Update 24/8/22 – EDG Assurance Reports are on the agenda 13.9.22 PPPH Committee meeting.	Item to be closed
Sally Baxter	**PP22/66 Annual Plan and compliance with the Wellbeing of Future Generations (Wales) Act (2015)** **PP22/66.3** The Committee Vice Chair requested clarification pertaining to links with the Integrated Medium Term (IMTP), in relation to asset management strategy and estates. The stance was clarified, via the Well-being of Future Generations, and via other Strategies. Links to the Asset Management Strategy would require clarification, the Assistant Director of Health Strategy agreed to review and clarify with the Assistant Director of Finance. The Assistant Director of Health Strategy also agreed to review throughput and links periodically, in relation to how evidence was being fed through.	1.9.22	Update 24/8/22 – a Project Team has been established to manage the development of the Estate Strategy, this team includes the Assistant Director of Health Strategy to ensure the strategy aligns with the IMTP.	
AW	**PP22/67 Digital Strategy review** **PP22/67.4** An IM raised a question regarding the NHS Application development, and how engagement and consultation had taken place within North Wales. The Committee noted the ongoing pilots and benchmarking going on Nationally. Impacts on a national level, in terms of risk identification was also discussed, along with management of patient and customer expectations that seemed to be very much	1.9.22	NHS App for Wales is being delivered by the Digital Service for Patients and Public programme which is being led by Digital Health Care Wales and will provide patients to have a view of their summary GP record, repeat prescriptions, GP Appointment Booking and GP Messaging. Ten practices across Wales have been requested to test the app. A fuller update including the communication and engagement plan for the program will be provided to	28.10.22

	primary care focused. External pressures and expectations of the launch was raised and it was agreed that assurance levels were to be monitored and future updates would be provided within future reporting, as the development progresses.		the November Committee meeting	
SG	**PP22/67 - The Digital Strategy Review** **PP22/67.3** It was agreed the Executive Director of Workforce and OD would consider the potential effect on the Board's Corporate Risk relating to recruitment.	1.9.22	6.9.22 Update – Liaison across the digital and workforce teams is underway to review the risks outlined in the digital strategy with those already identified under the People Strategy. This will be reported through Risk Management Group	
AW	**PP22/67 - The Digital Strategy Review** **PP22/67.7** An offline discussion was agreed between the IM and the Head of Informatics regarding social prescribing.	1.9.22	AW will arrange a meeting with IM to discuss social prescribing, focusing on and intervention and demand from a digital perspective. Update to be provided at the November Committee meeting	28.10.22
AW AW	**PP22/67.8 Review** assurances of progress levels and achievements made, and the "Partial" achievements and vulnerabilities of recruitment and retention in light of the slippage and priorities, as well as the risk exposure (as outlined in the BAF), which was noted to have changed **PP22/67.9** Review recruitment and retention and cross escalation of key drivers, relating to risks on the BAF and CRR	1.9.22	The Digital Plan for 23/24 will be updated with partial and non-delivered actions and the Chief Digital Information Officer will present to September Board on the revised BAF. The Chief Digital information Officer has reviewed the BAF with MM and JC. The BAF risk has been split and will be presented to September Board.	Action to be closed Action to be closed

AW	**PP22.68 Integrated Digital Informatics Assurance Review** **PP22.68.3** Review WCCIS key issues	1.9.22	The Chief Digital and Information Officer will review the key agenda elements with the Board Secretary. A report on WCCIS will come back to Committee after the pilot roll out and evaluation is done providing an update on future.	
AW	**PP22.68.4** Provide feedback concerning the Lims system and of any impacts on patients, relating to delays.		There are some concerns regarding the Lims projects timescales and finances. Lims will be added to the Digital Projects Register and a regular update provided to the Committee through future KPI reports including any impacts on patients relating to delays.	28.10.22
NL/MM/DR	**PP22.68.5** Review the clinical risk exposure associated with the delivery of the digital priorities.	1.9.22	This meeting took place 1st September 2022. For clarity it was assumed the action meant clinical risk exposure associated with **not delivering** digital priorities. The Executive Medical Director and Chief Digital and Information Officer would say that, in the 21st century, the lack an integrated digital care record, that combines all patient record information, observations, medications, diagnostics, results, order comms and other functionality that is available in the majority of other care settings across the World is a concern and would reduce the clinical risk exposure. There are no plans in place in Wales to address this. However, the Digital, Data and Technology Service is working with DHCW and hopefully through a	Action to be closed

			procurement exercise recognised third parties to benchmark the maturity of Electronic Medical Records capabilities against good practice to provide for the first time a clear baseline as to where the Health Board is in this regard and possibly where it needs to be. Importantly it is hoped that this can be a benchmark applied across the whole of Wales and therefore, may help make the case to close the gap.	
SG	**PP22/69 TTT Programme** **PP22/69.4** Following a query from an IM a discussion ensued relating to pressures on staff, in relation to work commitments, if unwell. It was clarified that the HB do not have any wish to pressure staff into work if unwell, and the need to look after our staff was reiterated. It was agreed for workforce to feedback into the system, to review whether there could be further support and communications to staff.	1.9.22	6.9.22 Update – Contact made and support being provided as appropriate	Action to be closed
TO	**PP22/69 TTT Programme** **PP22/69.5** The Chair referred to potential flu pandemic situations in future, in response the importance of immunisation was highlighted by the Executive Director of Public Health. It was understood that the Annual Flu Plan was on the Cycle of Business and was to be brought to a future meeting for update.		Annual Flu plan to be provided to November meeting	28.10.22
SG	**PP22/71 Workforce deep dive** Confirm strengthened plans and circulation to Committee members, prior to review at the Board Workshop	1.9.22	6.9.22 Update-Revised SBAR developed and shared with Board Members. Attached as Appendix to the Workforce Report on agenda	Action to be closed

SG/MM	**PP22/71 Workforce deep dive** **PP22/71.3** Confirm appropriate diary invites circulated re Workforce deep dive	1.8.22	Update – Deep Dive diary invites sent and workshop held 18th August	Action to be closed
SG	**PP22/71 Workforce deep dive** **PP22/71.3** Confirm discussion undertaken with Committee Vice Chair re Independent member involvement in process. Update reporting process as discussed	1.8.22	Update – Update included in the Workforce Report on Agenda	Action to be closed
SG	**PP22/71 Workforce deep dive** Confirm following actions undertaken: **PP22/71.6** It was agreed to complete the paper by the date of the workshop. It was agreed for the Executive Director to circulate a final version of the paper to the Members of PPPH Committee and the Acting Board Secretary. It was agreed to invite Chairs only for the initial session, which was then to be reviewed thereafter	1.8.22	Update as above	Action to be closed
SG	**PP22/72 - People (Workforce) Performance** **PP22/72.2** An IM commented upon the achievements within page 6 of the document and requested for the detail to be further structured in future reporting. Clarification around monthly profiles were also discussed. **PP22/72.7** Detail relating to gaps within bandings was discussed. It was confirmed that gaps had been detailed via talent management and skill mix programs. Promotion and skill set confidence was noted and it was agreed to consider as a future deep dive, to incorporate the possibility of a review in YGC, as a core sample of a service. **PP22/72.8** It was agreed that further reports were to include the analysis tracking method against	1.9.22	6.9.22 Update – updated Report on Agenda	Action to be closed

	trajectories			
NL	**PP22/74 Medical and Health Sciences School** **PP22/74.4** The Committee noted the update provided and it was agreed that a paper was to be taken to a future HM Meeting once clarification on capital issues were formalised. It was noted that the risk register for the development was to be brought to a future meeting.	1.9.22	Update 28th August 22 The CRR and local risk registers are currently being updated and this will be complete by mid-September. The new risks on the CRR will be brought to the next Risk Management Group and report through risk escalation in the normal way	Action to be closed

Teitl adroddiad: ***Report title:***	Draft Partnerships, Engagement and Communications Strategy			
Adrodd i: ***Report to:***	Partnerships, People and Population Health Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	The Strategy sets out the strategic approach for partnerships, engagement and communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt. It describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out the approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and the PEC objectives and activity and aligns them with the Health Board's priorities and the priorities of partners. The PPPH Committee is asked to discuss and comment on the draft Strategy in advance of it being discussed at the Board.			
Argymhellion: ***Recommendations:***	The PPPH Committee is asked to discuss and comment on the draft Strategy.			
Arweinydd Gweithredol: ***Executive Lead:***	Jo Whitehead, Chief Executive			
Awdur yr Adroddiad: ***Report Author:***	Helen Stevens Jones, Director of Partnerships, Engagement and Communications			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	The draft Strategy set out the Partnerships, Engagement and Communications objectives and activity and aligns them with the Health Board's priorities and the priorities of partners.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Strategy takes account of the Health Board's statutory duties, including: • NHS (Wales) Act 2006. Most relevant to this strategy is Section 183 • The Equalities Act 2010, Welsh Language (Wales) Measure 2011 • The Social Services and Well Being (Wales) Act (2014) • The Health & Care Standards 2015 • The Well-being of Future Generations (Wales) Act 2015 • A Healthier Wales: Our Plan for Health and Social Care
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	An EqIA Impact Assessment Screening has taken place (as attached) .
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	A SEIA is being undertaken.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The key risk associated with the Strategy is that dis-jointed, poorly timed or inauthentic communications and engagement could risk patient, staff and partner confidence, satisfaction and experience.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not Applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Improved communications and engagement systems and approaches will benefit the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	

Feedback, response, and follow up summary following consultation	The draft Strategy is being reviewed and discussed by members of the Stakeholder Reference Group as well as the PPPH Committee. Comments from the discussions will be built into the next draft in readiness for Board discussion.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not Applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***The PPPH Committee is asked to discuss the draft Strategy so that comments can be incorporated into the next version.***	
Rhestr o Atodiadau: ***List of Appendices:*** *Appendix 1: Implementation Plan* *Appendix 2: Stakeholder Analysis*	

Guidance:

PARTNERSHIPS, PEOPLE AND POPULATION HEALTH COMMITTEE
13 SEPTEMBER 2022
DRAFT PARTNERSHIPS, ENGAGEMENT AND COMMUNICATIONS STRATEGY

1. Introduction

The draft Partnerships, Engagement and Communications Strategy sets out the strategic approach for partnerships, engagement and communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt.

It is being discussed at the PPPH Committee and the Stakeholder Reference Group, as well as being shared with key partners, so that comments can be included in the final draft version for the Board to consider in September 2022.

2. Context of the Strategy

As an integrated health board, excellent communications, engagement and partnership working are critical. We want to have a deep understanding of what matters to our population, our partners, and our workforce and to have an open and ongoing dialogue with the people of North Wales.

Day to day communications and engagement with patients, carers, the public, our workforce, elected representatives and our partners creates a lasting impression about the Health Board. This means everyone has a role to play in sharing the responsibility to communicate and engage.

This strategy describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out our approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and aligns the PEC objectives and activity with the Health Board's priorities and the priorities of partners.

We will use this strategy to help us talk openly and honestly about the kind of organisation we aspire to be, the standards we set, and hold ourselves accountable to, the changes we need to make and the challenges we face.

We will proudly celebrate our successes and the progress we make on our improvement journey. We will be accountable and say sorry when we make mistakes, share the lessons we learn from those mistakes and commit to continuously improving the care we provide.

The delivery of this strategy will be led by the Partnerships, Engagement and Communications team but also offers opportunities for everyone. Whether they work in our health settings, are cared for by us, work in partnership with us or have any kind of interest in helping to build a better future for the health and wellbeing of the people of North Wales. Its success also heavily depends on the related functions of Workforce and Organisational Development (which leads on staff engagement) and Quality (which leads on patient engagement).

The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy.t is being discussed at the PPPH Committee and the Stakeholder Reference Group, as well as being shared with key partners, so that comments can be included in the final draft version for the Board to consider in September 2022

3. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications*

The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver partnerships, engagement and communications activity on an annual basis. Alongside this, opportunities for additional sources of resource will always be explored on a project specific basis.

4. Rheoli Risg / Risk Management

The key risk associated with the Strategy is that dis-jointed, poorly timed or inauthentic communications and engagement could risk patient, staff and partner confidence, satisfaction and experience.

5. **Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications***

5.1 While there are no equality and diversity implications to the Strategy itself, the very nature of communications and engagement and the work of the function is fundamentally based around principles which include inclusivity, accessiblity, two-way, targeted and planned.

5.2 An EqIA Screening Assessment and Socio-economic Duty Impact Assessment are being completed.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

DRAFFT Partneriaethau, strategaeth ymgysylltu a chyfathrebu

DRAFT Partnerships, Engagement and Communications Strategy

2022-2025

Introduction

This document sets out the strategic approach for partnerships, engagement and communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt.

As an integrated health board, excellent communications, engagement and partnership working are critical. We want to have a deep understanding of what matters to our population, our partners, and our workforce and to have an open and ongoing dialogue with the people of North Wales.

Day to day communications and engagement with patients, carers, the public, our workforce, elected representatives and our partners creates a lasting impression about the Health Board. This means everyone has a role to play in sharing the responsibility to communicate and engage.

This strategy describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out our approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and aligns the PEC objectives and activity with the Health Board's priorities and the priorities of partners.

We will use this strategy to help us talk openly and honestly about the kind of organisation we aspire to be, the standards we set, and hold ourselves accountable to, the changes we need to make and the challenges we face.

We will proudly celebrate our successes and the progress we make on our improvement journey. We will be accountable and say sorry when we make mistakes, share the lessons we learn from those mistakes and commit to continuously improving the care we provide.

The delivery of this strategy will be led by the Partnerships, Engagement and Communications team but also offers opportunities for everyone. Whether they work in our health settings, are cared for by us, work in partnership with us or have any kind of interest in helping to build a better future for the health and wellbeing of the people of North Wales. Its success also heavily depends on the related functions of Workforce and Organisational Development (which leads on staff engagement) and Quality (which leads on patient engagement).

The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy.

Section 1: Background

About Betsi Cadwaladr University Health Board

We are the largest health organisation in Wales, with a budget of £1.9 billion and a workforce of over 19,000 staff serving a population of around 703,000. We provide primary, community, mental health and secondary care (acute hospital) services for the people of North Wales.

BCUHB operates three main hospital sites at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital. We are also responsible for community hospitals, health centres, clinics, mental health units, community teams, GP practices and other NHS services provided by dentists, opticians and pharmacists across North Wales.

Our vision is to improve the health of the population of North Wales, with a particular focus upon the most vulnerable in our society. We will do this by developing an integrated health service that provides excellent care delivered in partnership with the public and other statutory and third sector organisations. We will develop our workforce so that it has the right skills and operates in a research-rich learning culture

Our ambition to improve health and deliver excellent care is supported by our seven strategic goals:

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

Context and Challenges

BCUHB has a complex history. It was formed in 2009 when the North Wales NHS Trust, the North West Wales NHS Trust and the six Local Health Boards of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham combined to become Betsi Cadwaladr University Health Board.

It operates in a highly political environment, with direct accountability to Welsh Government and within a region served by 14 Members of the Senedd and 10 Members of Parliament as well as 330 councillors from six local authorities.

In addition, it is regulated by Health Inspectorate Wales (HIW), Audit Wales and scrutinised by the North Wales Community Health Council.

The Health Board works closely with six local authorities (Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham) on a programme of improvement as well as through day-to-day interactions and links with the Third Sector through service provision and support to patients and carers.

It was put into Special Measures (direct control from Welsh Government) between 2015 and 2020 due to a series of issues, including financial and management concerns, growing waiting lists, and a challenging report into a mental health unit. Since November 2020, the Health Board has been in Targeted Intervention (TI) across four areas. These are mental health (adults and children), strategy, planning and performance, leadership and engagement.

In 2019, the COVID-19 pandemic affected the whole of the NHS. Prior to the pandemic, BCUHB had faced a range of challenges when delivering health care services to an aging population with increasingly complex healthcare needs across a large and diverse geographic area. This has not changed and is now compounded by a considerable backlog in planned care, increased demands on primary, community and acute hospital services, recruitment and IT infrastructure challenges.

More recently, Ysbyty Glan Clwyd (YGC) was added to Targeted Intervention, the way care is delivered to patients on some vascular pathways is under review and the Health Board's 2021/22 annual accounts received a qualified opinion.

BCUHB has endured many challenges for many years, which has resulted in sustained negative media coverage. This has damaged the trust of the people of North Wales. As the only health organisation in North Wales it is in the constant spotlight for local media when it comes to health reporting and this has created a sense of relentless negative coverage even though media monitoring shows that there is significantly more positive or balanced coverage than negative.

BCUHB must rebuild credibility and trust with patients, workforce, public and stakeholders if it is to be successful in delivering its objectives, goals and vision.

A fresh approach to organising how it delivers care and services, combined with enabling strategies (such as the People Plan, IMTP and Quality Strategy), a clinical services strategy and single improvement methodology forms the foundation of the work now underway to transform Betsi Cadwaladr University Health Board into a high performing organisation that puts patients first and provides excellent care.

We will use this narrative as our basis for our work, expanding it into key messages that will inform our engagement and communications approach and shape our conversations with the people of North Wales.

We will be proactive and consistent in all our communications and engagement, promoting the Health Board as a provider of high quality health care services and an employer of choice. We will build on our approach to engagement, embedding a culture of continuous involvement and championing co-design as BCUHB's standard methodology. We will ensure that the views of our patients, public and partners shape the design of services and influence decision-making.

We will develop and support new and existing relationships so that our partners are engaged and involved and bring about a deep understanding of the Health Board's commitment to deliver high quality safe care by keeping them informed about what is happening and involving them in decisions that affect them.

We will ensure our workforce has opportunities for two-way communication so that they are engaged in BCUHB's commitment to deliver high quality, safe care by building on our ways of engaging and communicating with them using their feedback to inform our approach.

About Partnerships, Engagement and Communications

The Partnerships, Engagement and Communication (PEC) Team manages the Health Board's day-to-day public affairs, public relations, internal and external communications, public engagement, media liaison and management, digital platforms and campaigns. It is a relatively new function with the public engagement and corporate communications teams combining with the public affairs and charity support teams in August 2021.

The joining up of the previously separate teams provides an opportunity for more effective engagement and communications by strategically approaching and developing relationships, co-ordinating and sharing insight and ensuring consistency in messaging and involvement activity.

The Awyr Las Charity reports into the Charitable Funds Committee and a separate strategy (2022-2027) to support the ambitions of the charity has been approved in principle. This strategy touches on the intersection of stakeholders between the charity team.

Statutory Framework for Partnerships, Engagement and Communications

We have a range of statutory duties that we must meet under the NHS (Wales) Act 2006. Most relevant to this strategy is Section 183 - our statutory duty to involve people, whether directly or through representatives, in:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way those services are provided, and
- decisions to be made by the Local Health Board affecting the operation of those services

Sections 184 and 185 of NHSWA 2006 confer power on the Welsh Ministers to make regulations to provide for local authority overview and scrutiny committees in Wales (or joint committees for the areas of two or more local authorities) to have a scrutiny role in relation to NHS matters in Wales. There are no relevant regulations are in force in Wales in relation to this.

Other statutory duties relevant to this strategy are:

The Equalities Act 2010, **Welsh Language (Wales) Measure 2011**
The Social Services and Well Being (Wales) Act (2014)
The Health & Care Standards 2015
The Well-being of Future Generations (Wales) Act 2015
A Healthier Wales: Our Plan for Health and Social Care

Section 2: Partnerships, Engagement and Communications Objectives

The overarching aim of this strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.

We have developed a set of objectives to help achieve this:

- Develop the brand and reputation of the Health Board through proactive and reactive media and partner management and effective engagement so that patients, the public and partners see BCUHB as an effective and responsive organisation that provides high quality, safe healthcare services.
- Develop continuous and meaningful engagement with patients, the public and carers, offering a range of mechanisms for two-way conversations that shape the design of services and influence decision-making.
- Nurture new and existing relationships to enable partners be engaged and involved in delivering care and shaping future developments.
- Bring about a deep understanding of the Health Board's vision, values and objectives to support patient care, staff wellbeing and the efficient use of resources.
- Ensure our workforce has opportunities for two-way communication so that they are engaged in the Heath Board's commitment to deliver high quality safe care, by keeping them informed about what is happening and involving them in the decisions that affect them.
- Ensure the Health Board plays an active role in its local communities by leading debate about health, healthcare services and wellbeing; and co-designing services and the strategy for healthcare in North Wales to improve health and wellbeing.

We will do this by:

- Rebuilding credibility and trust in Betsi Cadwaladr University Health Board.
- Promoting the Health Board as a provider of high quality health care services and an employer of choice.
- Being proactive and consistent in all our communications and engagement.
- Engaging patients, the public and partners and ensuring their views are reflected in our decisions, using the principle of co-design in all our work
- Raising awareness and understanding of health and wellbeing to improve health and change behaviour where needed.
- Embedding a culture of continuous engagement in the organisation by improving the engagement capability of staff.

We will ensure consistent messages flow through all engagements and all communications channels. Those common messages will include:

- We are a large, complex organisation and our teams work hard every day to provide high quality services for the people of North Wales.

- We are on a journey of improvement and are making good progress in some areas. We know that have more to do and are determined to speed up the pace of change and deliver high quality services.
- We have recently introduced a new way of working to improve how we deliver integrated services for patients across North Wales.
- We work closely with our staff, partners and communities across the region to shape and deliver our services.
- We aim to be a high performing organisation that puts patients first and provides excellent care.
- We welcome the additional support being made available to us (TI).

Section 3: Partnerships, Engagement and Communication Insights

Gathering insight is a key principle of this strategy and shapes our direction and actions. We are continually gathering insight through our conversations, feedback and monitoring systems and we will use this to ensure a co-ordinated approach.

Insight that informs this strategy includes:

- Engaging with the public on our Living Healthier, Staying Well strategy and Clinical Services strategy.
- BCUHB stakeholder survey.
- Staff survey (communications preferences).
- Routine monitoring of the outputs from the PEC function (e.g. intranet, website, print, broadcast and social media).
- Dialogue and correspondence from Members of the Senedd and Members of Parliament.
- Our partnerships, groups and networks such as the Stakeholder Reference Group, Engagement Practitioner Forums, North Wales Cancer Forum, North Wales Community Health Council.
- Service improvement engagement programmes such as end of life care, nuclear medicine, managed practices.
- High footfall public events such as Anglesey Show, Denbigh and Flintshire Show, Eisteddfod.
- Capital Programmes such as the North Denbighshire Community Hospital
- Surveys such as *Covid Conversations*, Outpatients, GP patient surveys, digital consultations.
- Collaboration with groups representing Minority Ethnic Communities and seldom heard groups such as the North East Wales Chinese Women's Association, North Wales Africa Society and refugee drop in sessions, traveller community liaison, homeless communities
- Third Sector engagement forums

Key insights that inform our work include:

The main feedback received through our engagement often highlights positive support for our clinical staff, and this was particularly true during the COVID-19 pandemic. There are however, issues regularly raised by the public, patients, staff and partners. The key themes and areas are:

- The ability of the Health Board to deliver on its strategic intentions.
- Access to health services, including geographically and waiting times (primary care, planned care etc.). Also inequalities and barriers such as language.
- The challenges of recruitment and retention of our workforce.
- Patient involvement, including listening to patients, involvement of decisions about their care and wider participation in service improvements.

- Communication and listening, including more joined up communications between services and information to patients.
- Partnership working, including continued collaboration, new ways of working and maintaining the momentum.
- Co-ordinated care for patients.
- Prevention, including a focus on mental health, and education on the spread maintaining health and wellbeing.

The feedback we have received indicates that people are keen to see delivery of improvements to health services in North Wales, and there is an appetite from the public, patients, staff and partners for it to move quickly from a position of strategic intentions to detailed implementation and tangible actions.

Section 4: Our principles

Our Principles for Engagement

1. Transparent
    - We will be open and transparent in order to build a trusting environment.

2. Empowering
    - We will ensure the public feel able to influence both our services and their own health and wellbeing.

3. Co-design
    - We will co-design services, plans and strategies with patients, the public and our partners

4. Creative
    - We will adapt what we do to different audiences.
    - We will use technology and innovation wherever appropriate.

5. Accessible
    - We will go to people rather than expect them to come to us.

6. Inclusive
    - We will give everyone the opportunity to participate.
    - We will ensure we involve seldom heard and protected characteristics groups.

7. Continuous
    - We will foster ongoing meaningful engagement with communities and stakeholders in the planning and design of services.

Our Principles for Communications

1. Clear, consistent and timely
    - We will use clear language (avoiding jargon and acronyms) and explain the reasons for what we do.
    - We will respond to requests for information promptly and fully.
    - We will make sure we share messages in a timely way to suit the needs of our stakeholders.

2. Open, honest and accurate
    - We will be open and say sorry when we make mistakes.
    - We will check our facts and use credible sources.
    - We will build credibility and trust through the sharing of achievements and organisational successes.

3. Two way
    - We will encourage feedback.
    - We will promote our commitment to being a listening and learning organisation.
    - We will use channels that make it easier for our audiences to engage with us.

4. Targeted and relevant
    - We will ensure we reach the right audiences.
    - We will ensure our communications are accessible to our intended recipients.
    - We will be mindful of the diversity within our communities.

5. Planned and professional
    a. We will ensure our work supports the Board's strategic objectives and those of our partners whenever we can.
    b. We will work with partners to plan and co-ordinate communications.
    c. We will ensure the PEC team has the appropriate resource, skills and expertise to deliver.

6. Channels that are appropriate
    a. We will routinely review the use of our channels to determine their effectiveness.
    b. We will innovate and adapt new technologies as appropriate.

Section 5: Implementing the Strategy

The following sections set out the approach to delivering the partnerships, engagement and communications strategy:

- Public communication and engagement
- Workforce communication and engagement
- Public affairs and partnerships
- External communications and reputation management
    - Media relations
    - Digital communications
    - Crisis communications
    - Joined up working

Public communication and engagement

We need to involve, engage and communicate with patients and the public to listen and act on what they tell us so that they can co-design and influence care and services. We also need to hear from them in order to help shape our strategic direction. A draft Public Engagement Strategic Framework informs our engagement (see Appendix 3) and this section summarises our approach.

Continual and open dialogue builds a culture of transparency and trust. Our philosophy is to have a routine programme of engagement alongside mechanisms that enables the public to have a tangible input into strategic decision-making.

Being open about the challenges facing the NHS and involving local people, staff and stakeholders in identifying solutions is fundamental if we want to provide high quality, safe and sustainable health care that meet our community's needs both now and into the future.

Our engagement work follows a cycle of listening, analysing, checking our understanding, considering the options, implementing the agreed approach and evaluation. This helps us to work with patients, carers and the public to transform and improve services so that patients receive better-integrated services, high quality care and a better experience.

Co-design as standard

Wherever possible, we will co-design with patients, the public, our workforce and partners. Though our continuous engagement approach, we will initiate conversations about challenging issues at an early stage and seek to find solutions **together** to service challenges so that we can co-design and co-produce improvements.

We want to explore and understand from our patients, the public and partners what good will good look like for them and what the health and wellbeing outcomes will be.

NHS services are for everyone and we want to be sure that people with different physical, mental health, social, cultural or learning needs are included in our conversations. It is vital that improvements the Health Board seeks to make improve the lives of the people of North Wales.

Targeted Improvement

As part of the Targeted Improvement work, we have concentrated efforts to join up engagement work across the organisation so that we are maximising opportunities to listen and provide timely, proactive and targeted information that shows feedback is being used. Through matrix working with colleagues across BCU, we are demonstrating significant progress towards continuous and embedded engagement with initiatives such as 'engagement toolkits', routine conversations with communities from the nine protected characteristic groups and auditing engagement across the organisation to develop an action plan to address the gaps.

We will continue to provide opportunities for people to get involved, including surveys and drop-ins, involvement of service users, patients and interest groups. We will also explore opportunities for people to get involved through a refreshed public involvement scheme and encourage people to sign up to opportunities to get involved with the Health Board and shape its services.

Inclusive and connected

To ensure communities can be involved we will take account of the geographical challenges and diversity of our local areas and tailor our approach to ensure meaningful engagement. Our approach will be mindful not to impose engagement activity on communities without first considering opportunities to link into existing partner networks and groups, who all have a wealth of local knowledge. Our new Integrated Health Communities (IHCs) are well placed to identify local and corporate priorities for engagement and communication and we will work alongside them to deliver these.

To ensure we are co-ordinating and maximising resources, we will work with colleagues in planning, transformation, and public health and in the IHCs to develop an annual programme of activity that is updated quarterly. In addition, we will introduce a new template (We Said, We Did) for all programmes of work that have been informed by engagement.

Over the next year, we will build on our engagement framework by co-creating a refreshed version with patients, the public and partners.

Workforce communication and engagement

Workforce communication and engagement is everyone's responsibility and is critical if we are to deliver the Health Board's vision and aims.

The combination of the continued pressures on the workforce and a significant transformation programme alongside the introduction of a new Operating Model means staff communication and engagement has never been more important.

Fundamental resources to support good internal communication are already in place, following the redevelopment of the intranet, the requirement for all staff to have a regular appraisal (PADR), and the introduction and development of small-group engagement events such as conversations with the Chief Executive and Ask the Panel sessions.

Some of these initiatives are from the Stronger Together programme following widespread engagement with staff and there are plans in place to deliver more actions from the programme. This includes co-designing a compact around values and behaviours, re-introducing Team Brief and developing toolkits to support line managers with engagement and communications. The Organisational Development (OD) team leads on these initiatives and is supported by the PEC team to deliver them.

Changes to internal communication processes were made following a 2017 audit comprising feedback from more than 1,400 members of staff. Changes included:

- Introduction of a robust process to quantify the use of all user emails and set our expectations on their use.
- Procurement of a third-party app to support staff with poor access to BCU ICT systems.
- Moving to discourage the development and use of printed newsletters.
- Focus on developing content which improves morale, engages staff and helps staff feel informed.

Recovery from the disruption caused by COVID-19 provides us with an opportunity to re-review these findings in light of the different way the organisation now works. This audit is currently taking place, with 200 respondents secured at the time of writing.

XXXpreliminary findingsXXX

We will use this feedback as part of work to continue improvements and innovations within staff communications. Broad targets and areas for improvement include:

- Focus on improving communication channels for staff who do not have routine access to BCU devices as part of their working day.
- Further develop analytics and data collection to evidence communications activities focussed at BCU staff.
- Continue to look at developing two-way communication systems and support a culture of engagement and co-production, moving away from the broadcast-orientated practices.

However, there must also be recognition that staff engagement and communications is a two way process and everyone must recognise their responsibility to engage and communicate within and across their teams.

Public affairs and partnerships

Engaging with our stakeholders is vital if we are to strengthen our relationships with them. We need to understand the needs and motivations of all of our stakeholder

groups and within this context explain the challenges and successes of the Health Board. We will counter misinformation with facts and statistics and explore opportunities that mutually benefit stakeholders and the Health Board.

Our key stakeholders include Members of the Senedd and MPs, Welsh Government, local authority political leaders and Chief Executives, and members of pan North Wales groups such as the Regional Partnership Board and Local Public Boards.

We have recently strengthened our focus on improving partner relationships and are starting to build stronger and more positive relationships with MSs, MPs, their staff and community representatives. A weekly political and partner bulletin has been introduced and a schedule of quarterly meetings with all MS and MPs in North Wales is in place.

Maintaining regular face-to-face meetings, developing our formal and informal channels and providing opportunities to see facilities, talk with staff and patients are essential components of the forward work programme.

External communications and reputation management

Patients' confidence and satisfaction is driven by their lived experience of healthcare either as a patient or as carer, from friends and family, or from what they read and hear in the media. The more they know, the more likely they are to feel encouraged to access services and respond positively to the information and advice they receive.

BCUHB's reputation is built upon these experiences and understanding and while much of the direct contacts with healthcare are outside the scope of the PEC team, we do have a role in shaping perceptions and managing expectations, particularly in the media and with partners.

External communications is an essential part of making sure the Health Board protects and enhances its reputation. Our external communications are often the first impression the majority of people have of our organisation.

External communications activities make sure that the messages and information are delivered to the right people, at the right time. Our communications tools and activities will support and assure people about the safety and quality of our services.

This strategy aims to develop and protect the BCUHB brand through proactive and reactive media relations, digital communications and a joined up approach with the public affairs, engagement and charity support teams.

Media relations

As an NHS organisation, we are accountable to the public and need to work with the media to explain our role and be accountable. We also need the media - it is a valuable way of reaching people, raising awareness and encouraging healthier lifestyles. For this reason alone, it is crucial that good media relations form one of the core principles of our communications and engagement strategy.

The media are both an audience and a communications vehicle with the capacity to bolster or damage a reputation. By working on a basis of mutual professional respect, we need to continue to build our relationship of trust with the media; not only feeding a steady stream of positive news stories but also, owning up to mistakes if things have gone wrong.

This is achieved by working with the media, responding quickly to media enquiries, getting back to journalists when we say we will. It is about going the extra mile to help a journalist with their inquiry by finding an answer to a question or a spokesperson to make a comment on an issue or topic.

We already have excellent working relationships with our local and national media that have been developed by the communications team over many years. We delivered a focus on Health Board's pandemic response in the media, whilst keeping staff and patients safe and following the stringent infection prevention and control guidelines.

Over the past three years enquiries and requests for interviews and filming has continued to increase significantly. For example, in 2019 the Health Board managed 271 media enquiries, which increased by 207 per cent to 833 in 2021. The majority of this media coverage has been positive, which is a result of the proactive and positive news stories the team has generated that focus on the work being carried out by our staff and service across North Wales.

By continuing to work closely with our local and national media colleagues, we will continue to promote the Health Board. We will work with the media to explain how our primary, community and hospital services work and the transformational service change we are seeking to deliver. We can also manage difficult stories more effectively. We will work with our staff to prepare proactively for any potential media stories.

Digital communication

Digital communication plays a major part in the promotion and management of the Health Board's reputation. It is a source of information for patients, public, staff, stakeholders and potential employees.

During the pandemic, the need for effective two-way communication became a fundamental part of the response to the virus and we saw unprecedented levels of demand for, and engagement with our digital platforms.

The rapid growth of social media, the routine use of smartphones and the shift towards an "always on" culture of communication have all further stretched the capacity and capability of NHS communicators working in what was an already high profile, politically sensitive and volatile environment.

The rise of citizen journalists, bloggers and other opinion formers operating outside the framework of traditional media activity has added a further element of complexity.

In addition, increasing familiarity with social media has empowered patients, visitors, staff and volunteers to share their stories, in real time, on their experiences of being cared for or working in our hospitals, for better or worse.

This means we now manage many of our relationships with stakeholders in the public domain and these interactions must be managed carefully. There is potential for this 'frontline customer' offer to be considered as part of wider discussions on improving patient and public first contact services and we welcome both this prospect and the opportunity to discuss the resource to shape an improved offer to patients and the public.

Social media has also become a key part of proactive and reactive functions helping to strengthen relationships with stakeholders, transform the media landscape and support the organisation in a crisis.

We increasingly deliver information in a timelier and more targeted way through our own platforms and are directly reaching our intended audiences. The Health Board's website is an example of a platform that is widely promoted and receives a significant volume of traffic. In turn, this gives us more control over our own content without reducing the coverage it generates.

By using monitoring tools, we are continually improving how we work across our digital platforms and exploring new ways of reaching and engaging with online audiences.

Crisis communications

Pre-empting, handling crises successfully, and minimising risk to the organisation through negative media coverage is a key part of effective communications management across North Wales

During the COVID-19 pandemic, BCUHB demonstrated its ability to operate in a sustained period of crisis. There was learning from the experience and we will continue to use learning to enhance our crisis communications.

We have a duty to communicate well with the public during a crisis so that they are well informed and able to respond to an emergency, and therefore to minimise the impact of this on all NHS services.

We have an experienced communications team who can deliver communications support in an emergency when required. We also have a robust approach to connecting with the gold command director on call arrangement for out of hours communications.

We are a key partner in the North Wales Media Cell that has a specific focus on how health would communicate in a crisis. We have written guidelines about how we will communicate in a crisis or major incident.

Reputational risks will be pre-empted where possible and a clear line of communications established for handling crisis situations when they do occur.

Joined up approach

In August 2021, the public engagement and corporate communications teams joined forces with the public affairs and charity teams to become the Partnerships, Engagement and Communications function. The newly formed team has brought together expertise into one directorate to co-ordinate efforts to listen, understand and act on feedback from the public and partners.

This joined up approach helps to develop and protect the Health Board's reputation by co-ordinating an open, honest and timely approach to communicating and engaging with its stakeholders.

Section 6: Outcomes from this Strategy

The outcomes we expect are:

- Demonstrable improvement in stakeholder relationships as measured in the annual stakeholder survey.
- Ongoing improvement in the reputation management of BCUHB, as measured in print, social and broadcast media reporting and analysis.
- Continued improvement in the Targeted Improvement Maturity Matrix Engagement domain, as measured by the evidence submitted.
- Stronger relationships with the offices of the Members of the Senedd and Members of Parliament, as measured in a public affairs survey.
- More opportunities for the people of North Wales to be involved in co-designing services and shaping plans and strategies, as measured in our refreshed involvement framework, service transformation plans and refreshed public involvement scheme.
- Continued improvement to our communications channels, as measured by our response to feedback from patients, the public, staff and partners.
- Strong team working in the PEC function, as measured in the team's objectives

Section 7: Budget and resources

The partnerships, engagement and communications team has lead responsibility for delivering this strategy with the support and endorsement of the Chief Executive, Health Board and its executive management team, alongside the involvement of individuals and teams across the organisation.

As a corporate resource, the partnerships, engagement and communications team delivers engagement and communications activities, advice and guidance across all corporate departments and clinical divisions, and the whole organisation, and will continue to manage the conflicting demands and pressures and the impact this has on delivery of engagement and communications activities that this presents.

The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver partnerships, engagement and communications activity on an annual basis. Alongside this, opportunities for additional sources of resource will always be explored on a project specific basis.

The team will also seek to secure sponsorship for specific projects where possible, for example the annual staff awards ceremony. .

The Director of Partnerships, Engagement and Communications, who is a non-voting member of the Health Board, leads partnerships, engagement and communications.

Section 8: Evaluation

Evaluation and review of this strategy will be on going. We will monitor the effectiveness of channels and products changes and adjustments made as and when necessary.

We will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.

We will continuously review and analyse our performance using various sources, outlined below.

- All media coverage
- Analysis of BCUHB website – unique visitors, number of visits, page hits, interaction and responses
- Feedback from our interactions with the public
- Social media interaction, e.g. number of Twitter followers and mentions, and Facebook likes and comments
- Changes to care and services as a result of our insight gathering – we will track the impact of patient and public voices in our service development/transformation work
- Involving seldom heard groups – we will track who we are talking with and listening to by project, campaign and engagement activity
- Analysis of MS and MP correspondence trends
- Analysis of patient advice and liaison service enquiries (PALS)
- Analysis of complaints and compliments trends
- Feedback from advocacy groups , such as the North Wales Community Health Council
- Feedback from our stakeholder survey
- Feedback from our internal communications surveys
- Our own media evaluation and reporting

We will review our progress against the objectives set out in this Strategy on a monthly basis and make any amendments to the action plan and tactics as required.

Progress against this Strategy will be reported to the Health Board on a six-monthly basis or as requested by the Board.

Appendix 1

Implementation Plan

This Implementation Plan provides more detail on how we will achieve our objectives. We will continually monitor our activity and regularly update the plan to reflect the progress made against each of the actions.

We will update the plan using the following key:

Not started	Ongoing monitoring	Complete	In progress	Overdue

Objective 1: Develop the brand and reputation of the Health Board through proactive and reactive media and partner management and effective engagement so that patients, the public and partners see BCUHB as an effective and response organization that provides high quality, safe healthcare services.

Objective 4: Bring about deep understanding of the Health Board's vision, values and objectives to support patient care, staff wellbeing and the efficient use of resources.

Action	Lead	By when / collaboration needed?	Status
Generate at least two proactive news stories every week to raise awareness, influence behaviour and celebrate the success of our staff and services through a range of internal and external communications channels.	Assistant Director Corporate Communications and Public Engagement	Ongoing Monthly review of outputs with quarterly analysis	

Stories are generated via our three press and communications officers in each Integrated Healthcare Community and our forward planner ensures the approach is co-ordinated and evenly distributed across the areas.			
Provide an effective press office function to ensure a timely, professional response to media enquiries, coverage and challenge public criticism where appropriate.	Assistant Director Corporate Communications and Public Engagement	Ongoing Daily updates on activity and weekly and annual analysis of coverage	
Set up a forward planner of planned PEC activity Ensure planner is regularly updated to inform wider planning	Director of Partnerships, Engagement and Communications	Complete Ongoing	
Develop tailored communications and engagement plans for key areas of focus, eg Ysbty Glan Clwyd improvement work, vascular services, mental health and learning disabilities, primary care, regional treatment centres	Assistant Director Corporate Communications and Public Engagement Executive Directors	Ongoing Governance of plans, progress and assurance will be done with relevant executive or programme leads	
Develop and maintain a schedule of quarterly face-to-face meetings with all MS and MPs	Assistant Director Public Affairs and Partnerships	Ongoing Quarterly analysis of themes and trends	

Provide verbal and written updates to MS and MPs on cases raised, aiming to reduce the backlog in cases by December 2022	Assistant Director Public Affairs and Partnerships	Ongoing Quarterly analysis of themes and trends	
Arrange visits for MS and MPs to see improvements and new initiatives	Assistant Director Public Affairs and Partnerships	Ongoing Annual forward plan and quarterly review of visits	
Provide a weekly bulletin for politicians and partners Improve content and style of the bulletin based on feedback	Assistant Director Public Affairs and Partnerships	Ongoing Annually, first review by December 2022	
Undertake an annual stakeholder perceptions survey	Assistant Director Public Affairs and Partnerships	By January 2023 And then annually	
Ensure comments and enquiries through social media channels are answered in a timely and appropriate way, correcting factual inaccuracies through signposting	Assistant Director Corporate Communications and Public Engagement	Ongoing Monthly analysis	
Review and update the media guidance for staff	Assistant Director Corporate Communications and Public Engagement	By March 2023	

Increase the reach and engagement through our social media channels by increasing the number of followers we have on Facebook, Twitter and Instagram by 10%	Assistant Director Corporate Communications and Public Engagement	By March 2023	
Investigate, develop and launch new platforms to reach different audiences for examples community channels and Snapchat	Assistant Director Corporate Communications and Public Engagement	By March 2023	
Develop the use of digital communities	Assistant Director Corporate Communications and Public Engagement	Throughout 2022 to 2025 Annual analysis	

Objective 2: Develop continuous and meaningful engagement with patients, the public and carers, offering a range of mechanisms for two-way conversations that shape the design of services and influence decision-making.
Objective 6: Ensure the Health Board plays an active role in its local communities by leading debate about health, healthcare services and wellbeing; and co-designing services and the strategy for healthcare in North Wales to improve health and wellbeing.

Action	Lead	By when / collaboration needed?	Status
Develop an annual programme of engagement activity	Assistant Director Corporate Communications and Public Engagement	Plan to be developed by December 2022 Quarterly review	

	Executive Director of Transformation, Strategic Planning and Commissioning Executive Director of Nursing and Midwifery	Collaboration with colleagues in planning, transformation, public health and Integrated Health Communities	
Support service transformation programmes with tailored engagement plans	Assistant Director Corporate Communications and Public Engagement Executive Director of Transformation, Strategic Planning and Commissioning	Ongoing Governance of engagement plan progress and assurance will be done through service change task groups, PPPH Committee	
Introduce a *We Said, We Said* template for use in all programmes of work that have been informed by engagement	Assistant Director Corporate Communications and Public Engagement Executive Director of	From December 2022 Annual Review	

	Nursing and Midwifery Executive Director of Workforce and Organisational Development Executive Director of Transformation, Strategic Planning and Commissioning		
Continue to develop engagement toolkits for staff	Assistant Director Corporate Communications and Public Engagement Executive Director of Nursing and Midwifery	Quarterly Review	
Establish a library of good practice for engagement on BetsiNet	Assistant Director Corporate Communications and Public Engagement Executive Director of	During 2023/24	

	Nursing and Midwifery		
Develop a training programme aimed at awareness raising and embedding a culture of engagement	Assistant Director Corporate Communications and Public Engagement	During 2023/24	
Review the organisational engagement approach and explore opportunities for people to get involved through a refreshed public involvement scheme Establish an oversight group to co-ordinate the embedding of engagement across the Health Board (in support of TI approach)	Director of Partnerships, Engagement and Communications Executive Director of Workforce and Organisational Development Executive Director of Nursing and Midwifery Executive Director of Transformation, Strategic Planning and Commissioning	Review completed by March 2023 Actions from the review to be planned into 2023/24 and 2024/25 activity Collaboration with Patient Experience Team, Staff Engagement (OD team), Planning and Public Engagement Teams	
Review and refresh our public engagement approach through co-design	Assistant Director Corporate Communications	During 2023/24	

	and Public Engagement		
Develop an annual schedule of health campaigns that we will lead on and those that we contribute to	Assistant Director Corporate Communications and Public Engagement Executive Director of Public Health	Each April Annual analysis	
Promote priorities as set out in the Executive Director of Public Health's annual report	Assistant Director Corporate Communications and Public Engagement Executive Director of Public Health	Ongoing DPH Report yet to be published for 2021/22 Collaboration with Public Health Team	

Objective 3: Nurture new and existing relationships to enable partners to be engaged and involved in delivering care and shaping future arrangements.

Action	Lead	By when / collaboration needed?	Status
Map partner relationship owners and build a partnership support programme	Assistant Director Public Affairs and Partnerships	By December 2022 Collaboration with Executive Directors,	

	Executive Directors Integrated Healthcare Community Directors	Integrated Healthcare Community Directors	
Meet with the new Integrated Health Community Directors and set up ways of working that support area needs	Director of Partnerships, Engagement and Communications Integrated Healthcare Community Directors	By December 2022 Bi-annual review	
Develop and manage a central database of MS and MPs	Assistant Director Public Affairs and Partnerships	By October 2022 Review annually	

Objective 5: Ensure our workforce has opportunities for two-way communications so that they are engaged in the Health Board's commitment to deliver high quality safe care, by keeping them informed about it happening and involving them in the decisions that affect them.

Action	Lead	By when / collaboration needed?	Status

Carry out internal communications audit of staff communications to help shape the future of communications, including how we deliver messages, how we can listen to views, and what type of communications staff prefer	Assistant Director of Corporate Communications and Public Engagement Executive Director of Workforce and Organisational Development	By October 2022	
Raise staff awareness of what is happening and how they can be involved through routine channels: • Chair/CEO weekly bulletin • Weekly bulletin • Team Brief (see below)	Assistant Director of Corporate Communications and Public Engagement Executive Director of Workforce and Organisational Development	Ongoing Internal comms audit will inform improvements	
Manage the annual Staff Achievement Awards, including securing sponsorship for the event, organizing, promoting and managing the event	Assistant Director of Corporate Communications and Public Engagement Executive Director of Workforce and Organisational Development	From March to October 2022 Event on 21 October 2022 Collaboration with the OD Team	

Raise awareness across our sites of our organisational values	Assistant Director of Corporate Communications and Public Engagement Executive Director of Workforce and Organisational Development	By November 2022	
Support the Ysbty Glan Clwyd Targeted Improvement work with tailored partnerships, engagement and communications work	Director of Partnerships, Engagement and Communications Deputy CEO/ Executive Director of Integrated Clinical Services	Ongoing Tailored communications plans are monitored monthly as part of the TI process (links to Objective 1)	
Develop an organisational Team Brief to follow Board meetings	Assistant Director of Corporate Communications and Public Engagement Executive Director of Workforce and Organisational Development	By December 2022 Collaboration with OD Team to support the cascade process	

Improve communications channels for staff who do not have routine access to BCUHB devices	Assistant Director of Corporate Communications and Public Engagement	Review by December 2022 Implementation of solutions during 2023/24	
Improve analytics and data collection to evidence communications activities for staff	Assistant Director of Corporate Communications and Public Engagement Director of Digital, Data and Technology	Ongoing Quarterly analysis Collaboration with Director of Digital, Data and Technology	
Further develop two-way communication systems to support a culture of engagement and co-production	Assistant Director of Corporate Communications and Public Engagement Executive Director of Workforce and Organisational Development	Ongoing Work to be informed by outcome of 2022 internal comms audit, solutions worked up by March 2023 and implemented 2022-25	

Appendix 2

Stakeholder Analysis

As an organisation we engage with a broad range of stakeholder groups to support the Health Board to achieve its ambitions. Each stakeholder group will have its own level of interest in the Health Board's plans and ambitions and varying influence over its ability to achieve them. We need to understand those stakeholder groups and ensure they are managed effectively.

The level of interest and influence for all stakeholders can change depending on circumstances at the time, such as a proposed change to hospital services – but broadly this analysis provides an overview of BCU's stakeholders and how key people and teams within the Health Board, in addition to the Partnerships, Engagement and Communications Team, engages with them.

Stakeholder groups

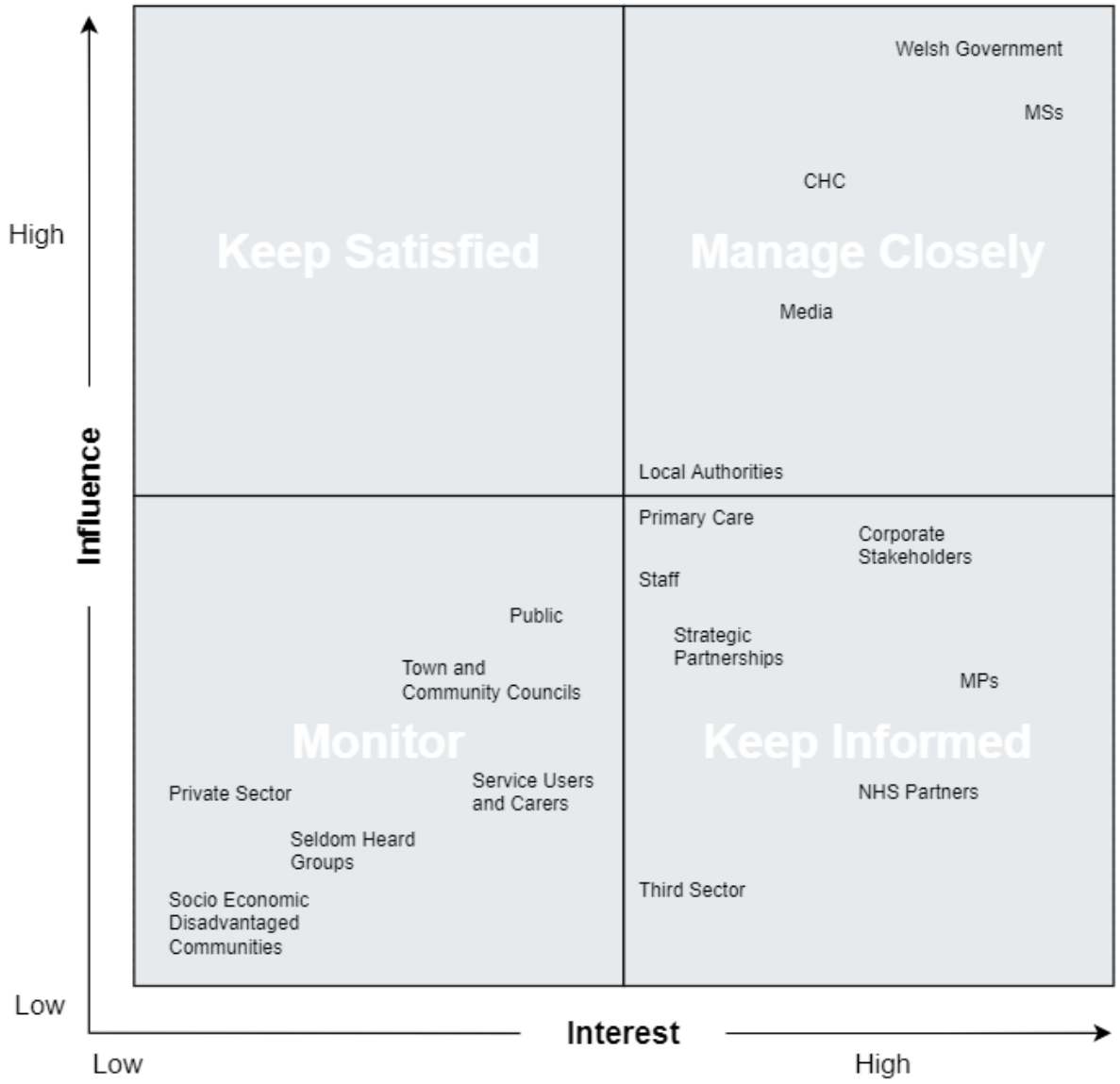
- General public
- Service users and carers
- Staff
- Primary Care
- Media
- Local Authorities
- Town and Community Councils
- MSs
- MPs
- North Wales Community Health Council
- Welsh Government
- NHS partners
- Corporate stakeholders
- Third Sector (County Voluntary Councils, condition specific networks and individual organisations – contracted and non contracted)
- Private sector
- Strategic partners
- Seldom heard groups
- Social economic disadvantaged communities

Stakeholder mapping

Regularly reviewing the needs and interests of our stakeholders will ensure we determine how best to involve and communicate with them at a given point in time. These stakeholder groups broadly fit into four different groups:

- High interest and high influence (manage closely)
- High interest and low influence (keep informed)

- Low interest and high influence (keep satisfied)
- Low interest and low influence (monitor)



Stakeholder engagement

We use a range of different channels to engage with our stakeholders. The level of engagement with any stakeholder group can change depending on circumstances, but the table below outlines the established channels we have.

Stakeholder Engagement Groups and Channels		
Stakeholder Group	**Channels**	**Lead(s)**
Public	• Website • Social Media • Newsletters • Supporting Materials (e.g. posters, banner stands, and leaflets) • Public Events • Public Survey • Virtual Q&A Sessions	Corporate Communications Team Public Engagement Team
Service Users and carers	• Day to day interactions • Website • Social Media • Newsletters • Public Survey • Supporting Materials (e.g. posters, banner stands, and leaflets)	BCUHB staff Corporate Communications Team Patient Experiece Team
Staff	• Day to day interactions • Website • Betsinet • Staff App • Social Media • Newsletters • Staff Updates (including Chair/CEO message) • Corporate Bulletin • Staff Briefings • Executive Visits • Supporting Materials (e.g. posters, banner stands, and leaflets)	Executive Directors Integrated Health Community Directors Service Managers Corporate Communications Team Organisational Development Team
Primary Care	• Website • Betsinet • Briefings via Primary Care Contracting Team • Supporting Materials (e.g. posters, banner stands, and leaflets)	Primary Care Contracting Team Corporate Communications Team
Media	• Website • Social Media	Corporate Communications Team

	• Press Releases • Filming / Interviews	
Local Authorities	• Direct Briefings / Meetings • Partner Briefings • North Wales Media Cell meetings / briefings • Practitioner Forums • Council Meetings	Executive Directors Integrated Health Community Directors Planning Team Public Affairs Team Corporate Communications Team Public Engagement Team
Members of the Senedd	• Partner Briefings • Direct Briefings / Meetings • Social Media • Weekly Communications Update	Executive Directors Integrated Health Community Directors Public Affairs Team Corporate Communications Team
Members of Parliament	• Partner Briefings • Direct Briefings / Meetings • Social Media	Executive Directors Integrated Health Community Directors Public Affairs Team Corporate Communications Team
Community Health Council	• Partner Briefings • Direct Briefings / Meetings	Executive Directors Integrated Health Community Directors Planning Team Public Affairs Team

Welsh Government	• Direct Briefings / Meetings Weekly Communications Meeting (national) • Weekly Communications Update • Forward Planner • Partner Briefings	Executive Directors Integrated Health Community Directors Corporate Communications Team
NHS Partners	• Direct Briefings / Meetings • Weekly Communications Meeting (national) • Weekly Communications Update	Executive Directors Integrated Health Community Directors Corporate Communications Team
Corporate Stakeholders	• Direct Briefings / Meetings • Website • Social Media • Introduction letter / email • Engagement sessions	Executive Directors Integrated Health Community Directors Corporate Communications Team Public Engagement Team
Third Sector	• Direct Briefings / Meetings • Stakeholder Email • Living Healthier Staying Well Engagement Sessions • Website • Social Media • Public Survey	Executive Directors Integrated Health Community Directors Public Engagement Team Corporate Communications Team
Private Sector	• Direct Briefings / Meetings • Website • Social Media • Stakeholder Email	Executive Directors Integrated Health Community Directors Corporate Communications Team

		Public Engagement Team
Strategic Partners	• Direct Briefings / Meetings • Website • Social Media • Engagement Practitioner Forums • Engagment Sessions	Executive Directors Integrated Health Community Directors Corporate Communications Team Public Engagement Team
Seldom Heard Groups	• Website • Social Media • Stakeholder Email • Engagement Sessions • Public Survey	Corporate Communications Team Public Engagement Team Equalities Team
Social Economic Disadvantaged Communities	• Website • Social Media • Stakeholder Email • Engagement Sessions • Public Survey	Corporate Communications Team Public Engagement Team Equalities Team

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

IT FORMS

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

For:	*Partnerships, Engagement and Communications Strategy*
Date form completed:	*1st September 2022*

PARTS A: SCREENING and B:

KEY FINDINGS AND ACTIONS

Introduction:

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

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

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

Assessing Impact

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

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

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will 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?	*Partnerships, Engagement and Communications Strategy*
2.	Provide a brief description, including the aims and objectives of what you are assessing.	*The overarching aim of the strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.*
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?	*Helen Stevens Jones, Director of Partnerships, Engagement and Communications*
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	*The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy.*
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	*The key stakeholders are patients, the public, staff and partners.*
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	*The delivery of this strategy will be led by the Partnerships, Engagement and Communications team but also offers opportunities for everyone. Whether they work in our health settings, are cared for by us, work in partnership with us or have any kind of interest in helping to build a better future for the health and wellbeing of the people of North Wales. Its success also heavily depends on the related functions of Workforce and Organisational*

Part A Form 1: Preparation

Please answer all questions

		Development (which leads on staff engagement) and Quality (which leads on patient engagement). *The communications and engagement approaches already undertaken by the Health Board take account of the different communities and people who share protected characteristics. Our engagement reports reflect the depth and breadth of the conversations we have, either routinely (as part of our continuous engagement approach) or as part of service improvements and planned change. We work with programme leads to carry out Equality Impact Assessments on all service improvements/change and therefore our efforts and resources are always targeted and reflect the local population as well people who share protected characteristics. However, we acknowledge that there is always more that can be done and our work to embed engagement expertise throughout the organisation (which also forms part of our Targeted Improvement work) includes engagement toolkits, best practice training and communications advice and support for projects and teams.* *There is a risk of engaging with the same groups repeatedly but we also acknowledge that in order to understand and incorporate the views of groups who are less heard we need to work with them and their representatives in ways that work for them. We keep a watching brief on all our engagement and adapt and alter how we work based on feedback.*
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	*The Strategy takes account of the Health Board's statutory duties, including:* • *NHS (Wales) Act 2006. Most relevant to this strategy is Section 183* • *The Equality Act 2010, Welsh Language (Wales) Measure 2011* • *The Social Services and Well Being (Wales) Act (2014)* • *The Health & Care Standards 2015* • *The Well-being of Future Generations (Wales) Act 2015*

Part A Form 1: Preparation

Please answer all questions

		• *A Healthier Wales: Our Plan for Health and Social Care* *In delivering the strategy we will be promoting and advancing equality as part of our messaging in the Health Board's communications and engagement activities.*

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

	NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. For the definitions of each characteristic please click here					
	Yes	No	(+ve)	(-ve)		
Age	☼		☼		*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people of all ages as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of all ages through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all ages in future planning. There is also*

Please answer all questions

						legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. older people often are more reliant on carers, family or public transport to attend appointments so engagement on service change will specifically target*

Please answer all questions

						conversations with this cohort to discuss and potentially co-design solutions.
Disability					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on disabled people as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from disabled people through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people with disabilities in future planning. There is also legislation, for example the Accessibility Regulations,*

Please answer all questions

						Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We will also take account of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The Standards set out the level of service delivery that people with sensory loss should expect to be met with when they need healthcare.* *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health*

Please answer all questions

						inequality as a result of their protected characteristic. E.g. some disabled people cannot work because of their disability or find it harder to get a job and have less money to live on. They can also have worse mental health than other people. Some children with special education needs and disability are not getting the education they need. We will therefore target our communications and engagement to ensure we take account of these factors.
Gender Reassignment					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are going through or have gone through gender reassignment as the principles within the Strategy*	*We have established channels to engage with, and gather feedback from people who are going through or who have gone through gender*

Please answer all questions

					take into account our equality duties and all our approaches are tailored to different audiences.	*reassignment through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people who are going through or who have gone through gender reassignment in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning*

Please answer all questions

						has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. people who are undergoing or have undergone gender reassignment often have to deal with stigma and they can also have worse mental health than other people. We will take account of this in our work and will specifically target our engagement and communications with this*

Please answer all questions

						cohort to discuss and potentially co-design solutions.
Pregnancy and maternity					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are pregnant as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from pregnant people through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of pregnant people in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh*

Please answer all questions

						Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. people who are pregnant or are the main carer for their newborn can find public transport or getting out and about a challenge. They can also have mental health issues.* *We will take account of this in our work and will*

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

Please answer all questions

						specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.
Race					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on race as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of all races through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all races in future planning. There is also*

Please answer all questions

						legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. We know that barriers exist, particularly for people from ethnic minorities or for whom English is an additional language. There are also barriers to accessing*

Please answer all questions

						health services for Gypsy, Roma and Traveller families, refugees and asylum seekers. We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions. *Our engagement activity will be intelligence based, acknowledging the context of health inequality.* *The strategy will comply with the Welsh Government Anti-racist Action Plan, and with Travelling to Better Health.*
Religion, belief and non-belief					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who have a religion, belief or no belief as the principles within the Strategy take into account our*	*We have established channels to engage with, and gather feedback from people of all religions, beliefs*

Please answer all questions

					equality duties and all our approaches are tailored to different audiences.	*and non-belief, through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all religions, beliefs and non-belief in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics.*

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

Please answer all questions

						We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.* *The strategy will be underpinned by cultural competence, including acknowledging that cultural*

Please answer all questions

						barriers to engagement can exist and will be recognised and removed
Sex					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people of different sex as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of all sexes through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all sexes in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh*

Please answer all questions

						Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.*

Please answer all questions

Sexual orientation					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who identify as lesbian, gay, bi-sexual, transgender ++ as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.* *We are mindful that Welsh Government will soon publish its LGBTQ+ Equality Action Plan. When it is available, we will review our strategy and align it accordingly.*	*We have established channels to engage with, and gather feedback from people of all sexual orientations through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all sexual orientations in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our*

Please answer all questions

						work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *E.g. We know that barriers exist for our LGBTQ++ communities.* *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and*

Please answer all questions

						potentially co-design solutions.
Marriage and civil Partnership (Marital status)					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are married or in a civil partnership as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of any marital status through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of any marital status in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh*

Please answer all questions

						Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.*

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

Please answer all questions

Socio Economic Disadvantage					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are socio and/or economically disadvantaged as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people who are socio and/or economically disadvantaged through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people who are socio and/or economically disadvantaged in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we*

Please answer all questions

						comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *E.g. We know that people who are socio-economically disadvantaged rely heavily on public transport for access to services or present late for some conditions due to the stigma.* *We will take account of this in our work and will specifically target our*

Please answer all questions

						engagement and communications with this cohort to discuss and potentially co-design solutions.

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: Equality resources and campaigns (sharepoint.com) 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)			
	☼				People's human Rights will not be directly impacted by the Strategy.	

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

Please answer all questions

Welsh Language:

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

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language	☼		☼		The work of the Partnerships, Engagement and Communications function takes into account the Welsh Language Standards. This includes ensuring there are opportunities for people to use the Welsh language in their feedback.	
Treating the Welsh language no less favourably than the English language	☼		☼		The work of the Partnerships, Engagement and Communications function takes into account the Welsh Language Standards. This includes ensuring our written communications are always in the medium of Welsh and English.	

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)*	*While the draft Partnerships, Engagement and Communications Strategy is not a service change, how we communicate and engage with the people of North Wales routinely takes account of people who share protected characteristics.* *We have established channels to engage with, and gather feedback through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people who share protected characteristics in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics.* *In drafting the Strategy we have reviewed feedback/insight from a range of conversations we have had over the last three years and used it to inform our approach. This includes:* • *Engaging with the public on our Living Healthier, Staying Well strategy and Clinical Services strategy.* • *BCUHB stakeholder survey.* • *Staff survey (communications preferences).*

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

	• *Routine monitoring of the outputs from the PEC function (e.g. intranet, website, print, broadcast and social media).* • *Dialogue and correspondence from Members of the Senedd and Members of Parliament.* • *Our partnerships, groups and networks such as the Stakeholder Reference Group, Engagement Practitioner Forums, North Wales Cancer Forum, North Wales Community Health Council.* • *Service improvement engagement programmes such as end of life care, nuclear medicine, managed practices.* • *High footfall public events such as Anglesey Show, Denbigh and Flintshire Show, Eisteddfod.* • *Capital Programmes such as the North Denbighshire Community Hospital* • *Surveys such as Covid Conversations, Outpatients, GP patient surveys, digital consultations.* • *Collaboration with groups representing Minority Ethnic Communities and seldom heard groups such as the North East Wales Chinese Women's Association, North Wales Africa Society and refugee drop in sessions, traveller community liaison, homeless communities and third sector engagement forums.* *In addition, we will refresh our Public Engagement Strategic Framework through co-design with our patents, the public, staff and partners in the coming year.*
Have any themes emerged? Describe them here.	*Themes from our insight inform the messaging of our work which varies by project and programme. However, there are some key overall themes which we build into our overarching messaging:* • *The ability of the Health Board to deliver on its strategic intentions.*

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

	• *Access to health services, including geographically and waiting times (primary care, planned care etc.). Also inequalities and barriers such as language.* • *The challenges of recruitment and retention of our workforce.* • *Patient involvement, including listening to patients, involvement of decisions about their care and wider participation in service improvements.* • *Communication and listening, including more joined up communications between services and information to patients.* • *Partnership working, including continued collaboration, new ways of working and maintaining the momentum.* • *Co-ordinated care for patients.* • *Prevention, including a focus on mental health, and education on the spread maintaining health and wellbeing.*
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	*Feedback on our communications and engagement work is used to inform planning and service improvements.* *For the purpose of this Strategy, feedback has been used to improve how we communicate and engage with our audiences, such as the introduction of new bulletins, new face to face meetings and what we communicate, such as content/topic areas that reflect what people have told us they want.*

For further information and help, please contact the Corporate Engagement Team: BCU.GetInvolved@wales.nhs.uk

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)*	*Partnerships, Engagement and Communications Strategy*

2. Brief Aims and Objectives: (Copy from Form 1)	*The overarching aim of the strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.*

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 x
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, y**ou should be able to answer 'No' to this question.**	Yes	No x

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

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 x

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 x
	The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on all protected characteristics as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences. The strategy does not include the delivery of any healthcare services.	
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes	x
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes x	No
	How is it being monitored?	*We will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.* *We will continuously review and analyse our performance using various sources, outlined below.* • *All media coverage*

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

		• *Analysis of BCUHB website – unique visitors, number of visits, page hits, interaction and responses* • *Feedback from our interactions with the public* • *Social media interaction, e.g. number of Twitter followers and mentions, and Facebook likes and comments* • *Changes to care and services as a result of our insight gathering – we will track the impact of patient and public voices in our service development/transformation work* • *Involving seldom heard groups – we will track who we are talking with and listening to by project, campaign and engagement activity* • *Analysis of MS and MP correspondence trends* • *Analysis of patient advice and liaison service enquiries (PALS)* • *Analysis of complaints and compliments trends* • *Feedback from advocacy groups , such as the North Wales Community Health Council*

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

		• *Feedback from our stakeholder survey* • *Feedback from our internal communications surveys* • *Our own media evaluation and reporting* *We will review our progress against the objectives set out in this Strategy on a monthly basis and make any amendments to the action plan and tactics as required.* *Progress against this Strategy will be reported to the Health Board on a six-monthly basis or as requested by the Board.*
	Who is responsible?	Director of Partnerships, Engagement and Communications
	What information is being used?	*As detailed above.*
	When will the EqIA be reviewed?	*September 2025*

7. Where will your policy or proposal be forwarded for approval?	*Stakeholder Reference Group, Partnerships, People and Population Health Committee and the Health Board.*

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity Senior sign off prior to committee approval:	Name	Title/Role
	Helen Stevens Jones *Katie Sargent* *Alan Morris* *Andrew Rogers*	Director of Partnerships, Engagement and Communications Assistant Director of Corporate Communications and Public Engagement Assistant Director of Public Affairs and Partnerships Head of Communications
	Name of senior sign off prior to committee approval	
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

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

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	*N/A*		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	*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*		
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?	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.	*N/A*		

Tuesday Report title:	**Update on Digital, Data and Technology BAF risks and Proposed Transformation of Informatics Operating Model**			
Report to:	Partnerships, People and Population Health Committee			
Date of Meeting:	Tuesday, 13 September 2022			
Executive Summary:	The purpose of this report is to present the revised Board Assurance Framework (BAF) Risks (Appendix 1) for Digital, Data and Technology (DDAT) and provide an update on the plan to transform and modernise the current Informatics operating model and structure into an up to date, digital, data and technology operation. These plans will culminate in a financial case being developed and proposal to be included in the 2023/24 Integrated Medium Term Plan (IMTP). The successful implementation of the new model will mitigate the risks outlined in the BAF.			
Recommendations:	The PPPH Committee is asked to receive the proposed BAF and high level plan for transforming Informatics into DDAT and provide any comments to inform the process.			
Executive Lead:	Dylan Roberts, Chief Digital and Information Officer			
Report Author:	Dylan Roberts, Chief Digital and Information Officer			
Purpose of report:	For Noting ☐	For Decision ☒	For Assurance ☒	
Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
N/A				
Link to Strategic Objective(s):	The effective delivery of DDAT is a core element of delivering local, regional and national strategies. This would include "A Healthier Wales", Ministerial priorities, as well as addressing local needs and addressing our strategic goals as described in "**Living Healthier, Staying Well"**			
Regulatory and legal implications	Ineffective management of DDAT and as a result, the applications and services across the Health Board, could lead to major service failures and data loss, which can have regulatory as well as legal implications.			
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	An EqIA was completed as part of the Digital Strategy work in 2021. It is recognised that a further assessment will be required for any			

	future organisational change process that might result from this.
In accordance with WP68 has an SEIA identified as necessary been undertaken?	A socio-economic impact assessment (SEIA) was done for the Digital Strategy 2021 and has not been identified as necessary for the preparation of this report, however it is recognised that the SEIA carried out in relation to the development of the Digital Strategy 2021-2025 will need to be updated as part of this transformation work. The potential of digital enabling the delivery of the "triple aim" of improving patient experience, population health and per capital cost of health care would have a positive socio-economic impact in terms of social and digital inclusion, raising education levels and the potential to improve the health tech economy. Therefore, it is suggested that a SEIA would be completed at that stage.
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	This paper is specifically about the BAF risks as noted in Appendix 1. However, operational risks CRR 21 – Cyber Security risks and CRR20 - Informatics infrastructure capacity, resource and demand are also mitigated by this work.
Financial implications as a result of implementing the recommendations	There are no specific financial requirements arising from this paper. The financial implications of the proposed investments in initiatives to implement this change are to be developed and included in the IMTP proposals.
Workforce implications as a result of implementing the recommendations	This change will require the implementation of a new structure for DDAT, which will increase the head count and could be subject to an organisational change process.
Feedback, response, and follow up summary following consultation	The current state of DDAT and the plans for the transformation of the operating model have been developed through consultation with Exec Management Team, Transformation and Improvement Team, Informatics Teams, Hospital Management Teams and some clinical leads. Teams recognise the current gaps in provision of DDAT the need for modernisation, the impact of not doing so and are supportive of proposals coming forwards. The lead IM for DDAT has been consulted throughout and has committed to continue being closely involved.
Links to BAF risks: (or links to the Corporate Risk Register)	BAF Risks in Appendix 1 are the subject of the paper.
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps: **Implementation of recommendations** - Further revision and refinement of the BAF as necessary. - A workshop to educate the Board on DDAT current and future operating models. - Development and presentation of more detailed and costed proposals for the different elements of the change.
List of Appendices: Appendix 1 – Digital, Data and Technology Proposed BAF Risks. Appendix 2 – Overview of Gartner IT Score DDAT maturity model. Appendix 3 – Global Resources External Benchmark of DDAT roles.

1. Introduction/Background

The Health Board's strategic plans are, with the exponential increases and complexity of demand in mind, to improve the health of the population, the provision of direct healthcare services and do so within a balanced budget.

The Health Board, in line with every other organisation in the internet age, wants to put digital at the core of its strategic ambitions, to change the models of care, to transform patient experiences and to improve outcomes. They have recruited at Board level, a Chief Digital and Information Officer (CDIO) with the knowledge and experience to provide leadership and expertise in this area.

This report presents the findings of the discovery exercise the CDIO and his leadership team have done in terms of the current state of the Informatics service operating model and proposes a move towards a good practice Digital, Data and Technology (DDAT) model using proven methods and maturity models. It also presents, as a result of this work, an update on the Board Assurance Framework (BAF) risks relating to DDAT the details of which are in Appendix 1. Summary below:

DDAT BAF RISKS AUG 2022

Principal Risk	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood	Tolerable Risk Score (target by year end)
There is a risk that we won't achieve our strategic and operational objectives, caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change. This will lead to an inability to deliver new models of care in line with National and Local Strategies which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.	16 (4x4)	16 (4x4)	12 (4x3)
There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack. This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and , finance and regulatory non-compliance.	25 (5x5)	20 (5x4)	12 (4x3)

The terms Digital, Data and Technology (DDAT) will be used throughout this document.

Digital is about how organisations change their business models to take advantage of the technologies of the internet age in order to enable better outcomes. This takes into consideration the technologies and tools used both inside and outside the enterprise by customers/patients/citizens.

Data and analytics combined, starting with the goals (or problems) in mind, can provide insights prompting actions that will deliver better outcomes for the organisations. Information governance and data handling is a key element of this area.

Technology is the broad and complex ecosystem of IT systems, smart devices, internet of things …everything that combined through modern techniques and governance can meet the needs and wants of individuals, whilst addressing the holistic needs and wants of society.

DDAT combined is the common term used for the profession and the operating model, which when effectively delivered, results in the best value.

The CDIO is also responsible for paper Patient Records Management, as in the storing, locating, retrieval, security, retention, destruction and possibly digitisation. This does not include clinical recording of information or the standards pertaining to that which are the responsibility of the Chief Medical Officer.

2. Body of report

The CDIO and team have completed this high level discovery excersise to ascertain the current state of the DDAT enviornment and opearting model against good practice and have identified various deficiencies, both in the current environment and with the operating model.

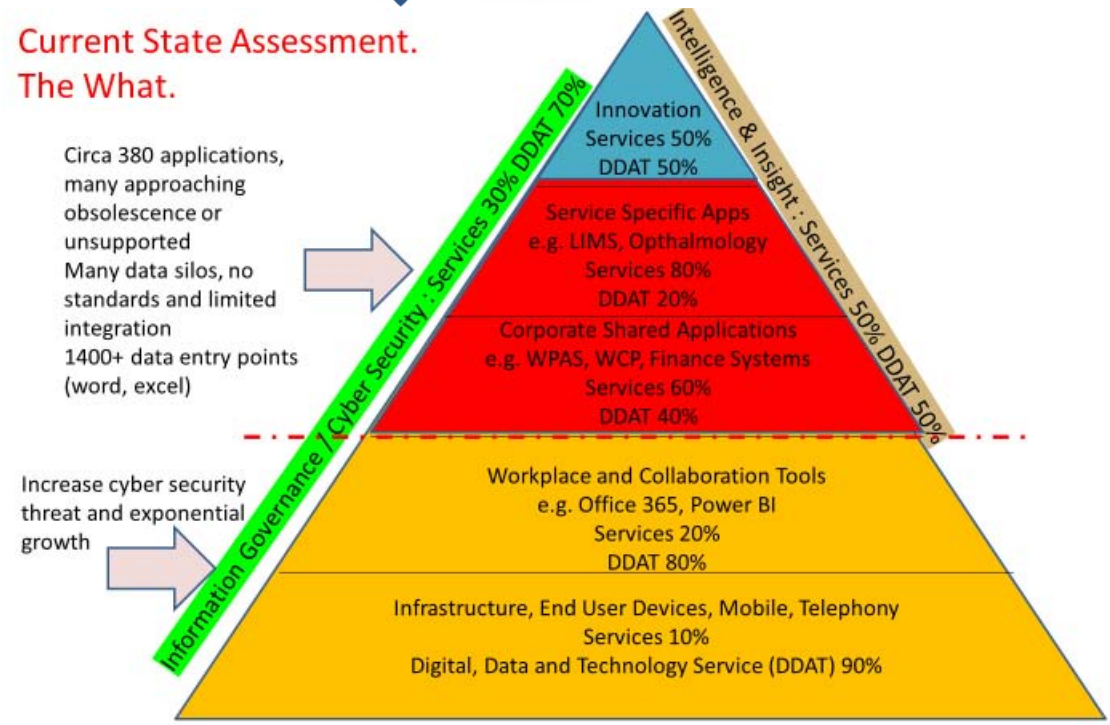
Through consultaion that included the lead Independent Member for DDAT, this has resulted in the BAF risks being updated, as shown in Appendix 1.

There are numerous maturity models available that describe how an effective DDAT function should operate in different organisation types and these include the capabilities required to deliver effectivley. The one which is used by many and is all encompassing across all disciplines of DDAT is the Gatner Group IT Score. A brief overivew of this and its applicability to BCU is provided in Appendix 2. The challenge is able to obtain the skills and capabilities to effectively apply the model and deliver good practice.

The CDIO and DDAT Senior Leadership Team plan to deliver a 90 minute session at the workshop in October, which will educate the Board on what DDAT is, the current and future target states.

Some of the slides for this session are incorporated into this report to help illustrate the position.

<u>The current state assessment as to the current information and technology enviornment.</u>



This diagram shows the different elements of DDAT (not including Paper Patient Record Management) and a Red, Amber, Green (RAG) rating provided for each area in terms of levels of concern, as it relates to the BAF risks.

Summary of main areas of concern

There are currently 380 separate critical applications that are known about, many of which are unsupported or close to obsolescence that present a risk to service continuity and, although some are integrated, create with them numerous data silos. This means that there isn't one patient record; bits of the patient record could be spread across numerous systems and may not always be up to date. This introduces risk, requires clinicans to often enter the same data multiple times in multiple systems, have to ask the patient again and again for their status and problem and introduces significant risk. This is especially the case within unscheduled care.

With this many non standard data silos, many of which are in closed systems and therefore inaccessible, it is extremely time consuming and in some cases impossible to extract data in order to provide it for performance reporting and other insights. E.g. the IQPR. To produce these reports today requires much manual intervention.

The risk of cyber attack has exponentially increased with the ease in which criminals can now obtain tools to hack systems, steal data or hold organisations to ransom. The Wanncry and recent Advanced System hacks (Advanced cyber-attack: NHS doctors' paperwork piles up - BBC News) are examples of this. The way to mitigate these risks is to keep all elements of the information and technology enviornment as current as possible. This especially means the basic infrastructure and collaboration environments, on top of which our critical clinical and business applications reside. It is no longer possible to sweat the asset in the DDAT environment as this will open the Health Board up to risk of attack for which, if the vulnerabilities exist, the probability is high. Therefore, the refresh rates for DDAT are significantly increased and within shorter time frames, which in turn increases the resources and finance required to keep up. This also accelerates the need to move to more cloud based software as a service solutions and contracts thus mitigating some of the upgrade work. However, all these things combined mean the ongoing revenue costs of the IT area of DDAT, as an estimate, should double in the next 3 – 5 years and triple therafter in order to keep up.

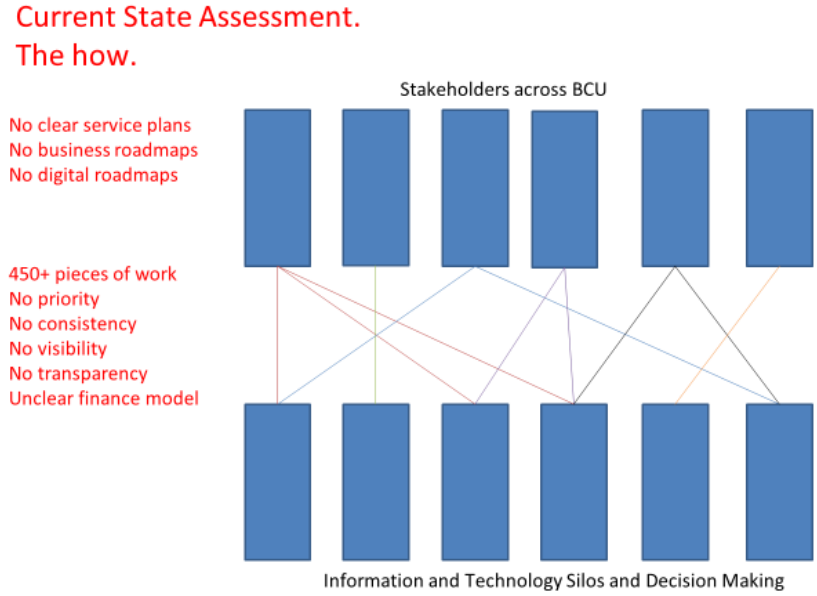
Based on industry projections - current and projected annual revenue costs for the ICT element of DDAT alone:

Current Annual ICT Maintenance & Support Budget	Projected Annual Budget Requirement (3-5 Yrs)	Projected Annual Budget Requirement (5 Yrs +)
£4,880,000	£10,000,000	£15,000,000

The Chief Technology Officer is working with the CDIO to develop an Essential Services Programme proposition, which will articulate a three year programme of work requiring both capital and revenue investment to deliver the minimum necessary to mitigate major IT failures and cyber attack. The outline of this programme will be presented at the Board session in October and costed submission will be part of the IMTP.

Aside from the situation above, the percentage of the overall operational spend on DDAT in BCU is 1.18% ,compared to recommended 4.5-5% by the National Audit Office for organisations who want to put digital at the core of their plans and, an overall average of 2% across Wales. Therefore, BCUHB is coming from a low base.

The current state assessment as to the current information and technology operating model



This diagram illustrates the way in which requests for work come into the DDAT function.

In most cases the requests come from different people in an uncoordinated manner, are not prioritised or impact assessed, do not always consider the wider architectural implications for BCU. As well as this, the finance and resourcing models are not always clear, including those required for operational running and sustainability.

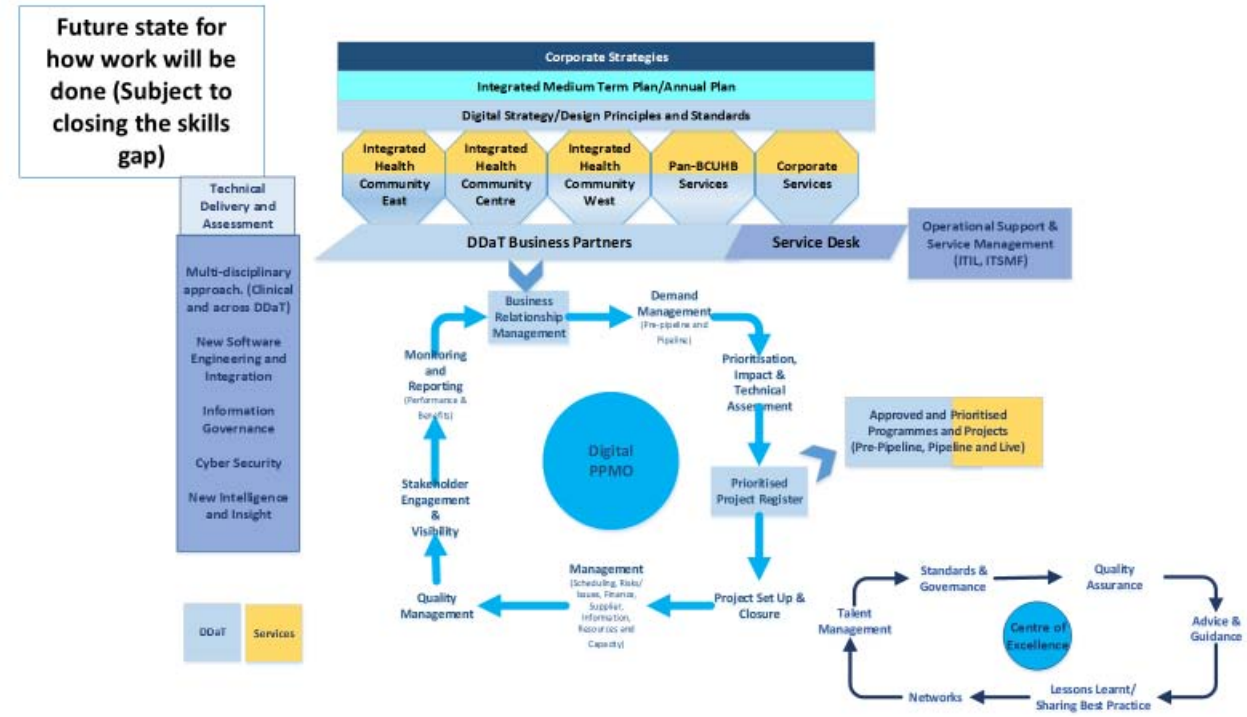
This could be one of the reasons the applications landscape is as it is.

The current financial management arrangements around Informatics require modernisation. For example, how projects are funded, finance following that which is approved in business cases, the revenue re-allocations necessary to cover the total cost of ownership of new products and services happen, approved pressures funded and no commitments being made unless the finance is guaranteed. This will all be part of the overall future operating model proposals.

The future state of the DDAT operating model

The future state is to implement a new operating model based on good industry practice (see Appendix 2). However, the immediate starting point for BCU is to address the relationship with the "business" and the way in which new requests for work are considered, impact assessed, how the solutions to meet the needs are designed and developed and how DDAT will ensure best overall utility of our DDAT resources aligned to delivering the strategies and priorities of BCUHB. Of importance right now is mitigating the BAF risks noted in Appendix 1.

The diagram below outlines the proposed approach for how new pieces of work will be commissioned in line with standard practice and will be run through at the Board session.



However, there are various capabilities and skills that do not currently exist within the current BCU DDAT function that will ensure the new operating model functions as it should.

The role and capability gaps required are summarised below:

- Architecture skills (ideally four: Applications, Data, Business and Technical) (Minimum 2)
  These are people who design applications, hardware, software, networking, information systems and services intended to solve identified problems within the context of the whole organisation. They should have strong design skills across multiple IT silos and the health care domain.

- Software engineers; (Minimum 4)
  These are people who deal with the design, development, testing, and maintenance of software applications. Software engineers apply engineering principles and knowledge of programming languages to build software solutions for end users. It is unfortunate that there is a diversity of software applications across the Health Board – a software engineering team is required to mitigate the risks with these and develop replacements to new and consistent standards.

- Product management, (Minimum 2)
  DDAT currently deliver projects which have a defined start and end. Once the project is complete and the product delivered (in many cases the applications noted above) there is little consideration for it longevity or continual improvement. The product manager is the person who identifies and understands the customer need and the larger organisational objectives that a product or feature will fulfil. They describe what success looks like for a product and ensure the combined multi-disciplinary team required to continually deliver that improvement and the associated benefits is financed and maintained up to the point it requires decommissioning. E.g. The Welsh Clinical Portal (WCP) was delivered some years ago with training included in the project. WCP has changed significantly since then with many new features released. These have not been exploited and there are no arrangements for new users to be trained on WCP. The product is not being owned or managed.

- Business Partnering / Relationship Management; (Minimum 3)
  The Business Relationship Manager (BRM) is responsible for understanding the business, assisting in the prioritisation of projects, ensuring that projects align with the technology that provides maximum return on investment and directing IT strategy in support of the overall business strategy. A good understanding of the business/clinical models and direction is important for this to be a success and it will result in good prioritised requirements coming into DDAT.

- Service Designers and User Experience Designers; (Minimum 3)
  Information and Technology is the means to an end not the end itself. Service designers design the end-to-end journey of a service with regard to what Digital, Data and Technology can enable. This helps a user realise their goals and BCUHB deliver a strategic or operational intent. More importantly, benefits are realised from investments in DDAT.

- Business Analysts; (Minimum 2)
  Working with Service Designers Business Analysts processes, interpret and document business processes, products and services through the analysis of data. This helps to design “to be” services that will improve performance.

- Training and Exploitation Teams; (Minimum 4)
  There is no training or exploitation team in DDAT. Anecdotally, although evidenced by service desk calls, the digital literacy of the workforce in BCU is poor. Training is sometimes included short term as part of projects. These are teams of people who, through different means, enable the workforce to exploit the information and technology investments made to realise the most value to them. They would likely support the product teams above if they were established.

- More dedicated clinical input if clinical change. (Minimum 2)
  Clinically qualified persons acting as a liaison between the disciplines of clinical medicine, DDAT and change is essential if BCUHB is to deliver successful change enable by digital. Enrolling clinicians in pathway redesign, developing digitised clinical practice with due regards for clinical safety is essential to success of any transformation. There are currently some limited resources working in this area doing a good job – more are required to support effective change.

Not having these standard DDAT skills and capabilities in place will mean the new operating model can't work as proposed. The job descriptions and scope of these roles in the public sector are defined and available for download Digital, Data and Technology Profession Capability Framework (https://www.gov.uk/government/collections/digital-data-and-technology-profession-capability-framework). Although these would need to be adapted to fit in with the Agenda for Change NHS JDs.

NB. Assuming funds were made available, the challenge of obtaining these skills, their recruitment and retention, or use from external service providers will be significant in what is an exponentially growing market.

We have engaged with third parties to estimate the costs of some of these roles, details of which are provided in **Appendix 3,** as an illustration. This does not provide the entirety of the ask which is subject to a more detailed assessment of need and will form part of an IMTP submission.

Of concern right now, in the current financial climate, is that no financial benefits can be directly attributed to the investment in these roles. However, once these skills are in place, benefits articulated in business cases will be more accurate, tracked and realisable.

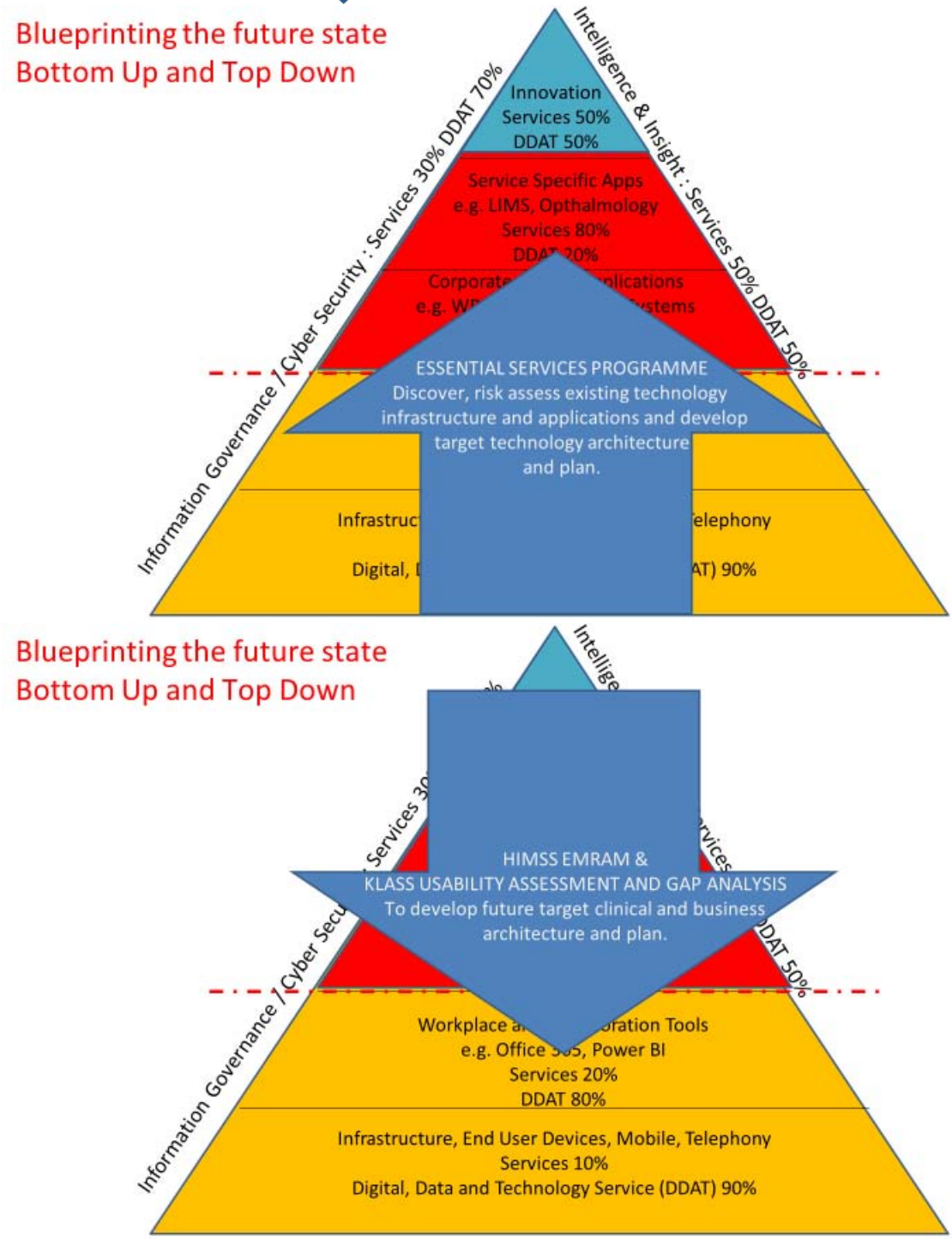
The proposed approach to blueprint the future state of DDAT (the what).

It is necessary to be clear about a target or future blueprint detailed at this stage, at a high level. This will provide the framework within which architects will determine the solutions that are designed to meet particular requirements and it is hoped, maximise the reusability of investments.

The priorities will be assessed from two perspectives – a "bottom up" perspective that looks at the risk assessment of the current technology, infrastructure and applications environments through the technology and cyber security risk lenses and then "top down" through attempting to articulate the future (probably medium term) clinical and business models and outcomes that need to be enabled by DDAT. Addressing the issues in this way will simply replace the technology without due consideration for the current or future business requirement and overall business or clinical blueprint.

As DDAT is the means to an end, not the end itself, it is important to be clear about the clinical and business requirements. However, it has proved very difficult, bar high level strategies such as the Clinical Services Strategy, to get any detail of what the new models or requirements for DDAT will be. Therefore, alternatively in the same way that there are maturity models for DDAT, there are maturity models for Electronic Medical Records Adoption and usability models benchmarked against the best practice care providers worldwide. These are the HIMSS EMRAM and KLASS usability models.

The diagrams below attempt to illustrate this.



For this work to be effectively carried out is will require the use of external assessors and capabilities to help us ascertain our baseline position and determine our future states. Clearer articulation of this requires input from some of the roles we currently do not have e.g. Architects. Therefore, there will likely be a need to procure the services of third party specialists to help us do this work. The culmination of these costs in year could be circa £350,000. Discussion with Finance to determine the way in which these pressures can be funded are required.

3. Budgetary / Financial Implications

The immediate budgetary implications in year are estimated to be circa £300-350K with implications for the future structure for go live 2023/24 still to be properly determined. If and how these requirements will be funded is still to be determined.

4. Risk Management

The transformation of the current Informatics function and operating model to a good practice DDAT model will, once established, address some of the issues for how the Health Board currently deliver DDAT and therefore over time mitigate the BAF risks in Appendix 1.

5. Equality and Diversity Implications

As noted above an Equality Impact Assessment (EqIA) was carried out as part of the development of the current Digital Strategy and if there is to be any Organisational Change Process resulting from investment as a result of this paper and further proposals then an EqIA will be required to be done at that point.

Appendix 1
DDAT BAF Risks

Appendix 2
Gartner IT Score Maturity Model Explainer.

Appendix 3
Global Resourcing benchmarking of roles across the NHS.

Appendix 1 - Digital, Data and Technology BAF Risks. Best printed and viewed on landscape A3.

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance I.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
2.5	Chief Digital Information Officer	People, Partnerships and Population Health Committee	There is a risk that we won't achieve our strategic and operational objectives caused by having inadequate arrangements for the identification, commissioning and delivery of Digital, Data and Technology enabled change. –This will lead to an inability to deliver new models of care in line with National and Local Strategies which results in a significant future degradation in patient safety, quality of care, public confidence, financial controls and reputation.	No controls yet in place subject to actions being delivered by newly appointed CDIO reviewing the current operating model and developing proposals and plans for its transformation into a minimum viable Digital, Data and Technology operation for the Health Board.	Annual Plan delivery assurance report to PPPH Committee	Benchmarking the service against external assessments. e.g. Gartner Group IT Score. NCSC. Cyber Essentials+ IG Toolkit Government Digital Service DDAT roles and possibly SFIA assessments.	Implementation of new DDAT operating model and structure including investment in skills and capabilities.	Plans, finance and resourcing not in place.	16 (4x4)	16 (4x4)	12 (4x3)	Proposals for a new operating model and its associated resource requirements and financial case is being developed for inclusion in the 2023/24 IMTP. This will include new functions for: *Intelligence and insight,* *Digital PMO,* *Architecture* *Software engineering ,* *Service design and clinical change ,* *Governance arrangements*	Nov-Feb
NEW ADDITION ON TOP OF ABOVE	Chief Digital Information Officer	People, Partnerships and Population Health Committee	There is a risk that we are unable to maintain the minimum level of service to our patients and population caused by having inadequate digital applications, infrastructure, security and resources that may result in major ICT failures or cyber attack. This will lead to compromised – safety and quality of care, reduced public confidence, reputational damage and , finance and regulatory non-compliance.	Cyber Security controls: Cyber Assessment Framework with Welsh Government. Monitoring tools to flag anomalies. Antivirus/Anti Ransomware software.	Annual Plan delivery assurance report to PPPH Committe	External expert independent review and assessment of the current environmnt.	Develop costed proposal for three-year Essential Services Programme to address the issues identified.	Plans, finance and resourcing not in place.	25 (5x5)	20 (5x4)	12 (4x3)	Proposals being developed for an Essential Services Programme to address deficits as they become known.	Nov-Feb

Appendix 2 Digital, Data and Technology Target Operating Model & Gartner IT Score Maturity Model Explainer

July 2020

1. Background

As with most successful organisations in the 21st Century, the Health Board, in line with national strategies, wants to put digital at the core of its strategy and delivery and has recruited a CDIO to lead this work. The Informatics Service recognises a need to review its current operating model in order to adequately support this and to reflect the changing, external environment, organisational demands, changes in the technology, the information and regulatory landscape and modern approaches to delivery. The name used across the public sector to describe the profession that encompasses our future ambitions for Intelligence and Insight, Patient Records Management Services, Information Governance, Information and Communications Technology is **Digital, Data and Technology (DDAT)**.

Therefore, we can say that we are moving from BCU's current Informatics model to a new DDAT model.

This paper advocates BCUHB follows proven practices applied elsewhere and this is represented by the Gartner Group IT Score model described in this document.

2. Approach

The first step in any organisational design is to establish a clear understanding of the enterprise's overall DDAT demands and the value proposition DDAT is expected to deliver. The second step is optimal delivery, seeking to "organise around what you are trying to optimise".

The vision for the future of Health and Care Services is integration across traditional organisational boundaries, putting people (citizens/patients) at the centre with a focus primarily on collectively, as a system, delivering better outcomes with people as opposed to the traditional paternalistic approach of delivering services to or for people. This is aligned to Value Based Healthcare Models and the Primary Care Home Model, which bring together a range of health and social care professionals working to provide enhanced personalised and preventative care for their local communities.

Good information, intelligence and predictive analytics is critical to enabling this work.

However, in the case of BCUHB, there is also the immediate priority, which is to raise the basic maturity and delivery of direct care provision.

A critical and basic prerequisite for safe, reliable and effective care is a combined patient record (ideally digital) that is easily accessible at the point of care.

The expectation is that patients or their carers will have:

- Confidence that health and care staff have their up-to-date information, regardless of the care setting, meaning they won't have to repeat details unnecessarily.
- Confidence that systems will be in place to easily manage appointments, refill medications, and speak with health and care staff.
- Confidence in their use of the internet and basic digital skills.
- Confidence there will be increased transparency in how the health and care system protects and uses their data now and at future dates.
- Digital access to their health and care information from across all parts of the system, e.g. test results, medications, procedures and care plans, enabling them to better understand and plan their care.
- Access to a wide range of consumer health and wellbeing tools, apps and services, specifically designed around their individual needs.

Health and Care staff will have:

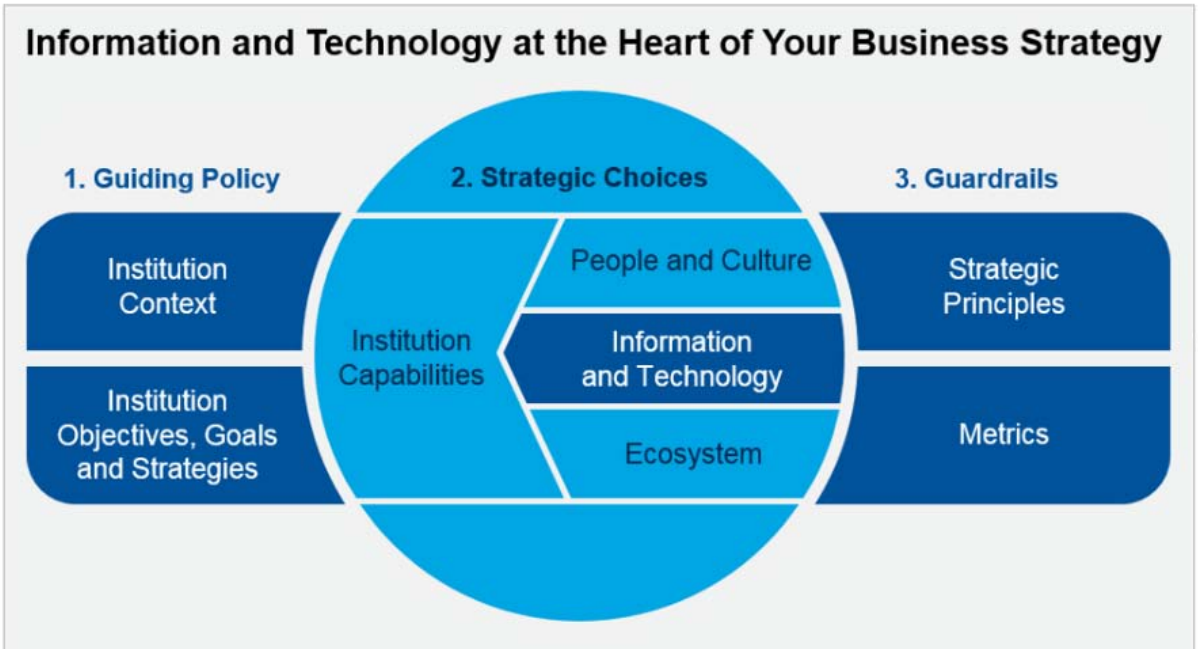
- Confidence that the IT services they use will enable fast and seamless recording and access to quality information.
- Confidence that this is done through modern, easy to use devices, suited to their working practice.
- Confidence that the IT they use and the data they handle is protected from cyber-attack or major failure

  and

- Confidence that the tools used can provide new insights and support decisions making things better for both the patients and the system.

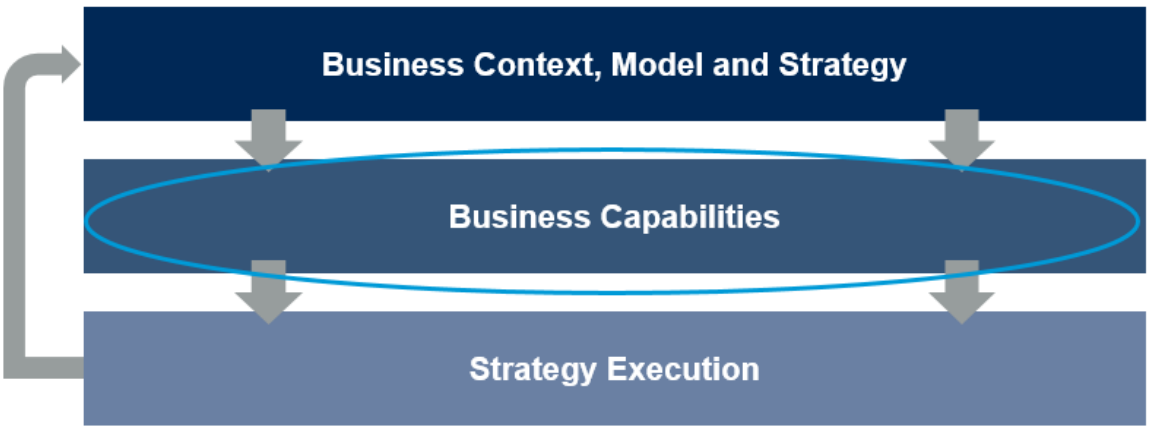
3. The "Business" Strategy – "It takes two to tango"

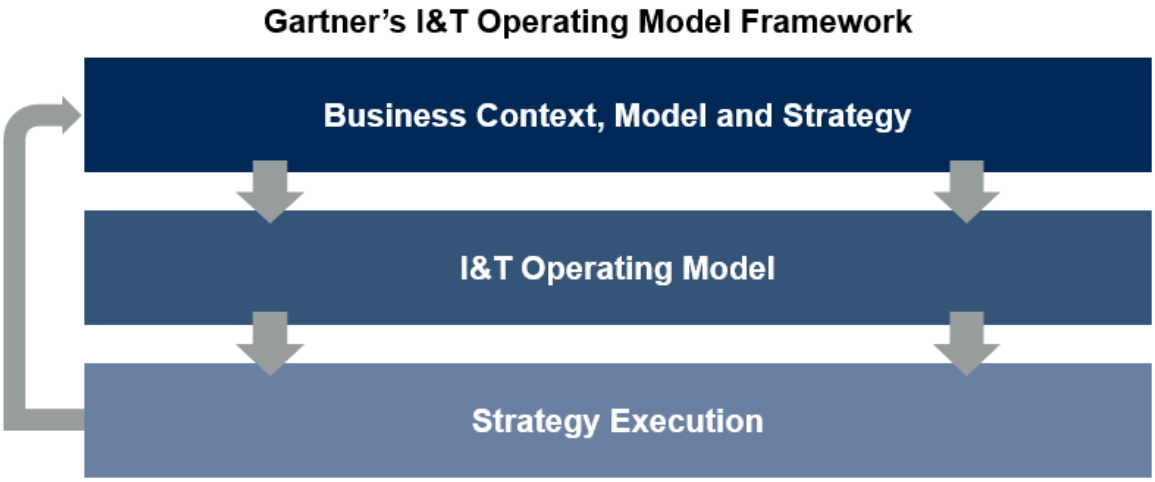
The strategies for the Health Board are varied; for Digital to be at the core of these means that the DDAT and CDIO need to be working with those developing the "business" strategies.



Standard practice would dictate that once there is clarity around the strategic outcomes and direction, the next step would be to define the business capabilities required to deliver. From there, DDAT can determine what capabilities are required to enable or shape the business capabilities and then, based on all of that, what the DDAT operating model needs to be to underpin it.

The Gartner models below illustrate this.





The disconnect, is often that the institutional capabilities are the same as they were many years ago despite the strategy goals and context changing significantly. Therefore, in many cases, DDAT is enabling capabilities that are not aligned to the overall strategy and direction.

Therefore, it is important to identify the business leads to work with in order to shape the future business strategy and importantly, define what the business capabilities (future business blueprint – what we do and how we do it) need to be in order to achieve that strategy. The CDIO and CCIOs will play key roles in working with these people to help make this happen.

There is currently a lack of clarity in terms of what the future business blueprint or what business capabilities are required holistically to enable it. The gap can be filled by emulating good practice and what other successful organisations are doing. This can be derived from defined and well utilised maturity models such as the HIMSS EMRAM or KLASS Arch Collaborative models that identify what good practice is and the capabilities required to achieve that.

4. Gartner define different maturity and operating models for IT services, which are detailed below:

- **ITScore Level 1: Functional** — At this level, enterprises view IT as a commodity and a necessary cost of business but see little potential in it beyond basic task automation. IT is a functional utility. Enterprise leaders expect it to be invisible, available and reliable. IT's highest level of contribution is its own operational efficiency, most likely measured by cost control through asset optimization.
- **ITScore Level 2: Enabling** — Here, enterprises expect IT to enable and potentially improve back-office business operations, but through an arm's-length relationship. Top executives engage with IT leaders only as necessary to place orders for tools and solutions. CIOs are not engaged in business planning and focus on discovery processes to identify business demands as early as possible, instituting basic relationship management roles and rudimentary project management.
- **ITScore Level 3: Contributing** — Enterprises at Level 3 have matured to a proactive improvements engineering. All leaders are jointly and separately accountable for delivering benefits from IT investments, as measured by improvements in key business indicators. This

is where the business and IT work jointly on developing the business strategy and delivering it jointly.

- **ITScore Level 4: Differentiating** — At Level 4, enterprises seek to dominate their industries, strategically employing IT as a differentiator for their key value propositions, whether they are customer intimacy, efficiency or product/service innovation. Boundaries between IT and other technology-centric organizations, such as R&D or manufacturing, have broken down, facilitating the exploitation of hard-to-replicate synergies that create lasting competitive advantage.
- **ITScore Level 5: Transformational** — At the highest maturity level, enterprises use IT to redefine markets, industries and competition. At this maturity level, IT is an innovation engine dedicated to creative destruction, transformation and strategic change. In such enterprises, the CIO may become a COO, chief strategist or strategic change officer.

The current Informatics and Information Governance functions in the Health Board operate at IT core Level 1: functional simply reacting to demand and direction as a support service.

As is the case for the majority of leading organisations in the 21st Century, if Digital and Information is to be at the core of the future strategy and operation then the new DDAT Service at BCUHB needs to be as a minimum at:

- **ITScore Level 3: Contributing** — Enterprises at Level 3 have matured to a proactive improvements engineering. All leaders are jointly and separately accountable for delivering benefits from DDAT investments, as measured by improvements in key business indicators. This is where the business and DDAT work jointly on developing the business strategy and delivering it jointly.

The scope of ITScore level 3, means the CDIO and DDAT will be proactive in approaches to engage and enrol business and clinical areas in becoming digitally savvy, discovery and making sure digital is “at the core” of their thinking and what they do. This means directly contributing to shaping the business capabilities, processes and direction. This requires skills that are not currently present in the Health Board.

At IT Score Level 3 DDAT may be intrusive in how those business services operate from a position where relationship and trust has been established.

5. DIS Capabilities

Many organisations have been working at IT Score Level 3 for some considerable time so it is proven.

The challenge is how to move from IT Score 1 to IT Score 3 as this involves changing the way the business, as well as DDAT, operates.

From an IT Score 1 it is necessary to first move to IT Score 2, develop and embed those capabilities and ways of working and then following that move to IT Score 3.

An example Capabilities Template that define the operational capabilities for IT Score 2 is shown below.

IT Capabilities Template

1. Strategy	2. Enterprise Architecture	3. Data Management	4. IT Governance	5. Business Relationship	6. Manage project portfolio	7. Development	8. Service Delivery & Deployment	9. Sourcing & Vendor Management	10. Info Security & Risk Management	11. Develop & Manage talent
1.1 Develop Technology Strategy	2.1 Manage Security Architecture	3.1 Manage Data Quality	4.1 Design IT Strategic Plan	5.1 Manage Business Relations & Demand	6.1 Manage Program & Portfolio Delivery	7.1 Manage Business Requirements	8.1 Manage Build, Release & Deployment	9.1 Sourcing strategy	10.1 Secure the Technology Environment	11.1 Plan Workforce Strategy
1.2 Develop Architecture Vision	2.2 Manage Information Architecture	3.2 Manage Data Governance	4.2 Understand Business Objectives & the Value of IT	5.2 Assess business cases	6.2 Product management	7.2 Design thinking	8.2 Perform Technology Change Management	9.2 Procurement	10.2 Ensure Privacy & Confidentiality	11.2 Assess and Manage Employee Performance
1.3 Manage Innovation	2.3 Manage Application Architecture	3.3 Manage Databases	4.3 Manage IT Performance & Metrics	5.3 Support Business partner technology decision making	6.3 Manage Project Delivery	7.3 Customer Experience	8.3 Integrate applications	9.3 Manage Vendor & Supplier Relationships	10.3 Manage Info Security & Risk Governance	11.3 Develop Critical Skills and Competencies
1.4 Business Design	2.4 Manage Architecture Integration	3.4 Manage BI/analytics	4.4 Manage Governance, Policy & Standards	5.4 Comunicate strategy & performance	6.4 Manage Project priorization	7.4 Develop & Build Agile Methodologies	8.4 DevSecOps & Continous integration	9.4 Tech Adquisitons	10.4 Manage Identities, Access & Vulnerabilities	11.4 Guide Employee Development and Career Paths
	2.5 Platform and Ecosystem Modeling	3.5 Advance analytics & AI	4.5 Digital Ethics	5.5 Manage employee adoption	6.5 Manage Organizational Change	7.5 Develop & Build Applications	8.5 Manage IT Services & Catalog		10.5 Manage IT Business Continuity & Disaster Recovery	11.5 Develop Leaders
	2.6 Evaluate new technologies		4.6 Manage Knowledge, Information, & Content			7.6 Develop Infrastructure	8.6 Perform Monitoring & Event Management		10.6 Manage Security Threats	
			4.7 Manage & Analyze IT Financials			7.7 Manage Testing & Quality Control	8.7 Perform Incident & Problem Management			
			4.8 P&L Product Management			7.8 Manage User Acceptance	8.8 Operate Service & Contact Center			
			4.9 Manage Global/Local Operations				8.9 Provide & Manage IT Service Support			
							8.10 Manage and Maintain IT Assets & Licenses			

6. Conclusion

DDAT Leadership Team, working with Transformation and Improvement and other key stakeholders across the organisation, need to develop a plan to move the DDAT operating model from IT Score 1 to IT Score 2 with IT Score 3 capabilities in mind.

This will involve proposing new models and ways of working relating to governance, finance, engagement, sourcing, architecture, planning, business change, performance management, business intelligence, portfolio management, new competencies, capabilities, training and organisation structures.

External expertise and new capabilities that do not currently exist need to be brought into the organisation for this to work. This could be through a mix of internal and external resources.

The current DDAT Senior Leadership Team are proactively learning about the new ways of working.

A Gartner EXP subscription of £57,500 per annum could provide a single place of access to the tools, guides, knowledge and analyst support to help BCUHB deliver its new operating model as well as provide many other resources and insight to accelerate delivery and raise the knowledge of the internal teams. A case will be made for this including the potential for support from DHCW or Welsh Government.

If this is not possible then alternative sources of knowledge and learning will be required with a slower implementation.

A change in operating model of this type, from IT Score 1 to IT Score 2, including the biggest challenge of bringing in resources and capabilities to make it happen, would take on average 12-18 months to implement and embed.

This work changes how things are done, how DDAT is delivered. It does not deliver value in of itself but will provide assurance that more value will be delivered through future pieces of work as they will have been delivered through proven methodologies.

GLOBAL RESOURCING

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

The demand for Digital, Data and Technology candidates is still outstripping supply and, with more organisations implementing either fully remote or hybrid working, the market to secure the right talent is increasingly competitive.

By applying our extensive knowledge of the marketplace, the latest independent market research and automation across our database, we have initially benchmarked the positions as follows, (these may be subject to change following a full discovery exercise that would involve a targeted market research campaign):

Position	Contract	Work From Home	West Midlands	North West
Enterprise Architect	£800+	£93,500+	£93,000+	£95,000+
Solutions Architect	£675+	£85,000+	£75,000+	£81,500+
Data Architect	£800+	£85,000+	£76,000+	£75,000+
Integration Architect	£675+	£81,500+	£70,000+	£75,000+
Service Designer	£600+	£60,000+	£55,000+	£55,000+
Product Manager	£600+	£70,000+	£60,000+	£70,000+
Business Partner	£500+	£60,000+	£60,000+	£60,000+

The permanent figures are based on the last 6 months on working from home, and North West & West Midlands regions (broader catchment areas as there is not enough data to focus purely on Wales).

These figures are based on averages across what the market is offering, however, that doesn't always mean they were successful in recruiting.

The contract rates are the minimum rate to the contractor and do not include any margin.

In relation to the Cyber Security roles you asked us to benchmark, again based on our market knowledge having recently recruited in this field, we would advise that you are currently under-grading by at least one band for each role.

Role	Current Band	Salary Range	Suggested Band	Suggested Salary
Cyber Security & Compliance Manager	8A	£48,526 - £54,619	8B/C If 8B you would need to appoint top of scale.	min £60-70k, (likely to be closer to £80k outside of NHS)
Cyber Security & Compliance Engineer	5	£27,055 – £32,934	7/8A If band 7 you would need to appoint at top of scale.	min £45-55k, (likely to be closer to £60-65k outside of NHS)
Compliance Officer	7	£41,659 – £47,672	8A/8B If 8A you would need to appoint at top of scale.	£50-60k

Please note a more detailed and dedicated discovery exercise would include the following:

- Meeting to confirm expectations and aspirations from this discovery.
- Understanding of the current and anticipated target operating model.
- Analysis of roles currently occupied by contractors and the associated costs.
- What are the anticipated salaries / grades / pay bands / job descriptions for the desired permanent or FTC candidates and how do they compare with the competitor market.
- Review which of these roles could realistically be filled with permanent members of staff and what would the associated cost saving be per annum to support business case development.
- How is BCUHB positioned as a potential employer of choice (attraction and retention including prior advertising), and what are the current initiatives to address this.
- What are the current specialist talent touchpoints (channels), routes to market to engage in-demand skills and what are the current blockers or under-exploited opportunities.
- What are the assessment and onboarding processes and how do they inhibit the attraction of talent.
- Review and assess what realistic timescales for a specialist recruitment campaign would look like and what the anticipated real-world savings would be, incorporating costs of delivery by a specialist recruitment partner.
- Assessment of diversity within the existing DDaT team with recommendations for broader inclusive hiring across the organisation.

Contact:

Rosalind Lambert
rosalindl@global-resourcing.com
020 8253 1800

Report title:	North Wales Market Stability Report 2022		
Report to:	Partnerships, People and Population Health Committee		
Date of Meeting:	Tuesday, 13 September 2022		
Executive Summary:	The purpose of this paper is to present to PPPH the final draft of the regional Market Stability Report (MSR) produced by the North Wales Regional Partnership Board. There is a strong link between the Market Stability Report (MSR) and the recently produced regional Population Needs Assessment (PNA). The PNA sets out the current and projected need and demand for care and support and the level of services required to meet that demand. The MSR assesses the sufficiency of the care and support provided in meeting the needs and demand established through the PNA. The MSR provides health and social care providers with an improved understanding of the care market and will assist in the planning and delivering of services that better meet the needs of our population. The MSR assessment focuses on regulated services. These include: • care home services (adult and children's); • secure accommodation services for children; • residential family centre services; • adoption services; • fostering services; • adult placement (shared lives) services; • domiciliary care services and advocacy services. The governance and approvals process is as follows: • July – October 2022 presented to the Full Council of all 6 Local Authorities • August 2022 presented to the BCUHB Executive Team for information • September 2022 presented to PPPH for information • September 2022 presented to BCUHB Board for approval • November 2022 presented to the Regional Partnership Board for approval • November 2022 submitted to Welsh Government		
Recommendations:	PPPH is asked to note the content of this paper which provides an assessment of the sufficiency and stability of the social care market for regulated services in North Wales.		
Executive Lead:	Chris Stockport, Executive Director Transformation, Strategic Planning and Commissioning Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Services		
Report Author:	Wendy Hooson, Head of Health Strategy and Planning		
Purpose of report:	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐

Assurance level:	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Link to Strategic Objective(s):	The MSR assessment of the stability and sufficiency of the market for regulated care and support services underpins the regional PNA. Addressing population health issues and tackling health inequalities are a key priority and area of focus within our Annual Plan. The MSR and PNA will be used to identify priority areas for improvement and strengths upon which to build further. Both documents will inform our planning and commissioning processes and enable alignment to the health and social care needs of the population.			
Regulatory and legal implications:	Welsh Government has introduced a Code of Practice to support the preparation of MSR's as stated in the Social Services and Well-being (Wales) Act (2014). The Code of Practice requires that Local Authorities and the local Health Board work in partnership to prepare and publish a MSR based on data for each Local Authority area as well as an aggregated version on a Regional Partnership Board footprint. "*The duty to prepare and publish a market stability report, as set out in the 2014 Act, sits with each local authority, but the regulations require them to carry out this function on a regional footprint and in partnership with the Health Board, so that one market stability report will be prepared for each of the seven RPB areas across Wales*" (CoP Section 3.11).			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Yes, an EqIA has been undertaken. Inequalities in care provision and the shortage of supply within the care market have been highlighted. The EQIA will assist in informing Local Area Plans, future commissioning plans and strategy / policy developments to ensure they are as inclusive as possible.			

In accordance with WP68, has an SEIA identified as necessary ben undertaken?	The EQIA includes Welsh Language and the Socio-Economic duty. The MSR and PNA seek to identify gaps in service provision and the barriers experienced by those with protected characteristics and socio economic disadvantage. This will: - inform regional and local decision making when planning and commissioning care and support (especially, but not exclusively, regulated services) - help shape the development of a regional commissioning plan - inform the development of the refreshed IMTP
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	It has not been possible to submit the MSR to Welsh Government (WG) by June 2022 (the date given in the Code of Practice) due to the time taken to capture data and the lengthy lead in time for seeking approval from all six Local Authorities and BCUHB. To mitigate against this there has been close liaison with WG to agree a revised submission date (November 2022). An early draft of the MSR has been shared with WG for their information.
Financial implications as a result of implementing the recommendations	There are no specific financial requirements arising from this paper. Moving forward however it may be the case that some priority areas require a level of investment. Appropriate governance routes will be followed should investment be required.
Workforce implications as a result of implementing the recommendations	There are no specific workforce implications arising from this paper. Workforce implications have been described within the MSR.
Feedback, response, and follow up summary following consultation	The MSR draws on the engagement work undertaken to develop the PNA. This includes a survey completed by over 350 individuals and a review of relevant research, legislation, comissioning plans and other needs assessments. A Market Stability Report Steering Group developed a Registered Providers Survey, of which 63 responses were received The findings from the above have shaped the MSR whilst it was being developed.
Links to BAF risks: *(or links to the Corporate Risk Register)*	N/A

Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps:
Implementation of recommendations

- The MSR and PNA will be used locally to inform future service planning, particularly in the post-pandemic recovery
- The final MSR will be published on all Local Authority websites, the BCUHB website and the Regional Partnership Board website in both English and Welsh
- The next phase of this programme will involve using the PNA and MSR to develop an Area Plan with clearly identified regional priorities. The Area Plan will be published in 2023.

List of Appendices:

Appendix 1 – Market Stability Report
Appendix 2 – Equality Impact Assessment

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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales
Market Stability Report

Draft 0.4 (June 2022)

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

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru Public Health Wales

CYNGOR SIR YNYS MÔN ISLE OF ANGLESEY COUNTY COUNCIL

CYNGOR GWYNEDD COUNCIL

CONWY CYNGOR BWRDEISTREF SIROL COUNTY BOROUGH COUNCIL

Cyngor sir ddinbych denbighshire County Council

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

wrexham COUNTY BOROUGH COUNCIL CYNGOR BWRDEISTREF SIROL wrecsam

Contact us

North Wales Social Care and Well-being Improvement Collaborative

County Hall, Wynnstay Road, Ruthin, LL15 1YN

Email: northwalescollaborative@denbighshire.gov.uk

Phone: 01824 712432

Website: www.northwalescollaborative.wales

Contents

1. Introduction

1.1 Background

The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market. The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021a). This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022.

1.2 Purpose of the market stability report

The report helps us to understand the social care market in North Wales, so that we can effectively commission and support providers of health and social care services to meet the needs of the population effectively.

The market stability report will assess:

- The sufficiency of care and support in meeting the needs and demand for social care, as set out in the population needs assessment
- stability of the market for regulated services

Regulated services are those listed in The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021. Currently these are:

- a care home service (adult and children's)
- a secure accommodation service (for children)
- a residential family centre service
- an adoption service
- a fostering service
- an adult placement
- a domiciliary care service
- an advocacy service

The assessment is the basis on which the Regional Partnership Board should make decisions for future planning and commissioning of care and support services. This will include local area plans, strategic commissioning strategy and market position statements.

This assessment has been undertaken as a joint exercise by the six North Wales local councils, Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales. The six local councils are Wrexham County Borough Council, Flintshire County Council, Denbighshire County Council, Conwy County Borough Council, Gwynedd Council and Isle of Anglesey County Council.

The market stability report aims to improve our understanding of the social care market in North Wales, and how this will evolve and change over the coming years. The findings within this assessment will assist all public service providers within the region in providing better and sufficient services for our citizens who are in need of care and support.

1.3 Research methods

The research methods include:

- Analysis of local and national data sets to identify trends.
- Evidence from the local authorities and health board.
- Evidence from local, regional and national research.
- Priorities from local, regional and national policies / strategies / plans.
- Responses to the regional survey and other consultation exercises from citizens, organisations, staff and providers.

1.4 Consultation and engagement

The Code of Practice (Welsh Government, 2021a) states that local authorities must take reasonable steps to engage with citizens. As a precursor to the market stability report, the population needs assessment had undertaken a large scale regional consultation and engagement exercise based on the national principles for public engagement in Wales and principles of coproduction. This exercise gave an insight of the direct impact of stability and sustainability of the social care market on people with care and support needs, their carers and families. Further details can be found in the population needs assessment.

Registered providers of social care services were engaged via a regional provider's survey. An invitation to complete the survey was sent via commissioners to all registered providers across the region.63 responses were received.

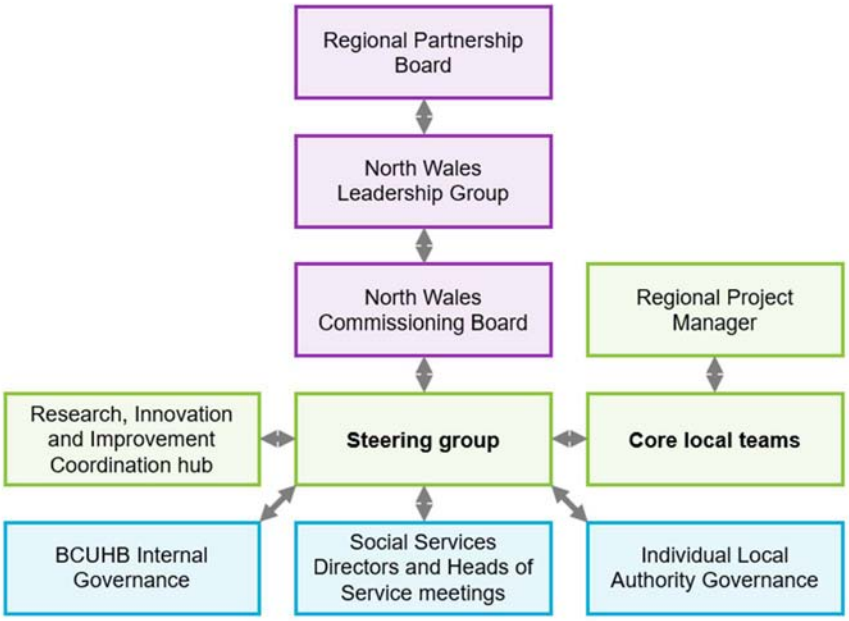
Additionally, local teams have also undertaken their own engagement where this was not being covered at a regional level. Draft chapters were also shared with partners for feedback and comments.

1.5 Project governance

The Regional Partnership Board tasked the North Wales Commissioning Board with oversight of the project. They established a regional steering group to coordinate the development of the Market Stability Report, which included representation from the six local authorities, the health board and Public Health Wales. The project management arrangements ensured that there was consistency for all partners in producing a regional report. Regular project reports were produced and shared with the regional boards as necessary.

This report has been approved by the six local authorities, Betsi Cadwaladr University Health Board and the Regional Partnership Board.

Diagram 1: Project governance arrangements



1.6 Limitations, lessons learnt and opportunities

Preparing a single accessible population needs assessment and market stability report across six local authorities and one health board area within the timescales has been a challenging process. Particularly with the additional pressures of Covid-19. Thanks to the efforts of the project team, the project steering group comprising of local leads, the data-sub group, the engagement group, partner organisation teams, people who use services and providers co-produced this report.

One of the main challenges has been access to good quality data about the population and the social care market. The 2021 census data will not be published in time to include in the assessment and many indicators were unavailable due to changes in the way data is collected since the last assessment and because some data collection paused due to Covid-19.

It is recommended that the joint population needs assessment and market stability report steering group continues regularly scheduled meetings to oversee the updates and to make further recommendations about how to improve the quality, availability and coordination of data to inform future needs assessments.

2. Summary of regional priorities

Domiciliary care (care in people's own homes) is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now, due to staffing challenges. As such, growth and development of services including general and specialist domiciliary care have been identified as opportunities for the future.

Commissioners are keen to work with providers to increase care capacity to meet population needs. The key themes and priorities for providers and commissioners across social care and health are:

- Recruitment of staff. The employment market is highly competitive and competitive pay rates and employment benefits need to be offered in order to attract people.
- Integrated Domiciliary Care recruitment project between local authorities and the health board and development of integrated cross-organisational roles and career pathways.
- Terms and conditions. These need to reflect and be worthy of the social care role, and its importance in the health and care system as well as reflecting that these are skilled roles in the main.
- Retention of staff is poor due to poor terms and conditions in the social care sector. The cost of fuel and the cost of living crisis is now beginning to be felt in the sector where providers are seeing more staff experiencing in-work poverty. Staff are also leaving the sector due to challenging working conditions and lack of respect for the work they do and the levels of responsibility involved. Staff feel undervalued and overworked.
- Staff who are new to the sector are not staying in the sector long term as they feel overwhelmed by the intensity of the roles particularly those supporting people with complex needs and challenging behaviours. Providers and commissioners need to better support for staff to meet the challenges of working in social care.
- Service transformation programmes are a priority and they should accelerate the focus on enabling flexibility in using commissioned care hours, where providers can be trusted to flex the package of care hours in partnership with the individual who is being cared for. While appreciating budget restraints for all, the flexibility

would improve quality and bring costs savings in terms of reduction in administration costs.

- Development of true partnership working between commissioners and providers was identified as a key focus.
- Providers recognise the benefit of the additional Covid payments and the on-going suitability of the sector is recognised as a key priority due to the important work that home care providers do in keeping people well in their own homes, in enabling hospital discharge and preventing unplanned visits to hospital.
- Develop partnerships with care home providers to provider low level residential care / respite services to ease the pressure on home care domiciliary care provisions.
- Develop opportunities in micro commissioning and direct payments as an alternative to the traditional home care model.
- Increase support for unpaid carers to reduce the pressures on the home care service and look at carer led solutions, such as. increased carer breaks (respite)
- Increase the availability of specialist placements in care homes for older people, adults with mental health needs, learning disability and people with dementia.
- Increase the availability of emergency and longer term accommodation for children and young people with complex needs including mental health, learning disability and emotional behavioural needs.

Summary of local themes

Anglesey

- We are committed to service transformation and modernisation is an area of focus with further ambitions to develop accommodation options, building on the work of the transformation programme.
- We have an aging care workforce on the Island and therefore need to attract and retain new social care staff.
- We want to work with providers to ensure stability, particularly in relation to staffing costs, supply, choice, services and delivery.

Gwynedd

- Recruitment and retention problems are a recurring issue, with all services reporting a real shortage and concern.
- Lack of financial support. All services have raised concerns about the ability to maintain quality services with limited resources. The lack of funding often results in having to use out of county providers which results in higher costs which in itself adds to the problem.
- Significant shortfall in care within the county for children who need to be in residential care compared to other services available to children. There is relatively good provision of foster families within the county and there are many resources and services within the county for supporting disabled children. There appears to be inconsistency in provision.

Conwy

- Recruitment and retention of staff across the sector including social workers, care staff and nursing staff. This is linked to pay and conditions but not exclusively.
- Children's residential services. Provision of accommodation for both emergency and longer term placements is needed urgently and we are considering a range of options to increase provision in county and reduce reliance on costly temporary arrangements and out of county placements that are far from the family.
- Provision of domiciliary care services, with current private sector providers unable to fulfil the demand for a significant amount of time now.

Denbighshire

- We want to increase care capacity to meet population needs within Denbighshire including residential care for children, young people, people with complex disabilities, older people (including those with mental health needs), foster care, domiciliary care and reablement.
- We are committed to improving communication internally across services / teams and with partner organisations and sharing of good practice
- Increasing the availability of overnight respite accommodation is a priority within Denbighshire.

Wrexham

Key priorities within Children's Services in Wrexham are:

- Increased placement stability, reducing the number of children looked after through early intervention and preventative services and removing profit from children's placement market
- Provision of emergency accommodation for people in mental health crisis
- Increase in escalation of mental health needs and concerns of children and young people
- Developing new children's homes
- Improvement in quality of practice and performance across Children's Services

Key priorities within Adult Services in Wrexham are;

- Growth and development of services including; Domiciliary Care (includes homecare/reablement; community living and recovery)
- Day and employment services
- Emergency placements

Flintshire

The Domiciliary Care market is a priority in Flintshire to help rebalance the care sector. Independent care providers continue to work creatively with the local authority to ensure the numbers of people waiting for care at home are the lowest possible.

In Flintshire, there are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria.

As of January 2022 in Flintshire, areas of ongoing pressures include:

- double-staffed care
- provision of care in rural areas
- provision of care for patients discharged from hospital
- care packages hand-backs from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, borne in the main by care staff themselves.

Since the pandemic the market for adult residential care services has become extremely unstable with several factors contributing to the availability of independent care home provision. The council are moving forward with plans to increase in house provision for people living with dementia and new model of step down care planned to support the discharge to assess and recover programme developed by the health board.

Half of all children in residential care from Flintshire are placed out of the country in England and Scotland. In-house residential care is being developed to rebalance the market in Flintshire.

Over the next five-year period, in order to ensure stability within the market for residential services for children, the council aims to:

- Work with new and existing providers and support them to deliver of models of care that will meet the needs of children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider a wider social value to our communities.
- Work with providers who are able to safely care for children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

3. Residential services (adults)

Population overview

Demand for care home placements is likely to increase

The population assessment shows that the number of people aged over 65 in North Wales increased by 17% between 2010 and 2020 and is projected to increase by a further 20% over the next 20 years. This is likely to increase the demand for care home services. The table below shows the expected change in each county, with Conwy expected to see the biggest increase and Gwynedd the smallest increase.

Table 1: Estimated number of people aged over 65 in 2020 and projected number in 2040

Local council	2020 number	2040 number	Change number	Change percent
Anglesey	18,650	22,500	3,850	17.2%
Gwynedd	28,550	34,300	5,700	16.7%
Conwy	32,950	43,500	10,550	24.3%
Denbighshire	23,500	30,400	6,900	22.6%
Flintshire	33,300	42,400	9,150	21.5%
Wrexham	27,750	34,500	6,750	19.6%
North Wales	164,700	207,600	42,900	20.7%
Wales	668,600	850,750	182,150	21.4%

Source: Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government

The increasing population of older people is not the only factor affecting demand. There are also changes in expectations and policy which mean demand may not increase at the same rate as the total population. For example, demand can change as people are supported to live in their own homes for longer, or take up extra care accommodation to retain independence with the option of receiving support as needed.

People are tending to move into residential care at a later age and when their needs are more complex, for example, due to dementia. The population assessment

estimated a 64% increase between 2017 and 2035 in the number of people living with dementia in North Wales, around 7,000 more people. Although previous increases have not been as high as expected because the proportion of people developing dementia reduced, perhaps due to improvements in health and more years spent in education (Matthews *et al.*, 2016). It is still likely that the trend for needing increasingly specialist nursing and residential home support for older people's mental health (EMI) will continue.

Market overview

There are around 220 residential care homes and 60 nursing homes in North Wales, which provide around 4,100 residential care placements and 2,500 nursing placements.

Table 2: Current number of **adult care homes** (age 18 and over) by type and area

Local council (a, b, c)	Residential	Residential with mental health	Nursing	Nursing with mental health	Total (d)
Anglesey	12	7	3	2	24
Gwynedd	14	9	7	3	33
Conwy	43	12	13	5	73
Denbighshire	46	13	5	5	69
Flintshire	22	12	7	2	35
Wrexham	16	10	9	2	37
North Wales	153	63	44	19	271

Source: Local authority data collection.
(a) In Anglesey most homes have some mental health beds so these have not been separated out.
(b) Denbighshire has 26 specialist residential homes for people with learning disabilities.
(c) Flintshire has 8 specialist homes for people with learning disabilities included in the residential category.
(d) Flintshire has a number of homes with duel registration. Total numbers do not sum.

Table 3: Current number of permanent care home placements available to all **adults aged 18 and over**

Local council (a, b, c)	Residential	Residential with mental health	Nursing	Nursing with mental health	Total
Anglesey	341	98	115	64	618
Gwynedd	351	199	353	175	1,078
Conwy	671	226	441	144	1,482
Denbighshire	802	0	321	0	1,123
Flintshire	416	261	179	44	900
Wrexham	223	490	526	108	1,347
North Wales	2,804	1,274	1,935	535	6,548

Source: Local authority data collection.
Notes:
(a) The categories of care have become more fluid since the introduction of the
(b) Regulation and Inspection of Social Care (Wales) Act 2016 so these categories
(c) are only illustrative of the split between types of care.
(d) In Anglesey and Denbighshire most homes have some mental health beds so these have not been separated out.
(e) Flintshire have 50 specialist placements for people with Learning Disabilities, included in the residential category

Care home fees

The need for sustainable and sufficient care home fees was highlighted in the consultation for the Market Stability Report. Fee levels are based on North Wales methodology with each council taking into account local decisions and affordability considerations. There are ongoing discussions around how the sector is funded, recognising the fragility of the sector, including the rebalancing care work and strategic National Framework for care and support being undertaken by Welsh Government (Welsh Government, 2021c).

Care home vacancies

During the pandemic many care homes have carried higher levels of vacancies than previously. Average vacancy levels would normally be around 10%, which is thought to be sustainable for the sector (Laing, 2020). For some this was due to staff absences or staff vacancies due to recruitment issues, while others have needed to use additional rooms for storage of personal protective equipment (PPE) or for

additional living areas in order to reduce the size of groups of residents sharing facilities. From time to time there have been restrictions on admissions because of Covid-19 outbreaks too.

Care home vacancies were also increasing in Conwy before the pandemic due to the introduction of reablement teams who worked to keep older people in their homes for longer. This work has been less effective during the pandemic as there have been fewer domiciliary care workers out in the community.

Table 4: Percentage of vacant care home placements, 31 March 2021

Local council	Occupied	Unoccupied	Total placements	Percentage unoccupied
Anglesey	548	65	613	11%
Gwynedd	933	122	1,055	12%
Conwy	1,337	115	1452	8%
Denbighshire	1,161	249	1,410	18%
Flintshire	748	152	900	17%
Wrexham	1,059	288	1,347	21%
North Wales	5786	991	6777	15%

Source: Local authority data collection.

Self-funded care home placements

The total number of people who fund their own care home placements across North Wales is not available due to differing council policy. Flintshire had 194 people self-funding placements in care homes as at 1 February 2022.

Estimates from the Office for National Statistics (2021) found that were around 36.7% self-funded care home residents between 2019 and 2020.

Isle of Anglesey market overview

Anglesey has identified the following needs:

- Increased dementia care is required.
- Social isolation may be a particular risk for older people on Anglesey, due to rurality, lack of transport, and the distance many are living from their families.
- There is need for additional specialist services on Anglesey.

- There are not enough older people's mental health (EMI) residential and nursing beds on Anglesey.
- There is reduced demand for general residential beds.
- For older people with a learning disability who also have physical health and dementia needs, there is a lack of specialist residential and nursing placements.

Gwynedd market overview

Gwynedd has identified the following areas where there is a struggle to meet demand:

- Lack of specialist residential and nursing placements for older people with a learning disability who also have physical health and dementia needs.
- Lack of support workers in the community, and residential especially Tan y Marian and within day provision. This makes it difficult to start a service for new individuals and many individuals receive fewer support days / hours in the community.
- It is difficult to maintain and develop a service tailored to the person who needs workers who have received training in 'Personal Behaviour Support (PBS)' and Active Support.
- Demand for dementia specialist care (residential and nursing). There is currently no dementia nursing care in the Meirionnydd / Llyn area.
- There is no specialist mental health provision including for autism and severe mental illness, in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking.
- We have seen an increase in the demand for temporary residential care as a result of a shortage of domiciliary care.
- We are unable to fill empty beds in some of the Council's homes due to the high dependency level of residents.
- Inappropriate discharges from hospital without sufficient time for recovery can result in increased dependency.
- Sickness absence and recruitment are a problem.

Future plans

There are plans to increase residential older people's mental health (EMI) provision by adapting units in the council's residential homes.

There are currently 33 providers of older people's residential and nursing homes in Gwynedd. Gwynedd Council provides 11 residential homes for older people directly.

Table 5: Gwynedd older people's care home placements

	Total registered placements	Number of dementia placements
Plas Maesincla	23	23
Plas Ogwen	27	-
Plas Pengwaith	31	-
Plas Hedd	28	7
Plas Hafan	30	8
Plas y Don	30	-
Plas Gwilym	27	-
Hafod Mawddach	25	8
Bryn Blodau	41	17
Cefn Rodyn	22	-
Llys Cadfan	33	15

Source: Local authority data

The following provides an update on our efforts to expand the provision of care for people with dementia:

- Plas Hedd. One respite bed unable to open due to construction. New development underway. Plan to change a further 8 bed unit to support people living with dementia.
- Plas Hafan. Used to full potential.
- Bryn Blodau. 9 beds for people living with dementia, due to staffing situation, unable to support individuals living with dementia, but offering a different service.
- Hafod Mawddach. New development will increase registered places to 30 with 8 beds for people living with dementia. Due for completion in September 2022.
- Cefn Rodyn. 5 beds on the first floor unused due to fire safety issues and wait for new lift. New developments completed in 2021. One room has been developed for bariatric use, the others for people with more intensive residential needs.
- Llys Cadfan. Used to full capacity. 1 respite bed for people living with dementia and 1 residential respite bed.

Over the last 5 years the Council has increased the number of older people's mental health (EMI) residential beds in their in-house homes. There were originally 38 beds between Plas Maesincla and the Bryn Blodau and Llys Cadfan units. There are now units at Plas Hafan, Plas Hedd, an additional unit at Llys Cadfan and Bryn Blodau. Further work is underway to create a second unit at Plas Hedd and a new unit at Hafod Mawddach with the hope of opening later this year. While this is significant progress, more needs to be done to change the balance of older people's mental health (EMI) placements in the county and meet needs. There are significant revenue costs associated with each unit changed from residential to older people's mental health (EMI) placements.

The following gaps have been identified:

- Dementia Specialist Care (residential and nursing) in the Meirionnydd area - there is currently no dementia nursing care there.
- Residential / nursing care for young people with physical and sensory needs.

For the future the Council hopes that residential older people's mental health (EMI) provision will be created at Plas Gwilym and Plas Pengwaith. Gwynedd Council is working in partnership with Betsi Cadwaladr University Health Board, Clwyd Alyn Housing Association and the Welsh Government to develop the Penrhos site, Pwllheli. It is intended to submit a business case to Gwynedd Council's Cabinet for the development of an on-site care home. The number of individuals with dementia is increasing, and we regularly review need and try to adapt council homes to be flexible and suitable to meet future need.

Conwy market overview

Most placements in Conwy are commissioned from private care home providers who provide 98% of the bed spaces in the county. Provision across the coast is reasonable, but there is a shortage of spaces to the south / rural parts of the county and concerns about the provision available in the Welsh language. The county is well serviced with residential and nursing places, but has a shortage of specialist mental health provision for both residential and nursing needs, in particular for those who need very specialist care. The majority of buildings utilised as Care Homes are older and often converted residential dwellings. On the whole they are well maintained by the providers, but repairs and maintenance can be costly. The physical layout of many such homes made it very difficult for the providers to

manage Covid outbreaks during the pandemic, while at the same time, the purpose built homes found that they were better equipped to manage such outbreaks.

Denbighshire market overview

Over 90% of care home placements are commissioned from external providers. There are two in-house care homes. The council closed one of the three residential homes that it had in 2019. The site, in Ruthin, is now being developed to provide more extra care apartments.

There has been a slight reduction in the overall capacity of the care home sector in Denbighshire in recent years. There is reduced demand for residential care without additional support for mental health or complex physical needs.

The majority of care homes in Denbighshire are older buildings that have been adapted. There have been a few occasions where it has not been possible to accommodate people with bariatric needs because of the structure of the buildings – size of doorways or layout of corridors. Also, few care homes have space for ceiling hoists for moving and handling or larger beds. The requirement for more staff input is also a barrier.

There are very few vacancies at the moment.

There are currently around 18 adults placed in care homes because there is insufficient support available to allow them to return to their own homes.

As of May 2021 there are 32 out of county residential older people's mental health (EMI) placements and 29 nursing placements. There are 33 out of county placements in Denbighshire for older people with mental health needs, mainly due to a lack of suitable local placements

Denbighshire has 282 places for specialist learning disability care home provision. They have identified the following trends.

- **Demography**. The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue.
- **Attitudes and expectations**. Most individuals and their families want / expect to have a greater level of independence and to be a key part of their community.

- **Finance.** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions).
- **Existing provision**. Support is generally provided via immediate family members and / or long term paid care staff. Less use is made of informal community based assets.

Flintshire market overview

There has been an overall increase in residential provision in the last few years due to the reopening of three homes and the expansion of Marleyfield house in Buckley. One large home has changed from providing nursing to residential care which has simultaneously increased residential care capacity and decreased nursing home capacity. A general nursing home in Holywell closed in 2019 and another in March 2022 which decreased general nursing placements by 75. One care home is currently undergoing renovation work which has temporarily reduced market capacity.

Marleyfield, Croes Atti, and Llys Gwenffrwd are purpose built care homes, owned by the Council, situated in the towns of Buckley, Flint and Holywell. The buildings require little refurbishment or renovation. Llys Gwenffrwd differs in that provision is provided over three floors, which requires a change in staffing levels to creatively support people with dementia on the top floor.

There has been a historical shortage of placements which has led to placements out of county.

In addition, the complexity of need coupled with the lack of placements locally leads to in delayed transfer of care from hospital. This was evident during the pandemic, where at one point, due to active cases in nursing homes, there were no available nursing placements in Flintshire in to which to discharge people from hospital.

Within the Learning Disabilities and Physical Disabilities sector, due to the small choice of local providers and the specialist nature of support, some of these residential placements may need to be made out of county and this can incur higher costs. This has an impact on individuals and maintaining links with family and friends.

Future plans

New homes accessible to all:

- Marleyfield and Croes Atti have separate units for those with dementia related needs.

Supporting people to live at home for longer:

- Llys Gwenffrwd houses rehabilitation placements and all three homes provide a number of respite, step up / step down and assessments placements rather than permanent residential.
- Marleyfield and Croes Atti have adjoining day-care provision which would be affected with some of the options presented.
- Replace Croes Atti with a new care home on the former Flint Hospital site. The new care home will have an additional 25 beds, 12 of which will be accessible to the Health Board ear marked to provide a new model of step down care to support the discharge to assess and recover programme developed within the Health Board.

Provision for people with complex disabilities

Isle of Anglesey County Council have highlighted the need for specialised physical and sensory beds available locally.

Gwynedd Council have identified a struggle to meet demand for residential and nursing care for young people with physical and sensory needs.

Denbighshire County Council identified a lack of capacity for residential accommodation for people with complex disabilities (physical and learning disabilities), which means many people go out of county, away from family and friends. Currently there are 13 placements out of county which can incur higher costs. This also impacts on families visiting and linking to the individual.

In Denbighshire as individuals with complex needs have moved on from health settings to be supported in the community, ongoing work is required to further embed

Positive Behavioural Support (PBS) methodology within the delivery of support. This will ensure the skills and knowledge is available and maintained within the social care workforce.

Extra care, supported living and sheltered housing

Extra care housing includes specially designed self-contained properties for older adults with care and support available at a sufficient level to allow people to remain at home despite frailty, periods of ill-health or disabilities and often without the need to move to residential care.

In supported living or community living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency

Sheltered housing also includes self-contained properties for older adults and usually includes help from a scheme manager (warden) or support staff.

Anglesey extra care, supported living and sheltered housing

There are two extra care developments in Anglesey, Hafan Cefni and Penucheldre, currently providing a total of 118 extra care units, all of which are currently occupied. In March 2022, the Council committed to progress a new scheme in the Aethwy area and this will provide 40 units along with 15 specialist residential care rooms.

Analysis conducted by the Isle of Anglesey County Council suggests extra care provision is on target to meet demand up to 2025 with an additional 127 units needed by 2035 to meet projected demand. There are currently 12 people on the waiting list for extra care housing.

Evidence from local consultation supports a move toward the provision of extra care and supported housing provision and away from traditional residential care homes.

There are 71 units of supported accommodation and all are currently occupied. These are provided by 7 care providers in addition to an in house service. Demand currently outweighs capacity in regards to Extra Care and Supported Accommodation

Gwynedd extra care, supported living and sheltered housing

There are three extra care housing schemes in Gwynedd providing a mix of 1 and 2 bed self-contained apartments:

- Cae Garnedd, Bangor: 42 units all occupied and 37 applicants on the waiting list.
- Awel y Coleg, Bala: 30 units, 1 unoccupied and 3 applicants on the waiting list.
- Hafod y Gest, Porthmadog: 40 units, all occupied and 21 on the waiting list.

Extra care units are also part of the conversation regarding the development of Canolfan Lleu - the health and care hub in Penygroes with Grŵp Cynefin and the development of the Penyberth site in Penrhos, Pwllheli with Clwyd Alyn. Demand currently exceeds supply and there are plans to develop more.

There are 412 units of sheltered accommodation in Gwynedd, with only 30 units having a full time warden. They are all populated and in general demand exceeds the supply in Gwynedd especially for older people who either don't need or don't qualify for warden support services, which is the main criteria for sheltered housing.

There are 78 supported living settings; 39 third sector (50%), 32 private sector (40%) and 7 in-house (10%).

Historically it is difficult to get staff in rural areas, for example, South Gwynedd and supported housing providers have had difficulty with this. Supported accommodation is a priority for the learning disability field with 75 individuals identified as needing accommodation. A high percentage of these individuals will need a supported housing model so we anticipate a need for market flexibility.

Most providers experience the same type of challenges when it comes to recruiting and retaining staff teams. However, over the last few months we have successfully introduced a number of individuals into new supported housing placements and providers are reporting that they are in a position to submit tender bids for new projects. Some external providers are progressing to develop new accommodation and support opportunities in South Gwynedd. Prior to the pandemic, providers were committed to looking at service delivery differently, such as groups sharing support, but the restrictions have had an impact on this development

Providers working within active support models and 'Personal Behaviour Support (PBS)' have been negatively impacted by the pandemic due to staffing constraints / shortages, so it is essential that we urgently address this with our providers to secure

training and mentoring to promote this way of working and ensure an outcomes based and preventative approach.

Providers generally work closely with the multidisciplinary teams to respond to demand if there is a change in needs, to respond to a crisis and so on. We have seen examples of collaboration and prioritisation with providers committing to work flexibly to ensure that individuals receive a care and support service that meets their needs.

Usually need within the service is met by tailor made packages for individuals and small-scale provision, which is not necessarily attractive or sustainable for prospective providers. Recruitment is difficult and dependent on the local population as people are unlikely to move into the region for the work because of the low rates of pay and language requirements. We are aware that some of the current providers are not on the framework so reopening the tender process for potential new providers could be advantageous. We foresee an increase in need for supported housing within the coming years in Gwynedd. We need to consider the possibility of using a 'keyring approach' (KeyRing, 2022) and look at commissioning or providing the support needed within cluster areas. Consideration has been made in the past but further considerations are needed in consultation with individuals/families/providers.

Each provider is different with some having more support needs than others. The pressure on them from time to time means that they may not be in a strong position to respond to tender opportunities or to tender for the Supported Housing Agreement. Providers who support individuals with severe and complex needs regularly contact the Council to report that the level of inflationary increase offered by is not sufficient.

Providers are generally stable and able to maintain the required levels of service to supported housing provision. It is difficult to say if they are in a position to meet the demand and the increase in need as each provider's situation is different. Providing extra hours through support services has been difficult and challenging with not enough experienced staff available. This has put pressure on carers and we have had to work together as a 'wrap around' with a number of providers to meet needs.

Need close collaboration between social workers, individuals and families to ensure all options are explored. Work is ongoing through an accommodation project to identify individual needs and plan ahead to look at the most appropriate model of

support / retention within their communities and as close as possible to their family. Some individuals are receiving support from more than one provider or a combination of direct payments and commissioned provision.

Commissioner to provider relationship

- Relationships are generally good.
- Contact arrangements strengthened over the pandemic.
- Providers attend a two-monthly HR Transformation Group where they can feed into the agenda.
- Regular liaison between the providers / HR Team at different levels to air any issues that arise so that they receive timely attention.
- Providers are integral to planning future services
- Most providers now link in with our Well-being Service- virtual and face-to-face groups.
- Over the last 18 months the structure of the Learning Disabilities Service has changed - there is more emphasis on the areas - strengthening provision by having a lead for South Gwynedd and Arfon. This has strengthened commissioner / provider links.

Provider to provider relationships

Overall the relationship appears to be good although there has probably been less joint planning over the last two years due to the restrictions. We have seen examples where providers have stepped into a crisis situation to support another provider by offering staff to fill gaps. For example, in one case where an individual's situation broke down and needed 24-hour support, up to 4 providers came together to form a rota to support them in temporary accommodation. In another case where a providers had difficulties maintaining a rota when introducing an individual to a new home, another provider stepped in and agreed to work together on a temporary basis to enable needs to be met. We provided support and guidance in relation to the agreement.

Conwy extra care, supported living and sheltered housing

There are four extra care housing schemes in Conwy county, providing a total of 185 flats. Hafan Gwydir in Llanrwst, Hafod y Parc in Abergele, Llys y Coed in Llanfairfechan and Tan y Fron in Llandudno. In April 2022, there were 62 people on the waiting list of which 10 were from out of county (two from Denbighshire and eight from elsewhere in the UK but with family links to the area).

There are 46 supported living projects run by various private companies, housing associations and the council.

The majority of supported living projects only cater for several people within each project so even though there are 46 projects there are only spaces for 136 people. Which is not a high proportion especially when the population of Conwy is taken into account. There are around only 8 vacancies at present and a high demand for vacant spaces. There are no supported living projects in the south of the county.

Supported living premises are in very short supply and the council struggles to find enough accommodation for clients.

Denbighshire extra care, supported living and sheltered housing

There are three extra care housing schemes in Denbighshire and one soon to open in Denbigh. A recently closed care home in Ruthin will be used as space to expand an extra care housing scheme run by a housing association. There were occasional vacancies due to the pandemic but otherwise it is very rare to have a vacancy in an extra care housing scheme. Although the number of extra care housing flats will be increasing significantly over the year it is expected that demand will continue to increase and exceed the amount of flats available.

Within Denbighshire most people with learning disabilities live in supported housing (community living).

Most new care home placements are viewed as a temporary measure until a suitable tenancy becomes available within a Community Living setting. However, there is still a relatively high number of older people with learning disabilities living in care homes. This is historical and partly a consequence of the closure of the North Wales Hospital. Moving these individuals is not considered feasible or in their best interests.

In Community Living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency via block contract with Denbighshire. Within Denbighshire the support service is not provided by (or linked to) the landlord. Support services for all new Community Living schemes are commissioned via an agreed tendering process.

As of September 2021, there are a total of 57 Community Living properties in Denbighshire, delivered between 11 providers. Only 2 of these properties are operated by the Council. There is also a combination of national providers, smaller

local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

125 people are currently supported (capacity is 136 people), most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for Supported Living.

There are providers who are able to offer a range of support from low level to more complex needs and 24-hour support.

Recruitment of staff has been problematic for providers during the pandemic and has impacted the number of places offered periodically.

Many existing Community Living contracts have been extended past their original term and there is now considerable pressure for the whole of the scheme to be re-tendered, in line with regulations. Both the providers and the council staff feel this presents a considerable risk to individuals, providers and their staff at the current time. At worst, re-tendering could see many providers losing business, and large numbers of staff leaving the sector at a time where it is almost impossible to recruit. Any uncertainty could have the potential for many staff to leave, even if TUPE applies. This uncertainty could have a devastating effect on the local social care provider market and the citizens they support. Some providers may just hand their contracts back and not wish to bid for more. Especially with such a large number of contracts, ultimately this could all significantly further destabilize the social care provider market in Denbighshire.

Flintshire extra care, supported living and sheltered housing

Extra Care continues to be an extremely popular housing choice for older people in Flintshire, which offers them the opportunity to live independently whilst having the support of an on-site care and support team, if and when needed. This in turn, releases capacity and time in community based domiciliary care.

The benefits of living in an Extra Care facility include:

- Staying independent for longer with on-site support, in your own living space.
- Support can be increased and decreased based on needs.
- Emergency support available, including at night.
- Enables couples where one partner is highly dependent to remain living together.

- Opportunities to socialise with other residents in a community setting.

The Council currently has four Extra Care facilities, Llys Eleanor (Deeside), Llys Jasmine (Mold), Llys Raddington (Flint) and the newly occupied Plas yr Ywen (Holywell), with a total of 238 extra care units.

As of August 2021, there are a total of 60 Supported Living properties in Flintshire, delivered between 10 providers. 16 of these properties are operated by the Council. There is also a combination of national providers, smaller local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

139 people are supported, most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for 'Supported Living'.

There are providers who are able to support from a low level to more complex needs on the Framework.

When recommissioning existing services, there is a possibility of a transfer of staff (TUPE) to the new company. For new services, the provider has to recruit which can impact on the timescales and attract staff from existing providers who then have to back fill.

Wrexham extra care, supported living and sheltered housing

There are two extra care housing schemes in Wrexham with a total of 116 units. Plas Telford has 56 units and had 5 vacancies at the end of March 2022. Maes Y Dderwen has 60 units and had 10 vacancies at the end of March 2022.

Demand for those with eligible needs is low, work is currently underway to relaunch scheme to attract more applications. Wrexham County Borough Council are currently evaluating their model of extra care housing to inform further service development to ensure its sustainability in meeting changing and increasing needs. Demand is hard to estimate due to current model seemingly not being able to respond to medium and high needs. Population statistics and evidence of older people's aspirations suggest there should be increasing demand for extra care housing. The priority in the short to medium term is to ensure a sustainable model of extra care housing which provides value for money and quality services which offer real alternative to residential care.

In addition to Wrexham's extra care housing schemes, there is a rolling programme of remodelling being delivered by WCBC Housing Department to deliver improved and increasingly accessible accommodation for older people across the in-house Sheltered Housing Service.

At the time of reporting, 126 people with a range of low-level and complex support needs were supported in the independent sector by 9 supported living providers – a mix of charitable and private organisations. There are 19 people with learning disabilities supported in their own homes by the council's internal supported living service across 10 properties. The majority of the services are 24/7 although some are for day-time support only, where staff are available to support people to become more independent.

Referrals are made predominately from the Disability Service working with people with learning disabilities although there are a number of people living with mental health support needs who are supported by the council's own Recovery Service - 10 people are supported in tenanted properties funded by social care.

It is recognised that re-tendering contracts can be disruptive for the lives of the citizens supported within this model so long-term contracts of 7+3 years are used, with regular quality and wellbeing reviews during the term of the contract. The North Wales Supported Living Framework is now in place and has been used for commissioning new contracts. Recruitment and retention proves to be challenging for providers, particularly for staff who are able to drive and use a supported person's mobility vehicle.

Market stability

Regional challenges

There are some common challenges across North Wales and Wales as a whole affecting the stability of the sector listed below:

- Retention and recruitment of care and nursing staff.
- Care home fees need to be set at a sustainable rate. Increasing numbers of providers are reporting that current financial challenges and are working with commissioners to address these issues.
- Increasing demand for services with decreasing budgets.

- Increasing complexity of care needs. People are staying at home longer with a support package so when they do need a care home placement their needs are more complex and involved.

Positives identified during consultation for the market stability report were the Welsh Government funding, which has helped with voids in the residential sector along with work to promote the sector and funding to try to achieve a real living wage.

Isle of Anglesey market stability

Home closure

At the end of the last financial year in March 2022, Caledonia Residential Home (15 beds) closed.

Demand for places

The demand for care home places dropped in the early stages of the pandemic during 2020, but saw an increase in 2021-22 as the early effects of Covid started to pass and as a result of shortfalls in the domiciliary care sector. A significant increase was seen in the number of people presenting and needing an assessment, but the mostly private domiciliary care sector was at the same time losing staff and having to hand back existing care packages.

Recruitment

The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Many care homes have reported vacancies which they report has impacted on their ability to take on new placements. The staff shortfall has been made worse by staff who are unable to work because they have Covid. This has meant a significant reliance on staffing agencies. We have also noted a number of changes across the sector in management staff.

Inflation

Since the beginning of 2022, the rate of inflation has increased at a faster rate and higher than the rate of increase for fees that are paid to care home providers. Utilities, fuel and insurance costs have also increased dramatically. This is proving very challenging for many providers, who, after managing through the pandemic, are finding it difficult to absorb these costs at a time when government financial support for COVID-19 has stopped.

Gwynedd market stability

Older people's care homes

With the increase in demand there are concerns that the market cannot respond sufficiently and quickly enough to demand given the current staffing crisis.

There has been an increase in the number of providers reporting that older people's residential and nursing fees are inadequate. Providers are frustrated when they report cost increases and are not offered higher payments. There is an increase in top-up charges for residential and nursing care. There's also a slowdown in the number of the workforce registering.

The threshold for self-funding has been increasing and is currently at £50,000 which means that less people are self-funding. Self-funders have a right to have their care commissioned through the council which has implications on the ability of care homes to ask for higher fees from self-funders.

Physical disability, mental health and learning disability

Each provider is different with some having more support needs than others. The pressure on them from time to time means that they cannot be in a strong position, for example, to respond to tender opportunities, or to tender for the Supported Housing Agreement. Providers who support individuals with severe and complex needs regularly contact the council to report that the level of inflation offered by the council is insufficient.

Impact of Covid-19

Some nursing providers have made the most of the financial support available, such as voids, general sustainability support, support for staff and visitor testing. It is noted that the largest providers were bidding for support, with smaller providers tending to inquire later and finding it difficult to keep up with the guidelines and guidelines support available. There is concern over the impact that the end of the financial support will have.

Flexibility of the market

There is potential for adaptation within Council care homes. Potential to adapt roles / tasks within domiciliary care plan but need support from provider to implement. Staffing is a major issue at present for domiciliary care providers and care homes.

Causes of potential business failure and contingency planning

Concerns are identified either through information shared by Care Inspectorate Wales (CIW) or as part of the Quality Assurance Team weekly contact. The team provide early intervention and support if any issues surrounding the viability of businesses arises. Recent financial support (COVID-19 Funds), such as support for additional empty beds due to the pandemic were met by the Hardship Fund and general market sustainability support were offered through a remedial fund through the government's recovery fund. There were no such funds available directly from the council before the pandemic except as a last resort or emergency measures and the current COVID-19 financial aid comes to end at the end of March 2022.

Gwynedd Council are currently looking to start an Open Book Accounting approach with care homes in order to better understand each other's financial obligations/limitations in order to establish whether there are areas we can offer support be that financially or by offering support to the care homes in streamlining their procedures

Care home closures

Gwynedd have had 4 homes close in the last few years. Two residential homes (Llwyn in May 2018 and Foelas in April 2022) and two nursing homes (Penisarwaun in July 2018 and Penrhos in December 2020). It is increasingly difficult for small independent care homes to be financially viable and this may contribute to further closures in the future.

Conwy market stability

Home closure

In the last year two homes have closed in the county. One was a smaller provider and the building maintenance costs of the older converted building exceeded the potential income from residents. The owners tested the market for sale but there were no offers. Conversion to nursing or older people's mental health (EMI) care was considered but the home was not sufficient size or layout to give the required return on investment and the home was closed. The second home that closed was larger and successful. There were no issues with vacant beds or quality of service, but having made enquiries for a lengthy period of time there were no buyers for the business when the owner was ready to retire, so the service closed. In both cases the residents of these homes were successfully re-located to other homes in the county.

Demand for places

Demand for care home places dropped in the early stages of the pandemic during 2020, but saw a significant increase in 2021-22 as the early effects of COVID-19 started to pass and as a result of shortfalls in the domiciliary care sector. We saw a significant increase in the number of people presenting and needing an assessment, but the mostly private domiciliary care sector was at the same time losing staff and having to hand back existing care packages. Most of the increase was on the coast in Colwyn Bay, Llandudno and the surrounding areas for residential and nursing placements. There is not yet data available on the demand for older people's mental health (EMI) care which we feel has also increased.

The number of out of county placements has slowly reduced.

Recruitment

The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Almost all care homes have reported vacancies for health care assistants, senior health care assistants, nurses and domestic staff which they report has impacted on their ability to take on new placements. The staff shortfall has been exacerbated by staff who are unable to work because they have COVID-19. This has meant a significant reliance on staffing agencies who in some cases have been providing 20% to 50% of the staffing for some providers. We have also noted a number of changes across the sector in management staff. Consultation with providers has identified several possible reasons for the recruitment challenge:

- Exiting the EU has had some impact on health and social care, but has had a significant impact on other sectors such retail and hospitality which are very large in Conwy county.
- Competition from retail and hospitality. Care homes report staff leaving to join these two sectors who have increased pay and conditions to attract new staff. The work is often seen as less stressful with more reasonable hours.
- Early retirement. Many providers report staff members taking early retirement during the pandemic.
- Competition from better paid jobs with the health board, local authority and recruitment agencies.

Inflation

Since the beginning of 2022, the rate of inflation has increased faster and higher than the fees that are paid to care home providers. Utilities, fuel and insurance costs

have increased two and sometime three fold compared to previous years. Having managed through the pandemic, many providers are not able to absorb these costs at a time when government financial support for COVID-19 has stopped.

Denbighshire market stability

There has been increased focus on supporting people to remain independent in their own homes for longer. Most people say that they do not want to live in a residential care home if there is an option to remain independent. Denbighshire use “What Matters” conversations with people to enable us to agree the appropriate outcomes of their care and support. We use the resource wheel to ensure we include support that people have from family, friends and communities when discussing how to work towards the agreed outcomes.

There is a diverse provider base in Denbighshire. However, there are limited older people’s mental health (EMI) residential and nursing placements available.

The market is diverse with homes of varying size, in-house and independent. However, the majority are small, independent care homes in older buildings that are not purpose built.

The Contracts and Commissioning Team work closely with providers and offer support that is required.

There has been a lack of trained nursing staff available in the south of the county, meaning Llangollen Fechan faced prohibitive agency fees and therefore decided to cease dual registration for both residential and nursing care, concentrating only on residential beds. This means fewer nursing beds in the south.

A small provider, Chesterton found it was not financially viable so a managed closure took place with weekly meetings between council staff and home managers. All residents were relocated in a safe and acceptable manner.

The pandemic has highlighted the problems of economic viability of small, independent care homes. Difficulty recruiting and retaining staff, lack of flexibility in layouts and facilities have all indicated that there may in future be a move to larger, more modern or purpose-built buildings where economies of scale give greater resilience.

Gaps in service / support:

- Welsh speaking support staff (mainly in the north of the county)
- Social enterprises and independent providers who are based in the south of the county
- Short term, progression focused interventions with agreed outcomes
- Alternatives to traditional services (including respite and day activities)

The learning disability register and housing needs data show that numbers are not changing significantly but the complexity of need is increasing.

In the provider survey for this report, Denbighshire providers reported an average required occupancy of 85% for sustainability. Current average occupancy is 78%. At the time of the survey there was a vacancy rate of 25% in Denbighshire, this was higher than the regional average of 20%.

Denbighshire County Council recognises the value of nurturing and supporting good quality providers - for example, during Covid-19 steps were taken to proactively avoid provider failure. At the same time budgetary pressures mean that commissioners cannot always respond to fee requests in the way that providers would like them to. Generally, we have a good relationship with most providers. This can be more difficult to maintain when we need to raise concerns with a provider (e.g. regarding quality or safeguarding) and when negotiating fee increases or de-commissioning a service. During the pandemic we tried to ensure that providers (for example external day services) could survive financially and we also worked closely with providers on helping to keep people safe and well.

Provider to provider relationships improved during the pandemic and there were good examples of peer support and camaraderie between providers. One long standing good example is a local care home who led on the Person Centred Planning (PCP) community of support, with other mainly domiciliary care providers attending - each sharing good practice regarding person centred approaches, and with guest speakers talking about new initiatives in Denbighshire. Relationships in this meeting are supportive

Other challenges identified are:

- Recruitment and retention.
- High sickness absence.

- Ensuring sufficiency of placements in the local area, are able to meet the individual's level of need, while still supporting choice and control and preventing admission to acute and community hospitals.
- Lack of suitable overnight respite accommodation that can be pre-booked - unpaid carers have difficulty trying to find residential/nursing homes willing to accept people on a one off or occasional basis, particularly if they have higher needs / exhibit challenging behaviour. This may be due to funding, staffing or something else. There is a respite flat in Corwen but this is not well used mostly due to lack of availability of care packages. Staff at a nearby home don't have capacity to cover although not far away. Respite accommodation for people with complex disabilities is very limited - Alexandra House only. Ongoing negotiations with Alexandra House and Conwy CBC.

Flintshire market stability

Flintshire has a diverse provider base with no reliance on one provider but limited nursing and nursing older people's mental health (EMI) placements. The market is diverse with homes of varying size, in-house and independent, family run or as part of a larger organisation. The council is moving ahead with increasing capacity in in-house residential provision. The Contract and Commissioning Team work closely with providers on both entry and exit to ensure the process runs smoothly, offering any support that is required. Although the market is robust and each provider has contingency plans in place to deal with the majority of issues, the COVID-19 pandemic presented exceptional circumstances and providers did not have this included in their plans. These have since been updated.

Business diagnostic reviews conducted with 18 homes in 2017 identified the following issues related to stability:

- Group owned care homes had back of house support and central administration which seemed to reduce time pressures and workload compared to smaller independent homes.
- There was no discrimination identified between private and local authority funded patients but providers were requesting top up fees from local authorities due to financial pressures.
- Recruitment and retention: affected by the size of the home and the way it's managed, it helps to be on a main bus route, some concerns about image of the sectors, wages and competing with the NHS for staff.

- Sickness and absence rates are high and policies in place. The most common cause of absence is sickness and diarrhoea.
- Many homes are in older buildings with poor energy efficiency and difficult to alter. There was more space to expand and better outside space in rural homes, but these are also less convenient to access. Heating costs were a big concern and some homes suggested a joint procurement policy may help give them stronger buying power. Homes would appreciate advice on waste policy too.
- No clear view on minimum number of residents needed to make the home viable, but aware of whether they were losing money or not.
- Appreciation of a recent grant for asset purchase and recommendation for an asset library where expensive, occasional used equipment could be borrowed rather than purchased outright.
- Finances are challenging requiring top ups to local authority fees and a proportion of private patients to survive. The increase in the living wage, a general reduction in unemployment rates, increase in employment and the unknown impact of Brexit suggests that the pool of candidates will get smaller. Profit margins are tight and any increase in interest rates plus increases in other overheads such as business rates, fuel costs and food costs will have an impact on the long term sustainability of the sector.

Since the pandemic the market has become extremely unstable due to:

- Residential and nursing homes going into administration
- Residential and nursing homes being taken over leading to instability and significant changes in services
- Lack of staff due to retirement or leaving the business
- Low number of nursing placements and no providers with open placements to ensure stability of the placement
- Lack of funding to try to assist the providers during a difficult time
- Care Home closures, this could be due to a number of factors such as financial or lack of qualified staff
- Recruitment within Social Services sector is an ongoing concern, this is having an impact on the sustainability of provisions

Discussions with Responsible Individuals highlighted the following issues:

- Rapid changes in guidance
- Cost of living increases

- Hardship Fund tapering
- Recruitment and retention
- Good carers who are not IT savvy and not looking to upskill and undertake additional training for registration

Wrexham market stability

All Wrexham's care homes are outsourced and they are currently evaluating the medium to longer term viability of the private residential market and considering how they might deliver intermediate, short term care solutions in the medium to longer term as this market seemingly has some limitations to delivery in this context.

Fee setting methodology, budgets and lack of agreement regionally on the Pre Placement Agreement which sets the overarching terms and conditions is also hampering flexible, responsive residential care commissioning.

Barriers to entry into the market include suitable facilities and properties and the costs involved in development of a potential property. Plus, the already difficult recruitment market/staff shortages in established facilities. Ideas for ways the local council could support include; assistance to source suitable property, cash incentives, loans to assist with set up and possible recruitment assistance. The lack of flexibility in regional frameworks to reopen may also be a barrier. The council could work with Care Inspectorate Wales (CIW) and Social Care Wales to enable swifter registration processes and inflation beating budget uplifts.

All contracts are subject to regular monitoring under the terms and conditions and this should pick up any potential problems/issues at an early stage to enable preventative measures and/or emergency measures to be put in place to try and avoid a crisis. The main indicators would be; reported difficulties in recruitment, retention of staff - large numbers of leavers, always had difficulties in retaining staff in the industry as a whole, monetary losses, no reserve funds, possibly the accommodation not being suitable moving forward and no funds to make changes. Escalating concerns process including engagement with other commissioning councils.

Escalating concerns

Identifying escalating concerns within care homes is part of the council quality assurance process, with the process leading to improvements in service

performance and quality and a positive impact on staff. This information can change quickly but is included below as a snapshot.

- Anglesey: No providers currently under escalating concerns (May 2022).
- Gwynedd: One home under escalating concerns for business/financial reasons. As at 31 March 2021, there were three providers in the escalating concerns process, with one other about to be placed into escalating concerns. The reasons for implementing the escalating concerns process with those four homes can be summarised as leadership, management and oversight.
- Conwy: One provider under escalating concerns at the time of writing and one further provider during the pandemic. There is a good relationship between the providers and local authority on the whole with areas of concern identified early and resolved without the need for the formal procedures.
- Denbighshire: 2 providers currently in escalating concerns (May 2022) but has been up to around 6 at the height of the pandemic. During the pandemic Denbighshire County Council's policy was to use the escalating concerns process during an outbreak in any care home. This ensured that there was a structured approach to meetings and a multi-disciplinary team was involved.
- Flintshire: 5 care homes placed into escalating concerns between April 2015 and March 2021. Non-compliance/immediate action notice issued to 3 care homes between April 2019 and March 2020 (excludes 3 providers with new owners)
- Wrexham: Three care homes placed in escalating concerned during the reporting period to March 2021, with two of those homes having completed the process within the timescales. One home remained in the process supported by social care and health colleagues until April 2021.

Care home closures

Lessons learned from care home closures

What worked well

Experience of recent closures highlight the following:

- Good working relationship between Care Inspectorate Wales (CIW), the council and health board with colleagues from Continuing Health Care (CHC) and community nursing leads involved alongside social services senior staff, social workers and contracts and commissioning officers.
- Linking to advocacy.

- Provision of list of current vacancies in the sector.
- Health colleagues working with social care staff in Community Resource Teams building stronger relationships, shortening time to achieve outcomes and improving experience for residents.
- Social services senior staff, social workers and contracts and commissioning officers working more closely to improve dialogue and co-working across operational and business support teams.
- Person-centred, outcome focussed work across all teams.
- Regular communications with providers
- Importance of initiating discussions as soon as possible to facilitate joint planning and working.
- Allocated team of council staff to support people with their packing and accounting for their belongings, alongside providing a council presence in the home.

Challenges

- Could provider failure have been anticipated, risk assessed before notice given? Difficult to anticipate based on intelligence available. Perhaps a joint process could be developed based on experiences to guide future scenarios.
- Ensuring sufficiency of placements in the local area are able to meet the individual's level of need, while still supporting choice and control. Also, preventing admission to acute and community hospitals.
- Managing expectations and emotions of staff and residents during the process.
- Understanding equipment ownership – what belongs to the home, Health Board, Stores, Welsh Government such as personal protective equipment (PPE) and ensuring this is moved to a new setting alongside the resident.
- Working with third parties such as administrators. Differing opinions and expected outcomes, accuracy of information, understanding of Welsh policy.
- Maintaining safe level of staffing at the closing setting.
- Accessing staff files to support ease of employment to new employers.
- Complexities of a new provider taking over the home as a going concern. In particular, if there are restrictions on their registration.

Denbighshire supported providers to update contingency plans during the pandemic when new and exceptional difficulties were experienced. Denbighshire Council staff have worked alongside providers when staffing has been impossible to resource otherwise. Brought providers together to foster better relationships and share best

practice, for example, around infection control. Monitoring visits are not yet back on track since the pandemic but all homes with possible risks have been visited and interim measures included phone calls. Provider engagement meetings are now monthly but very poorly attended.

Flintshire has also found that moving away from systematic annual monitoring visits to a practice development approach has helped develop effective constructive and professional relationships with providers, which have been critical in enabling them to meet the challenges of the pandemic together.

Feedback from care home residents

All counties have systems in place to consult and engage with care home residents. A summary of feedback received is below:

- Positive feedback, particularly focussed on staff providing support. They were described as very caring, having time for people and supporting with all aspects of personal care and related needs. Managers and office staff were also mentioned in terms of being approachable and sorting out problems when they arrive. Everyone also said they felt safe in the buildings.
- Some issues were raised by individuals, not often but still important, including training and reminders to staff about issues such as knocking and waiting at doors, use of mobile phones and how their approach to tenants is important. For example, not rushing, treating them as an adult.

Feedback from providers

- Citizen's having rapid deterioration or life changing events such as a stroke then losing mental capacity with finances. Often no Lifetime Power of Attorney (LPA) in place. It would help to promote LPA more and this could reduce the council deputyship waiting list and workload.
- Transport is a huge issue for older people, particularly those living in rural areas and those with limited mobility. Bus services are very limited especially in rural areas and public transport is often not fully accessible or wheelchair friendly. Dial a ride is excellent but only operates in the North of the county and is not cheap. Taxis are expensive and not always available or accessible. One did need a mobile phone to book the new Flecsi bus – now amended.
- Welsh language capacity is problematic.

- Pressures around recruitment and retention with staff leaving sector following the stresses of COVID-19 and the ability of the sector to pay a competitive wage (compared to other sectors such as retail). Regulatory requirements. Lack of skills regarding bid writing and understanding the requirements of a tender process.

Impact of commissioning processes on the market

Each council has systems in place to support and liaise with providers, including regular meetings and discussions with providers and support with training and resources. Examples include Flintshire's 'Progress for Providers' Programme in Care Homes which is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes.

Supported Living

North Wales commissioners from the six local councils and health board worked together to develop a Supported Living Framework which went live on 1 April 2020. Multiple service providers have already been admitted to the framework agreement following the requisite due diligence and quality checks. This enables commissioners to commission services adopting the framework agreement which can streamline processes while remaining in accordance with relevant legislation and the local authority Contract Procedure Rules.

Denbighshire County Council have 41 supported living contracts due to end 31 March 2023. These have been in place for many years and extended numerous times with a view to re-tendering. Discussions are currently underway regarding how best to re-tender. The concern is that re-tendering could have a destabilising effect on the local market exacerbating existing issues with retaining staff and risking providers handing existing contracts back rather than bid for more. Discussions are underway about what approach to take.

Welsh language

Around 24% of social care staff in North Wales can communicate effectively through the medium of Welsh (Social Care Wales, 2018b)(Social Care Wales, 2018). Across

North Wales 20% of registered care home managers are fluent Welsh speakers, which is highest in Gwynedd where 57% fluent Welsh speakers.

Engagement in Denbighshire identified receiving services in Welsh was a high priority in the Denbigh area and there is not enough care provided through the medium of Welsh in the south of the county. Many staff have some Welsh language skills but lack confidence so an internal project is looking at ways to improve this. An inspection of Cysgod y Gaer care home in Corwen in March 2022 identified that the service does provide an ‘Active Offer’ of the Welsh language and that it anticipates identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Social value and preventative services

The concept of social value includes the following.

- The value experienced by the users of a service, delivering ‘what matters’ and co-producing services with people who use them.
- The added social, environmental or economic value a contract can provide over and above the core requirements.
- The duty local councils have to promote social care and preventative services provided by social enterprises, co-operatives, co-operative arrangements, user led services, and the third sector (Welsh Government, 2014).

The Wales Cooperative Centre (2021) has produced a guide to raise awareness of potential social enterprise and co-operative models in the care home sector.

We want to promote ‘social value models of delivery’ that:

- Achieve well-being outcomes.
- Work co-productively – giving users a strong voice and real control.
- Have a preventative and dependency-reducing orientation.
- Incorporate collaboration, co-operation and partnership.
- Add value - social, economic and environmental.

As well as to promote activities that maintain or strengthen the well-being of unpaid carers and community capacity beyond the market – without which the market cannot be stable.

Each county supports a range of preventative services which can help people to remain in their homes and avoid the need for residential or nursing care. This includes regional projects funded through the Integrated Care Fund (ICF) including falls prevention projects and step up / step down care. ‘Step up’ is an intermediate care function to receive patients from home/community settings to prevent unnecessary acute hospital admissions or premature admissions to long term care. ‘Step down’ is an intermediate care function to receive patients from acute care for rehabilitation and to support timely discharge from hospital.

Projects include; community agents, navigator and social prescribing projects which link people up to support and activities available in their local community. They also include; befriending, advocacy and respite services.

The Micro Care and Community Catalysts projects provides support to micro providers to enter the care markets. Direct payments are used to help people access personal care and live as independently as possible.

There is more information about preventative services available in North Wales in the Population Needs Assessment.

Workforce

The table below shows the number of registered adult care home managers in North Wales at the 1 April 2020. Analysis of the data shows:

- In the last year 46 managers left the register and 31 joined, a turnover of 14%.
- The ratio of women to men is 6:1 and 230 are aged over 51.
- Around a third of registered managers have some Welsh language skills and 20% are fluent.

Table 6: Number of registered adult care home managers, 31 March 2020

Local council	Care home managers
Anglesey	30
Gwynedd	61
Conwy	67
Denbighshire	66
Flintshire	39
Wrexham	47
North Wales	310

Source: Social Care Wales, Registered adult care home managers

A regional survey carried out for the Market Stability Report identified that 1 in 5 care worker roles are vacant across the region, including senior care worker and care worker roles.

There are some concerns that since the introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 more homes are offering both residential care and older people's mental health (EMI) residential care without necessarily providing separate facilities for different residents and possibly without having suitable skill sets and arrangements in place.

There is an increase in training needs due to the lack of available training on offer during the pandemic, which include basic training such as inductions and manual handling.

There are some concerns that staff may have moved away from a reablement ethos due to pressures during the pandemic. For example, individuals becoming very deconditioned due to lack of activity and staff not promoting simple forms of independence, such as going to the toilet unaided.

Local authorities report that it is becoming more difficult to recruit care home managers. Alternative approaches such as the 'Grow Your Own' (The King's Fund, 2006) may have the potential to create the conditions for sustainable workforce development.

4. Domiciliary care services

Population overview

It is predicted that the number of people aged 65 and over who struggle with activities of daily living will increase by 25% increase by 2040

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 Census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area (Regional Partnership Board, 2022).

Moreover, around 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW, 2016). It is anticipated that 30% of people have enough capital to fund their own care in both domiciliary care and care homes (CSSIW, 2016).

Table 7: Predicted number of people aged 65 and over who struggle with activities of daily living

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number	Change percent
Anglesey	5,100	27%	6,550	29%	1,500	23%
Gwynedd	8,000	28%	10,050	29%	2,050	20%
Conwy	9,450	29%	13,050	30%	3,600	27%
Denbighshire	6,450	27%	8,800	29%	2,400	27%
Flintshire	9,150	27%	12,350	29%	3,250	26%
Wrexham	7,550	27%	10,000	29%	2,450	24%
North Wales	45,700	28%	60,900	29%	15,150	25%
Wales	185,300	28%	248,900	29%	63,600	26%

Numbers have been rounded so may not sum
Source: Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government

Market sufficiency

Market overview

The average number of hours of domiciliary care per week commissioned by each local authority and the health board is summarised in the table below.

Table 8: Average local authority/health board Commissioned domiciliary care hours per week

County	Older person	Learning disability	Older person mental health	Physical disability	Total
Anglesey	3644	390	-	582	4616
Gwynedd	-	-	-	-	11144
Conwy (a, b)	8024	5523	382	-	13930
Denbighshire	-	-	-	-	5150
Flintshire (c, d)	6,047	913	22	1,160	8142
Wrexham	5599	638	1196	955	8388
North Wales					44558

Source: Local authority data collection. Some figures are rounded so may not sum.
(a) Learning disability figure also includes physical disability
(b) Figure includes direct payments
(c) Learning disability floating support (not in supported living accommodation)
(d) Older person mental health - independent sector, but majority of support provided by in house mental health team

In terms of the balance of the market, on average more than 70% of the North Wales domiciliary care market is comprised of independent sector providers with the remainder a mixture Local Authority and Third Sector providers. However, this does vary according to local authority. For example, Gwynedd have 44% of domiciliary care being provided internally currently and 56% through the independent sector, whereas in Flintshire the local authority currently provides around 10% of the domiciliary care provision.

Table 9: Percentage market estimated share of domiciliary care sector by type

County	In House	Independent sector
Anglesey (a)	18.5	81.5
Gwynedd	44	56.0
Conwy	9.7	92.3
Denbighshire	10	90.0
Flintshire	10.5	89.5
Wrexham	3	97

Source: Local authority data collection
(a) Should be in-house/external provider (independent sector and third sector) split of 30/70%

Table 10: Number of providers working in each local authority area

County	Number of providers
Anglesey	1
Gwynedd	1
Conwy	3
Denbighshire	6
Flintshire	6
Wrexham	4
Regional (a)	52

Source: North Wales Domiciliary Care Framework
(a) Providers noted for each county are -ones who only provide services in that county. Regional providers are those that work in more than one county in North Wales.

Table 11: Average hourly rate of domiciliary care by population group (£)

County	Older person	Learning disability	Older person mental health	Physical disability
Anglesey	17.83	16.04	17.83	17.83
Gwynedd	19.13	19.13	19.13	19.13
Conwy (a)	20.60	20.60	20.60	20.60
Denbighshire (a)	19.53	19.53	19.53	19.53
Flintshire (b, c)	18.67	16.84	-	18.67
Wrexham	20.33	16.90	20.58	20.28

Source: local authority data collection
(a) Average rate across all population groups
(b) Supported living
(c) Majority of older person mental health supported in house, no average provided.

Regional market overview

Domiciliary care is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now. As such, growth and development of services including general domiciliary care (includes homecare, re-ablement; community living and recovery) have been identified as opportunities for the future.

Isle of Anglesey market overview

In Anglesey, demand is currently exceeding supply (March 2022) due to shortage of staff within domiciliary care providers.

Gwynedd market overview

In Gwynedd there has been insufficient domiciliary care provision to meet need across Gwynedd, particularly in the Eifionydd and Pwllheli area at present.

In Gwynedd, currently there is a lack of available domiciliary care, and the nature of current arrangements mean that providers can refuse to give care, or return

packages. Frequent emergencies can occur, where providers report that they are no longer able to provide care due to staffing problems.

Currently, people have little choice in the field. Getting any care is a challenge, let alone having a choice. People can choose to get Direct Payments to arrange their own care, but it is not easy to find people who can offer care. A project with 'Community Catalysts' has started, to encourage people to set up a small company to provide care, and hopefully this will improve the situation.

Conwy market overview

The numbers of people who receive domiciliary care packages in Conwy has declined over the past four years, as can be seen in the table below.

There have been a couple of principle reasons for this, the impact of COVID and carers workers leaving the sector with the sector unable to recruit new staff.

As it can be seen that during the last 12 months the numbers of citizens receiving domiciliary care had dropped dramatically and evidence from providers is that this is directly due to lack of domiciliary carers. During the May to November 2021 period approximately 950 hours of domiciliary care packages have been handed back due to private sector agencies unable to meet demand.

Table 12: Numbers of people who receive domiciliary care packages in Conwy

Year	Total clients
2017/18	898
2018/19	818
2019/20	799
2021/22	717

Source: Local authority data collection

As of this week 2 of April 2022 there are 698 packages begin delivered to older people across Conwy.

The table below shows the total number of packages and hours that are being delivered, week 2 April 2022. The areas in this table are shown as the Community Resource Team (CRT) Areas.

Table 13: Total number of domiciliary care packages and hours that are being delivered in Conwy (April 2022)

CRT area	Packages	Hours	Average hours per package
Abergele	146	1,709	11.7
Colwyn	206	2,251	10.9
Llandudno	172	2,217	12.9
Coastal	91	1,166	9.0
Rural	83	747	9.0
Total	698	8,091	11.6

Numbers have been rounded so may not sum
Source: Local authority data collection

It can be seen that the Colwyn CRT area has the most packages and Rural has the least. It is also interesting to see that the Llandudno and Coastal areas don't have the most packages but the average hours per package is higher than any other area, this is probably due to the average age of the population in those areas and the fact that they need more intensive support packages.

Denbighshire market overview

There were 585 people who received domiciliary care in Denbighshire during 2020-21. This number has increased over the last year.

Table 14: Demographic of people accessing domiciliary care in Denbighshire

Age group	Percentage of Provision
18-24	1%
25-64	19%
65-74	11%
75-84	24%
85+	45%

Source: Local authority data

Denbighshire does not have enough providers to give people a real choice or to give an element of competition in the market. Commissioners have unmet demand and are unable to provide domiciliary care for all requests. For example, at the end of March 2022 there were 116 people waiting for domiciliary care packages, of which 26 were receiving interim support. The Interim Support Team's function is to provide domiciliary care and support for a short period of time whilst care packages are secured through the provider sector. There are particular challenges in the south of the county where we have minimal independent provision. Our in-house team are only working in the south and their intervention often ends up being long term due to lack of alternative provision. Moreover, the re-ablement teams, both north and south, are finding they are picking up urgent care packages on a regular basis and this in turn has an impact on our ability to offer re-ablement services.

The range of care needs is wide and includes:

- frailty due to age related conditions
- physical disabilities
- learning disabilities, including autistic spectrum disorders
- sensory impairments
- chronic illness
- long term health conditions
- dementia
- mental health, including depression, anxiety
- substance abuse
- palliative care

We are working with Community Catalysts to ensure that Denbighshire residents are able to access the kind of care and support that suits them best. In addition Community Catalyst supports citizens who wish to, to provide care and support in a way that fits with their lifestyle.

Community Catalysts

Community Catalysts is a social enterprise working across the UK to try to make sure that people who need care and support to live their lives can get that help in ways, times and places that suit them, with real choice of attractive local options. They help people across the UK use their energies and talents to set up 'community micro-enterprises'. Community micro-enterprises are really small businesses or ventures or groups that offer help with care or health or wellbeing to local people in their area.

Community Catalysts has lots of experience and expertise and can offer people who want to set up a new care enterprise specialist advice and guidance, so they can do this safely and well.

In Denbighshire, Community Catalysts has been commissioned by the Council to use its expertise to help to tackle social care challenges.

Moving with Dignity / Right sized Care

For many years, it has been established practice across health and social care for people who need to be hoisted, or cared for in bed, to have a care package with two people to assist and carry out the care.

It is unknown where or how, this practice became established, but with innovations in moving and handling equipment and a move to a more person-centred care & support approach, this requirement is increasingly being questioned and challenged.

It has been estimated that at least 37% of Denbighshire citizens could be assisted by one carer (instead of two), with the additional benefits of maintenance of dignity and comfort together with the increased flexibility derived from the provision of only one carer. More specialist moving and handling equipment is being designed and manufactured to facilitate single handed care allowing our Citizens to have their care needs addressed with the minimum of support and intervention.

Denbighshire have been promoting this way of working across Health and Social care and training staff so that they become more familiar with specialist moving and handling equipment and so they are more confident about supporting our Citizens to have their Care needs addressed with the minimum of intervention.

The Moving with Dignity project incorporates promoting independence and appropriate handling techniques for care provision. Using kindness and a gentle, compassionate approach, it involves looking at the number of carers required to attend to a person's needs, when being lifted, transferred or repositioned using specific techniques and items of equipment.

During the last year 5 sessions were held with Occupational Therapists to refresh skills using bed management systems. As a result, the Nordic bed management system is now core stock and can be ordered directly from our Community Equipment Service (CESI) which has reduced the delay between the initial assessment and providing beds to citizens.

Formal training sessions were held with 22 care staff from our in-house Independence at Home team. Following on from the training, the team are now working towards ensuring that care packages for those being discharged from hospital are considered within the ethos of Moving with Dignity before the care is transferred to external domiciliary care providers.

A pilot project was implemented with one Domiciliary Care agency, whereby the Manager and Moving and Handling trainer received an awareness training session to discuss the ethos of Moving with Dignity, which they are now rolling out with their care team. The aim is that once all training has been completed, work will be carried out to review all double handed packages of care

Our Moving with Dignity project lead completed a training session with Betsi Cadwaladr University Health board (BCUHB) Moving and Handling trainers to discuss single handed care.

The newly created Adult Social Services Edge of Care Team fits with our strategic vision for a modern, more effective way of delivering social care support that strengthens individual and community resilience. The Edge of Care team is unique in that it is based within Adult Social Care Services and recruits, trains and deploys Volunteers. The Manager is a qualified Social Worker and Outcome focussed mentor. Two Edge of Care Coordinators support the Manager to deliver the project.

The Team has demonstrated how the project can positively impact on planned care pathways, supporting discharge from hospital for citizens, working closely with our Community Resource Teams in delivering a ‘team around the individual’ approach, reducing demand for traditional planned care. For example; we have volunteers providing respite to carers, with careful and considered matching of ‘cared for and volunteer’, the result has been an experience that is meaningful and enjoyable for both carer and cared for. We have examples of where citizens have remained on the ‘edge’ of planned and unplanned care for example Mental Health Services, Care Home placement and traditional domiciliary care, keeping citizens in the community

Flintshire market overview

With regard to the demographic of people accessing domiciliary care in Flintshire, the largest group are people aged 85 and over, see the table below.

Table 15: Demographic of people accessing domiciliary care in Flintshire

Age group	Percentage of provision
18 to 24	1%
25 to 64	17%
65 to 74	12%
75 to 84	27%
85 and over	43%

Source: Local authority data collection

Of those under the age of 65, a similar proportion of people receive support for a learning disability as a physical or sensory impairment.

As previously reported, the population changes over the next five years will have an impact on the sufficiency of provision. This increase number of people living in the community with dementia and complex needs may increase the demand for domiciliary care services, in particular ‘double staffed packages of care’. This is something the authority needs to consider in order to continue to support individuals to live at home for longer.

Flintshire In-house Community Support Service provides care and support for adults who have an assessed need in their own homes. The service is split into three geographical localities and the service is delivered via a team of care staff who work across the whole of Flintshire. These three localities replicate social work and health teams locally and this aids in continuity and developing working relationships across different professions. The three localities are:

- Locality North East – Deeside area
- Locality South – Mold / Buckley area’s
- Locality North West – Holywell / Flint area’s

The Community Support Service adopts an ethos of re-ablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014. The Community Support Service provides services to people over 18 years who have

been assessed as having a social care need living in Flintshire. The Community Support Service provide support for a range of health and care needs, including:

- frailty due to age related conditions
- physical disabilities
- Learning disabilities, including autistic spectrum disorders
- sensory impairments
- chronic illness
- long term health conditions
- dementia
- mental health, including depression, anxiety
- substance abuse
- palliative care

The Community Support Service support people via three different care and support models/approaches which vary depending on the individual and what matters to them.

Re-ablement - designed to support people to regain, improve and maintain their daily living skills and maximize their independence whilst continuing to live in their own home. This is a short term service which can be provided for up to six weeks. The service has close links with hospital discharge teams and plays an important role in contributing to a reduction in hospital admissions and readmissions and works closely with a range of professionals including Occupational Therapists, Social Workers, Physiotherapists and District Nurses. The service also plays an important role in working with people to achieve their own personal goals to aid integration back into their own environment at home and into their local community. The aim is to support people to maximize their independence as quickly as possible and ensure that if people need ongoing care and support this is at the appropriate level.

Living Well - provides flexible care and support for people living with dementia. The service is designed to allow independent living and aims to support people to stay active in their home and active in their community for as long as possible. The care and support is tailored around the individual. Care, support and activities are developed over time as the staff build up a relationship with the person and they understand what they need. This approach delivers positive outcomes and contributes to people living with dementia maintaining their independence for as long as possible.

People who have long-term complex care needs are supported to remain independent in their own home. This includes daily living support, helping to achieve identified goals, support with medication as well as end of life / palliative care as required. In supporting people with complex needs the service offers stability and reassurance, and can that can support people overcome a crisis as necessary.

In addition to Local Authority's in-house care provision, the Commissioners in Flintshire actively utilise 28 providers from the North Wales Domiciliary Care Framework. There are also a small number delivering supported living exclusively under an alternative framework.

Both independent sector and Local Authority services are currently delivering around 7500 hours of domiciliary care per week. Flintshire County Council in-house provision delivers approximately 12% of this market, but aims to increase service delivery in this area to support more people to live at home, in line with the Council Plan. These figures exclude the provision of Extra Care, from which the Local Authority delivers around 370 hours of care per week.

Wrexham market overview

The population of Wrexham is just over 135,000 according to the 2017 census. Over 45% (58,359) of that population are over the age of 45 years. Further 23% (31,700) of the population is over the age of 60 years. Those in fair health are 19,000 (14%), those in bad health are 6,500 (5%) and very bad health 1,800 (1%). Domiciliary care provision in Wrexham is provided through a patch-based model.

Of those there are a number who provide care services to those in need who are unpaid. These are broken down as follows: 8,900 provide 1 to 19 hours unpaid care a week; 2,200 provide 20 to 49 hours unpaid care a week and 4,000 provides 50 or more hours unpaid care a week. It is likely that over a five-year period all of these people will need to access services at some level.

Market stability

Regional challenges

A gap in services exists in relation to short home calls for support with medication. Neither health nor social care services provide calls only for medication, but older

people with memory problems do need this vital care (Regional Partnership Board, 2022).

The current economic situation with rising inflation and fuel costs, and wider cost of living pressures in early 2022 are creating instability for domiciliary care providers and their staff for example in-work poverty.

Decreasing budgets could present further challenges around the level of services which are able to be commissioned and provided. Across North Wales, providers have appreciated the support funding throughout the COVID-19 pandemic. For example, an additional £1m for domiciliary care which has provided stability during the pandemic. There is concern over the impact the end of the financial support will have.

Isle of Anglesey market stability

Post pandemic, recruitment and retention of staff remains an issue with the staff turnover rate in Social Services having increased in 2021/22.

There is an increasing demand for services, but budgets along with inflationary pressures are struggling to keep up with this demand.

Gwynedd market stability

Gwynedd has recently begun to establish the new domiciliary care model and early indications are very positive with providers having more recruitment successes. The domiciliary care tender opening in early April 2022 will give commissioners the opportunity to establish the new model across the county, and hopefully achieve much more stability thereafter. It is hoped that it will be possible to recruit more staff, achieve more with the same staffing level, and achieve greater efficiency (less travel and less bureaucracy) which results in more time to care and better outcomes for people (through focus on what makes a difference to the individual and tailor the care appropriately), through the adoption of the new model. The intention in the new model is to maintain the 50:50 split between the internal and external sectors for provision. The inclusion of the new contract for the external providers means that we have the freedom to adjust this ratio over the life of the agreement. Frequent emergencies in domiciliary care where providers report that they are no longer able to provide due to staffing problems. As the new arrangements come into effect a transition period will be required including effective shadowing and training.

Conwy market stability

The Independent sector market has been unable to fulfil the county's domiciliary care requirements since the pandemic. Conwy currently (April 2022) has over 900 hours of un-brokered care that the market cannot supply (60+ packages). This has been consistent for over 12 months and is being met by in house and BCUHB provision. Discussions with providers suggest that this is purely down to staff / recruitment problems faced by the sector. Things are slowly improving but at a pace too slow to meet the rising demand.

Denbighshire market stability

Denbighshire's in house provision adopts an ethos of re-ablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014, providing services to people over 18 years of age who have been assessed as having a social care need and living in Denbighshire.

Denbighshire's in-house provision consists of Re-ablement, Health and Social Care Workers and the Interim Support Team - all services are intended to be short term interventions.

The Interim Support Team's function is to provide domiciliary care and support for a short period of time whilst care packages are secured through the provider sector in the South of Denbighshire. Increasingly, all elements of the in-house provision are holding cases for longer due to the lack of domiciliary care available. Due to the low number of providers able to deliver care in the south of Denbighshire, there is a commitment to expand the in-house provision.

Across social care there have also been high levels of staff absence that are likely to be linked to high levels of stress and anxiety post the pandemic.

Commissioners are struggling to secure packages of care, particularly in the south of Denbighshire. The main reason for this is lack of available care staff. This is a long term problem which is worsening. Domiciliary care providers handed back around 600 hours of care packages in 2021 due to lack of available staff.

There is a good range of providers in Denbighshire, although not all on the framework actively bid for packages. The domiciliary care sector in the county has been severely affected by the pandemic. In particular, sourcing double handed care packages is a challenge, as is the lack of availability of care provision in the south of

the county and in rural areas. We are also aware that domiciliary care services in rural settings is more expensive – some research suggests up to 20% more, and the average hourly rate is up to 11% higher. Increasing costs of transport fuel is challenging for all providers

Denbighshire County Council are considering opportunities to develop enhanced domiciliary care provision for citizens with higher levels of care and support needs. The model would necessarily be flexible (rather than 'time and task'), to support care staff to build relationships and person-centred working, gain enhanced skills through training and play a key role in care and support planning for citizens. Ultimately, the provision would have a clear outcomes focus, and success would be measured by those outcomes.

Denbighshire is hoping to conduct a pilot involving electric vehicles for provision of care during 2022.

Flintshire market stability

In Flintshire, the market is a mixed model with continued expansion of in-house domiciliary care. This is a priority for the Council to help rebalance the care sector. Independent care providers continue to work creatively with the local authority to ensure the numbers of people waiting for care at home are the lowest possible. However, during the last 2 years of the COVID-19 pandemic, this has been challenging.

We now start to see creative solutions including the use of electric vehicles to support domiciliary care staff through the proposed WG scheme. They will be used to support domiciliary care staff who cannot drive by accessing WG scheme to prioritise driving tests for domiciliary care workers who are awaiting a test date. Flintshire is continuing the expansion of Micro-care to support individuals locally. The market remains challenging, but all stakeholders continue to work in partnership to overcome the well-known challenges currently faced across the UK.

In Flintshire, considering independent providers only, no provider holds more than 12% of the independent market share in the local area when considering delivered hours, with the average for a provider being 4.5%.

With regard to the balance of the market in Flintshire, the vast majority (12 out of the 18) are local providers either exclusively in Flintshire, or within Flintshire and

neighbouring authorities. Another 4 provider's work across the North Wales region, while they also have 2 national providers.

In Flintshire, there are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. The local authority is looking at how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

There are other challenges that local, regional, and national work-streams are looking to address, such as recruitment with WeCare Wales and children's placements, however it is important to note that these still present as critical pressures for the delivery of social services in Flintshire.

As of January 2022 in Flintshire, areas of ongoing pressure include:

- double staffed care
- rural areas
- discharge from hospital
- hand-back packages from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, impacting on care staff themselves.

Need outweighs supply in Flintshire. Due to the challenging financial climate and need to encourage more people into the care industry, consideration is being given to other ways for care to be provided for example Micro-care.

There is a challenge of a deficit of care workers, those requiring care are struggling with a decreasing pool of care staff. Large care agencies have premises and overheads to pay for and investors/stakeholders to satisfy, so care per hour costs are higher.

Within older people's services, there is a diverse provider base, no reliance on one provider or sector. However, within learning disability and physical disability services, there is a small number of providers to choose from who are relied upon to meet the needs of the service.

There is a broad range of services available depending on what the individual would prefer such as traditional homecare care, Micro-care and Direct Payments.

Wrexham market stability

There are currently (April 2022) significant shortfalls in all areas of domiciliary care and wider health and social care market in Wrexham which was not seen in the April 2021 figures and is likely a result of wider, national workforce and COVID-19 recovery challenges.

Rotational and other respite solutions also present significant challenges. A lack of capacity to deliver regular and flexible respite and short breaks continues to burden unpaid carers who are already feeling increased demands from their caring role as a result of COVID-19 and other workforce challenges.

More rural areas of the county prove most difficult in achieving sustainable domiciliary care services. Since April 2021, microenterprise capacity has grown and Wrexham have approached English agencies to support to meet the demand but the sustainability of these approaches is not evaluated.

There is little flexibility in the current market (April 2022) due to significant workforce and COVID-19 recovery challenges across health and social care. Whilst there has been a 30% reduction in domiciliary care waiting list times since April 2021, it remains significantly high with any short to medium solutions yet to be evaluated and tested in terms of their longer term market stability. COVID-19 recovery funding and hardship funding supported much of this recovery during 2021-22 with longer term financial stability remaining a challenge.

Domiciliary care registration can also hamper commissioning and service delivery flexibility. RISCA requirements, while attempting to drive up quality, can prove a barrier to some organisations and staff when recruitment is already a challenge. In addition, as a border town, Wrexham does rely on providers from England in some areas. Providers are restricted in the numbers of people they can support outside of Care Inspectorate Wales (CIW) registration which can be very lengthy.

Feedback from citizens and providers

While emergency care is being provided for older people who fall and are injured, a response service is needed for non-injured fallers and for out-of-hours domiciliary care. Currently, if an older person needs additional support due to an unexpected incident, such as their carer becoming unwell, they have no access to support (Regional Partnership Board, 2022)

“Independent domiciliary care providers told us they have managed to start care delivery within the 48 hours but it has been a struggle. The biggest challenges and delays are arranging care for people who have complex needs” (Care Inspectorate Wales, 2019a)

“Independent providers of domiciliary care told us about providing care for people who miss out on a period of re-ablement when there is no capacity in the re-ablement team. We found this is often because there is a waiting list for the service due to it being dominated by people being discharged from hospital with low level needs, requiring convalescence” (Care Inspectorate Wales, 2019a)

Feedback from the Regional Provider’s survey [February 2022] details the challenges faced by providers as:

- Recruitment of staff. The employment market is highly competitive and we must be able to offer a financial package to care workers, that is both competitive and worthy of the role.
- Retention of staff due to poor terms and conditions in the social care sector. The cost of fuel and the cost of living crisis is now beginning to be felt in the sector where providers are seeing more staff suffering in-work poverty.
- Staff leaving the sector due to poor working conditions and lack of respect for the work they do and the levels of responsibility involved. Staff feel undervalued and overworked.
- Retaining staff who are new to the sector who are not able to deal with the intensity of the job supporting people with conditions such as autism, people requiring personal care etc. Need better support for staff to meet the challenges of the role.

Providers also gave suggestions on ways to improve the sector and the quality of care, including:

- Enable flexibility in using commissioned care hours. Whilst appreciating budget restraints for all, it can be frustrating when trusted providers are not able to be flexible with hours etc. More time is spent justifying any variance, rather than being able to 'bank' these hours to achieve people’s outcomes and therefore improve quality. Sometimes flexibility is the best way when supporting someone (make the most of a particular mood or motivation).
- Development of true partnership working with providers.

- A level pay structure for all providers to stop the swapping from one to another for better rates.
- Recognition of the *true* costs of providing care services to enable providers to continue to provide quality services and attract / retain quality staff.
- More emphasis on using local providers instead of national companies with local offices.
- Shared resources between providers such as training of staff.

Other market stability factors

Consideration of market quality

Flintshire use *Progress for Providers* in care homes, a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. ‘Personalised Support’ is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. The programme has been expanded to include domiciliary and extra care services in 2020/21.

In Denbighshire, commissioners have recognised the need to work with domiciliary care providers to embrace a more outcome focused approach. Further work will be done co-productively with providers in the future.

In Gwynedd, commissioners have worked with Health Board colleagues on 'Due Diligence' processes. All providers who apply to be part of the Council's new delivery model must meet certain requirements.

Impact of commissioning practices on the market

The Integrated Care Fund and Transformation Funding moving to the Regional Investment Fund’s (RIF) five-year programme is welcomed, however we continue to work though the guidance and impact of the changes. Due to the value of this funding, it is critical that any changes in criteria are articulated with notice so local authorities and other partners can consider and plan services with this in mind.

Where there has been a need to commission directly with a provider, current procurement practice has often been a barrier to the need to act rapidly. Procurement processes have proved onerous and unattractive to certain providers,

particularly in the third sector, which then hinders the number of suppliers submitting tender applications.

The Contracts and Commissioning Teams in each Local Authority and the Health Board have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attended by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed

Alongside these meetings, a dedicated email address has been established where providers could pose COVID-19 related questions and queries where they could be responded to in a timely manner.

The team have also had daily phone contact with providers to collect data, enquire about PPE supplies, discuss any arising issues or just to be there to listen and support in this difficult time.

Denbighshire use Third Party Administered Support Budgets. This is where the money is transferred from the Local Authority directly to a third party who could be directly providing some of the person's care and support or providing a managed account service. The money is spent on whatever is agreed in the citizen's care and support plan to assist them in meeting their agreed outcomes. In this arrangement the third party holding the budget is responsible for paying providers or services and one off purchases and co-produce with practitioners.

Denbighshire will also continue to commission some long term managed care and support including domiciliary and residential care for those who need it.

Provision of service in the Welsh language

Information from the Population Needs Assessment (2022)2022 detailed that many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker. More needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence. Many organisations provide Welsh language training to their staff, either formally or informally. Examples included:

- Courses offered by the local council or health board.
- Lunchtime Welsh language groups.
- Welsh speaking staff delivering workshops to their non-Welsh speaking peers.

In the Provider Survey (February 2022) providers note that it is a challenge to recruit Welsh speakers within their setting, help and support to advertise/translate would be helpful moving forward for smaller companies.

Providers are actively trying to increase our use of the Welsh language, but difficult to sustain any learning when not using it frequently enough (on a personal level as well as for the organisation).

Flintshire note that as part of the Mwy Na Geiriau framework the Council ensures that service users and their families are in receipt of the Active Offer. Whilst this has been taken up for some social work assessments, individuals and their families are aware of the current shortage in care staff and we have not received requests for care to be delivered by Welsh speaking carers. They are however, very conscious of this and throughout the recent pandemic have observed an increase in the numbers of staff who are learning Welsh and those who are re-kindling previous Welsh language skills which may not have been used for many years. The Council works in partnership with our local Further Education Institutions to provide Welsh Language courses at all levels to meet individual's needs.

Denbighshire ensures residents receive the Active Offer whenever they contact the local authority for information, advice or support. In the provider network there is a general lack of capacity and lack of available services with Welsh speakers is an issue for them. Useful tools such as Welsh language symbols on files are used as timely reminders to staff. However, the recruitment crisis affects both Welsh and English speakers currently. There has been discussion about placing recruitment adverts in local Welsh language publications, such as Y Bedol.

The Gwynedd position in terms of Welsh speaking staff is highlighted in the table below.

Gwynedd has a significant Welsh speaking domiciliary care workforce, a significant proportion of whom are fluent Welsh speakers.

Gwynedd has invested heavily in the promotion and development of Welsh language skills amongst care staff and in recruiting care staff who are able to speak Welsh or

are willing to improve their Welsh language skills. In terms of care tasks spoke Welsh skills are more important in communicating with citizens and giving care in their language of choice.

Table 16: Welsh Speaking Care Staff in Gwynedd domiciliary care provision (April 2020)

Position	% of registered who are 'fluent' in Welsh	% of registered who have 'some' Welsh language skills	% of registered with no Welsh language skills
Domiciliary Care Workers	51.2	23.0	9.8
Domiciliary Care Managers	56.4	17.9	12.8

Source: Gwynedd Council data collection

Sustainability of provision

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

People often have little choice in reality. Getting any care is a challenge, let alone having a choice. People can choose to receive Direct Payments to arrange their own care, but it is not easy to find people who can offer care.

Risks to market stability

Both in-house and independent care providers continue to have significant staff vacancies as existing carers vacate the care sector for a variety of well-rehearsed reasons. This is of concern with regard to market stability, and particularly the ability to deliver care particularly to harder to reach areas.

Whilst WG have made provision for the delivery of the Real Living Wage to direct care workers, this will have an impact on pay compression and ability to recruit /

provide career progression to more senior roles. This may have an impact on market stability as the next financial year unfolds.

Business costs, outside of wages are also increasing with inflation escalating and fuel costs in particular increasing significantly. For domiciliary care this has a significant impact on the attractiveness of the role and the financial viability of existing business models.

A consultation exercise with providers [in-house and external] run by Flintshire identified the following market Strengths, Weaknesses, Opportunities and Threats. These themes are shared across the region.

Strengths

- Good Brokerage relationships with providers and excellent communication between the team and providers.
- Support from provider meeting with virtual meetings and senior leadership representation.
- Commissioners are on the end of the phone for support and advice
- Providers work together and not in conflict or competition.
- Additional meetings for Responsible Individuals are positive and helpfully in getting support from peers
- Open working together – developing a support network
- Open book on finances and having honest conversations enables informed decision making
- Commissioners understand “how it is on the ground”

Weaknesses

- Administration of responding to call, for example, if the carer is late
- Still stuck in task and time
- Unemployment in the general economy is low which creates competition for staff, such as with seasonable retail jobs
- Expectations of citizens can be a challenge for tasks over and above the care plan
- Losing staff to other economic sectors, to the health board and to other roles within the social care sector such as care homes / Supported Living
- Carers who are not I.T. savvy
- Providers need better support from Care Inspectorate Wales

- Salaries we can offer to staff are not competitive enough for the work involved in domiciliary care

Opportunities

- Social care is on the political agenda – decision makers cannot ignore social care any more
- Flexibility within time and task time bands
- Engagement with commissioners and the network of framework providers could be built on
- Providers need to engage with potential employees face to face and show them what the work is
- Greater understanding of the cost of running a domiciliary care agency – looking at the “Unfair to Care” document
- Realistic assessment of the responsibilities of the caring role in comparison with other roles for example police officer
- Need to hear more from the citizens and the benefits that this support gives
- Multi-channel advertising of roles not just online, for example, radio, buses, billboards.
- Opportunity for more joint work with health to ensure people in hospital have access to therapists to support discharge.

Threats

- Young people not attracted by domiciliary care or care in general
- Increasing older workforce and no succession planning
- Terms and Conditions in the sector are poor for the type of work and responsibilities involved
- Care not valued or seen as important in comparison to other sectors, for example, emergency service and health
- The registration and qualification frameworks and requirements are putting carer’s off, particularly those will literacy and numeracy challenges
- The care sector is close to collapsing
- The Health sector does not recognise the importance of domiciliary care
- The role of carers is challenging and they are being asked to undertake more complex tasks – need to develop a stronger relationship with district nursing
- Better terms and conditions in local authority care and Health Board roles leading to destabilisation
- State Benefit restrictions disadvantage care workers and creates in work poverty

Preventative services

A long term priority is to continue to support people to regain their independence and reduce reliance on the statutory care sector. This will be done by providing effective access to the social prescribing / third sector services through the Single Point of Access (SPOA) as well as effective management of admissions to set up / step down beds.

Some local examples of community preventative approaches are:

- Age Friendly Communities - The Ageing Well in Flintshire Action Plan identifies what needs to be done and by whom, to make growing older in Flintshire a good place to be.
- A short term project to establish proof of concept for social prescribing is also being run by Flintshire Local Voluntary Centre (FLVC) on behalf of the Health Board.
- Flintshire Social Services and BCUHB commission a carer respite service for carers. This service provides a sitting and domiciliary care service within Flintshire, which is accessed via Carers Trust North Wales Crossroads Care Services. The respite is currently available to those that have high demanding caring roles, including carers of people living with dementia. This service is offered for a 12-week period followed by signposting to SPOA to explore ongoing respite options.
- Community Navigators – Social Prescribing in Denbighshire employed by The British Red Cross and Age Connects. The Community Navigators are part of the four Community Resource Teams. They use ‘Talking Points’ in Denbighshire libraries as a place to meet people, although this was not possible during the COVID-19 pandemic and a lot of support was provided via telephone at that time. They are a source of current, accurate and timely information about a range of support that is available in the community. They are key in connecting people, reducing social isolation and loneliness. During 2020-21, the Community Navigators assisted 2,424 Denbighshire residents.

Denbighshire seek to commission services from providers who embrace:

- Having meaningful conversations with people
- Connecting people with what matters to them
- Working with people to take control of their lives
- Building on the strengths and abilities of people to identify individual solutions

Denbighshire's focus is on earlier intervention, increasing preventative services within the community and helping people maintain their independence. Our mission is to place people at the heart of decisions about the type of community support services they access. For many people, this will mean that they may be given a support budget to manage their own care and support to achieve agreed outcomes. This could be in the form of a Direct Payment, a Third Party Managed Support Budget or a Local Authority Managed Support Budget for the individual. Support budgets will operate under a less restrictive legislative framework, and one that supports innovation. In Denbighshire the following work is taking place.

- Men's Sheds – The national UK Men's Sheds Association is a place for men where they can share the tools and resources they need to work on projects of their own choosing at their own pace and in a safe, friendly and inclusive venue. They are places of skill-sharing and informal learning, of individual pursuits and community projects, of purpose, achievement and social interaction. A local Men's Shed's operates in Denbigh.
- Carers Trust North Wales Crossroads Care Services offer 'Gwalia Care' which takes over the roles of the unpaid carer so they are able to take some time out. This can be on a regular or ad hoc basis and is chargeable.
- Age Connects North East Wales (ACNEW) – ACNEW are part of the national Age Connects Cymru programmes, a social enterprise providing support for people aged 50+. Locally, the service provides short-term housing related support, toe nail cutting, a cleaning and shopping service and social activities.
- Education and Learning – Many local projects are referring people to the University of the Third Age (U3A). U3A provide opportunities for retires and semi-retired people to come together and learn, not for qualifications, but for 'own reward'.
- DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that is their own well-being or the well-being of a family member or friend. The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site
- Community Agent's – at Wrexham the service is commissioned from and managed by Community Councils. Community Agents can tap into third sector services around the county to support people in their community. GP surgeries are linking people in to the Community Agents.

Wrexham County Borough Council supports the following third sector services.

- NEWCIS (North East Wales Carers Information Service) Carers information, advice, support and respite services
- Alzheimer's support: The main theme within the Welsh Government Dementia Action Plan is to enable people living with dementia (including young-onset dementia) to maintain their independence and remain at home where possible, avoiding unnecessary admissions to hospital or residential care and delays when someone is due to be discharged from care or hospital.
- Community Catalyst: Step up and support of an online directory of social care enterprises in Wrexham to allow easier access to information for citizens and professionals. They provide 6 days' worth of support to the development of third sector organisations interested in developing domiciliary care provision.
- Vision support: The purpose of the service is to enable adults who are blind or visually impaired to carry out their daily activities with confidence, through the provision of professional training in new and/or adaptive independent living skills, as well as to register individuals who have been assessed as having sight loss, or severe sight loss as recommended, by a consultant Ophthalmologist through the Cerebral Visual Impairment (CVI) process. The provider holds a small number of specialist pieces of equipment that can be loaned out to individuals in order to support them with their visual impairment.
- Deaf Support Network: The purpose of this service is to provide practical support, information and advice to children and adults who are deaf (member of the Cultural Deaf Community who use British Sign Language as their first language), living with hearing loss or who are Deaf Blind (dual sensory loss). As well as providing direct support, the provider will signpost individuals to other services who may be able to support that individual. The provider will hold a small number of specialist pieces of equipment that can be loaned out to individuals in order to support them with their communication/ hearing loss.
- Delta (Telecare): Telecare is a service that can help to keep you safe at home and enable assistance to be summoned in the event of an emergency. Telecare can help you to live independently in your home, by providing the peace of mind that someone can be automatically alerted if you need assistance or in the event of an emergency situation.
- British Red Cross: A Third Sector Link Worker has been commissioned to work with the Wrexham's SPOA to ensure that information on third sector provision is readily accessible to relevant professionals. The worker supports Wrexham

citizens to access non-statutory forms of support, including the provision of information, advice and assistance, to enable them to maintain their independence, and prevent escalation of need

- Hafal, part of Adferiad Recovery (partnership with housing): Supported Accommodation and floating support for those with Mental Health conditions
- Recovery Service: Supported Accommodation and floating support for those with Mental Health conditions.
- Stepping Stones: Individual specialist counselling, support and group work for adult survivors of childhood sexual abuse, including counselling support for individual pre-trial, during trial and post-trial. This specialised area of counselling is intended to meet the person's needs, with a commitment to supporting individuals for as long as necessary, recognising that many people are very vulnerable and may at times self --harm or have suicidal feelings.

Other considerations affecting the market

Social value

The North Wales Population Needs Assessment 2022 notes "Co-production and social value: Delivering services for older people must include the views of the population. Older people should have a voice in shaping services that they may access. The Wales Cooperative Centre has published a paper outlining how services, such as domiciliary care, can be commissioned using an outcomes based approach for provision, which focuses on well-being. as well as any immediate need" (Regional Partnership Board, 2022).

Flintshire has moved towards Micro-care delivery models and has a pilot programme as part of the ongoing Social Services offer. To meet the growing demand for care, the Micro-care pilot project has been established to expand both the supply of care in and the choices available for people across Flintshire. Micro-care enterprises are small businesses ranging from sole traders up to businesses employing 5 people who offer flexible and personalised care and support services to vulnerable people, tailored to their individual's needs. The aim is to encourage people to become Micro-carers who are either:

- Interested in providing social care services to older people but may have no experience
- Currently working in the care sector but interested in being their own boss

- Actively supporting people in their local communities
- Want to do something that support others and makes a difference

The Micro-care team work with individuals to:

- Support them to develop their business or idea
- Provide information on training, funding and other available support and resources
- Support individuals to develop and deliver a quality service in line with current WG legislation and regulations
- Providing links to a network of other Micro-care providers for mutual support

As of February 2022, there were 27 Micro-carers trading in Flintshire. The Flintshire Micro-Care Team have also created Micro-care web pages for use by both micro-carers and people looking for Micro-carers. It provides key information for people considering working as a Micro-carer. For the public it also has explanations about Micro-care and lists Micro-carers and their contact details. This will support our aim to develop ongoing sustainability in the project. The website is located at www.careatflintshire.co.uk This programme is now moving out of the 'pilot' phase and incorporated in to Flintshire's offer.

Also in Flintshire the recruitment of volunteers began at the start of April 2021 initiated by colleagues in FLVC. The Flintshire Social Care Workforce Development Team, supported by FLVC, provided basic training to volunteers, relating to safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required Disclosure and Barring Service (DBS) checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

Flintshire benefits from a strong third sector presence and networks and a positive relationship between the Council and FLVC. The Wellbeing Team in FLVC and AVOW (Association of Voluntary Organisations Wrexham) supports the third sector and statutory partners in a number of ways:

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors

- Signposting to or providing business support and funding
- Providing training to organisations to improve their capacity and effectiveness
- Explaining the complexities of commissioning and procurement
- Helping keep services up to date with the latest evidence base, whilst guiding them through the changes in NHS and local authority structures.
- Helping the start-up of new services or groups
- Supporting the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

Community Catalyst are commissioned as a project through the Community Transformation WG Fund in Wrexham. The project's aim is to support the development of micro-enterprises to support the domiciliary care offer in Wrexham. The enterprises are not to replace the offer from domiciliary care agencies, rather to support stability and allow choice and control for citizens. It supports the direct payment options for citizens. There are currently 37 microenterprises that have completed the 'Doing it Right' standards and actively on Wrexham's register of providers.

Gwynedd notes that there is 44% of domiciliary care being provided internally today. There are several small independent companies that are local to Gwynedd and a few larger companies. The Gwynedd market does not have many co-operatives and social enterprises, but they are developing. There are third sector providers within the county but not a consistent presence as the local authority would like it be in each part of Gwynedd. Commissioners find it very difficult to obtain provision in rural areas often. Some areas have a strong informal community network already in place.

Gwynedd is proposing to develop Social Enterprises through community hubs that focus on the elements of well-being and also to develop a specialist equipment assessment provision - smart house. Gwynedd has currently 15 Third Sector Providers operating in Gwynedd.

As explained above in Gwynedd people have little choice of domiciliary care provision. Securing care is a challenge, let alone having a choice. People can choose to arrange their own care via Direct Payments, but it is not easy to find people who can offer care. A project with 'Community Catalysts' has started, to encourage people to set up a small company to provide care, and hopefully this will improve the situation.

Direct payments

Local authorities promote Direct Payment through highlighting a person centred service that reflects voice, choice and control by empowering individuals to be as independent as possible in their own local community.

Some benefits of choosing Direct Payments are:

- Individuals choose who delivers their care and support
- Individuals choose when their care is delivered to suit their everyday life
- Direct payments is flexible to meet individual requirements

Isle of Anglesey Council is dedicated to developing the service by consulting regularly with direct payments experts (citizens) and to make sure that the service is fit for purpose.

Our vision and our way of implementing change has resulted in the increase in service take up and its success resulting in 243 individuals taking control of their care package and choosing to receive support through direct payments on the island compared to 35 individuals in 2015.

Denbighshire will continue to develop and utilise Direct Payments, where individuals, or their chosen responsible person, receive money directly from the Council to fund their agreed care and support needs in their chosen way. This might be through recruitment of a Personal Assistant or by paying for services of their chosen agency or organisation.

At present there are not enough providers to give people a choice or to give an element of competition. Community Catalysts are helping small local providers (Micro providers) launch services but few are willing to provide personal care, which is where the biggest gap is. Whilst there may be a reduction in the care and support needed by individuals because of earlier interventions and preventative work, we anticipate growing numbers of people with more complex needs such as dementia. Denbighshire has recruited for two Independent Living Advisers (ILA) posts. Part of their role will be to join things up and offer consistent and helpful advice to families for example about Direct Payments, Micro providers and other support available for citizens and carers.

In Flintshire Direct Payments are an important mechanism by which people can exercise choice, voice and control to decide how to achieve their needs for care and

support and achieve their personal outcomes. In Flintshire the approach focuses on strengths and outcomes, which they aim to enable citizens to retain autonomy over their life, support, self-determination and autonomy and efficient use of resources.

In recent years the Flintshire Direct Payments Support Services has been completely redesigned and now provides a far more holistic service benefitting both Flintshire citizens, social services and third sector partners. Some of the key benefits of the service are:

- Far greater control over the service and how it meets the department's priorities.
- Service works collaboratively with social work teams to embed person-centered practices in line with the SSWB (Wales) 2014 Act
- Shared systems, improved communication, and better access to the service.
- Outcomes focused Referral process centres on what is to be achieved and supports joint working with the individual to own the outcome and develop bespoke solutions.
- Better placed to work in partnership with third sector organisations.
- Autonomy to develop, test and imbed innovation in line with the departments. ambition and priorities.
- Far more holistic approach, centred on the needs of citizens in the first instance, but also practitioners, communities, partners etc.
- Consideration for the Personal Assistant market in terms of standards, quality, training and opportunities for progression.
- Support that is proportionate. Importantly, we don't want to over support people, but enable them to manage their own arrangements.

During Quarter 2 (July to Sept) of 2021/22, 498 people received a Direct Payment in Flintshire. This represents the highest number of recipients per head of population of any Welsh Local Authority. Direct Payments currently make up 39% of home based services.

Table 17: Flintshire direct payments by category Q2 2021/22

Service category	Number of direct payments
Learning disabilities	169
Physical / sensory impairment	104
Children with disabilities	78
Older people	65
Children's services	49
Mental health	24
Vulnerable adults	9
Total	498

Source: Local authority data collection

Working in partnership with a small local film company (Follow Films) Flintshire Direct Payments recipients have been supported to tell their unique stories of their lives and how Direct Payments have contributed towards them achieving positive outcomes and improved life experiences. The impact of these films and the feedback received has been significant and the films are now being utilised by local authorities and institutions far and wide.

Workforce

As outlined in The North Wales Social Care and Community Health Workforce Strategy, the sector is under significant pressure as a result of:

- Changes to legislation as a result of the Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA)
- A new qualification framework
- Competitive pay structures with other sectors
- Competition from other sectors

There is an urgent priority around ensuring a sufficient workforce is in place for the delivery of social services and social care functions. The recruitment and retention of Social Workers, Occupational Therapists and direct care workers has become a particular challenge across North Wales.

The North Wales Social Care and Community Health Workforce is in a time of unprecedented change whereby they are required to deliver services differently with a focus on prevention, protection, intervention, partnership and integrated working,

coproduction and empowerment; requiring a different emphasis on workforce skills and training.

Much has been written on the issues surrounding recruitment and selection in the Domiciliary Care workforce. In March 2016, WG published a research report on the 'Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care' (Atkinson, Crozier and Lewis, 2016). The research, undertaken by Manchester Metropolitan University sought to identify factors that influence whether people choose to 'become and remain working as domiciliary care workers'.

There are approximately 17,000 domiciliary care staff employed by commissioned care providers in Wales (Social Care Wales, 2018a). WG's consultation in to the Domiciliary Workforce (Welsh Government, 2016) recommends that those working in the sector are recognised as the skilled professionals they are. The negative image of the sector must be challenged to encourage people to join the social care workforce.

The key factors highlighted by this consultation included:

- Low wages
- Work pressures
- Unsociable hours
- Poor terms and conditions
- 'Zero hours' or 'non-guaranteed hours' contracts deterring people from joining the sector, as there were no guaranteed hours
- Some call times not enough to address the needs of the individual
- Lack of training and career development opportunities
- Seen as a low status job compared to healthcare

Local Authorities have extended their Care First and other Employee Assistance Programmes to the external [non local authority] workforce. Care First/Employ Assistance Programmes provide confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the free-phone telephone number. The service is free for all employees to access whenever they need it.

The care provided by domiciliary carers for those with mental health needs could be improved by ensuring staff are encouraged to work in the field where they have most talent. Those working with people living with dementia require specialist training and

extra time to complete tasks. There is a lack of dementia trained care workers, which should be addressed by the local authorities. Commissioners are keen to ensure the agencies they employ to provide dementia care are fulfilling their obligations and following care plans carefully. The profile of the profession needs to be raised to attract a high calibre of staff. (Regional Partnership Board, 2022).

Gwynedd note that there is the potential to adapt roles / tasks within their domiciliary care plans but need support from providers to implement. Staffing is a major issue at present for both domiciliary care providers and care homes.

In Flintshire, the local authority has also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time is available.

Providers in Flintshire have reported that the All Wales Jobs Fair is difficult to use and the IT is clunky particularly if you have no digital support.

Flintshire has worked in collaboration with citizens to design and implement a unique platform that supports both Direct Payments employers and Personal Assistants. The Flintshire PA Portal enables Direct Payments employers to search for available Personal Assistants in their area autonomously and for Personal Assistants to promote themselves and their availability to work. Personal Assistants complete a profile describing themselves, their experience, availability etc. and prospective direct payments employers can search the data base and engage with people they feel may be able to help meet their needs and/or achieve personal well-being outcomes. Recently they have added a vacancy page that enables citizens to post their requirements i.e. needs to be met/outcomes to be achieved, making the system a two-way process.

The Flintshire direct payments scheme has consciously set out to change the support available for this significant, but sometimes disassociated workforce. Some of the initiatives to date are:

- Personal Assistant Coordinator engaging with the workforce. Pastoral support for Personal Assistant's working in complex/isolated positions being built into the role.
- Personal Assistant Code of Conduct developed and implemented. This has helped them understand their role, where they fit in and what the expectations of them are.

- Flintshire Personal Assistant Induction Certificate developed around 7 core modules and designed specifically around the PA role. Since its introduction 11 Personal Assistants have completed the certificate and a further 35 are working towards the award. For those enrolled on the scheme there are a further 50 training modules that they are able to access in their own time. This is the first initiative of its kind and the local authority are in discussions with Social Care Wales regarding the potential for a National approach.
- Personal Assistant Portal developed to aid recruitment for Direct Payments employers and to promote work opportunities for prospective PA's.

The recruitment of care and support staff, has historically been problematic due to the small workforce pool, lack of awareness or recognition of the roles and the risk of destabilising the private market. However, following a review of recruitment and the launch of new initiatives such as, WeCare campaign and the values based recruitment work, we have seen an increase in the number of new and returning candidates to the profession.

5. Residential services (children)

This chapter focuses on residential care services for children and young people. For the purpose of this assessment, the chapter includes those aged between 0 to 18 as well as those who are eligible for services until they are 25 years of age, such as disabled people and care leavers.

Residential services include:

- Care Homes (Children) – care in a home with paid staff
- Secure Accommodation – a secure safe place
- Residential Family Services – accommodation where parents and children stay together to be assessed / receive care

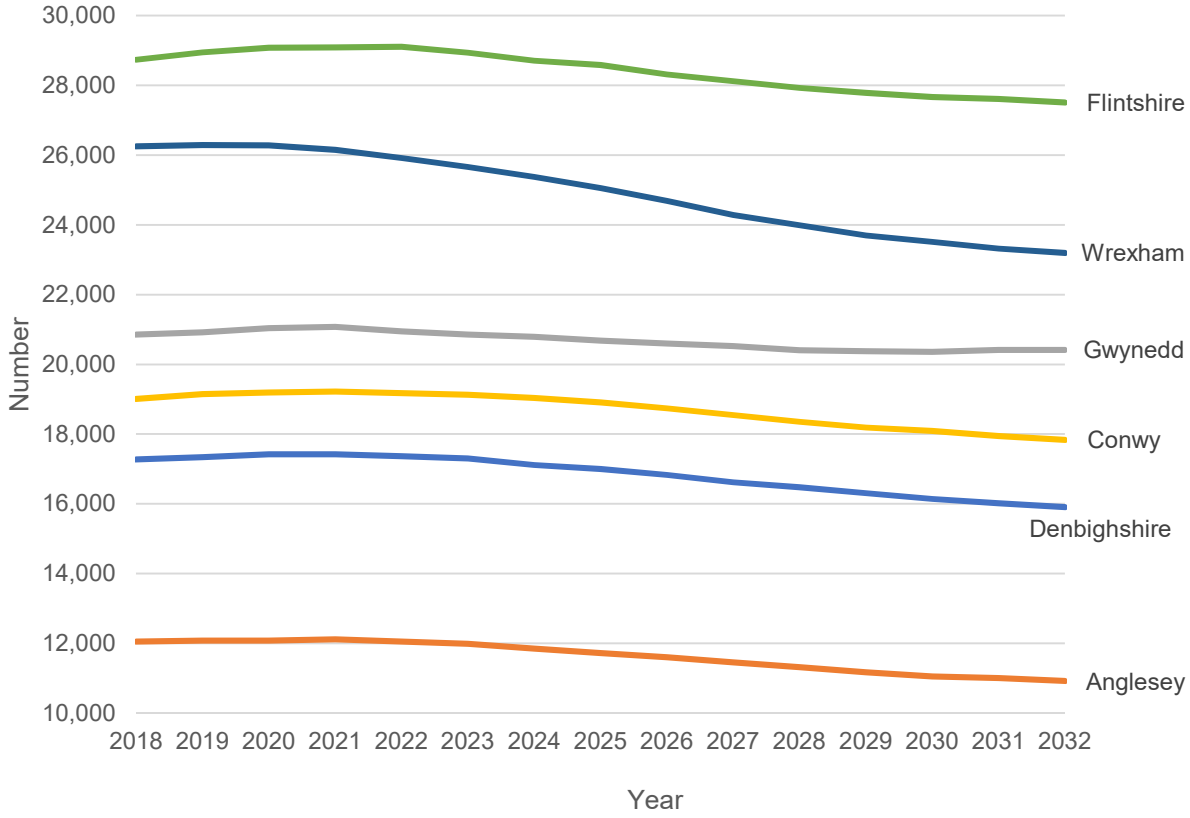
There are separate chapters about fostering and adoption services.

Population overview

The number of children is predicted to decrease

In 2020, there were around 123,700 children aged 0 to 15 in North Wales (Welsh Government, 2021b). There has been little change in the number of children between 2015 and 2020 across North Wales or in each county. The number of children is projected to fall in North Wales by 7% over the next 15 years (Welsh Government, 2020). The level for each local authority varies from a 2% decrease for Gwynedd, to 12% in Wrexham as shown in the chart below. This is a nationwide trend, with numbers also projected to fall by 5% in Wales as a whole.

Chart 1: Population projections, children aged 15 and under (2018 based)



Source: 2018-based local authority population projections for Wales (principal projection), Welsh Government

The number of children receiving care and support has increased

In 2020, there were almost 2,900 children receiving care and support across North Wales. This is 2,300 children for each 100,000 children in the population, which is slightly lower than the rate for Wales as a whole with 2,550 children in need for each 100,000 children in the population. The numbers vary across North Wales and over time with no clear trend.

In 2018-19, there were 575 children on the child protection register in North Wales. Although the numbers vary year to year for each local authority, overall for North Wales, the level has remained similar, with a small decrease of 3% (15 children). Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

The number of looked after children is not expected to continue to increase

Although the overall figures for all looked after children have shown a steady increase year-on-year to date, this is not expected to continue in the future (Regional Partnership Board, 2019).

Children who are care experienced were more vulnerable to the pandemic

The Rapid Review of the Population Needs Assessment (Regional Partnership Board, 2020) highlighted the impact of the pandemic on care experienced children which included isolation and loneliness, and disruptions in access to services. In North Wales, there was an initial dip in child protection referrals but then the rate of referrals returned to expected levels. An increased level of monitoring visits took place to households where there were children on the child protection register – weekly visits instead of the 10-day timescale.

There is an increase in newly accommodated looked after children and young people

In 2021 there were 1,470 local children and young people looked-after by North Wales local authorities, which is similar to the national picture across the whole of Wales. The number of children looked after in North Wales has increased by 350 during the time frame shown in the table below. North Wales has a lower number of children looked after per 100,000 population than the rest of Wales, however there are significant variations across the region, from 800 in Flintshire to 1,300 in Wrexham. It is important to note that the number is currently fluctuating rapidly with a significant increase in newly accommodated young people.

Table 18: Number and rate per 100,000 of children looked after (under 18) by local authority, 2017 and 2021

Local council	2017 No	2017 Rate	2021 No	2021 Rate	Change No
Anglesey	140	1,039	160	1,214	20
Gwynedd	220	927	280	1,210	65
Conwy	180	829	215	1,015	35
Denbighshire	160	825	180	923	20
Flintshire	210	654	255	795	45
Wrexham	215	736	375	1,304	160
North Wales	1,120	805	1,470	1,063	350
Wales	5,960	949	7,265	1,153	1,305

Source: StatsWales

Market overview

Despite a shared commitment to prevention and early intervention, there will always be a small proportion of looked after children who need residential placements. Depending on care needs this may be in a:

- Residential Care Homes with paid care staff
- Secure Accommodation Unit
- Residential Family Unit

The updated Market Position Statement (Regional Partnership Board, 2019) provided a breakdown of residential care provision in North Wales. As at 31st March 2020, there were 70 North Wales children living in a care home. The total number of children living in a children's home increased by 133% in North Wales between 2016 (30 children) and 2020 (70 children). The table below shows that figure has more than doubled to 158 between 2020 and 2021.

Table 19: Snapshot of number of young people in residential placements at 31 Mar 2021

County	Residential
Anglesey	10
Gwynedd	21
Conwy	37
Denbighshire	20
Flintshire	39
Wrexham	31
North Wales	158

Source: Local authority data collection

Notes: Residential includes children's homes, family residential services, residential school placements

Market share

There were 17 independent providers of residential care for children, operating 42 settings and providing 180 registered places ('beds') across North Wales.

Due to the limited residential in house provision in the region, authorities have to pay external organisers known as 'providers'. You can find information on work to increase residential in house capacity within the Children's Transformation Programme section.

Secure accommodation

There is no secure accommodation provision in North Wales. There is a national purpose built secure children's home in South Wales. Hillside can accommodate up to 18 children and young people of either gender between the ages of 12 to 17 years.

The children placed in secure accommodation are done so by order of a court and numbers are very low, between 0 to 2 per authority each year with no clear trend. There are no plans to extend this provision in North Wales.

Step down provision from secure accommodation and secure welfare placements are discussed in the emergency accommodation section.

Market sufficiency and stability

Placement within county or nearby is known to be important for children and young people to maintain their established positive social networks both with family (parents, siblings and others) and school – which helps them to develop their identity and emotional maturity (NICE, 2021).

The table below shows that Conwy and Gwynedd have the highest proportion of placements outside of North Wales. Over half of all residential placements across the region are placed outside of North Wales.

Table 20 Number of residential out of county placements

County	Total placements	Placements outside North Wales	% of placements outside North Wales
Anglesey	16	5	31%
Gwynedd	16	10	63%
Conwy	16	12	75%
Denbighshire	10	5	50%
Flintshire	31	17	55%
Wrexham	18	8	44%
North Wales	107	57	53%

Source: Market Position Statement (Regional Partnership Board, 2019)

There is a shortage of local residential providers

In August 2020, ADSS Cymru published a report which examined the case for rebalancing social care provision in Children's Services (ADSS Cymru, 2020). The report identified a significant imbalance of power in the children's residential care market, which is affecting placements and choice, the ability to make the best match to a child's needs, the workload, and the outcomes for children. Without rebalancing, there will be a continued reliance on private providers with, in some cases, high cost, and questionable value for money, greater instability for children and poor outcomes. The aim of any rebalancing must be to develop stable, resilient markets, which offer options and choice, quality care, fewer placement breakdowns, and good outcomes for children.

An increasing demand for residential placements and a lack of supply in local residential providers has resulted in a ‘providers market’. Providers are able to be more selective of the young people they accept, which may result in those with higher levels of complex needs and behavioural challenges being more difficult to place. This may be due to the skill/expertise of the provider, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact upon the outcomes of the service.

Alongside the financial pressure, there is also a pressure on staff time. In the event of a bed becoming available, a number of local services may be seeking to secure it, resulting in competition.

This high demand puts pressure on local authority finances, with providers able to dictate the cost of the provision. There is a risk that expenditure on out of county placements increases as placement costs increase in a demand led market.

North Wales is currently reliant on the independent sector for children’s residential care provision. The Children’s Transformation Programme and Integrated Care Funding has been used to increase in house provision and fund preventative activity. Local authorities continue to explore opportunities to facilitate a different approach to help reduce the reliance on out of county placements which lead to unsustainable financial pressures for social services and education.

There is a shortage of specialist provision for children and young people with complex behavioural and emotional needs

In 2019 over half of children placed in residential care were receiving care primarily due to emotional and behavioural needs and two thirds of those children were aged between 13 to 16 years old (Regional Partnership Board, 2019).

There is a significant shortage of specialist placements for young people with significant emotional and behavioural needs in North Wales. Children are often placed in England, away from their families. There is limited provision in England. Social workers struggle to place children with severe needs as providers tend to reserve places to try to place a child with less severe needs.

Some children may have received their education through the Welsh language and therefore have difficulty coping in an English medium school and need a tutor or assistant to provide additional support.

Young people in crisis often attend Accident and Emergency and stay in hospital settings in an emergency situation.

There is a shortage of emergency accommodation

Social services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for a child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found. These situations may arise from difficulties in placing young people following the breakdown of relationships at home, transfer of children where the police have used their powers of protection to remove children and a lack of secure beds for young people with high level needs and welfare risks.

It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced. Safeguards around unregulated placements include the need for senior manager approval, notification to Care Inspectorate Wales (CIW) as our regulator, a care and support plan, completion of social work visits, involvement of Independent Reviewing Officers and supervision of social workers to look at arrangements / move on plans.

The arrangements that local authorities have to put in place in emergencies can amount to unregulated placements. Under the Regulation and Inspection of Social Care (Wales) Act 2016 it is an offence for a person to provide a regulated service without being registered in respect of that service.

Local market overview

The Market Position Statement 2021 appraised the market and set out what is happening, residential services needed for children in the region and aspirations for future providers.

- The number of children who live in a children's home has increased, some of these children are able to live in a foster placement but there are currently not enough foster carers with the right skills to support them.
- Some of our children who live in a children's home live outside of the local authority boundary despite sufficient in-area capacity.

What we don’t need:

- We do not encourage expansion in North Wales by independent providers of residential care for children whose services are not developed to meet the needs of our children.
- We do not want providers to operate children’s homes without a clear model of care or deliver standard provision only.

What we want:

- We want to work with new and existing providers and support them to deliver models of care that will meet the needs of our children.
- We want to work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provide a wider social value to our communities.
- We want providers who are able to safely care for our children with multiple high needs and are able to provide alternative accommodate to secure welfare provision.
- We want providers who will work in partnership with us during periods of transition including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

Isle of Anglesey

There are 3 small group home resources on Anglesey with a potential to offer 5 bed spaces for children that require the service. Our 4th property is being renovated and the works will be finished by August 2022. This will enable the local authority to offer another 3 potential bed spaces locally to reach a total of 8 bed spaces.

The Ynys Môn small group homes service enables young people with complex needs to remain with their birth family for as long as possible. The aim is to avoid the need for specialist Out of County residential placements in the event of family breakdown.

Our multi-disciplinary team of professionals support the family and care staff who will be responsible for the day to day care of the young person. This provides consistency across the range of care and support provided to the individuals.

Outcomes

- Be able to develop and offer an increased ‘shared care’ option for individuals and families to delay complete family breakdown.
- Be an opportunity for the young person to develop new skills and experiences that may enable them to move on to alternative supported accommodation to meet their individual needs.
- Be able to provide longer term care and the opportunity to work in partnership at an earlier stage with Adult Learning Disability Services to support them through the transition process.
- Be available to meet the needs of other young people who have complex care and support needs, dependent on their assessed needs.

Gwynedd

There is an identified shortfall of capacity in residential child care settings in Gwynedd and in Wales more widely. Current provision does not address the need and there is no prospect for new provision in the near future. Current providers are very small ones which leads to children having to go to England which can lead to secondary problems, especially as there is no sufficient supply in England either. Social workers encounter difficulties in placing children with intensive needs as providers tend to keep placements for children with less intensive needs. It has been noted that it is possible to ensure a placement for each individual, but that more discussion is needed in order to place those with more intensive needs. The fees are also very high.

The following issues have been raised as barriers to developing residential care:

- There is still a stigma associated with children's care homes.
- Children placed together in a care home setting need to be able to coincide and they can often have very different or conflicting needs which can be very complicated and a daunting prospect for new providers given the financial risks in establishing such a business.
- The substantial increase in housing stock prices in Gwynedd makes a business case in Gwynedd less attractive.

Conwy

The table below shows the type and number of placements in Conwy over the last five years.

Table 21: Type and number of placements, Conwy, 2017 to 2021

County		2017-18	2018-19	2019-20	2020-21	2021-22
Foster Placements	-	249	221	212	203	208
Adoption/Placed for Adoption	-	11	16	15	17	22
Independent Living		15	16	23	29	23
Residential Homes/Schools/Hostel		30	31	33	37	48
Young Offenders/Secure Accommodation		1	2	2		
Placed with Parent/other parent		46	41	38	24	39
Est Med/Nursing Care		11	4	1	1	
Family Centre or Mother/baby unit					1	5
Section 38(6) Court Directed Unregulated Placement					3	12
Temporary Placements					3	11

Source: Local authority data collection

The number of looked after children has reduced, this is in parallel with a significant investment and focus on early intervention and preventative services. The Conwy Family Support and Intervention team saw 4,400 referrals between April and September 2021. The team has received an increased number of referrals. Anecdotally there has been an increased complexity of cases.

Key challenges to maintaining provision includes:

- Workforce - Recruitment of child care workers, particularly those with experience is a significant challenge**.** Experienced social workers look for alternative roles due to the nature of child protection work and the impact that this has on work life

balance and mental health**.** Local authorities are competing with agencies to attract social workers, who provide higher rates of pay.

- Endeavouring to change the status of looked after children through Special Guardianship Orders (Kinship).
- Working within effective partnerships with Child and Adolescent Mental Health Services (CAMHS) continues to be inconsistent while each agency has different perspectives and conflicting priorities – challenging, high risk, time consuming casework.
- Shortage of emergency accommodation and reliance on out of county / temporary placements. This is a key priority for us at this time.

Costs for placements have almost doubled from an average per week of £3,500 in 2017 to some commanding between £6,000 and £7,000 in 2021/22.

Denbighshire

Denbighshire County Council have 20 children or young people placed within care home provisions, more than half of these children and young people are placed outside of Wales. Whilst these children and young people have been appropriately placed in residential settings based on their presenting needs, the lack of local options have resulted in some placements being made at a considerable distance from their home area.

There is a demand for residential placements for children with mental health issues and who present with complex, trauma induced behaviour. Placements with the ability to support children and young people who have experienced Child Sexual Exploitation or Child Criminal Exploitation are also lacking.

Flintshire

Flintshire County Council commission 39 children's care home services, half of these children and young people are placed out of the country in England and Scotland. A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset. While children have been appropriately placed in residential settings based on their presenting needs, there had been few viable alternative approaches available which could have contributed to a de-escalation, eliminating the need for out of county placement.

There is a demand for residential services for children who suffer with their mental health, and there is not the sufficient level of care and support with the local authority area to provide this. Services are being sought out of county which incurs further cost implications.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

Over the next five-year period, in order to ensure stability within the sector, the council aims to:

- Work with new and existing providers and support them to deliver models of care that will meet the needs of children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider social value to our communities.
- Work with providers who are able to safely care for children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

Wrexham

Wrexham County Borough Council do not commission any in house provision for children's care home services, though we do have 33 children and young people placed in out of the county placements in England and Wales. A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset.

Utilising Welsh Government Integrated Care Capital Funding, this year we were able to launch our Care Closer to Home Programme which will remain a priority into the next 4 years. The Programme focuses on the purchase, repurposing and/or redevelopment of property either by WCBC or in partnership with Registered Social Landlords to deliver supported living schemes and small children's homes within

Wrexham, enabling people to return to the Borough to meet their housing and/ or care needs and preventing the need to commission out of county placements in future. This year, we secured three properties and more are in the planning under the new and expanded Welsh Government capital grant schemes.
There is a demand for residential services for children who suffer with their mental health, and there is no the sufficient level of care and support within the local authority area to provide this. Services are being sought out of county which incurs further cost implications.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

Over the coming year, our priorities will focus on:

- Maximising regional capital funding to expand care closer to home and develop non-profit, local care solutions for looked after children.
- Reunification framework project – using NSCC process to improve reunification success.
- Improving discharge planning with dedicated legal and social work support committed to discharge planning and delivery of Discharge Care Orders.
- Continued growth of special guardianship offer and support.
- Launch of 'Reflect' – programme to support reduction in number of recurring pregnancies ending in children being removed.
- Evaluation of rates of pay for Foster Carers to better reflect costs of living and reducing poverty related risks.
- Delivery of Kick start and Supported Lodgings Projects
- Multi Systemic Therapy – continued roll out of MST approach across services to include move-on / step down support for families.
- Early Permanency Process to be established prioritising permanency from the start.

We also aim to;

- Maximise the use of new and increasing regional capital funding to develop new emergency placement accommodation/ units to increase the provision of emergency respite accommodation for those families in crisis.

In-house children's care home provision

North Wales secured £3.8m grant funding for a regional transformation programme for children and young people for 2021/22. The strategic partnership of local authorities and health board in each geographical area within the region are overseeing the delivery of the transition programme. In the Central and East areas, two purpose built Residential Assessment Centres will be opened in 2022/23. They will support the provision of in house care closer to home for children with complex behavioural and emotional needs.

Table 22 Additional annual capacity created by Transformation Programme Funding 2021/22

Area	Annual Assessment Placements	Annual Emergency Placements	Care Home placements
West (Anglesey and Gwynedd)	-	-	-
Central (Conwy and Denbighshire)	12	-	12
East (Wrexham and Flintshire)	12	182	4
North Wales	24	182	4

Source: Local authority data
Notes: East and Central annual assessments based on 4, 16 week placements. East annual emergency placements based on 1 placement with a 2 night maximum stay.

Isle of Anglesey and Gwynedd Councils and BCUHB (West)

There was insufficient demand to justify commissioning a full-time residential family centre unit. Current capacity is adequately fulfilled.

The Transformation Team on Anglesey is a new service that will provide a multi-agency provision of intensive services in Anglesey.

The Team will work with families, aged 0 to 25, who are either at risk of coming into the care of the local authority or where there is a possibility for them to return to the home or remain in the care of their parents / carers safely.

The team consists of a practice leader, psychologist, social worker and two support workers. Their focus is on working with children and young people where a neurological condition may be impacting their behaviours at home, school or out in the community.

Denbighshire and Conwy Councils and Betsi Cadwaladr University Health Board (Central)

Bwthyn Y Ddol

The Bwthyn Y Ddol multi-disciplinary team continues to work with children and young people who are at the edge of care and are at risk of becoming looked after.

The team will initially focus on completing a holistic assessment through a consultation process, in order to recommend a program of interventions.

A new evidence based model of care has been developed through a multi-agency team. This has been tailored to the needs of young people within Denbighshire and Conwy. Early indications suggest that the intervention has helped young people remain at home safely.

A person centred, whole family approach has seen multi-agency collaborative discussions routinely taking place which has promoted partnership work across all agencies.

The new residential assessment centre will provide:

- Four placements for residential assessment
- Short term, unplanned ‘emergency’ accommodation for two children and young people

It is envisaged that the development will be completed in early 2023.

Flintshire and Wrexham Councils and Betsi Cadwaladr University Health Board (East)

Ty Nyth a Residential Assessment Centre and Children’s residential home will provide support underpinned by the Multi Systemic Therapy (MST) Family Intervention Transition (FIT) approach.

The MST (Multi Systemic Therapy) Team became operational in May 2020 during the COVID lockdown, comprising of a supervisor, four therapists and an

administrator. The MST team provides intensive assessment and therapeutic support for young people with significant needs, often with high levels of challenging behaviours across multiple areas which can include verbal and physical aggression, substance abuse, missing from home, self-harm and patterns of school exclusion / risk of exclusion. Each family has a bespoke package of care tailored to the needs of their family, leveraging off existing strengths in the family to provide the best possible opportunity for long term sustainability. The MST Team have met the criteria to operate MST UK model under strict licensing requirement including competency to practice through intensive training. MST is an evidence based clinical model that works with all systems surrounding the child, including education, community influences and any significant adults / others in the family. It builds resilience of the family and offer supports that is accessible '24/7'. Acknowledging that problems in the families can occur at any time of the day or night. Appointments take place in the family home at times that are convenient to the family. The team operates with MST's ethos of 'whatever it takes.' The team provides direct support to build the resilience of families for between 3 and 5 months. The focus is preventing out of home placement by care or custody in youth presenting with anti-social behaviour at home, in the community and/or in school.

The service will provide:

- 4 residential assessment placements at any one time (12 to 16 week length of stay) aged 12 to 17 years.
- Support to young people's carers by the MST FIT team to increase skills and support a smooth transition home.
- Ongoing family support for up to a further 4 months and with other key agencies, such as social care and schools' and other community based support networks. The goal is to improve family independence, reducing long term reliance on statutory services.
- 1 placement for children requiring emergency accommodation (2 night maximum stay).

Park Avenue will offer 4 long term placements for those children who do not suit support in larger settings. Indicatively the strategic partnership are seeking to commit to 6 small group homes over the next 3 years.

Consideration of market quality

Regional

Children's Commissioning Consortium Cymru (4C's) are a Welsh National Team working to support Local Authority Children's Social Services Departments to commission and contract placements for Children Looked After. They manage the the All Wales Residential Framework for the Provision of Services for Children & Young People Looked After across Wales.

Framework monitoring of Quality Assurance and Risk Management processes within the Framework identifies trends in relation to providers and issues.

Isle of Anglesey

Anglesey has two registered Small Group Homes – known as "Catrefi Clyd Môn" - that are registered and running – Cartref Clyd Bryn Hwfa, and Cartref Clyd Llanfairpwll, - both of which have been running at full capacity throughout the year, working with young people with complex care needs who have suffered early childhood trauma and struggle with attachment disorders.

Following the success of the first two homes, Anglesey is currently nearing opening its third Catrefi Clyd Môn in Caergybi (Holyhead), a specialist small group home, which will be an opportunity for respite for children supported by the specialist children's services.

During the next twelve months a fourth property will be opened, which is still in its planning and registration phase -Cartrefi Clyd Môn Rhosybol.

There is another project with the planning and registration phase of Catrefi Clyd Môn Llangristiolus, which will be a modern facility specialising in Day Services for its Specialist Children's Services. With the opening of these 2 new facilities in 2022, out of county placements will be reduced further.

The facilities at Cartref Clyd Bryn Hwfa in Llangefni and Cartref Clyd Llanfairpwll were inspected by CIW in 2020 and both were judged to be Excellent.

Denbighshire

Denbighshire is committed to continuous improvement through engaging with and listening to children and young people and their carers and paid staff via surveys and at key stages of the support process for example end of placements.

Children have helped to shape contracts for the Care Leaver Service and Regional Advocacy Services through the evaluation process.

There is an ongoing consultation with Children and Young People in conjunction with children and young people about the language used by professionals when discussing verbally or in writing the lives and circumstances of care experienced children and young people. This is in response to requests by Voices from Care, Young Commissioners and the Family Justice Young People's Board who have highlighted the language used by professionals and its impact on children and young people.

Collaborative Conversations Training has enabled Children's Service practitioners to consider how to build better relationships with people. There was significant practitioner feedback as part of a reflective exercise.

Flintshire

During April 2021, Care Inspectorate Wales (CIW) completed an assurance check to review how well the Local Authority Social Services continue to help and support adults and children with a focus on safety and well-being. The key lines of enquiry were focused within the four principles of the Social Services and Well-being (Wales) Act 2014 and findings / judgements were aligned to these – People – Voice and Control, Prevention, Well-Being, Partnerships and Integration.

Current and projected trends

- Challenges in accessing secure welfare beds and local alternatives that provide crisis intervention and diversion from secure accommodation.
- Challenges in sourcing appropriate local placements for children and young people with complex needs.
- Need for additional and appropriate short term care arrangements and facilities for children. This also includes children with additional needs and on occasions their siblings.

- Children ages 16+ often have complex needs and placement options are limited, a strategic approach is needed in supporting the accommodation and support needs of young people ages 16-18 and for care leavers.

Impact of commissioning practices on the market

All Wales Local Authority Frameworks are used to commission individual placements across a range of placement types. These frameworks deliver strategic level partnerships with providers in fostering and residential services. The frameworks are used where either the Regions Sufficiency Duty necessitates external commissioning or where best quality, outcome delivery and value for money is achieved through external commissioning rather than internal service delivery. The All Wales Frameworks are managed by the 4C's.

The vehicle used for e-tendering external fostering and residential placements is the Children's Commissioning Support Resources (CCSR) which offers transparent and outcomes focused placement commissioning for both Framework and Non-Framework regulated placements and allows compliance with the relevant procurement guidance and regulation that underpins commissioning.

Provision of service in the Welsh language

Children who are placed out of country due to lack of specialist placements do not have the option to receive care services in Welsh. This is a particular issue in Gwynedd.

Preventative services

The Population Needs Assessment identified a key priority to support child and adolescent health and well-being with an emphasis on preventative services. This was identified as a key area of priority across the region.

The Integrated Care Fund 2016-22 has been used to explore new and innovative ways to provide early intervention to those in most need. Without this funding children and families may have required increasing interventions from Social Care, Betsi Cadwaladr University Health Board Children and Adolescent Mental Health Services in both Tier's 3 and 4 and North Wales Police, and may have not been able to remain with their families.

Learning from previous projects should be used to further explore the development of preventative services through the Regional Investment Fund 2022-27.

Isle of Anglesey

The children and families service continues to invest in preventative services to decrease the number of children and young people requiring to be looked after. The main preventative provision is the resilient families team. They provide intensive support for families where substance misuse, domestic abuse and parental mental health difficulties have been identified and contribute to the risks that the children and young people may face at home. Through utilising strength based and psychological informed interventions the team has consistently demonstrated that these are effective ways of decreasing risk andfacilitating change that allow families to remain together. In addition, a peer mentor programme has been developed and although it's early days we expect this to be an effective addition to the offer.

The Transformation Team is a new service established in 2021. They will provide a multi-agency provision of intensive services in Anglesey. The Team work with families, aged 0 to 25, who are either at risk of coming into the care of the local authority or where there is a possibility for them to return to the home or remain in the care of their parents / carers safely. The team consists of a practice leader, psychologist, social worker and two support workers. Their focus is on working with children and young people where a neurological condition may be impacting their behaviours at home, school or out in the community. In 2022 the team will be incorporated into the resilient families' team widening the remit and scope of that team.

The service aims to provide at the earliest possible opportunity, early intervention and prevention services to families. Provisions include the team around the family that has recently been increased in size from 6 to 8 support workers. Our commissioned services include GORWEL domestic abuse service, Action for Children emotional wellbeing and young carers, Adferiad parental mental health support and the early Help Hub and One Front door multi-agency meetings.

Gwynedd

Through ICF monies, Action for Children have established the Gwynedd Repatriation and Prevention (RAP) service for Looked After Children which provides a direct therapeutic service to reduce the number of Looked After Children, including

reducing the need for, and the number of expensive out of county placements and to support the development of a high quality local care provision for Gwynedd children. The service also prevents family breakdown including adoption breakdowns which result in the need for a looked after placement.

The predominant need from referrals is to stabilise foster placements, we offer support directly and indirectly via carers and other professionals. The support to foster parents is not just to new foster parents but also to experienced and established carers. As always, collaborative working is key to the success and in these instances working in close partnership with fostering is vital particularly focussing on self-care for foster parents. The RAP service has continued to be active to members of the closed Gwynedd fostering Facebook group, sharing advice and links on a variety of topics from parenting to pandemic issues.

The outcomes of the service are to:

- Reduce the number of Children Looked After.
- Develop a whole systems therapeutic approach to the families at risk of breakdown.
- Prevent children becoming looked after by providing Attachment-Focussed Therapy to enable children, young people and their families to better understand trauma and its impact.
- Ensure children and young people are able to achieve and maintain stable care placements by therapeutically supporting carers to understand and manage behaviours that challenge.
- Support and upskill carers to develop nurturing, therapeutic responses to behaviours which helps stabilise placements and prevent placement breakdown.
- Deliver an accessible, timely solution focussed, non-stigmatising service.
- Provide intensive support and therapeutic input for looked after children who are suitable to be repatriated to their home community in Gwynedd.
- Work with adoptive families to achieve placement stability

The service is person centred in its approach, the creativity and adaptable support of the staff ensures this.

The feedback has been very positive with one example below:

“Absolutely brilliant and invaluable support and advice. The service has been a real support and something we feel confident in and know that their always there for us

as a family to help guide us through the bad times and for us to just vent our frustrations to! their level of commitment to us shows in their aftercare contact making sure we are ok after contacts and bad weekends. Cannot rate this service highly enough”

Conwy

Youth Justice

- Referral orders – 38 young people engaged in the last 6 months, 4 re-offended
- Enhanced Restorative Justice Work - 66 initial referrals
- Supported 78 people who had been harmed and then 44 of the young people (perpetrators) were supported to engage in specific interventions guided by the victim’s views to develop an understanding of the impact of their behaviour
- No young people that engaged within the project were made subject to custodial sentence

Table 23 Conwy Youth Justice Referrals, April to September 2021

Type of referral	Number
Yellow Cards	203
Flat Community Resolution	13
Prevention referrals	44
Community Resolution +	24
Youth Caution	0
Youth Conditional Caution	6
Total	290

Source: Local authority data

Denbighshire

2021 saw the establishment, via Children and Young People’s Transformation Programme funding of LIFT (Local Integrated Family Team). LIFT offers targeted early support for families experiencing difficulties with managing emotional and behavioural difficulties.

The team, which includes wellbeing navigators, occupational therapists, behavioural support specialists and a psychologist, works with families to understand the challenging behaviour and act as a source of information and support to help

develop and implement positive behavioural plans and to provide specialist consultation when required.

The multi-agency team consisting of multi-disciplinary professionals have developed a specific model of care and a partnership approach to support families in Denbighshire and Conwy. They are now operational and working directly with children and young people and their families.

The programme has also upskilled 78 local authority and health staff in therapies that the team will be using, this has encouraged a common approach and shared language, providing consistency across partner agencies and teams. The independent evaluation of the project stated:

- Strong partnership approach at senior level was a key driver in getting the new services up and running.
- Partner agency staff were impressed at how quickly the LIFT team came back to them in response to referrals and requests for advice and guidance.
- Opportunities for consultations and joint working which they felt was contributing to learning and development for the children's workforce.
- Families have engaged well.

Feedback from parents:

- "Life is so much better at home now since [staff members] made that video for us"
- "M is so much more in touch with his feelings as I am since LIFT has been helping us, his behaviour has also improved"
- "It has been lovely to have been listened to and not judged"

During the period where the Integrated Care Fund was provided to Denbighshire the provision of this edge of care support has worked with 122 families (accounting for 200 children).

Integrated Families First / Flying Start programme (IFFFS)

The IFFFS programme provides a range of Family and Parenting Support in Denbighshire. We aim to provide early intervention and prevention services for vulnerable families to avoid escalation and ensure children in our most deprived areas receive extra help.

In 2021-22, our Families First services received 302 referrals. We had an average monthly waiting list of 18, and an average waiting time of 26 days from receipt of referral to allocation of a worker. We supported 369 families and newly assessed 114 families' needs.

The Team Around the Family (TAF) coordinates multiple services and interventions around individual families, securing engagement, assessing need and planning support. Amidst ongoing issues and fluctuating needs around Covid-19, to date the TAF team have successfully concluded 29 action plans with families. Using a Welsh Government piloted methodology, we estimated the potential cost savings achieved by TAF for other services. The most recent available figures for January to December 2021 show savings of £122,823.

Table 24 Potential cost savings from TAF to services, January to December 2021

Service area	Estimated savings	Issues addressed
Crime	£52,272	Antisocial behaviour, domestic abuse & criminal behaviour
Education	£22,264	Absence, exclusion & school readiness
Health	£6,187	Drug misuse
Mental health	£18,052	Mental health issues in children, young people & adults
Employment	£24,048	Support to gain employment
Total	£122,823	

Source: Local authority data

In 2021, our Flying Start Health Visitors supported 1,182 children under 4 in the most multi-deprived parts of Prestatyn, Rhyl and Denbigh. We supported a further 52 families across the county through Outreach. Our Speech and Language therapists helped 102 children alongside our Early Language Development team, who delivered Portage and Laugh and Learn interventions to 36 children. From January to December 2021 we provided 31,998 free childcare sessions to 366 children, and provided 1,348 additional sessions.

Our Health Visitors contribute significantly to safeguarding children in Denbighshire. From January to December 2021 the team made 218 contacts with children in Child

Protection measures, 135 contacts with children with a Care & Support Plan and 115 with Looked After Children. They made 639 contacts with children needing a Tier 3 Intensive service.

Table 25 Denbighshire health visitor activities, 2021

Activity	Number
Child Protection Referrals	102
Court Reports / Police Statements	12
Case Conference reports/attended	77
MARAC Reports	26
Looked After Children Reviews attended	29
Safeguarding Pre-Birth Assessments	97
Safeguarding related meetings attended	337

Source: Local authority data

In January we appointed a new Safeguarding Nurse who attended four Case Conferences and six professionals' meetings (Core Groups/Care & Support Plans/Looked After Children).

Flintshire

REFLECT

The REFLECT Service supports women who have had one or more children removed through care proceedings and are at high risk of having children who will be subject to the same experience.

The Early Help Hub is a multi-agency early help resource for children and families demonstrating two or more Adverse Childhood Experiences (ACEs). Partners include Social Services, Police, Health, Youth Justice, Housing, Flintshire Customer Connects, Education, Family Information Service, Early Years Support and Flintshire Local Voluntary Council (FLVC).

The Early Help Hub received 2,641 referrals between April 2020 and end of March 2021 and the team have adapted to meet needs during the pandemic. All Early Help Hub members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

Parent and Child Together Placement'

The 'Parent and Child Together Placement' recruitment campaign is beginning to come to fruition. This aims to keep children with their parents in a specially assessed foster care setting.

Flintshire closely scrutinise decisions about whether older young people should be taken into care and, in particular, what difference can be achieved at this relatively late stage.

Flintshire Meeting Service

Flintshire Meeting Services approach is aimed at keeping families together wherever possible. Families are offered a Family Group Meeting at the earliest opportunity, to prevent them from reaching crisis. Family Group Meetings explore if wider family members or connected persons would be willing to put themselves forward to be assessed to care for the child. Further funding has been made available to strengthen this approach. We have seen an increase in referrals to the service and it's been noted that families during this period required additional support due to the impact of COVID19 and the strain and increased pressure / stress on family life. We have also seen a sharp increase in referrals from statutory services which again highlights the strain the pandemic has and is having on families.

Family Information Service (FISF)

The Family Information Service is a statutory local authority service providing free and impartial information, advice and guidance to families (and those working with families) on a range of topics and in various formats.

Topics include health, education, leisure, finance and registered childcare. The service processes an average of 20,000 enquiries each quarter either face to face, by telephone and email or on the website and via social media.

Wrexham

Throughout the year, the Department has made steady progress in the development of early intervention and preventative services. In November 2021, the Early Help and Prevention Framework document was published, following a multi-agency launch along with the Children's Services Threshold document.

The Prevention and Early Help Framework document is to assist all when planning Prevention and Early Intervention Services. It supports in considering who needs to be involved, what the principles are that will drive discussions and decisions and it enables individuals to develop a clear business case for enhancing, expanding or repurposing current services.

Since the development of the Prevention and Early Help Framework, a new Prevention and Early Help Partnership has been established and work is currently underway to develop a strategy that will help to focus both the Council's and its Partner's on ensuring that support to children, young people and families is available to them before issues worsen. It aims to help children, young people and families to help themselves in the first instance but when more help is needed, we aim to provide the right support much earlier. Further development of the Prevention and Early Help Partnership will continue throughout the coming year.

6. Fostering services

Population overview

The number of children is predicted to decrease

The estimated number of children (aged 0-15) in 2020 and the projections for 2040 demonstrate the number of children in North Wales is predicted to decrease over the coming years (Welsh Government, 2020). This decrease can be seen across all of the local authorities in North Wales, with the exception of Gwynedd which is predicted to have a slight increase (1.8%). Overall the number of children in North Wales is expected to reduce by 6.1%

The Market Position Statement update (2021) gave an overview of key statistics;

- • The number of children who required a foster placement increased by 34% during the period April 2016 (600 children) to March 2020 (805 children).
- • As at the 31st March 2020, there were 805 North Wales children living with a foster carer, 40% (325 children) were living with an independent foster carer and the majority of those children required a specialist placement in order to support their needs, which could not be supported by our in-house services.
- • There are currently 11 children who are living in a children's home who could be supported by specialist foster carers. There are not enough foster carers with the right skills to support the needs profiles of our children.
- • During the period April 2020 to the end of February 2021, there were 34 children who required a parent and child placement and assessment.

Demand for foster care has increased

The number of children in foster care in North Wales has increased year on year since 2015 to around 945 in 2020. Wrexham had the largest increase, with the number of children doubling. Gwynedd also saw a significant increase. Numbers in the other local authorities have fluctuated.

Table 26: Number of children looked after in foster placements at 31 March

Local council	2016	2017	2018	2019	2020
Anglesey	90	100	100	90	110
Gwynedd	145	145	145	165	200
Conwy	120	125	150	140	140
Denbighshire	125	110	110	115	115
Flintshire	135	140	135	150	140
Wrexham	120	135	170	175	240
North Wales	735	755	810	835	945
Wales	4,250	4,425	4,700	4,840	4,990

Numbers have been rounded so may not sum.

Source: Children looked after by local authorities in foster placements. Stats Wales, Welsh Government

Despite the increasing numbers in foster placements, the Market Position Statement (2019) expressed that a large increase was not expected in the future.

Local authorities have in-house foster care places and independent fostering agencies providing places. Some of the independent foster agencies are charities or co-operatives. The table below shows the number and percentage for each type of foster placement provision, broken down by Local Authority.

Table 27: Number of foster placements in the local authority area commissioned by provider type

Local council	In House (number)	Independent provider (number)	Total (number)	In House (percentage)	Independent provider (percentage)
Anglesey	37	32	69	54%	46%
Gwynedd	98	31	129	76%	24%
Conwy	82	41	123	67%	33%
Denbighshire	69	19	88	78%	22%
Flintshire	55	13	68	81%	19%
Wrexham	119	21	140	85%	15%
North Wales	460	157	617	75%	25%

Source: Provided by each local authority

Predicted increased demand for foster parents

The National Foster Network calculated a need for, an estimated, 550 new foster parents across Wales every year to keep up with demand. This suggests there could be a shortage of foster placements in coming years, given the increasing demand.

Sufficiency issues for some children

The Market Position Statement (Regional Partnership Board, 2019) identified sufficiency issues with finding placements for children with particular needs including:

- Respite care
- Young offenders
- Refugees, immigrants, asylum seekers
- Young parents
- Sibling groups
- Emergency situations

The stability of the workforce is an issue, with increasing demand for placements and the number of placements projected do not meet with the forecast demand.

The Foster Wales website facilitated the joining of the 22 Local Authorities to form a national network of local fostering expertise. Its focus is to make a bigger impact on a national level, working together with foster carers, to build better futures for local children. Sharing one brand and, one voice, to strengthen recruitment and support of foster carers.

The National Fostering Framework

The National Fostering Framework (2018) finds children who live with foster carers in their own locality more likely to thrive and children in local authority provision more likely to stay in their home authority, enabling them to maintain important links. It is vital local authorities increase local placements and reduce out of area placements. According to the National Fostering Framework (2018), connected fostering (with family or friends) has seen increased demand. It also finds that local authority placements have better outcomes for children. The framework states that local authorities need to be able to have capacity to facilitate this, or otherwise ensure that the child has opportunities to maintain connections if placed in alternative fostering.

Market overview

Regional market overview

The table below shows a breakdown of fostering provision by provider type.

Table 28: Fostering placements, beds and market share by provider type.

Provider Type	Market share (Percentage)	Placements (number)	Care settings (number)
In House	62%	776	453
Private	37%	469	206
Third sector	1%	16	7
North Wales	100%	1261	666

Source: CCSR data accessed 31/05/22

Isle of Anglesey market overview

The table shows how many children in Anglesey are increasingly being placed outside of their local authority.

Table 29: Number of children in foster placements by area - Anglesey

Location of placement	2018	2019	2020	2021	Change No
Inside local authority	65	60	70	80	-45
Outside local authority (Wales)	30	30	30	20	50
Outside Wales	0	0	0	0	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Table 30: Number of children in foster placements by type - Anglesey

Type of Placement	2018	2019	2020	2021	Change no
With relative/ friend, inside local authority	30	25	25	35	5
With local authority, inside local authority	20	20	40	40	20
With agency, inside local authority	15	15	10	10	-5
With relative/ friend, outside local authority	5	0	0	0	-5
With local authority, outside local authority	0	0	0	0	0
With agency, outside local authority	25	25	25	25	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Gwynedd market overview

Figures in the table below, show children in the Gwynedd area have been increasingly placed into foster placements within Gwynedd. The number placed outside of Gwynedd but still in Wales has reduced. However, placements outside of Wales have increased.

Table 31: Number of children in foster placements by area - Gwynedd

Location of Placement	2018	2019	2020	2021	Change No
Within Local Authority	110	120	140	135	25
Outside Local Authority Wales	35	40	50	50	15
Outside Wales	0	5	5	15	15

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

The figures below show children in Gwynedd are increasingly placed into foster placements both within and outside Gwynedd. They have also seen increased numbers of placements with family/friends.

Table 32: Number of children in foster placements by type - Gwynedd

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, within local authority	35	50	50	45	10
With local authority, within local authority	70	65	85	85	15
With agency, within local authority	0	0	0	0	0
With relative/ friend, outside local authority	5	10	15	25	20
With local authority, outside local authority	10	15	15	10	0
With agency, outside local authority	20	20	30	30	10

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Gwynedd local authority themselves report a “relatively good provision” of foster placements available within the county, when compared to other provision but recognise there is potential for shortages in foster carers in the near future. The local authority anticipate approximately 10 to 12 new foster placements would be required each year to maintain this and at least 18 to 20 to improve provision.

Conwy market overview

Conwy has increased foster placements inside the local authority and those outside of Wales have reduced significantly. However, those outside of Conwy but still in Wales have increased, see figures below.

Table 33: Number of children in foster placements by area - Conwy

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	95	85	100	100	5
Outside Local Authority Wales	20	35	35	35	15
Outside Wales	35	25	5	5	-30

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Conwy has seen a reduction in foster placements with the local authority and a small increase in agency placements.

Table 34: Number of children in foster placements by type - Conwy

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	25	20	15	20	-5
With local authority, inside local authority	65	60	55	55	-10
With agency, inside local authority	25	30	35	30	5
With relative/ friend, outside local authority	10	10	10	15	5
With local authority, outside local authority	0	0	0	0	0
With agency, outside local authority	20	20	20	20	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Conwy report that both emergency and longer term placements are needed urgently. The local authority recognises the importance of local placements for children, they are considering a range of options to increase provision in the county and reduce reliance on costly temporary arrangements and out of county placements that are far from the family.

Denbighshire market overview

The figures in the table below show placements for children from Denbighshire have increased both inside Denbighshire and outside of Denbighshire but still in Wales.

Table 35: Number of children in foster placements by area - Denbighshire

Location of placement	2018	2019	2020	2021	Change No
Inside local authority	85	90	90	90	5
Outside local authority Wales	15	15	15	20	5
Outside Wales	10	10	10	10	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Denbighshire has seen increased agency use inside and outside of the area and increased placements with family/friends out of area.

Table 36: Number of children in foster placements by type - Denbighshire

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	20	20	20	20	0
With local authority, inside local authority	60	70	65	65	5
With agency, inside local authority	0	5	10	5	5
With relative/ friend, outside local authority	5	10	10	10	5
With local authority, outside local authority	10	5	0	0	-10
With agency, outside local authority	10	10	10	15	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Denbighshire local authority have identified a need to increase care capacity to meet population needs within Denbighshire for foster care services. They also recognise a shortage in the availability of overnight respite accommodation for children with complex disabilities.

Flintshire market overview

In Flintshire children have increasingly been placed outside of Flintshire both in Wales and outside of Wales. The figures also show a reduction in placements in Flintshire.

Table 37: Number of children in foster placements by area - Flintshire

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	95	95	90	90	-5
Outside Local Authority Wales	25	35	30	45	20
Outside Wales	15	20	15	20	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Data in the table below shows a considerable increase in the use of agencies for Flintshire both inside and outside of the local authority.

Table 38: Number of children in foster placements by type - Flintshire

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	35	35	35	30	-5
With local authority, inside local authority	60	60	50	55	-5
With agency, inside local authority	5	5	5	15	10
With relative/ friend, outside local authority	15	15	15	15	0
With local authority, outside local authority	15	15	10	15	0
With agency, outside local authority	5	15	20	25	20

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Flintshire report as of 31 March 2021, there were 109 children and young people in foster placements within and outside the Local Authority Area (not including kinship

placements) and as of 16 February 2022, this figure was 102. They state they are currently able to look after the majority of children under 8 within in house fostering services.

The local authority identified the following market sufficiency issues:

- Need to meet the forecast demand with in-house foster carers.
- Foster parents to support children in the age categories 10 to 14 and 15+.
- Sourcing appropriate local placements for those with complex needs.
- Meeting demand for children who need complex multi-agency care packages or have challenging risk management plans, example behaviours include anger management issues, verbal and physical aggression towards adults.
- Shortages for sibling groups and children with disabilities.
- Not enough skilled foster parents for children at the highest end of needs profile, those currently living in care homes.
- Insufficient placements lead to children being placed in unregulated settings.
- Not enough carers who speak Welsh.
- North Wales has a shortage of parent and child places, especially in Wrexham and Flintshire.

Wrexham market overview

The table shows how there has been an increase in all types of placements in Wrexham, including children placed out of area.

Table 39: Number of children in foster placements by area - Wrexham

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	115	120	145	150	35
Outside Local Authority Wales	30	40	65	75	45
Outside Wales	20	15	20	25	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. Stats Wales, Welsh Government

The table below demonstrates a sharp increase in the use of agencies for Wrexham, with the steepest increase outside of the local authority.

Table 40: Number of children in foster placements by type - Wrexham

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	60	70	75	80	20
With local authority, inside local authority	65	55	70	70	5
With agency, inside local authority	15	20	25	30	15
With relative/ friend, outside local authority	0	0	0	0	0
With local authority, outside local authority	20	20	15	15	-5
With agency, outside local authority	15	15	40	55	40

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Progress has been made in the implementation of the 4C's Framework and a Placement Officer has been appointed to manage the Framework database within Wrexham. The usage and expectations of the 4C's Framework continues to be embedded into practice as evidence as best practice. We have experienced an increased demand for placements able to meet the need of highly complex young people. This has lead to an increase in the number and cost of such placements. In order to deliver against the not for profit agenda, further investment will be needed in the development of local authority residential care.

Wrexham see reducing the number of looked after children as a priority, as well as removing profit from the children's placement market. The local authority also recognises a lack of intermediate or short term placements for children.

Market stability

Regional challenges

The Market Position Statement (2019) and 'Foster Wales' (2021) identified challenges to the stability of fostering services in North Wales and Wales as a whole listed below:

- Recruitment and retention issues
- Placements for children with particular needs including; respite care, young offenders, refugees/immigrants/asylum seekers, young parents, sibling groups and emergency situations
- It is estimated that Wales will need 550 new foster parents every year to meet demand

Isle of Anglesey market stability

The local authority recognises the following as issues affecting the future stability of the fostering service:

- Workforce – recruitment, retention, age profile of workforce, costs
- Supply and choices available
- Can the cost of living crisis impact the numbers of looked after children and therefore hamper the projection of decrease in demand?
- Impact of children seeking asylum on resources including placements and support available.
- Impact of unplanned arrivals to the Port of Holyhead.

Gwynedd market stability

Gwynedd have identified several factors that may influence fostering stability:

- Recruitment and retention of staff
- Potential shortage of foster placements, an estimated 10-12 new placements needed each year to maintain and at least 18-20 to improve provision
- Finance - concerns around maintaining quality services with limited resources
- Lack of funding often results in using out of county providers which results in higher costs contributing further to the problem

Conwy market stability

Conwy refer to key issues around future stability of their fostering service:

- Recruitment and retention (linked to pay and conditions but not exclusively)
- Emergency and longer term placements in county are needed urgently

Denbighshire market stability

Denbighshire recognises some key factors that may affect stability of the service:

- Increase in capacity to meet population needs within Denbighshire
- Staffing and recruitment issues
- Specialist training and knowledge
- Possibly long term funding problems
- Increased complexity of need
- Supply of specialist care not meeting demand
- Overnight respite care for children with complex disabilities
- Lack of placements for children with challenging/complex behaviour

Sustainability of provision

- Denbighshire recognises the following issues affecting sustainability of the service: Recruitment of in-house foster carers has been impacted by the pandemic with a lack of applicants coming forward, resulting in increased use of Independent Fostering Providers.
- Lack of availability has resulted in no offer or placements at a considerable distance, which is not always in the best interest of the young person.
- Children who require a placement but where foster care cannot be sourced are being escalated into residential care, but there is placement insufficiency and a perceived reluctance to offer placements to young people with complex needs. This can result in a placement at a distance away.
- Particular pressure if a child/young person presents with self-harm or suicidal ideation, providers show reluctance to offer placements to and emergency provision is extremely limited.

Preventative actions for children on the edge of care

During the period where the integrated care fund supported the provision of edge of care support, there were 122 families (200 children) supported including:

7 parents and 2 foster carers (19 children) attended new Parent Participation Group (collaboration with Parents and Carers Against Exploitation, North Wales Police, Health colleagues and Denbighshire Safeguarding Lead). Of these children, 6 no longer reach criteria for multi-agency oversight within Denbighshire's Exploitation Panel and 2 have been closed to social care.

2 children in long-term foster placements received an intensive intervention which stabilised their placement and enabled the foster carer and parent to have a shared understanding of each child's individual needs.

16 staff across Social Care, Early Intervention and Housing attended Dialectal Behavioural Therapy (DBT) Skills training and the Therapeutic Service will mentor these staff to develop DBT Skills groups for Foster and Kinship Carers, Looked After Children, Care Leavers and Semi-Independent and Homelessness Projects.

1 young person received an intensive intervention from the Therapeutic Service following police colleagues using their Powers of Police Protection. The young person required short-term foster care and was rehabilitated back to their family within 6 weeks, they are now closed to Social Care.

Engagement

Denbighshire list the following engagements used to help improve quality of service:

- A quality of care evaluation will be carried out of Denbighshire Fostering Service in April and May 2022. Questionnaires will be sent to gain views of children/young people, foster carers, kinship carers, panel members and parents, the results will assist in making improvements where required as well as recognising good practice.
- Closed Facebook group for foster carers developed with views from foster carers and is regularly being updated with information. Creating the page/group has provided another avenue to obtain feedback, information is circulated to a larger geographical area and accessibility has improved.
- Two children/young people's forums meet on a regular basis. They have not been able to meet over the last year, but staff running the forums kept in touch regularly.
- Kids in Care Young People's Forum (KIC Club) for young people aged 8 to 15 living with foster carers. They meet and do activities during half terms, share their experiences, say what is going well and what they would like to change.
- KWC Club (Kids who care) is a group of children/young people whose parents foster and are also part of the fostering process. They meet during half term, share experiences, say what's going well and what they would like to change.
- Foster carers virtual coffee mornings, invites were sent with a package containing a tea bag and packet of biscuits. To allow better conversation, foster carers were

split into groups based on their supervising social worker. Facilitated by the supervising social worker with drop-in appearances from; Head of Service, Service Manager, Fostering Team Manager and Placement Commissioning Officer/Recruitment Officer. It had good attendance, lots of laughter, discussion and feedback from attendees was very positive.

- The Fostering Service have increased the level of communication with Foster Carers with a regular newsletter and the Denbighshire Fostering Service Competition, whereby children have been asked for Christmas cards to be designed, pebbles to be painted and a Sunflower growing competition.

Flintshire market stability

Flintshire identified several issues impacting the stability of fostering services:

- Foster carers with skills/experience to support teenagers and sibling groups
- Increase in 14, 15 and 16 year olds entering care
- Parent and child placements

Action taken to improve stability

Recruitment of foster parents has been identified as an issue for Flintshire, in response the Foster with Flintshire portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current foster parents. They have also targeted their recruitment strategy to address demand for foster parents with skills and experience to support children age 12 and over.

Mockingbird Programme

Flintshire was the first council in Wales to introduce the evidence-based Mockingbird model for foster placements. The programme nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community of six to ten satellite families called a constellation. The aim of the model is to improve foster care and outcomes for fostered young people.

Action for Children - Repatriation and Prevention (RAP) Service

The service provides intensive therapeutic support for Children Looked After with support from experienced foster carers. The service is a partnership between the local authority, health, CAMHS and Action for Children.

The aims of the service are to:

- Prevent placement breakdown and escalation to crisis point leading to out-of-county placements
- Return young people to stable placements in their home
- Ensure looked after children can access educational opportunities
- Increase resilience and confidence in children and carers

Adaptations to Foster Carers Homes Policy
'Adaptations to Foster Carers' Homes' policy was introduced in 2020, supporting foster carers make necessary adaptations to their home to provide adequate space for children/young people. It supports; sibling placements, the needs of children with multiple disabilities, secure extra capacity for foster placements and to meet health and safety requirements which would otherwise result in a child being moved.

Funding compliments existing support and is a step forward in securing local and stable placements for children. Applications for grant funding will be considered up to £36,000, and £20,000 for relocation to a more suitable property. To access the grant, carers and social worker must first exhaust other options/resources.

Grants are also available to; existing or prospective adoptive families, family and friends/carers of children under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Placement stability meetings - Facilitated in house, when issues with maintaining a placement arise and the Independent Fostering Agency chair when requested.

Disruption meetings - The family group meeting service will bring together stakeholders and look at lessons learnt.

Wrexham market stability

Wrexham identified the following issues that may impact stability of fostering:

- A need to reduce the number of looked after children
- Removing profit from children's placement market
- Intermediate/short term care placements
- Staffing shortages
- Lack of appropriate placements

Carers are needed to support teenagers and mother and babies in the Wrexham area. To recruit carers to meet these needs, the local authority have;

- Commenced a review of rates of pay for carers, proposing an increased rate for specialist/skilled carers able to care for children with complex needs.
- Carried out a recruitment campaign using buses, billboards and social media.

Wrexham's Care Leavers Offer has been progressed throughout the year and the development of accommodation pathways for young people are underway. This will provide varying degrees of support on their pathway to independence and their own tenancy.

This will be achieved by developing in-house services including;

- Supported Lodging's Service
- Kick Start Project
- Step Down Project
- Use of a training flat.

The Leaving Care Team are located in accessible 'info shop' with their social workers while being able to take advantage of the `one stop shop` for any identified areas of support including access to funding grants and employment support.

Consideration of market quality

The State of the Nation report from the Fostering Agency (2021) provided insight into the quality of foster services across the whole of Wales, the key findings were:

- 44% of independent and 51% of local authority foster carers said they were not supported to maintain contact with children they had cared for. Foster carers perceived this as 'cruel', ending significant relationships for children who have experienced so much loss already.
- Some fostering services are not maintaining foster carer approval, even if they intend to continue fostering. This, and dropping financial support, are barriers to young people entering 'When I am Ready'.

- 20% independent and 12% local authority foster carers have no children in their care. It recommended better use of foster carers skills to meet the needs of children.
- 57% local authority foster carers had an agreed learning and development plan, 31% did not and 12% didn't know. 66% independent foster carers had a learning and development plan, 22% didn't and 12% didn't know.
- Local authority foster approvals were more restrictive and limited than independent approvals, it recommends local authorities assessments use broader approval statuses, robust matching procedures and placement stability processes.
- Foster carers would like to build relationships with social workers and children in their care to have stability and continuity of social worker. Over the previous two years, 53% of foster carers had one supervising social worker, 29% had two, 12% had three and 6% had four or more.
- Foster carers felt 'dismissed', 'ignored' and their role is not valued by the social care workforce. Lack of respect for their commitment, skills and dedication is a long-term, well reported issue in fostering.
- Foster carers want allowances to cover the full cost of caring for a child and payment reflecting their value as a member of the team around the child. Sufficient payments are a must to attract new skilled, committed foster carers.
- Lack of placement choice. To secure good matches for children, services would need to see a significant increase in access to local, quality placements.
- Staffing levels are not sufficient to provide required support for foster families. Services would like staffing to enable best practice and improve standards.
- Trauma-informed practice – concerns about access to training and additional services for those caring for traumatised children. Services would like children looked after to have priority status for services across health and education.
- Support for foster carers with improved peer support services and out of hours provision. Services with this support saw improved retention and stability.

Current and projected trends

Key current trends and projections for the future of foster services:

- Increased demand for placements
- Lack of places for older children
- Lack of places for children with complex care plans/behavioural issues

- Lack of foster parents with skills to support children with complex needs
- Projected increase in demand for placements
- Predicted potential shortage of placements, supply not matching demand

Welsh language

A shortage of Welsh speaking foster parents was identified in Flintshire.

The provision of Welsh language across the rest of North Wales will be discussed within the children's services chapter of this report.

Other provision

There is a significant lack of foster or residential placements for children and young people with challenging or complex behaviour.

Recruitment of in-house foster carers has been impacted by the pandemic with a lack of applicants coming forward. This has resulted in an increased use of Independent Fostering Providers.

Lack of availability has resulted in no offer or placements only at a considerable distance, which is not always in the best interest of the young person.

Children who require a placement but where foster care cannot be sourced are being escalated into residential care, but there is both placement insufficiency and a perceived reluctance to offer placements to young people with complex needs. Again this can result in a placement at a distance away.

There is particular pressure if the child/young person presents with self-harm or suicidal ideation, with providers showing reluctance to offer placements to this cohort. Emergency provision is extremely limited.

Workforce

The National Fostering Framework (2018) highlighted a loss in the number of approved foster households. The framework states improvements need to be made to increase; enquiries, conversions, approvals and retention of foster parents.

The table below shows numbers of foster parents and places have seen a slight increase overall across North Wales. However, Gwynedd and Denbighshire saw a

drop in both the number of foster parents and places available, and Flintshire saw a drop in foster parents but increase in places. If reductions in foster parents or places continue this could result in insufficient spaces for children in these local authorities.

Table 41: Number of approved foster spaces as of 31 March

Local council	2016/17	2017/18	2018/19
Anglesey	86	69	43
Gwynedd	164	178	198
Conwy	113	130	127
Denbighshire	156	155	149
Flintshire	133	157	156
Wrexham	161	172	166
North Wales	813	861	839
Wales	4,075	4,170	4,317

Source: Children Receiving Care and Support. StatsWales, Welsh Government

Table 42: Number of approved foster parents as of 31 March

Local council	2016/17	2017/18	2018/19
Anglesey	45	38	39
Gwynedd	103	111	120
Conwy	70	84	80
Denbighshire	78	77	74
Flintshire	77	77	76
Wrexham	100	112	110
North Wales	473	499	499
Wales	2,347	2,443	2,462

Source: Children Receiving Care and Support. StatsWales, Welsh Government

Carer skill set & training desired:

Carers who are able to work with our internal services and are trained in the delivery of therapeutic trauma informed care.

Carers who are aware of the impact of county lines and have received training to support children who are vulnerable to exploitation via these gangs. This includes the resilience to work with children who are being exploited by gangs, frequently abscond and can display verbal and sometimes physical aggression.

- Resilient & trained to work with childhood trauma, absconding, exploitation and self-harm behaviours.
- Carers who are trained to understand the impact of adverse childhood experiences (ACEs) on children who they care for.
- Carers who are trained in crisis intervention, and can work calmly under the pressure of emergency planning.
- Resilient when faced with threat of physical harm & trained in de-escalation, with positive behaviour management planning, minimising use of restraints
- Carers with the ability to speak Welsh or commitment to learn.

Social value

Three providers offer a total of 16 beds in 7 care settings across the region, this accounts for 1.3% of market.

Taking profit out of care for looked after children

One of the wellbeing objectives established within the Welsh Government Programme 2021-2016 is to protect, rebuild and develop our services for children and young people. A key priority in this area of work is to eliminate private profit from the care of children looked after.

Commissioning placements to independent foster agencies can impact on provisions being provided from within the local authority., Local authorities are keen to work in partnership with independent care providers to ensure that both the in-house and independent sector market function to meet foster care needs. Flintshire local authority highlighted this as a potential risk and stated how they were focusing the use of independent foster agencies for those services that they struggle to provide with local authority services.

The foster care allowances survey from The Fostering Network (2020) found even though all local authorities in Wales are paying at or above the national minimum allowance, foster carers feel their current allowance does not meet the full costs of looking after a child. The network recommend foster payments must be transparent

so it is clear to foster carers how much constitutes the allowance, and must be spent on the child, and how much constitutes the fee and is payment for the foster carer's time and skills.

7. Adoption services

North Wales Adoption Service overview

The North Wales Adoption Service provides a regional adoption service on behalf of Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Anglesey local authorities. Working regionally helps find new families more effectively, place children quicker and improve adoption support services. In April 2014 it was integrated into the National Adoption Service. The services comply with updated adoption legislation, regulations and statutory guidance in line with the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and with the policy and procedures of the service, within the resources allocated. There is a framework which aims to make it easier for adopters, children and young people get support when needed.

Services provided by the adoption service include:

- Preparing the child for adoption.
- Family finding and matching.
- Safeguarding children.
- Provision of adoption support.
- Recruitment, assessment and approval of adopters.
- Preparing to adopt training (pre/post approval).
- Adoption support (pre/post adoption, buddy system, post adoption contact).
- Birth parent counselling.
- Relinquished babies.
- Services for adopted adults.

Population overview

The table below shows the number of looked after children who were placed for adoption in each local authority. It is worth noting that the service has undergone significant transformation since 2020, therefore it is difficult to compare local data and it does not reflect the service now.

Table 43: Number of children looked after placed for adoption by local authority 2020/21

Local Council	No of Children
Anglesey	6
Gwynedd	2
Conwy	17
Denbighshire	7
Flintshire	1
Wrexham	11
North Wales	44

Source: Figures provided by each local authority

Current and predicted trends

The following issues were raised with regards to adoption services for children:

- Highest placement need is for children from the East.
- Highest number of adopters are from the East.
- Fewer adopters in the West and children needing to be placed away from the East.
- Nationally there are more children than approved adopters available
- Consideration of the number of Welsh language speakers (adopters/children).

The following issues were raised with regards to adoption services for adults:

- Adults requesting their birth records to find their birth parents was shut down during the pandemic, majority of services have resumed but there is a backlog.
- Staffing - 43 staff, 10 are off or due to go off on maternity leave, it is difficult to recruit to fixed term posts so the ability to assess may be impacted in 2022/23.

Quality reports

The Quality of Service Review from the North Wales Adoption Service (2020) highlighted the following areas to improve market stability:

- Increase the number of approved adopters.
- Reduce the number of children waiting for an adoptive family.
- Develop the adoption support service.
- Recruitment - sessional workers and adoption panel vacancies.

Care Inspectorate Wales (2019b) inspection identified these areas for improvement:

- Further develop quality assurance processes and assessment of the degree to which aims and objectives of the statement of purpose are met and evidence demonstrating how these support well-being outcomes for children.
- The availability of the ‘Active Offer’, to provide services in the Welsh language.
- The statement of purpose and adopters’ information pack includes information about the independent review mechanism so adopters are aware of this.
- Intermediary files should include a clear audit trail of work undertaken.

8. Unpaid carers

Population overview

Under the Social Services and Well-being (Wales) Act 2014 carers have the same rights as those they care for and local councils have a duty to assess their needs and promote their well-being. Supporting unpaid carers is a preventative measure for both the individual carer and the sustainability of health and care services.

There are around 79,000 people of all ages providing unpaid care in North Wales, according to the 2011 census, and we expect this number to be increasing as the need for care and support increases. More unpaid carers came forward during the pandemic to access support.

Much of the support that unpaid carers need is provided through care to the person they care for, so lack of provision in the care market leads to additional demands on unpaid carers. The population assessment identified that issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. Other priorities were the early identification of carers, carer breaks (respite care), improving unpaid carer assessments and digital inclusion.

Market sufficiency

The number of carers is increasing. The largest growth is in those carers providing between 20 and 49 hours a week. There has also been a rise in the number of carers providing 50 or more hours of care per week, in Denbighshire approximately 46% of these carers are over 65 years. It is these carers who are likely to have more intensive caring roles and who will have the greater support needs.

These demographic trends are reflected in the increasing number of people living with long term conditions including learning disabilities, dementia and mental health conditions, as well as a general growth in the older population.

We know from talking to unpaid carers and the mapping work that has been done, that some carers who need support find it difficult to get alternative care and many have been unable to have a break for a long time, due to the impact of the Covid-19 pandemic.

“A short break is any break which strengthens and /or sustains informal caring relationships and enhances wellbeing of carers and people they support” Carers Trust Wales, Road to Respite Report, July 2021.

Welsh Government awarded local authorities a carers respite grant in 2021-22, with emphasis on supporting the development of flexible and person centred forms of respite instead of the more traditional sitting service or replacement care support.

The population needs assessment identified a wide range of services provided across the region to support carers. The Regional Project Manager leading on carers within the regional collaboration team continually maps the full range of services available to carers across North Wales, identifying any areas of duplication and also collaborative opportunities across all six councils and the health board.

In addition to the need for more carer breaks (respite care) provision across the region, the following local needs have been identified:

The following factors have an impact on unpaid carers;

- Gaps in general provision in services for carers of older people and the individuals receiving care.
- Waiting lists for domiciliary care support in each part of Gwynedd because of a lack of provision.
- Gaps in the provision for short term respite from caring when the individual who is being cared for has needs that cannot be met by voluntary/third sector support.
- day centres have been closed during the COVID period – we have been working to provide alternative support on a 1:1 basis.We are reopening day centres gradually and in the process of remodelling day care services for older people developing a more local provision for a smaller number of individuals.
- Respite care in residential homes came to an end during the COVID period as a result of the regulations. This provision has started again, but staffing challenges exist in the Council’s eleven residential homes.
- There are areas where there is a high percentage within the population of older people, and a low percentage of working age population – a recruitment

challenge and competing with other local services/younger individuals leaving the area for work opportunities.
- The geography of the area contributes to the gaps, with a number dependent on public transport for access to appropriate support.

Ynys Môn

The Council are committed to supporting unpaid carers by planning for the future. Forward Thinking Forward Planning is a project within Carers Outreach funded by Local Authority. The project focuses on having conversations with a carer about their current and future needs. Having a conversation at the earliest possible stage allows time to identify and arrange any changes or adaptations they require to support the person they care for, and themselves as the carer.

Gwynedd

The learning disability service has succeeded in continuing to offer respite for services over the Covid period. Over the past six months we have succeeded in increasing this provision, introducing individuals to respite for the first time e.g. transition age individuals, as well as being able to offer regular stays for indivduals living at home with unpaid carers/family.

The demand for counselling services provided by the third sector (Carers Outreach) is substantially more than the provision which is currently available.

Day opportunities and support services are continuing to face a challenge regarding the staffing deficit/recruitment therefore a number of individuals are receiving less days/hours.

Use of a holiday bungalow (provided by Antur Waunfawr) has been extended for another six months, with the offer to anyone who is caring in Gwynedd to arrange a free short stay. A number of carers have taken advantage of this.

The Gwynedd community resilience work programme is looking at developing information hubs/community enterprises to meet needs on a local level.

There are respite opportunities for individuals with learning disabilities available through the Gwynedd and Môn Shared Lives Scheme and Seren Cyf. Work is continuing through the community hubs mentioned above to offer opportunities and activities locally and also through our Llwybrau Llesiant Team.

Denbighshire

There is increasing demand for more flexible provision of alternative and respite care covering weekends, overnight or pre-planned periods such as ‘Respitality’ for older adults and for both children and adults with complex disabilities, to reduce carer breakdown, to reduce emergency admissions to residential care and to provide more life choices.

Flintshire

- Demand for respite and support for parent carers is a growing service demand, given the complexity of multiple health conditions some children have, as well as a high prevalence of children with Neurodevelopmental Conditions.
- Sourcing respite for children and adults with complex needs, including health needs, remains an ongoing challenge.
- Finding suitable Personal Assistants can be a challenge and an area that we need to develop as well as expanding community based support to build family resilience and capacity to sustain their caring role. Supporting the recruitment of Personal Assistants
- Local building based respite opportunities were severely impacted by the pandemic, with only emergency places being offered.

Wrexham

Engagement with unpaid carers in Wrexham has highlighted a number of significant challenges since the pandemic. Action plans have been developed in partnership with unpaid carers and support organisations. In order to drive the agenda forward, funding for an Unpaid Carers Lead Officer has been secured from the Regional Investment Fund 22/23.

The Unpaid Carers Direct Payment Scheme was launched in 2021/22. 31 payments were made last year. This enabled unpaid carers to purchase respite solutions which meet their needs flexibly.

Market stability

A wide range of support for unpaid carers in North Wales is grant funded or commissioned to third and voluntary sector organisations who have a long and

valued history of supporting unpaid carers. The third and voluntary sector can effectively draw in external funding to develop services for unpaid carers to provide added value to service provision. However, a reliance on grant funding can put the sustainability of some services at risk. Some carers services in North Wales are commissioned regionally or sub-regionally to try to streamline the commissioning and reporting requirements for organisations that work across the region.

The Population Needs Assessment identified that social value delivery models and added social value can be achieved through the shared experience of peer-carers, mutual support and reciprocity. Unpaid carers will require support to create co-operative arrangements and commissioners will need an investment strategy that builds capacity beyond the market.

It is important to have a balance of preventative services that address the health and wellbeing of carers and commissioned services that meet the assessed needs of carers.

The commissioning of services are set against the need to respond to budgetary pressures that are being faced nationally, and therefore investment in sustainable services is key to meeting demand.

We commission services that:

- are flexible, accessible county wide and meet the individual needs of carers
- are more sustainable in the long term.
- encourage engagement with, and access to, community based activities that support the carer and / or the cared for person.
- will enable carers to continue caring, including the provision of information, advice, peer support, training and short breaks away from the caring role.

Gwynedd

The domiciliary-care project is working to address the issues regarding domiciliary care and support for individuals in the community. The community resilience preventative agenda is looking at developing communities to support the preventative agenda. We are also adapting the Council's residential homes to create more dementia care units and day care and respite provision.

Denbighshire

Locally, a lot has been achieved to modernise support and ensure future services are commissioned with input from unpaid carers and families, to help identify 'what matters' and using Denbighshire's asset based approach to help them find solutions.

We encourage the creative use of direct payments and Bridging the Gap vouchers to support individual choice and allow unpaid carers to have a break or pursue social or leisure activities, with or without the cared-for person. For example, to enable unpaid carers to attend concerts, weddings, or pay for gym membership, flooring, new washing machine, training courses, driving lessons.

Identified needs in Denbighshire include:

- More specialist (condition specific) respite support to reflect the range of different needs, for example places that are suitable for people with acquired brain injury, stroke, dementia and other neurological conditions (in an emergency and also available to pre-book).
- Community based activities/events that provide respite care and benefit unpaid carers, with the capacity and trained staff/volunteers to continue to support people with progressive conditions who require higher levels of care.
- A wide range of flexible options including more sessional and community services spread across the whole of Denbighshire, especially in rural areas.
- Both emergency crisis support to keep people living independently at home and out of hospital and more regular, consistent respite options that are easy to book in advance.
- Group/individual support available in the evening and weekends, particularly for those carers who work and cannot attend support groups or access other services during the day.
- Good quality information, advice and assistance about the various respite options available.

Respite/short breaks work best when carers are confident with the arrangements, which in turn helps to reduce anxiety. The current recruitment crisis is impacting on providers who are finding it difficult to recruit staff and volunteers with the right skills and values to deliver high quality respite.

Respite support that works best for the carer and the cared-for person includes meaningful activities that fit in with their interests and hobbies. Denbighshire County

Council is promoting the development of Community Catalysts /Micro Employers and using additional volunteer capacity alongside commissioned services. We also encourage local social enterprises to run innovative projects to support unpaid carers.

We await further guidance from Welsh Government about developing respitality and a National Short Breaks Scheme. Locally carers can book guest accommodation in Extra Care schemes and two recently adapted properties in Ruthin and Corwen. Shared Lives is also available, mainly for people with complex disabilities who are matched with Shared Lives families. NEWCIS and Carers Outreach have respite property and a caravan.

Flintshire

We welcome the additional funding provided by Welsh Government to scale up a range of respite options for Carers to meet the anticipated spike in demand for respite services caused by the impact of the pandemic on the mental and physical health of carers.

We continue to explore flexible respite options for carers based on the outcomes the carer wants to achieve, alongside a meaningful activity to the cared for.

Our focus on ensuring stability of support for unpaid carers includes;

- Consider how micro-care can support an offer of day/ respite services.
- Further development of our Direct Payment offer for carers.
- Further development of Young Carers Services and the ID card.

9. Advocacy services

Advocacy means getting support from another person to help someone to express their views and wishes, and help stand up for their rights.

All people are very different from each other. Their needs for support are different, and may change during their life. A variety of advocacy has developed to recognise these differences.

All advocacy types are of equal value. What advocacy is used, and when, should depend on what is best suited to the person who seeks it. One type of advocacy is Independent Professional Advocacy which involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views are accurately conveyed and their rights upheld.

Children and young people

Advocacy is one of the key foundation stones in achieving our commitment to children's rights, ensuring children and young people can get help when they need it and from people that will listen to them and represent their views.

By law all local authorities in Wales must have advocacy services for children and young people to use, and that an Active Offer for advocacy must be made. Tros Gynnal Plant (TGP) provide advocacy services to children and young people in North Wales.

When children and young people need services, sometimes an advocate is required to meet with them to explain what these services are. This helps them to understand what is on offer and how the service is able to help them. This is called an Active Offer.

An active offer must be made to:

- Children in care.
- Young people leaving care.
- Children and young people who need extra support.

Councils have a statutory responsibility to provide an independent professional advocacy service for children and young people which complies with all regulations,

standards, legislation, directions, code of practice, outcome framework and any amendments or replacements relevant to the service.

This includes but is not limited to:

- The Social Services and Wellbeing (Wales) Act 2014.
- The Service is an ‘advocacy’ service for the purpose of paragraph 7(1) of Schedule 1 of the Regulation and Inspection of Social Care (Wales) Act 2016, and is accordingly a regulated service and must comply with the provisions/requirements set out within the Regulated Advocacy Service (Service Providers and Responsible Individuals) (Wales) Regulations 2019.
- Independent Professional Advocacy: National Standards and Outcomes Framework for Children and Young People in Wales.
- Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy).
- Statutory Guidance relating to Parts 2 to 15 of The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019.

Young carers

A common need of young carers identified by service providers is advocacy support to have their voices heard.

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD / Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, NEWCIS provide the service in Flintshire and Action for Children provide the service across Gwynedd and Anglesey.

Adults

Local authorities must consider individuals’ needs for advocacy support when carrying out various functions involving decisions that will have a significant impact on the person’s day to day life, for example:

- Assessment of needs for care and support, support for carers and preventative services
- Provision of information, advice and assistance

- Preparing, maintaining or reviewing care and support plans
- Protecting property of persons cared for away from home
- Determination of person's ability to pay a charge
- Safeguarding and duty to report adults or children at risk
- Promoting integration of care and support with health services
- Receiving complaints or representations about social services

Advocacy:

- safeguards individuals who are vulnerable, discriminated against or whom services find difficult to serve
- speaks up on behalf of individuals who are unable to do so for themselves
- empowers individuals who need a stronger voice by enabling them to express their own needs and make their own informed decisions
- enables individuals to gain access to information, explore and understand their options, and to make their views, wishes and feelings known, and
- actively supports people to make informed choices.

Older people

The Golden Thread Advocacy Programme was funded by Welsh Government for four years from 2016 to 2020 to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014. The programme has now ended, but Age Cymru's commitment to advocacy in Wales continues through the HOPE project.

Anglesey, Gwynedd and Wrexham: North Wales Advice and Advocacy Association (NWAAA) offer advocacy to over 65s

Conwy and Denbighshire: DEWIS Centre for Independent Living offer advocacy to anyone over 65, or any carer.

People living with dementia (all counties): Alzheimer's Society offer support for anyone living with dementia, whether they have capacity or can communicate or not.

Mental Health

People receiving secondary mental health care may need help from an Independent Mental Health Advocate (The Mental Health (Wales) Measure 2010) or an Independent Mental Capacity Advocate.

Advocacy may be required for older people with dementia who have lost contact with all friends and family, or people with severe learning disabilities or long term mental health problems who have been in residential institutions for long periods and lack outside contacts.

Other people with mental health conditions may want support from another person when expressing their views, or to seek advice regarding decisions that impact them.

The following organisations provide specialist advocacy support for those with mental health needs;

- The Conwy and Denbighshire Mental Health Advocacy Service (CADMHAS) (Conwy and Denbighshire)
- Advocacy Services North East Wales (ASNEW) (Wrexham and Flintshire)
- Mental Health Advocacy Scheme (Gwynedd and Anglesey)

Learning disability

People with a learning disability often have poorer access to health improvement and early treatment services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Harris *et al.*, 2016). The Learning Disability Health Liaison Service in BCUHB work across North Wales to raise awareness and reduce inequalities.

Advocacy is also geared towards wellbeing outcomes. Local authorities have a duty to consider individuals' needs for advocacy when carrying out assessments and care planning. People with a Learning Disability may need support in ensuring that their voices are heard and their rights upheld.

Dewis Centre for Independent Living provide advocacy services for vulnerable adults aged 18 to 64, including people with learning disabilities. Anglesey also commission North Wales Advocacy Association (NWAA).

Autism

Advocacy for autistic adults, children and their carers ensures that individual rights are met. Advocacy can provide support in a number of ways including seeking a diagnosis, overcoming barriers and accessing services.

Self-advocacy

Additionally, there has been an appointment of a Regional Self Advocacy Officer as a result of a need to bring in new voices to self-advocacy groups across North Wales. This is being taken forward in a partnership between Conwy Connect, NWAAA and All Wales People First. The Self Advocacy Officer is a person with a learning disability and is employed by Conwy Connect. Their role is to link into local organisations and groups across North Wales to raise awareness and promote the benefits of self-advocacy to people with learning disabilities.

References

ADSS Cymru (2020) *Rebalancing Social Care: A report on Children's Services at ADSS Cymru*. Available at: https://www.adss.cymru/en/blog/post/rebalancing-social-care-a-report-on-children-s-services (Accessed: 24 May 2022).

Atkinson, P.C., Crozier, D.S. and Lewis, L. (2016) *Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care*. Welsh Government: Centre for People and Performance, Manchester Metropolitan University Business School. Available at: https://gov.wales/sites/default/files/statistics-and-research/2019-07/160317-factors-affect-recruitment-retention-domiciliary-care-workers-final-en.pdf (Accessed: 27 May 2022).

Care Inspectorate Wales (2019a) 'Inspection of Older Adults Services: Isle of Anglesey County Council'. Available at: https://careinspectorate.wales/inspection-older-adults-services-isle-anglesey-county-council (Accessed: 27 May 2022).

Care Inspectorate Wales (2019b) 'Inspection report on St David's Children Society'. Available at: https://www.adoptionwales.org/wp-content/uploads/2019/05/Inspection-Report-St-Davids-Children-Society.pdf (Accessed: 24 May 2022).

CSSIW (2016) '"Above and Beyond": National review of domiciliary care in Wales.' Care and Social Services Inspectorate Wales. Available at: https://careinspectorate.wales/sites/default/files/2018-03/161027aboveandbeyonden.pdf.

Foster Wales (2021) 'National Fostering Framework Final Report 2018 to 2021'. Available at: https://www.afacymru.org.uk/wp-content/uploads/2022/01/NFF-Final-Report_E-2.pdf (Accessed: 20 May 2022).

Harris, J. *et al.* (2016) 'Learning disabilities and autism: a health needs assessment for children and adults in Cheshire and Merseyside'. Centre for Public Health, Liverpool John Moores University. Available at: https://www.ljmu.ac.uk/~/media/phi-reports/pdf/2016_01_learning_disabilities_and_autism_a_health_needs_assessment_for_children_and_adults.pdf (Accessed: 27 May 2022).

KeyRing (2022) *Where KeyRing works in Wales*, *KeyRing*. Available at: https://www.keyring.org/where-we-work/wales (Accessed: 30 June 2022).

Laing, W. (2020) 'Care Cost Benchmarks, Financial year 2019/20 and projections for financial year 2020/21'. LaingBuisson Healthcare Intelligence.

Matthews, F.E. *et al.* (2016) 'A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II', *Nature Communications, Published online: 19 April 2016;* | *doi:10.1038/ncomms11398* [Preprint]. Available at: https://doi.org/10.1038/ncomms11398.

NICE (2021) 'Looked-after children and young people NICE guideline [NG205]'. NICE. Available at: https://www.nice.org.uk/guidance/ng205 (Accessed: 24 May 2022).

North Wales Adoption Service (2020) ‘Quality of Service Review: April 2020 to September 2020’. Available at: https://northwalesadoption.co.uk/wp-content/uploads/2021/03/Quality-of-Care-report-2020.pdf (Accessed: 24 May 2022).

ONS (2021) *Care homes and estimating the self-funding population, England*. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/carehomesandestimatingtheselffundingpopulationengland/2019to2020 (Accessed: 13 May 2022).

Regional Partnership Board (2019) ‘Market Position Statement for children and young people’s residential care and fostering and secure accommodation’. Available at: https://www.northwalescollaborative.wales/commissioning/ (Accessed: 24 May 2022).

Regional Partnership Board (2020) *Population Needs Assessment Rapid Review*. Available at: https://www.northwalescollaborative.wales/north-wales-population-assessment/rapid-review/ (Accessed: 24 May 2022).

Regional Partnership Board (2022) ‘North Wales Population Needs Assessment’. Available at: https://www.northwalescollaborative.wales/north-wales-population-assessment/ (Accessed: 19 May 2022).

Social Care Wales (2018a) *Domiciliary care staff in post, by role*. Available at: https://www.socialcaredata.wales/IAS/themes/workforceandqualifications/socialcareworkforce/tabular?viewId=2505&geoId=141&subsetId= (Accessed: 27 May 2022).

Social Care Wales (2018b) *Social Care Staff Profile - Language*. Available at: https://www.socialcaredata.wales/ (Accessed: 13 May 2022).

The King’s Fund (2006) *Grow Your Own*, *The King’s Fund*. Available at: https://www.kingsfund.org.uk/publications/grow-your-own (Accessed: 30 June 2022).

Wales Cooperative Centre (2021) ‘Care homes in Wales: promoting social enterprise’. Available at: https://wales.coop/wp-content/uploads/2021/06/Care-Home-Guide-1-final.pdf (Accessed: 18 May 2022).

Welsh Government (2014) *Social Services and Well-being (Wales) Act*. Available at: http://www.legislation.gov.uk/anaw/2014/4/contents (Accessed: 9 August 2016).

Welsh Government (2016) *Domiciliary Care Workforce: Improving the recruitment and retention of Domiciliary Care workers in Wales*. Consultation Document WG27421. Welsh Government. Available at: https://gov.wales/domiciliary-care-workforce.

Welsh Government (2020) ‘2018-based local authority population projections for Wales’. Available at: https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Projections (Accessed: 24 May 2022).

Welsh Government (2021a) ‘Market stability reports: code of practice’. Available at: https://gov.wales/market-stability-reports-code-practice (Accessed: 17 May 2022).

Welsh Government (2021b) *Mid-year population estimates*. Available at: https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Local-Authority.

Welsh Government (2021c) 'Written Statement: Rebalancing Care and Support White Paper- next steps (29 October 2021)'. Available at: https://gov.wales/written-statement-rebalancing-care-and-support-white-paper-next-steps (Accessed: 17 May 2022).

Equality Impact Assessment (EqIA) (including Welsh Language & Socio-economic Duty) V9

Name of Policy or Practice	North Wales Social Care Market Stability Report		
Responsible Officer / Head of Department (responsible for the Policy or Practice)	Morwena Edwards and Claire Darlington		
Service / Department	North Wales Social Care and Wellbeing Improvement Collaborative	**Start Date of Assessment**	06/06/22

Name of officer(s) (and partners) completing the EqIA		
Name(s)	**Job Title(s)**	**Signature(s)**
Catrin Perry	Regional Business Manager – Commissioning and Workforce	
Sarah Bartlett	Regional Innovation Coordination Hub Manager	
Natalie Pryor	Regional Innovation Coordination Project Manager	
	Commissioning, Contracts and Transformation Manager - Gwynedd County Council	
	Quality and Policy Officer - Denbighshire County Borough Council	
	Planning and Development Officer – Flintshire County Council	
	Planning and Development Officer – Wrexham County Borough Council	

	Isle of Anglesey County Council	
	BCUHB	
	Public Health Wales	

*Consider including only job titles when publishing

Document Version	Revision Date	Briefly Describe the Changes

EqIA Approved by Responsible Officer / Head of Department / Service / Committee	
Date EqIA Concluded	
Name	
Job Title	
Signature	

Introduction

This document is a multi-purpose tool ensuring the appropriate steps are taken to comply with the Public Sector Equality Duty Equality Impact Assessment legislation and to demonstrate that we have shown due regard to the need to reduce inequalities of outcome resulting from socio-economic disadvantage when taking strategic decisions under the Socio-economic Duty. It also ensures consideration of the Welsh Language Standards.

When we plan to introduce a new, or revise an existing, policy or practice, make changes or cuts to a service or make strategic decisions, we are required to consider if the decision would have a disproportionate impact on people sharing one or more protected characteristic or whether it could create inequalities of outcome around socio-economic disadvantage. Where this is likely to be the case, we must take appropriate action. The EqIA process is not intended to prevent us doing things but to ensure we have considered the impact. It helps us focus on the actions we can take to remove and/or mitigate any disproportionate or discriminatory impact and introduce measures to advance equality of opportunity.

To comply with the General Duty and Socio-economic Duty, we must have 'due regard' (or consciously consider the need) to: eliminate discrimination, advance equality of opportunity and foster good relations and to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. The greater the relevance and potential impact, the higher the regard required by the duty. The General Duty will be more relevant to some functions than others and they may also be more relevant to some protected characteristics than others. Our duty must be exercised with rigour, an open mind and considered at a time when it can make a difference to our decisions. Policies with high

relevance, such as strategic budgetary decisions, grant-making programmes, changes to service delivery (including withdrawal or reorganisation of services), and recruitment or pay policies should always be subject to an assessment for impact. For further guidance see EHRC Assessing Impact Guidance. Our duty to comply with this legislation cannot be delegated.

This form should demonstrate the steps taken to carry out the assessment including relevant engagement/consultation, the information taken into account, the results of the assessment and any decisions taken in relation to those results. The EqIA should be published where it shows a substantial (or likely) impact on our ability to meet the General Duty.

Benefits of undertaking an EqIA:

- Gain a better understanding of those who may be impacted by the policy or practice
- Better meet differing needs and become more accessible and inclusive
- Enable planning for success – identifies potential pitfalls and unintended consequences before any damage is done
- Enable improved planning that will make decisions proactive rather than reactive, avoid having to reverse decisions which could have cost and reputational implications
- Demonstrate decisions are thought through and have taken into account the views of those affected
- Enable us to manage expectations by explaining the limitations within which we are working (eg, budget)
- Help avoid risks and improve outcomes for individuals
- Remove inappropriate or harmful practices and eliminate institutional discrimination
- Ensure we put Welsh and English Language on an equal footing. and that decisions are made that safeguard and promote the use of the Welsh language

Whilst this document may seem lengthy, as well as containing the necessary steps in the process, it also contains guidance notes in the key areas to assist you in undertaking the EqIA. Additional links to further information are also included for assistance. Further information can be found on NHS/ WLGA PSED/ EIA here.

Equality and Welsh Language Impact Assessment Steps

Step 1 - Identify the Main Aims and Objectives of the Policy or Practice
Step 2 - Data, Engagement and Assessing the Impact
Step 3 - Procurement and Partnerships
Step 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice
Step 5 - Decision to Proceed
Step 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data
Step 7 - Publishing the Equality Impact Assessment

Important Note to Completing Officer(s):

It is important that the EqIA is completed when the policy or practice is being developed so that the findings from the EqIA can be used to influence and shape the policy or practice. It is recommended as a minimum, it is completed by a lead officer who is responsible for the policy or practice, a subject matter expert and a critical friend with at least one who has received formal EqIA training. This document needs to be presented to the decision makers along with the draft policy or practice as part of the decision making process.

Where you are developing a high level strategy or plan that does not contain sufficient detail to show how it will impact on individuals or groups (ie, where there will be plans and actions sitting beneath the strategy that will determine this), you should still undertake the full Equality Impact Assessment. You may also need to complete additional EqIA(s) on the plans and actions beneath the high level strategy. This will ensure you demonstrate that you have shown due regard to complying with the General Duty, the Public Sector Equality Duty, the Welsh Language Standards and the Socio-economic Duty.

If your policy or practice is as a result of a UK, Welsh Government or Local Authority wide directive, you should still assess the impact of this locally to identify any differential impact due to local difference**.**

You should consider whether other events, eg, Covid-19, Brexit, Black Lives Matter, etc, have highlighted or exacerbated inequalities that need to be addressed as you work through the EqIA.

STEP 1 – Identify the Main Aims and Objectives of the Policy or Practice

1. What is being assessed? *(Please double click on the relevant box(es) (X) and select 'checked' as appropriate)*

☐ New and revised policies, practices or procedures (which modify service delivery or employment practices)

☐ Service review or re-organisation proposals which affect the community and/or staff, eg, early years provision, care, education

☐ Efficiency or saving proposals, eg, resulting in a change in community facilities, activities, support or employment opportunities

☐ Setting budget allocations for new financial year and strategic financial planning

☐ Decisions affecting service users, employees or the wider community including (de)commissioning or revised services

☐ New project proposals affecting staff, communities or accessibility to the built environment, eg, new construction work or adaptations to existing buildings, moving to on-line services, self-service, changing location

☐ Large Scale Public Events

☐ Local implementation of National Strategy/Plans/Legislation (refer to any national EqIA and consider local impact)

X Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions

☐ Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)

☐ Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)

☐ Major procurement and commissioning decisions

☐ Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services

☐ Other please explain in the box below:

To ensure that the Market stability report draws on the Population Needs Assessment findings to reflect the needs of all people who require support from social care services and highlight gaps in provision for those individuals in North Wales including those with protected characteristics.

All actions arising from this assessment reflect the identified needs of people with protected characteristics and highlight gaps in services which will prevent inequality of service provision in the future through commissioning strategies and area plans.

2. What are the overall aims, objectives and intended outcomes of the policy or practice?

The North Wales Market Stability Report (MSR) assesses the supply and sufficiency of the social care market. The aim is to highlight gaps in service provision and provide information to support a more sustainable social care market and will be used as a tool by commissioners to analyse supply and demand alongside the Population Needs Assessment. The purpose of this Equalities Impact Assessment is to ensure that this is done in an inclusive way.

Together the PNA and MSR reports highlight areas of inequalities in social care provision across the region for specific population groups, intended to inform social care strategy, policy, planning and practice

The MSR highlights negative impacts of shortage of supply within the social care market, and have it will have a positive impact across all protected characteristics which will be realised through Local Area Plans, commissioning plans which dictate operational activity which impacts on those at most risk of inequality.

The MSR will provide

- *A better understanding of the current picture of service provision across the region*
- *Services can be developed based on actual need*
- *Because the assessment is being done on a regional basis it's easier for people with protected characteristics to get involved and can develop regional response to the assessment which may have financial benefits, avoid duplication and so on.*

3. Who are the main consultative groups (stakeholders)?

- *Regulated social care providers including private, third sector local authority 'in house' providers*
- *Betsi Cadwaladr University Health Board (BCUHB)*
- *Public Health Wales*
- *Citizens receiving care and support*

In addition to the nine protected characteristics, the needs of the following health population groups were assessed within the PNA. There is a strong link between these groups and some protected characteristics.

- *Children and young people (Age)*
- *Older people (Age)*

- *Health, physical disability and sensory impairment (Disability)*
- *Learning disability (Disability)*
- *Autism (Disability)*
- *Mental health (Disability)*
- *Unpaid carers (Disability)*

4. Is the policy related to, influenced by, or affected by other policies or areas of work (internal or external), eg, strategic EqIAs if this is an operational EqIA and vice versa?

Note: Consider this in terms of statutory requirements, local policies, regional (partnership) decisions, national policies, welfare reforms.

- *The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market.*
- *The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021).*
- *The Market stability report will inform high level strategic priorities based on supply and demand analysis within Local Area Plans, which will in turn inform Strategic Commissioning Strategies and Market Position Statements.*
- *This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022, which provides data and insight from all stakeholders, including those receiving care and support to inform this impact assessment.*
- *Well-being of Future Generations (Wales) Act 2015*
- *Regulation of Social Care (Wales) Act 2016*
- *Children Act 1989*
- *Childcare Act (2006)*
- *Additional Learning Needs and Education Tribunal Bill 2015*
- *United Nations Convention on the Rights of the Child*
- *Play Sufficiency Duty*
- *Strategy for Older People in Wales 2013-23*
- *United Nations Principles for Older Persons*
- *Welsh Government Declaration of the Rights of Older People in Wales*
- *Mental Health (Wales) Measure 2010*
- *Mental Capacity Act 2005*

- *Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015*
- *Serious Crimes Act*
- *Housing (Wales) Act 2014*

STEP 2 - Data, Engagement and Assessing the Impact

When completing this section, you need to consider if you have sufficient information with which to complete your EqIA, or whether you need to undertake a period of engagement/consultation before continuing. The legislation relating to the EqIA process requires you to **engage and involve people who represent the interests of those who share one or more of the protected characteristics *and* with those who have an interest in the way you carry out your functions**. The socio economic duty also requires us to **take into account the voices of those in the community including those with lived experience of socio economic disadvantage**. You should undertake engagement with communities of interest or communities of place to understand if they are more affected or disadvantaged by your proposals. This needs to be proportionate to the policy or practice being assessed. Remember that stakeholders can also include our own staff as well as partner organisations.

Before carrying out particular engagement activities, you should first look to data from recent consultations, engagement and research. This could be on a recent related policy or recent assessments undertaken by colleagues or other sources, eg, Is Wales Fairer?, North Wales Background Data Document, Info Base Cymru, WIMD. This can help to build confidence among groups and communities, who can see that what they have said is being acted on. If you have very little or no information from previous engagement that is relevant to this EqIA, you should undertake some engagement work with your stakeholders and with relevant representative groups to ensure that you do not unwittingly overlook the needs of each protected group. It is seldom acceptable to state simply that a policy will universally benefit/disadvantage everyone, and therefore individuals will be affected equally whatever their characteristics. The analysis should be more robust than this, demonstrating consideration of all of the available evidence and addressing any gaps or disparities. Specific steps may be required to address an existing disadvantage or meet different needs.

The Gunning Principles, established from past court cases, can be helpful in ensuring we apply fairness in engagement and consultation:

Principle 1: Consultation must take place when the proposals are still at a formative stage. You must not have already made up your mind.
Principle 2: Sufficient reasons must be put forward to allow for intelligent consideration and response. Have people been given the information and opportunity to influence?
Principle 3: Adequate time must be given for consideration and response. Is the consultation long enough bearing in mind the circumstances?
Principle 4: The product of consultation must be conscientiously taken into account when finalising the decision.

5. Have you complied with the duty to engage as described above and are you sufficiently informed to proceed?

Yes X No ☐ ***(please cross as appropriate** X)*

6. If Yes, what engagement activities did you undertake and who with?

The MSR draws on the consultation and engagement work during the Population Needs Assessment. This includes;

- *A survey completed by over 350 individuals, organisations and partners. A detailed consultation report provides further detail on the methods and process.*
- *A comprehensive literature search undertaken with regard to the protected characteristics*
- *Findings from relevant research, legislation, strategies, commissioning plans, other needs assessments, position statements and consultation reports.*
- *A communications sub group of the Market Stability Report Steering Group led on the creation of a Registered Providers Survey. An invitation was sent to all registered providers by local authority commissioners. A total of 63 responses were received.*
- *Local teams undertook their own engagements where it was not being covered at regional level. Including 1-1's with registered providers.*

7. If No, you may wish to consider pausing at this point while you undertake (further) engagement activities which you can include in the action plan below. Please incorporate any information obtained from this additional activity in the boxes in question 8.

Action	**Dates**	**Timeframe**	**Lead Responsibility**	**Information added to EqIA (✓)**

8. What information do you hold about the impact on each of the following characteristic and statutory considerations / duties from your experience of current service delivery and recent engagement or consultation? Include any additional relevant data; research and performance management information; surveys; Government, professional body or organisation studies; Census data; Is

Wales Fairer? (EHRC[1] data); information from initial screening; complaints/compliments; service user data and feedback; inspections/ audits; socio-economic data including WIMD[2] data. You may wish to include sub-headings showing where each element of your data has come from, eg, national data, local data, organisation data, general or specific engagement exercises, etc.

Consider any positive or negative impact including trends in data, geography (urban or rural issues), demography, access issues, barriers, etc. Also include any areas where there are inequalities of outcome resulting from socio-economic disadvantage or other relevant issues identified by communities of interest or communities of place (ie, where stakeholders, service users, staff, representative bodies, etc. are grouped together because of specific characteristics or where they live) and any issues identified for people living in less favourable social and/or economic circumstances.

Protected Characteristic /Group	**Relevant Data**	**Positive and / or Negative Impact**	**Prompts** (not an exhaustive list)
Race	*People from Black, Asian and minority ethnic groups have higher coronavirus mortality rates. (PNA page 22)* *Black, Asian and minority ethnic communities' mental health were disproportionately affected by mental health needs due to the pandemic. (PNA page 214)* *BME communities told us that access to mental health services was an area for improvement. (Pg 211 PNA)* *Children with the lowest educational attainment before the pandemic will have fallen further*	***Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Consider Ethnicity Nationality Gypsies / Travellers Language: interpreter provision Refugee / Asylum Seekers Migrants Positive Action Awareness events United Nations Convention on the Elimination of All Forms of Racial Discrimination (UNCERD)

[1] Equality and Human Rights Commission

[2] Wales Index of Multiple Deprivation

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	behind their peers including children of certain ethnicities (PNA Pg 22) *There is a lack of research about the experience of people from Black and minority ethnic groups with experience of Autism. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people. (PNA page 196)*		
Disability	***Local Data:*** • *Average local authority/health board Commissioned domiciliary care hours per week* • *Average hourly rate of domiciliary care by population group (£)* ***People with Mental Health needs*** *There is a shortage of mental health provision across North Wales (PNA 2022)* ***People with Learning Disability*** *The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *There is no specialist mental health provision including for autism and severe mental illness in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking (MSR 2022).* ***Positive Impact:*** *The MSR provides evidence to develop new and expand*	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions) (MSR 2022) *There is a high demand for supported living accommodation for people with a LD (PNA 2022)* *This increase number of people living in the community with dementia and complex needs may increase the demand for home care services, in particular 'double staffed packages of care'. (MSR)* ***Adults with learning difficulties and others with complex disabilities*** *More bespoke housing is needed to cater for individual needs, particularly Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital (PNA 2022)*	*existing services where there are gaps in provision.* ***Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *The information from the MSR will help commissioners support private and in house providers to improve financial sustainability and plan budgets effectively.* *The information from the MSR will help commissioners to devise strategy and plans to mitigate the risk of longer waiting times and individuals moving into to residential homes.*	
Disability continued	***Unpaid carers*** *There are around 79,000 people of all ages providing unpaid care in North Wales (2011), and we expect this number to be increasing as*	*Positive Impact Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Mobility / Dexterity Blind or Visually impaired Deaf or Hearing impaired Mental Health Learning Disabilities Dementia Neurological difference / Autism Access to buildings/ facilities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	the need for care and support increases. The PNA Unpaid carers chapter	*The information from the PNA and MSR identifies the lack of provision in the care market leads to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. People living longer coupled with Covid-19 increased the pressure on unpaid carers further.* ***Positive impact:*** *The MSR provides the evidence needed to support business cases, funding applications and justify increasing resources to support unpaid carers.*	Access to communication methods Carers Dietary requirements Other Long Term Health Conditions United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
Sex	*Men have higher corona virus mortality rates (PNA Pg22)* *Women and girls often struggle to get referred to Autism diagnostic services, with many being forced to pursue private diagnosis. (PNA page 196) .* *Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017).(PNA Page 150)*	***Positive Impact;*** *insight into the inequalities faced by men and women will help to identify likely support needs and plan services effectively.*	Men / Women Gender Identity Toilet facilities/baby changing Childcare Gender Pay Gap Sex workers United Nations Convention on the Elimination of All Forms of Discrimination against Women (UNCEDAW)

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	Research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009). (PNA page 217)		
Age	***Older People who need residential care*** ***Regional/National data:*** - *Estimated number of people aged over 65 in 2020 and projected number in 2040 (Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government)* - *Older people have increased covid-19 mortality rates (Pg 22 PNA)* ***Local data:*** - *Current number of **adult care homes** (age 18 and over) by type and area (Local authority MSR data toolkits)* - *Current number of permanent care home placements available to all adults aged 18 and over* - *Percentage of vacant care home placements, 31 March 2021* - *Gwynedd older people's care home placements (local authority data)*	*The PNA highlighted the need for specialist provision for older people in a residential care setting. The MSR identified this as a gap in provision. This includes residential care for older people including;* • *Dementia care provision* • *Older peoples mental health residential and nursing placements* • *For older people with a learning disability who also have physical health and dementia needs* ***Positive impact**: The MSR will provide evidence to make these types of provision a priority when considering development of workforce training needs, establishing and developing new services and development of buildings to meet demand.*	Older People Children Young People Working Age People Young Families Demographics NB: Where children / young people are affected complete the Childrens Rights Checklist United Nations Convention on the Rights of the Child (UNCRC) Caring responsibilities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	- *Anglesey MSR adult residential care market overview* - *No of out of county placements for specialist residential care provision in Denbighshire (local authority data)* - *No of care home closures 2019-2021 (local authority)* - *Feedback from care home residents* - *Feedback from providers* *Due to a combination of people living at home longer and an ageing population, the complexity of those requiring adult residential care, and demand for care placements is increasing. The current mix of general needs and specialist residential care provision does not match projected future demand (MSR)*	***Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *Older people requiring specialist residential care are more likely to;* • *Have their discharge delayed (Increase in Delayed Transfers of Care from hospital)* • *Be placed out of county* ***Positive impact**: MSR provides insight which may help providers to repurpose and create new provision where needed to meet demand.*	
Age continued	***<u>Older People who need Domiciliary Care</u>*** ***National Data*** - *Predicted number of people aged 65 and over who struggle with activities of daily living (Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government)*	***Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *There is a lack of available domiciliary care across the region impacted by a shortage of care staff. The nature of current arrangements mean that providers can refuse to give care, or return packages. Frequent emergencies*	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	- *Average local authority/health board Commissioned domiciliary care hours per week (local authority data collection)* - *Percentage market estimated share of domiciliary care sector by type (local authority data)* - *Number of providers by operating area (Local authority data)* - *Numbers of people who receive domiciliary care packages in Conwy (local authority data)* - *Demographic of people accessing domiciliary care in Flintshire* - *Number of care hours handed back by providers (* *Demand for domiciliary care exceeds supply of domiciliary care provision in every area of North Wales. The majority of people who access domiciliary care across the region are over 65. Although this is also likely to impact on adults with long term health conditions and physical disabilities.*	*can occur, where providers report that they are no longer able to provide care due to staffing problems* *The MST provides analysis which may support providers and commissioners to develop mitigating actions to reduce the risk of;* • *People not receiving the care they need and are at risk of 'slipping' through the net'.* • *moving into residential care instead.* • *increased pressures for those who have family, friends or other support networks taking on the role of an unpaid carers*	
Age (continued)	***<u>Children and Young People who need residential care</u>*** - *Children and Young People's Market Position Statement (2021 update)*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	- *Out of county placements (StatsWales)* *Over 50% of children in residential care from North Wales are placed out of county, away from parents, siblings and support networks, impacting on the whole family (MPS)* *There is a shortage of;* - *local residential providers.* - *specialist provision for children and young people with complex behavioural and emotional needs* - *emergency accommodation*	*For children and young people who cannot access safe/emergency accommodation due to their complex behavioural and emotional needs; cases of the use of s136 suites, inappropriate presentation/admission to hospital, delays in discharge and the use of unregulated care have been identified by local authority Children's services.* ***Positive Impact:*** *The MSR provides information which may help commissioners to rebalance the care market, develop new models of care amd create increased care capacity to meet the needs of children and young people. There is competition for placements, providers can 'cherry pick' individuals with least complex needs. Meaning those with a greater level of need wait longer to be placed or are sent further away from home.*	
Religion & Belief		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Faith Communities Non Beliefs Dietary requirements Vegetarianism/Veganism Other philosophical beliefs Dress code/uniforms Religious festivals/activities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Sexual Orientation	*Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).* *Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. This includes Lesbian, gay, bisexual and transgender people (PNA Page 219)* *Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Gay Lesbian Bi-sexual Heterosexual Terminology Confidentiality about sexuality
Gender Reassignment		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	A person who proposes to, starts or has changed their gender identity Transgender Appropriate language use, ie, appropriate pronouns Gender neutral changing facilities and toilets
Marriage & Civil Partnership		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Marital status Civil Partnership status

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Pregnancy & Maternity		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Pregnant mothers Those entitled to maternity and paternity leave Foster/Adoption Breastfeeding mothers
Welsh Language	*Shortages of staff, service availability lead and of county placements. This increases the likelihood of first language welsh speakers receiving care in English.* *This has been highlighted in particular for individuals where welsh language is a fundamental element of service provision, including;* *children and adults with complex needs such as individuals living with physical and learning disabilities including mental health and Autism.*	***Positive:*** *The MSR provides an assessment of the gaps in care provision of private providers in the welsh language and identified barriers to receiving care in welsh for planning future provision; including workforce recruitment and retention issues and increased out of county placements.*	Ensuring equal status of both Welsh and English languages. Availability of and access to services, activities and information. Technology Rights of individuals to ask for WL services. Impact on Welsh speaking communities, including: Positive / negative effects on opportunities to use the WL. Possible changes to number/percentage of Welsh speakers Migration Job opportunities / Staffing changes. Training needs and opportunities Availability of Welsh medium education
Socio Economic Considerations	*People from certain ethnic groups, children, disabled people, carers are all more likely to experience poverty. (PNA Page 22)*	***Positive Impact*** *Having a stable social care market and delivering care closer to home and improving access will have a positive impact on those with lower socio economic status*	People living in less favourable social and economic circumstances than others in the same society. Disadvantage may be exacerbated by many factors of

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	Rhyl West 1, Rhyl West 2 and Queensway 1 in Wrexham are within the ten most deprived areas in Wales (Welsh Index of Multiple Deprivation 2019) *People living within the most deprived communities in North Wales have a 25% higher rate of emergency admissions, there is a stark life expectancy disparity of 7 years and a general poor health and disability discrepancy of 14 years (BCUHB Annual Equality Report 2020-2021).*		daily life, not just urban or rural boundaries. 'Intersectionality' issues - where identity compounds socio-economic status, eg, single parents (often women), disabled people, some BAME groups.
Human Rights	*People from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019)* *The restrictions that have been implemented to manage the pandemic have impacted on children's ability to access their human rights under the United Nations Convention on the Rights of the Child, including the right to access to health care… and less well protected from violence, abuse and neglect. (PNA Page 76)* *In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has*	***Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	See Human Rights Articles below. https://humanrightstracker.com/en/ on EHRC website

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	had a detrimental impact on many areas of life for those with learning disabilities.		
Other (please state)		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Eg, Modern Slavery, Safeguarding, Other Covid effects, Carers, Ex-offenders, Veterans, Care Leavers, Substance Abuse, Homeless

Human Rights Act 1998	
• Article 2	Right to life
• Article 3	Freedom from torture and inhuman or degrading treatment
• Article 4	Freedom from Slavery and forced labour
• Article 5	Right to liberty and security
• Article 6	Right to a fair trial
• Article 7	No punishment without law
• Article 8	Respect for private life, family, home and correspondence
• Article 9	Freedom of thought, belief and religion
• Article 10	Freedom of expression
• Article 11	Freedom of Assembly and association
• Article 12	Right to marry and start a family
• Article 13	Right to access effective remedy if rights are violated
• Article 14	Protection from discrimination

9. Are there any data or information gaps and if so what are they and how do you intend to address them?

To strengthen future work, local authorities could review equality information for those individuals receiving services by protected characteristic to strengthen understanding of needs at a strategic level. Regionally this data could be analysed against population data to check whether groups can access services when they need them and receive the same quality of care as the general population.

Note: If it is not possible to obtain this information now, you should include this in your action plan in Step 6 so that this information is available for future EqIAs.

10. How does your proposal ensure that you are working in line with the requirements of the Welsh Language Standards (Welsh Language Measure (Wales) 2011), to ensure the Welsh language is not treated less favourably than the English language, and that every opportunity is taken to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?

Welsh language considerations were taken into account – all consultation was bilingual including surveys and correspondence. The MSR is issues for stakeholder approval bilingually and published bilingually. Where requested documents have been translated for local authority staff who were first welsh speaking.

11. If this EqIA is being updated from a previous version of a similar policy or practice, were the intended outcomes of the proposal last time achieved or were there other outcomes? (Please provide details, for example, was the impact confined to the people you initially thought would be affected, or were other people affected and if so, how?)

N/A

12. What is the cumulative impact of this proposal on different protected groups when considering other key decisions affecting these groups made by the organisation? (You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups more adversely because of other decisions the organisation is making, eg, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, eg, disabled people, older people, single parents (who are mainly women), etc)

13. How does this proposal meet with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 including to create a More Equal Wales? (Summarise findings if you may have already considered this as part of the screening process)

For more information, please see: https://futuregenerations.wales/about-us/future-generations-act/ *The MSR highlights challenges faced in the last 5 years within the social care market which are barriers to achieving the vision of A Healthier Wales and a More Equal Wales by setting out service provision and providing data, research and analysis to inform future planning.*

14. Describe any intended negative impact identified and explain why you believe this is justified (for example, on the grounds of advancing equality of opportunity or fostering good relations between those who share a protected characteristic and those who do not or because of an objective justification[1] or positive action[2])

N/A

Note[1]: Objective Justification - gives a defence for applying a policy, rule or practice that would otherwise be unlawful direct or indirect discrimination.To rely on the objective justification defence, the employer, service provider or other organisation must show that its policy or rule was for a good reason – that is 'a proportionate means of achieving a legitimate aim'. A **legitimate aim** is the reason behind the discrimination which must not be discriminatory in itself and must be a genuine or real reason, eg, health, safety or welfare of individuals. If the aim is simply to reduce costs because it is cheaper to discriminate, this will not be legitimate. Consider if the importance of the aim outweighs any discriminatory effects of the unfavourable treatment and be sure that there are no alternative measures available that would meet the aim without too much difficulty (proportionate) and would avoid the discriminatory effect.

Note[2]: Positive Action - Where an employer takes specific steps to improve equality in the workplace to address any imbalance of opportunity, lessen a disadvantage or increase participation in a particular activity, for example, increasing the number of disabled people in senior roles where they are under-represented by targeting specific groups with job adverts or offering training to help create opportunities for certain groups. The public sector is expected to consider the use of positive action to help them comply with the Public Sector Equality Duty.

15. Could any of the negative impacts identified amount to unlawful discrimination but are perceived to be unavoidable (eg, reduction in funding)?

Yes ☐ No x☐ Not Sure ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

16. If you answered Yes or Not Sure to question 15, please state below, which protected group(s) this applies to and explain why (including likely impact or effects of this proposed change)

N/A

17. If you answered No to question 15, are there any barriers identified which amount to a differential impact for certain groups and what are they?

The populations health needs are more likely to be more intensive for Older People, Children and Younger People and those with a Physical or Learning disability – impacting significantly on the protected characteristics of Age and Disability. *The work of the MSR and PNA seeks to identify those barriers and will not pose any new negative impacts.*

STEP 3 - Procurement and Partnerships

The Public Sector Equality Duty (PSED) requires all public authorities to consider the needs of protected characteristics when designing and delivering public services, including where this is done in partnership with other organisations or through procurement of services. The Welsh Language Standards also require all public authorities to consider the effects of any policy decision, or change in service delivery, on the Welsh language, which includes any work done in partnership or by third parties. We must also ensure we consider the Socio-economic Duty when planning major procurement and commissioning decisions to consider how such arrangements can reduce inequalities of outcome caused by socio-economic disadvantage.

When procuring works, goods or services from other organisations (on the basis of a relevant agreement), we must have due regard to whether it would be appropriate :

- for the award criteria for that contract to include considerations to help meet the General Duty (to eliminate discrimination, promote equality of opportunity and foster good relations);
- to stipulate conditions relating to the performance of the contract to help meet the three aims of the General Duty.

This only applies to contractual arrangements that are "relevant agreements" which means either the award of a 'public contract' or the conclusion of a 'framework agreement', both of which are regulated by the Public Sector Directive (Directive 2004/18/EC) which regulates the specified EU thresholds. Further information can be found here.

We must consider how such arrangements can improve equal opportunities and reduce inequalities of outcome due to protected characteristics and caused by socio-economic disadvantage, particularly on major procurement and commissioning decisions. The PSED applies to the work that private sector organisations undertake when delivering a public function on our behalf. We therefore need to ensure that those organisations exercise those functions by ensuring our procurement and monitoring of those services complies with the General Duty under Section 149 of the Equality Act 2010. In the same way, the Welsh Language Standards applies to any work undertaken on behalf of, and in the name of, public bodies that are themselves subject to the Standards, and so consideration should be given to how these requirements are monitored and communicated through the procurement documents. The Socio Economic Duty does not pass to a third party through procurement, commissioning or outsourcing. Therefore when we work in partnership with bodies not covered by the Socio Economic Duty, the duty only applies to us as the relevant public body.

18. Is this policy or practice to be carried out wholly or partly by contractors or in partnership with another organisation(s)?

Yes x ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

If No, please proceed to Step 4

19. If Yes, what steps will you take to comply with the General Equality Duty, Human Rights and Welsh Language Legislation and the Socio-Economic Duty in regard to procurement and/or partnerships? Think about :

Procurement

- Setting out clear equality expectations in Tendering and Specification documentation, showing how promotion of equality may be built into individual procurement projects
- On what you based your decisions in the award process, including consideration of ethnical employment and supply chain code of practice
- Ensure that contract clauses cover the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and socio-economic requirements as well as Welsh Language Duties (remember that any duties from the Welsh Language Measure 2011 and Welsh Language Standards are also applicable to services provided on your behalf under contract by external bodies).
- Performance and Monitoring measures are included to monitor compliance, managing and enforcing contracts

Partnerships

Be clear about who is responsible for :

- Equality Monitoring relevant data
- Equality Impact Assessments
- Delivering the actions from the EqIA
- Ensuring that equality, human rights and Welsh Language legislation is complied with by all partners
- Demonstrating due regard to the Public Sector Equality Duty and the Socio-Economic duty

Partners are local authority commissioners and the local health board who are required to fully comply and manage compliance of equality, human rights, welsh language legislation and due regard to Public Sector Equality, and Socio Economic duty within commissioning practices

STEP 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice

20. When considering proportionality, does the policy or practice have a significantly positive or negative impact or create inequalities of outcome resulting from socio-economic disadvantage?
(Please give brief details)

Significantly positive impact	Significantly negative impact
Thorough research was undertaken during for the PNA and MSR which will provide insight for stakeholders on which groups of people are most likely to be at risk of socio economic disadvantage and plan to support those individuals effectively. This should have a long term positive impact across the region, influencing strategy, policy making and practice for local authorities and health board commissioners	

and independent and third sector providers within the social care market.	

21. It is important that you record the mitigating actions you will take in developing your final policy/practice draft. Record here what measures or changes you will introduce to the policy or practice in the final draft which could reduce or remove any unlawful or negative impact or disadvantage and/or improve equality of opportunity/introduce positive change; or reduce inequalities of outcome resulting from socio-economic disadvantage? (This could also inform the Action Plan in Q30)

Unlawful or Negative Impact Identified	Mitigation / Positive Actions Taken in the Policy/Practice	Completed (✓)
N/A		

22. Will these measures remove any unlawful impact or disadvantage?

Yes ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

23. If No, what actions could you take to achieve the same goal by an alternative means?

N/A

24. What measures or changes in the following important legislative areas have you included to strengthen or change the policy/practice:

a) to foster good relations and advance equality of opportunity as covered by the General Duty in the Equality Act 2010;
b) to reduce inequalities of outcome as a result of socio-economic disadvantage;
c) to increase opportunities to use the Welsh language and in treating the Welsh language no less favourably than the English language as set out in the Welsh Language (Wales) Measure 2011 and reduce or prevent any adverse effects that the policy/practice may have on the Welsh language?

N/A

25. Do you have enough information to make an informed judgement?

Yes ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

26. If you answered Yes, please justify:

N?A

27. If you answered No, what information do you require and what do you need to do to make a decision?
(Note: Should data collection be included in the action plan (Step 6)?)

[You may need to stop here until you have obtained the additional information]

STEP 5 - Decision to Proceed

28. Using the information you have gathered in Steps 1 – 4 above, please state on the table below whether you are able to proceed with the policy or practice and if so, on what basis?

(Please double click on the relevant box (X) and select 'checked' as appropriate)

Decision	
X☐ Yes	Continue with policy or practice in its current form
☐ Yes	Continue with policy or practice but with amendments for improvement or to remove any areas of adverse impact identified in Step 4
☐ Yes	Continue with the plan as any detrimental impact can be justified
☐ No	Do not continue with this policy or practice as it is not possible to address the adverse impact. Consider alternative ways of addressing the issues.

29. Are there any final recommendations in relation to the outcome of this Equality Impact Assessment?

STEP 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data

The EqIA process is an ongoing one that doesn't end when the policy/practice and EqIA is agreed and implemented. There is a specific legal duty to monitor the impact of policies/practices on equality on an ongoing basis to identify if the outcomes have changed since you introduced or amended this new policy or practice. If you do not hold relevant data, then you should be taking steps to rectify this in your action plan. To review the EHRC guidance on data collection you can review their Measurement Framework.

30. Please outline below any actions identified in Steps 1-5 or any additional data collection that will help you monitor your policy/practice once implemented:

Action	Dates	Timeframe	Lead Responsibility	Add to Service Plan (✓)

31. Please outline below what arrangements you will make to monitor and review the ongoing impact of this policy or practice including timescales for when it should be formally reviewed:

Monitoring and Review arrangements (including where outcomes will be recorded)	Timeframe & Frequency	Lead Responsibility	Add to Service Plan (✓)

STEP 7 - Publishing the Equality Impact Assessment

Please arrange for this completed EqIA to be agreed by your Head of Service/Department and arrange for translation and publishing with a copy sent to the Equality Officer.

Teitl adroddiad: ***Report title:***	**BCUHB – Decarbonisation Action Plan - 2022-2027 (Final)**
Adrodd i: ***Report to:***	**Partnerships, People and Population Health Committee**
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	Climate change has been widely recognised as one of the greatest threats to public health globally and nationally. BCUHB as owners of the largest NHS estate in Wales play a key role in reducing emissions and therefore help the NHS to adapt to climate change and building healthier communities This Decarbonisation Action Plan is our commitment to reducing our environmental impact and promoting sustainable healthcare, enabling the NHS to deliver excellent patient care now and in the future. While we are proud of our achievements so far there is still so much more needed to be undertaken as outlined within the action plan. In response to the NHS Wales Decarbonisation Strategic Delivery Plan, this Decarbonisation Action Plan has been developed in partnership with expert guidance from the Carbon Trust on behalf of Betsi Cadwaladr University Health Board (BCUHB). It sets the strategic direction of travel for the next five years and summarises the key deliverable decarbonisation actions that will be implemented over the next two years starting in 2022/23 and 2023/2024. The Action Plan seeks to reduce carbon emissions across all greenhouse gas (GHG) and emissions scopes. The Carbon Trust in partnership with BCUHB developed this Action Plan based on an analysis of data provided by BCUHB, observations made during site visits, and information gathered during targeted engagement with key functions across the Health Board (Estates, Finance, Procurement, Transport and Clinical leads). It is recognised that it will not be practical or possible for BCUHB to stop all carbon emissions entirely from its operations. This will be the same for all Health Boards across Wales. BCUHB must strive to reduce all emissions as far as is reasonably practicable using offsetting measures as the final step to align with Welsh Government's Net Zero public sector by 2030 ambition. The Action Plan has been signed off by the stakeholder group in June 2022, the Action Plan is presented to People, Partnerships and Population Committee for consideration and recommendation to the Board for approval and publication.

	As the Decarbonisation Action Plan is a key document within the IMTP, Welsh Government has asked all Health Boards for advanced copies. The Health Board's action plan was submitted in draft form to Welsh Government on the 5th of May 2022 and we have now received positive feedback on the final document. A decarbonisation programme board will lead the implementation of the action plan. The programme board will engage across BCUHB; including estates and facilities, planning, transport, procurement, transformation, clinical/nursing and other wider stakeholder groups in North Wales. The programme board led by the Executive Director of Finance will ensure that actions and commitments contained within this Decarbonisation Action Plan are taken forward and implemented.			
Argymhellion: ***Recommendations:***	The Partnerships, People and Population Health Committee is asked to consider and support the Decarbonisation Action Plan - 2022-2027 which meets the requirements of Welsh Government's request to all Health Boards in Wales to develop five–year decarbonisation action plans. To note the planned governance arrangements to ensure engagement and delivery of actions contained within the action plan. To recommend to the Health Board that the action plan is approved and submit to Welsh Government.			
Arweinydd Gweithredol: ***Executive Lead:***	Sue Hill – Executive Director of Finance			
Awdur yr Adroddiad: ***Report Author:***	Rod Taylor – Director of Estates & Facilities			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:				

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	In order to meet the requirements of the Decarbonisation Action Plan, the organisation will need to build on the work already undertaken and the benefits of the Health Boards environmental management system (EMS) and Capital Investment Group. A large proportion of the current work programmes have been focused on Estates and Facilities and Capital Development, though there are also numerous examples for clinical engagement making changes e.g. establishment and engagement of the YG/YGC and Wrexham Maelor Green Groups. During the pandemic, there has been a substantial decrease in business travel through increased agile working, an increase in the use of tele-health and consideration for further biodiversity, all of which have contributed to decarbonisation and need to be consolidated and maintained in a sustainable recovery. The Health Board currently has no defined travel/transport strategy and the environmental management strategy requires updating to align with the decarbonisation action plan. In order to recognise the specific health emergency issues, there are opportunities to combine decarbonisation and sustainability within the public health agenda, with value based health care and to involve greater staff engagement and awareness in general but clinical engagement in particular; there are also further opportunities to enhance other programmes including staff wellbeing and for further collaborating with regional partners. The Decarbonisation Programme Board will drive implementation and seek to progress opportunities for financial benefits to sustain the programme and deliver other opportunities by linking up with other established programmes (e.g. agile working) to tackle the health emergency while reducing emissions to achieve the ambitious targets from the NHS Wales Decarbonisation. It is essential that the action plan is integrated into plans being progressed through the Health Board's new Clinical Strategy.

	IMTP Plan for 2022-25, People Strategy & Plan and the drafting of the new Estates Strategy. The action plan will be shared and delivered on a regional basis to ensure that any joint working opportunities with the Regional Partnership Boards, North Wales Regional Leadership Board, Ambitions North Wales and Public Health Wales are taken account of. This approach will ensure that the Health Board plays a key role in regional decarbonisation and sustainability programmes in the context of the public sector in North Wales.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	In April 2021, Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019. The plan was a response to this declaration and aligns with Welsh Ministers ambition for the public sector to be net zero (in carbon emissions) by 2030. All Health Board's in Wales are required to develop decarbonisation action plans in support of the public sector achieving net zero carbon emissions by 2030. The Health Board's Decarbonisation Action Plan proposes a list of actions and programmes of works to ensure that the Board has a robust and deliverable action plan in place to reduce carbon emissions by 2030 in compliance with Welsh Government's requirement.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	An Equality Impact (EqIA) and a Socio-Economic (SED) Impact Assessment is not required as this is an internal action plan.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	An SEIA Impact Assessment is not required as this is an internal action plan.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The proposed decarbonisation actions listed within this report ensures that the Board has a robust and deliverable action plan to reduce carbon emissions by 2030 in compliance with Welsh Governments requirements and legislation.

	Actions contained within the action plan will contribute to risk reduction as recorded in BAF 21-17(Estates and Asset Development) and BAF 21-21(Estates and Asset Development).
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Funding the Decarbonisation Action Plan will require low carbon alignment in how the Health Board utilise existing funding allocation for healthcare delivery, procurement and capital investments. Based on specific decarbonisation actions and measures contained within the action plan, it is estimated that over two years additional capital funding is required at circa £10m. The Capital Investment Group has already allocated £500k of discretionary capital funding for decarbonisation projects in 2022-23. To support implementation of both the NHS Wales Decarbonisation Strategic Delivery Plan and also BCUHB's own decarbonisation action plan, we have commenced work on an estate wide energy efficiency programme of work, through a Welsh Government supported programme, Re:fit'Cymru. The Re:fit Cymru programme is a procurement initiative for public bodies wishing to implement energy efficiency, decarbonisation, and local energy generation measures to their buildings or their estates, with support to assist in the development and delivery of the schemes. These measures improve the energy performance of buildings/sites. As a result, carbon emissions are reduced, and substantial guaranteed annual cost savings can be achieved. Client-side support is being provided through the framework owners, Local Partnerships, and through the Welsh Government Energy Service. The Framework will provide a 100% guarantee of the energy performance (including saving or generation) via a contractual agreement between the health board and the selected service provider for the duration of the payback period of the project. This key feature helps to remove risk of failure with new developments, protecting the client and its investment.

	Local Partnerships will provide comprehensive support to the health board across the following areas: • Project preparation and development; • Development and launch of mini-competition/contracting with the selected service provider; and • Project delivery. Welsh Government have also indicated that there could be ring fenced decarbonisation revenue/capital funding grants available across Wales for Health Boards to bid against in 2022-2023. The action plan also identifies that the Programme Board will require dedicated capacity to ensure delivery. The Programme Board will agree what level of additional capacity both internally and externally is required ready for a proposal to be submitted to the Executive Director for Finance as Senior Responsible Officer for the decarbonisation programme.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Programme management capacity is required for the delivery of the actions contained within the plan. Resources will be addressed internally through support from the Transformation team.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Partnerships, People and Population Health Committee at a meeting on the 9th of December 2021 supported the recommendations to appoint the Carbon Trust to assist the Health Board with developing a five-year decarbonisation plan in response to Welsh Governments decarbonisation targets for 2030. A Health Board wide stakeholder group have been working with the Carbon Trust to develop the Board's Decarbonisation Action Plan which is presented as appendix 1. The draft action plan has been presented to a number of internal and external stakeholders groups for consultation and engagement feedback from which has now been included within the final action.

	These groups included :- • Executive Team and Executive Management Group • Capital Investment Group • Welsh Government – Health and Social Care Climate Emergency National Programme (Building,Estates,Planning and Land Use Project Board • Welsh Governent – Energy Service • Welsh Goverment – NHS Decarbonisation Action Plans – Community of Experts • Green Groups within BCUHB • North Wales Regional Leadership Board.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Programmes contained within the action plan, relating to buildings and land will improve energy efficiency and drive improvements in estate infrastructure across BCUHB's estate. Projects defined within the action plan will support the follow BAF risks :- 1 – BAF 21/17 (Estates and Asset Development) 2- BAF 21-21 (Estates and Assets)
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Delivery of the decarbonisation action plan and half yearly reporting to Welsh Government.	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 – BCUHB – Decarbonisation Action Plan - 2022-2027 (Final v 6.0) Appendix 2 - NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	

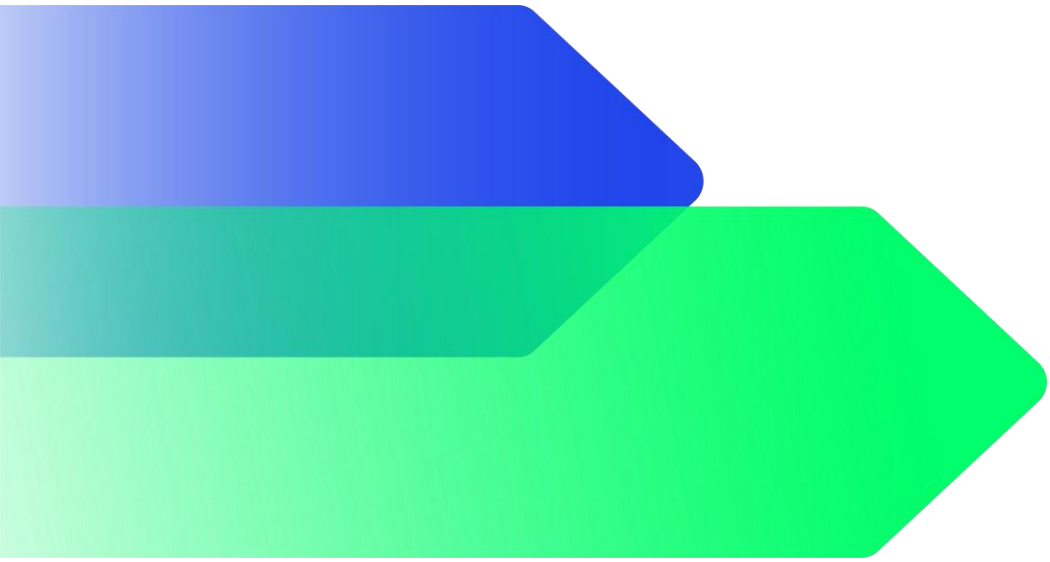
Final version

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Decarbonisation Action Plan

Final v6.0

July 2022



About the report

In response to requirements set out in the NHS Wales Decarbonisation Strategic Delivery Plan, this initial Decarbonisation Action Plan has been developed by the Carbon Trust on behalf of Betsi Cadwaladr University Health Board (BCUHB). It sets the strategic direction of travel for the next five years and summarises the deliverable decarbonisation actions that will be implemented over the next two years from March 2022. The Action Plan addresses carbon emissions across all greenhouse gas (GHG) emissions scopes, with a specific focus on the emissions associated with construction and estate refurbishment.

Acknowledgments

The Carbon Trust developed this Action Plan based on an analysis of data provided by BCUHB, observations made during site visits, and information gathered during targeted engagement with key functions across the Health Board (Estates, Finance, Procurement, Transport, Clinical).

The Carbon Trust would like to thank everyone that has contributed their time and expertise during the preparation and completion of this report. A list of those who have helped contribute and shape this document can be found in the Appendices.

Who we are

We are a trusted, expert guide to Net Zero, bringing purpose led, vital expertise from the climate change frontline. We have been pioneering decarbonisation for more than 20 years for businesses, governments, and organisations around the world.

We draw on the experience of over 300 experts internationally, accelerating progress and providing solutions to this existential crisis. We have supported over 3,000 organisations in 50 countries with their climate action planning, collaborating with 150+ partners in setting science-based targets, and supporting cities across 5 continents on the journey to Net Zero.

The Carbon Trust's mission is to accelerate the move to a decarbonised future.

Authors:

Anthony Dale

Associate, Cities & Regions, Carbon Trust

Anthony.dale@carbontrust.com

Hector Wilson

Senior Associate, Cities & Regions, Carbon Trust

hector.wilson@carbontrust.com

Graham Hunter

Manager, Cities & Regions, Carbon Trust

graham.hunter@carbontrust.com

Reviewers:

David Powlesland

Associate Director, Cities & Regions, Carbon Trust

David.powlesland@carbontrust.com

Contents

Tables

Figures

Abbreviations

DAP	Decarbonisation Action Plan
BCUHB	Betsi Cadwaladr University Health Board
NWSSP	NHS Wales Shared Services Partnership
WGES	Welsh Government Energy Service
GHG	Greenhouse gas
GWP	Global warming potential
CO_2e	Carbon dioxide equivalent
tCO_2e	Tons of Carbon Dioxide equivalent
DEC	Display Energy Certificate
ASHP	Air Source Heat Pump
(B)EV	(Battery) Electric Vehicle
ULEV	Ultra-Low Emission Vehicle
BMS	Building Management System
UFH	Underfloor Heating

Glossary of Terms

Carbon footprint	A carbon footprint measures the total greenhouse gas emissions caused directly and indirectly by a person, organisation, service, or product, and is calculated by multiplying activity data with an associated emissions factor. The accuracy of a carbon footprint is largely dependent on the quality of activity data available. Primary data related to the specific activity being footprinted (e.g., electricity meter readings) is preferred, but benchmarks and/or proxies can provide an estimation where primary activity data is not available. Emission factors define the carbon intensity of an activity, and the most common emission factors are updated and published annually by the UK Government.
Reporting framework and emission scopes	The greenhouse gas (GHG) protocol is an established and internationally recognised methodology for carbon reporting. In the protocol, emissions are categorised into three scopes: • Scope 1 – Direct GHG emissions (i.e., occur at the point-of-use) from sources that are owned or controlled by the reporting organisation. For example, this would include emissions from the operation of a petrol vehicle owned/controlled by the reporting company, as emissions are directly released from the vehicle exhaust. • Scope 2 – Indirect GHG emissions (i.e., do not occur at the point-of-use) from energy consumed by the reporting organisation's owned/controlled assets. This includes electricity consumption, where the emissions associated with the consumption do not occur at the point-of-use but have been produced in the initial generation of the consumed electricity (e.g., from the burning of natural gas at a power station). • Scope 3 – All other indirect emissions that occur in the reporting company's value chain. For example, the commission of a third party to provide social care services on a council's behalf.
Carbon dioxide equivalent	GHG's contribute to global warming by 'trapping' in heat that would otherwise escape to space. Carbon dioxide is the most widely produced GHG but there are many others. Some GHGs are more potent than others (for a set amount) and trap more heat in the Earth's atmosphere. The potency of GHGs is defined by their global warming potential (GWP). Carbon footprints are measured in carbon dioxide equivalent (CO_2e), combining the impact of different greenhouse gases into one CO_2, equivalent figure based on their global warming potential. The measured footprint therefore includes the impact of the seven most impactful greenhouse gases, not just carbon dioxide.

Executive Summary

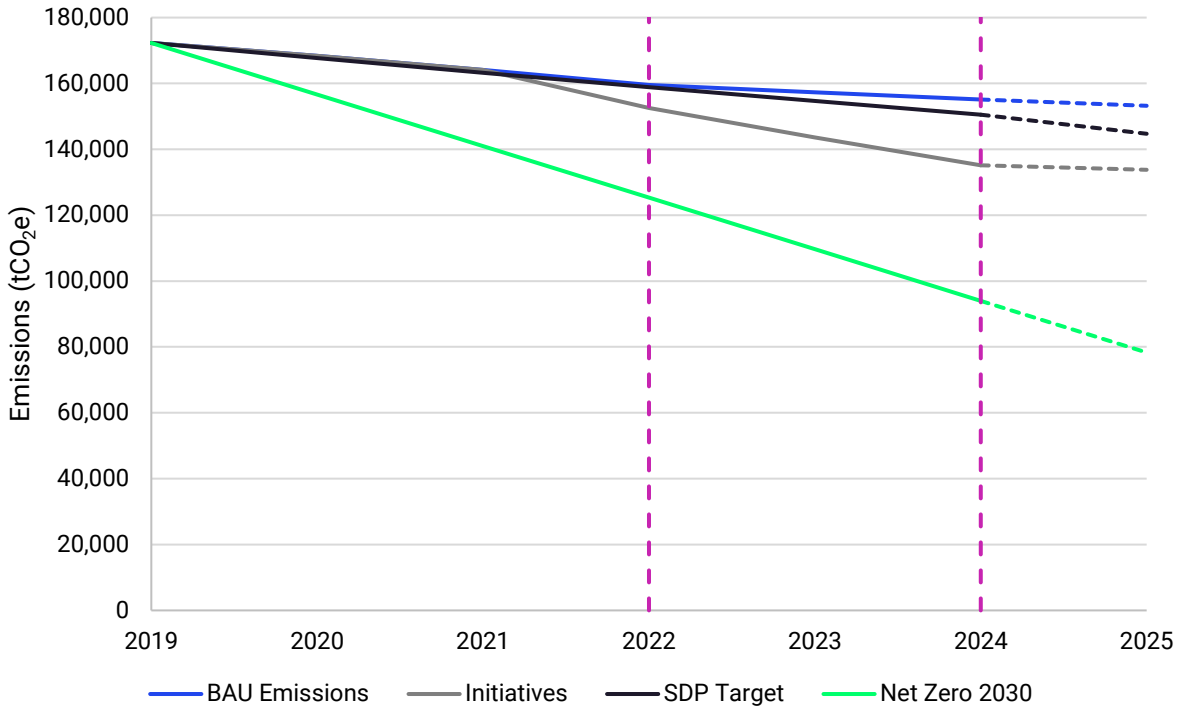
- This Decarbonisation Action Plan sets the strategic direction of travel for Betsi Cadwaladr University Health Board over the next five years and identifies deliverable actions for the two years from March 2022. **Successful implementation of this Decarbonisation Action Plan will require a step-change in decarbonisation activity across BCUHB**.
- **It addresses carbon emissions across all GHG emissions scopes**, including those from buildings and land use, transport, waste, water, procurement of goods and services and wider clinical healthcare delivery. In addition, it provides a specific focus on the emissions associated with construction and refurbishment.
- **The table below sets out a summary of the impact (where quantifiable) of the decarbonisation actions that will be implemented by BCUHB from March 2022 to March 2024 to align with the NHS Wales Decarbonisation Strategic Delivery Plan (SDP).** As shown, it has not been possible to quantify every action in the 2022-24 Decarbonisation Action Plan. A full breakdown of these decarbonisation actions can be found in Section 4 and details of how actions have been quantified are in Appendix 2.

Area	Estimated Annual Savings			Est. Capital Costs 2022-24 (£)	Est. 10 year Carbon Savings (tCO_2e)
	£	tCO_2e (2024)	Activity (unit)		
Carbon Management	£528,615	1,297	6,232,124 kWh	-	9,586
Buildings	£582,295	3,565	17,092,515 kWh	£8.6m	28,161
Transport	£305,895	741	248,906 Litres - 406922 kWh	£1.1m	5,296
Procurement	-	14,366	-	£100k	94,342
Estate Planning & Land Use	-	-	-	-	-
Approach to Healthcare	-	-	-	-	-
Total	**£1,416,805**	**19,969**	**-**	**£9.75m**	**138,015**

- The opportunities identified should all be implemented within the lifetime of this action plan. They needn't be prioritised by return on investment or similar metric, but should be looked at from a decarbonisation and enabling point of view.
- It is recognised that it will not be practical or possible for BCUHB to stop all carbon emissions entirely from its operations. This will be the same for all Health Boards and Trusts across Wales. **BCUHB must strive to reduce its emissions as far as possible before using offsetting**

measures as the final step to align with Welsh Government's Net Zero public sector by 2030 ambition.

- This calculation is called the "Gap to Target", which is the gap that will require offsetting measures. **A gap to target has been estimated in 2025 as 55,467 tCO_2e. This represents BCUHB's estimated residual carbon emissions in 2025, plus the initiatives that were unquantifiable at this point in terms of carbon savings**. BCUHB will need to offset the remaining carbon emissions using the correct and approved methods. The graph below gives a visual representation of these savings as BCUHB's 'Decarbonisation Pathway' towards 2025. A business-as-usual (BAU), Net Zero 2030 pathway and the NHS Wales Strategic Delivery Plan target have also been included for context.



- It should be noted that under a business-as-usual case, both grid decarbonisation and a decarbonisation of the supply chain are taken into account. As a result of these factors, **the total footprint is expected to decrease by 11% between 2019 and 2025 under the business-as-usual case.**
- The 'initiatives' case takes into account both the reductions of the business-as-usual case as well as the potential carbon savings resulting from the actions developed within this plan. This decarbonisation plan focusses on the near future (2022-24), meaning the actions identified are likely to be low hanging fruit that can be quickly implemented. A result of this is that the carbon savings from initiatives levels off after 2024, leaving a significant gap to target; this will be addressed in future decarbonisation plans with the development of more initiatives in future years. Furthermore, many of the actions outlined within this report suggest the implementation of feasibility studies, therefore, **the largest reductions in emissions are likely to be seen post 2025.**

- A result of the action plan focussing on the time period of 2022-24 is that many of the identified opportunities centre around buildings. However, **the largest reductions arise from actions taken within the purchase of goods and services** – as this is greatest proportion of the overall carbon footprint.
- It should be noted too that **the vast majority of actions identified within this plan cannot be quantified but are likely to either support the reduction of emissions of contribute to emission reductions in the future**. These measures are not reflected in the graphs and tables above but will underpin a lot of the work that will need to be carried out by BCUHB in order to meet its 2030 target.
- Although these initiatives, if implemented, are likely to result in strong carbon reductions, especially when measured against the SDP target, there is still a long way to go in achieving net zero emissions by 2030. **Future decarbonisation plans will need to increase the level of ambition and look to reduce emissions even further and faster.**
- The recently developed **decarbonisation programme board will drive the implementation of the decarbonisation plan**. The decarbonisation programme board and its members will engage others across BCUHB; spanning estates and facilities, planning, transport, procurement, clinical, and wider stakeholder groups, to ensure that the actions within this Decarbonisation Action Plan are taken forward and implemented within the stated timeframe.
- Funding this Decarbonisation Action Plan will require low carbon alignment in how we utilise existing funding for healthcare delivery, procurement, and capital projects. Based on specific additional decarbonisation actions and measures shown, **the additional funding required is estimated as £10m**.
- One of the key routes for delivery for the built estate, energy efficiency, and renewable energy programmes will be through an energy performance contract, BCUHB are currently in the process of signing up for Re:fit Cymru.
- Implementing the Decarbonisation Action Plan will require additional internal resource and capacity, as well as expert contracted support.
- This Decarbonisation Action Plan should be considered a working document by BCUHB, where costs and funding can be updated as certain actions and policy decisions become clearer.

1. Context

1.1. Welsh Government and NHS Wales ambitions for public sector decarbonisation

- The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd and committed to achieving a carbon neutral public sector by 2030.
- The NHS Wales Decarbonisation Strategic Delivery Plan was published in March 2021 and demonstrates how NHS Wales can play its part in the recovery from Covid 19 and its commitment to the Wellbeing of Future Generations Act 2015 which directs public bodies to consider long term persistent problems such as poverty, health inequalities, and climate change.
- The Plan responds to the Climate Emergency declaration and recognises that the NHS has a critical role to play in contributing towards this target, as the largest public sector organisation in Wales.
- It calls for swift action across all Health Boards over the next five years to ensure the targets are adhered to. This will rely on minimising waste, increasing efficiencies, investing heavily in decarbonisation of buildings and vehicles, and addressing carbon emissions in the supply chain It recognises that low carbon must be core to decision making, and embedded into everyday processes so that it becomes integral to the decisions that we make and calls for Health Boards to lead by example.
- Specifically, all Health Boards and Trusts are required to develop Decarbonisation 'Action Plans', to be regularly updated and committed to within Integrated Medium-Term Plans on a 2 yearly basis In addition, all new build developments and major refurbishments will need to be designed and accredited to a net zero framework.
- The wider Welsh Government policy context is supported by legislation, strategy, and ministerial ambitions:

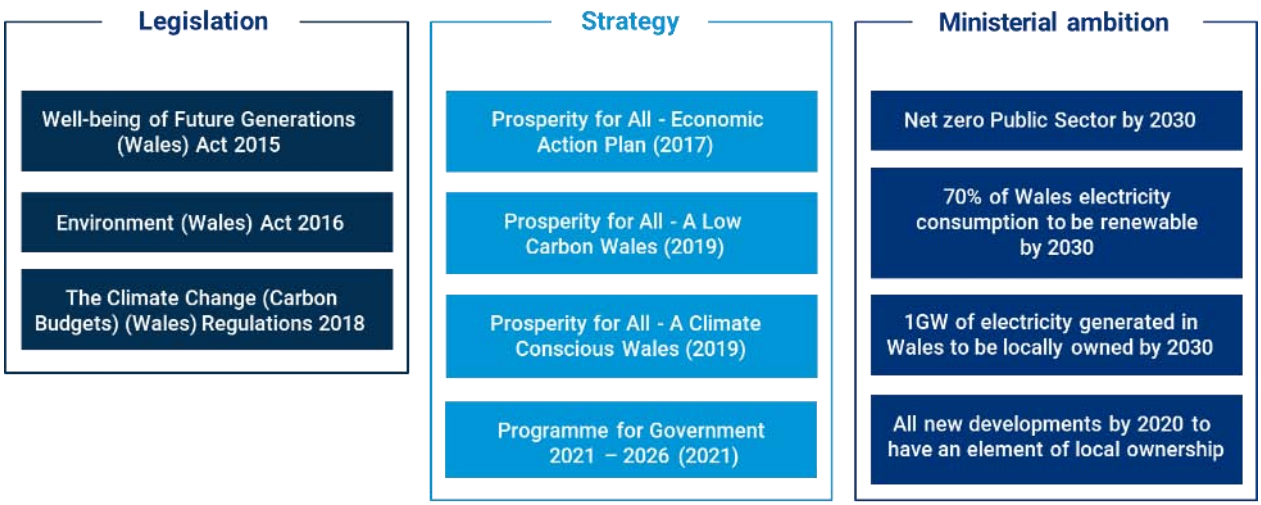
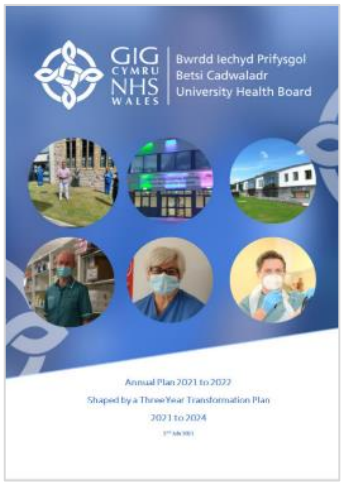


Figure 1: Summary of Welsh Government decarbonisation policy context

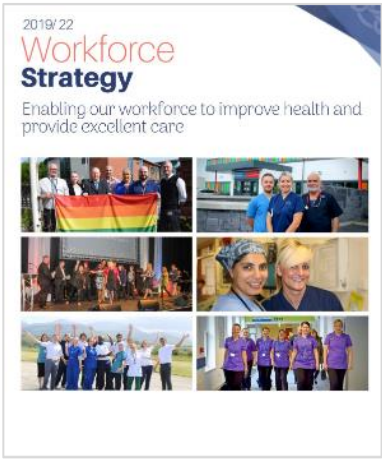
1.2. Betsi Cadwaladr University Health Board

- Betsi Cadwaladr University Health Board (BCUHB) provides healthcare services to a total population of around 694,000 throughout North Wales. It provides Acute, Primary, Community, Mental Health and Learning Disabilities services through the operation of three district general hospitals (covering West, Central, and East); twenty-two other acute and community hospitals and over ninety health centres, clinics and smaller units.
- As lead authors of the NHS Decarbonisation Strategic Delivery Plan, BCUHB approached the Carbon Trust to provide support in the development of the Health Board's first Decarbonisation Action Plan.
- Following discussions with BCUHB, it was agreed that the Decarbonisation Action Plan needed to set the strategic direction of travel for the next five years and identify deliverable actions for the two years from March 2022.
- The Action Plan addresses carbon emissions across all GHG emissions scopes, including those from buildings, transport, waste, water and procurement of goods and services. In addition, it provides a specific focus on the emissions associated with construction and refurbishment.
- Targeted engagement with key functions across the Health Board (Finance, Procurement, Transport, Clinical etc.) were a critical aspect of this work, to ensure buy in, build momentum and help to embed decarbonisation into decision making and Business as usual.

This BCUHB Decarbonisation Action Plan, will align with the following policies and strategies within the Health Board:



Betsi Cadwaladr University Health Board Annual Plan 2021/2022



Betsi Cadwaladr University Health Board Workforce strategy 2019/22

Betsi Cadwaladr University Health Board Living Healthier, Staying Well three year plan for north Wales

2. BCUHB Carbon Footprint

2.1. Carbon footprint scope

BCUHB's carbon footprint is calculated annually in accordance with the Greenhouse Gas (GHG) Protocol – the most widely used and accepted methodology for GHG accounting. The GHG Protocol categorises emissions into three scopes:

a) **Scope 1:** All direct GHG emissions (i.e., 'on-site' emissions, such as from a gas boiler or tailpipe emissions from a vehicle).

b) **Scope 2:** Indirect GHG emissions from consumption of purchased electricity, heat or steam.

c) **Scope 3:** All other indirect emissions, such as the extraction and production of purchased materials and fuels, transport-related activities in vehicles not owned or controlled by the reporting entity, outsourced activities, waste disposal, etc.

Where direct and indirect emissions are defined according to operational control, such that:

- Direct GHG emissions are emissions from sources that are operationally controlled by the Health Board.
- Indirect GHG emissions are emissions that are a consequence of the activities of the reporting entity, but occur at sources controlled by another entity (for example, a power plant that generates the electricity consumed by BCUHB, or a wastewater treatment site that processes BCUHB's wastewater).

2.2. Carbon footprint analysis

Within the NHS Wales decarbonisation strategic delivery plan, a carbon footprint was calculated that covered all emissions sources across all health boards. The initial study found that the carbon footprint for NHS Wales to be approximately 1 million tonnes of CO_2e for the year 2018/19. This year has been set as the baseline from which targets are projected and progress measured.

For Betsi Cadwaladr University Health Board the total emissions measured **175,847 tCO_2e**, this is 16.7% of the total NHS Wales footprint and positions BCUHB as the health board with the second largest proportion of total emissions.

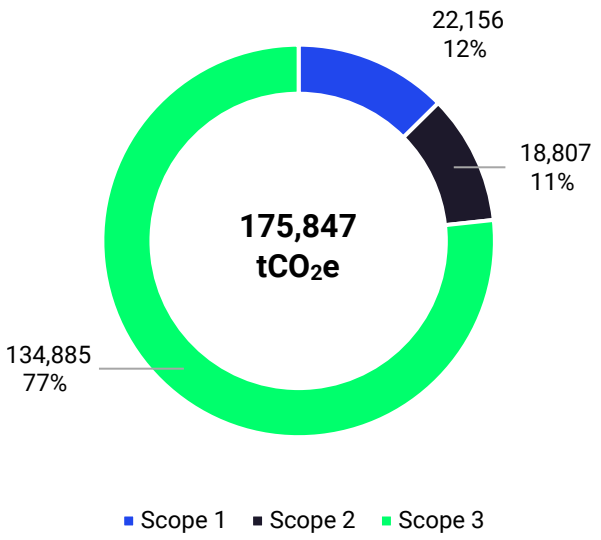


Figure 2: Breakdown of BCUHB's footprint by scope

The overwhelming majority of emissions arise from the indirect, upstream value chain sources – scope 3. This compares to NHS Wales where 80% of emissions arise from scope 3 sources. 12% of emissions are scope 1, from the direct creation or release of greenhouse gases, this is the same proportion as for the entirety of NHS Wales. 11% of emissions arise from scope 2 sources, namely those associated with the consumption of electricity, this compares to 8% for NHS Wales.

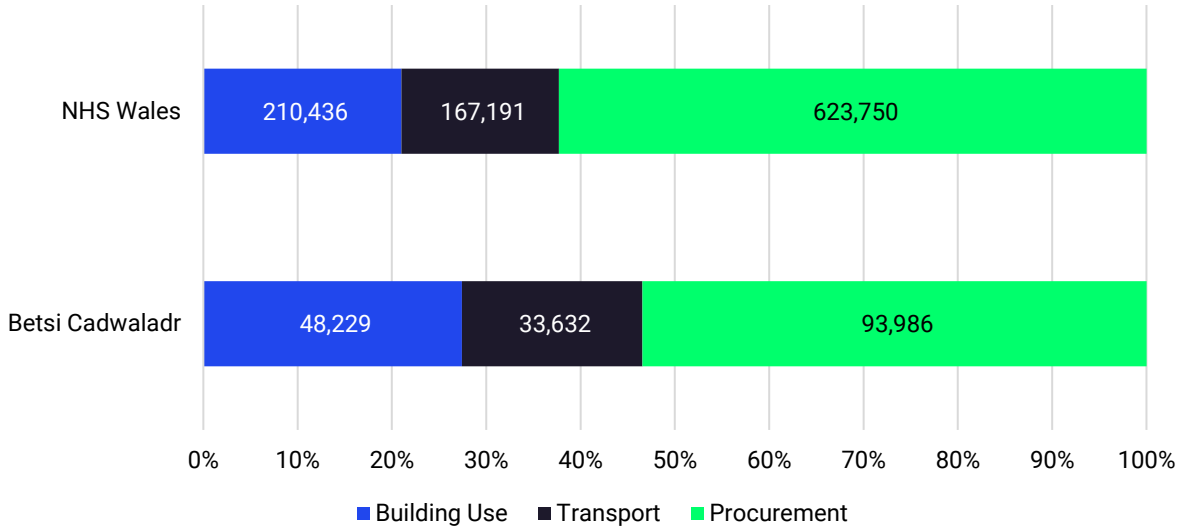


Figure 3: Breakdown of BCUHB's and NHS Wales's footprint by sector

The footprint can be broken down by sector, which highlights the emissions sources in a more relatable manner and in a way that aligns with the decarbonisation activity streams of the *NHS Wales Decarbonisation Strategic Delivery Plan*. This shows that for BCUHB the greatest emitting sectors are procurement (53%), building use (27%), and transport (19%); this compares to NHS Wales as a whole with 62%, 21% and 17% for the same sectors respectively. The following sections examine each sector in more detail.

2.2.1. Building use

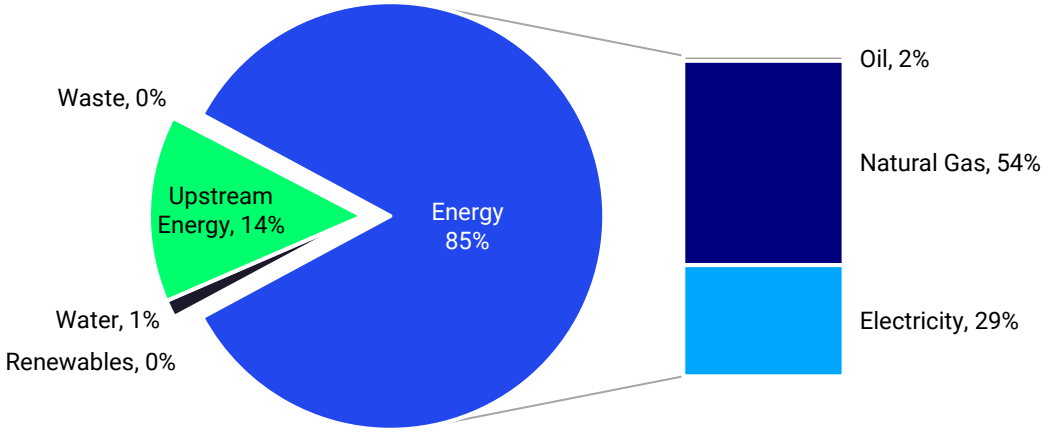


Figure 4: Breakdown of BCUHB's emissions from energy and utility use in buildings

Emissions from buildings arise from energy consumed within acute sites and community hospitals, private GPs and primary care units are not included within the scope of this footprint. The vast majority of emissions from activities associated with building use arise from the actual energy consumed (85%). The energy consumed can be broken down into natural gas, electricity, and oil consumption. Of these fuels natural gas consumption produces the most carbon emissions, this will be predominantly for space heating and hot water services. Emissions from the consumption of electricity, although currently high, will likely decrease year on year as a result of UK grid decarbonisation. Upstream energy counts towards a significant proportion of building related emissions, this emissions source considers the emissions associated with the extraction, refining, transport and distribution of fossil fuels used by BCUHB and by power stations generating electricity; transmission losses associated with electricity consumption are also taken into account. Emissions associated with the supply of water, treatment of wastewater, and waste treatment account for less than 2% of building related emissions.

2.2.2. Transport

Transport related emissions form the smallest sectoral proportion of BCUHB's footprint. However, given the dependence of fossil fuels for powering vehicles, transport related emissions are unlikely to decrease over time unless action is taken.

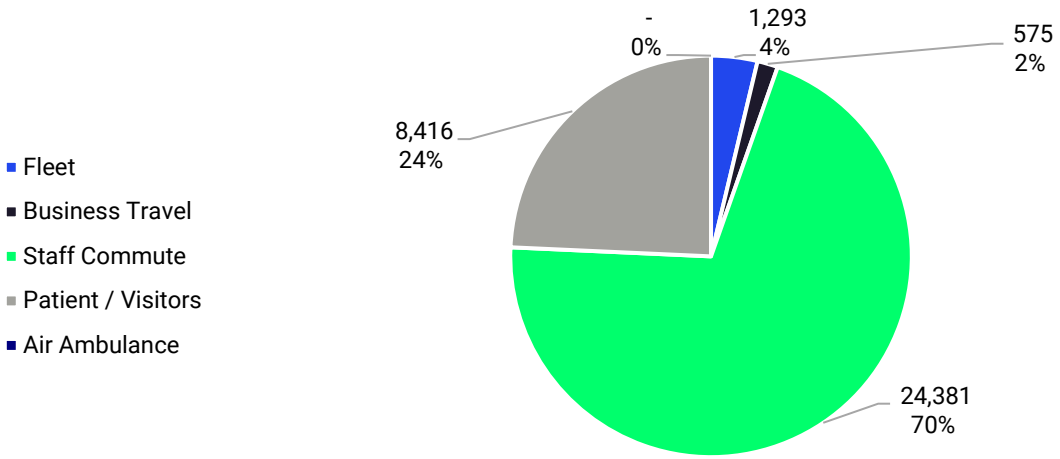


Figure 5: Breakdown of BCUHB's emissions from transportation related sources

The vast majority of transport related emissions are from indirect sources, predominantly staff commuting and patient/visitor travel – together accounting for 94% of transport emissions. Although difficult to decarbonise due to lack of control of direct control of these emissions, BCUHB can nonetheless influence and encourage staff, patients, and visitors to travel more sustainably. Emissions from BCUHB's owned fleet and business travel contribute the remaining 6% to the transport footprint.

2.2.3. Procurement

Emissions associated with purchased goods and services will typically always form the largest part of any organisation's carbon footprint. The emissions covered within purchased goods and services relate to all upstream activities, including the production, transport and distribution and use phase of a product or service. The emissions are calculated by analysing the spend through the procurement department at BCUHB, the expenditure on each good or service is classed by a particular sub-sector for which the carbon intensity is known. Total emissions from procurement related spend equal **101,496 tCO_2e**.

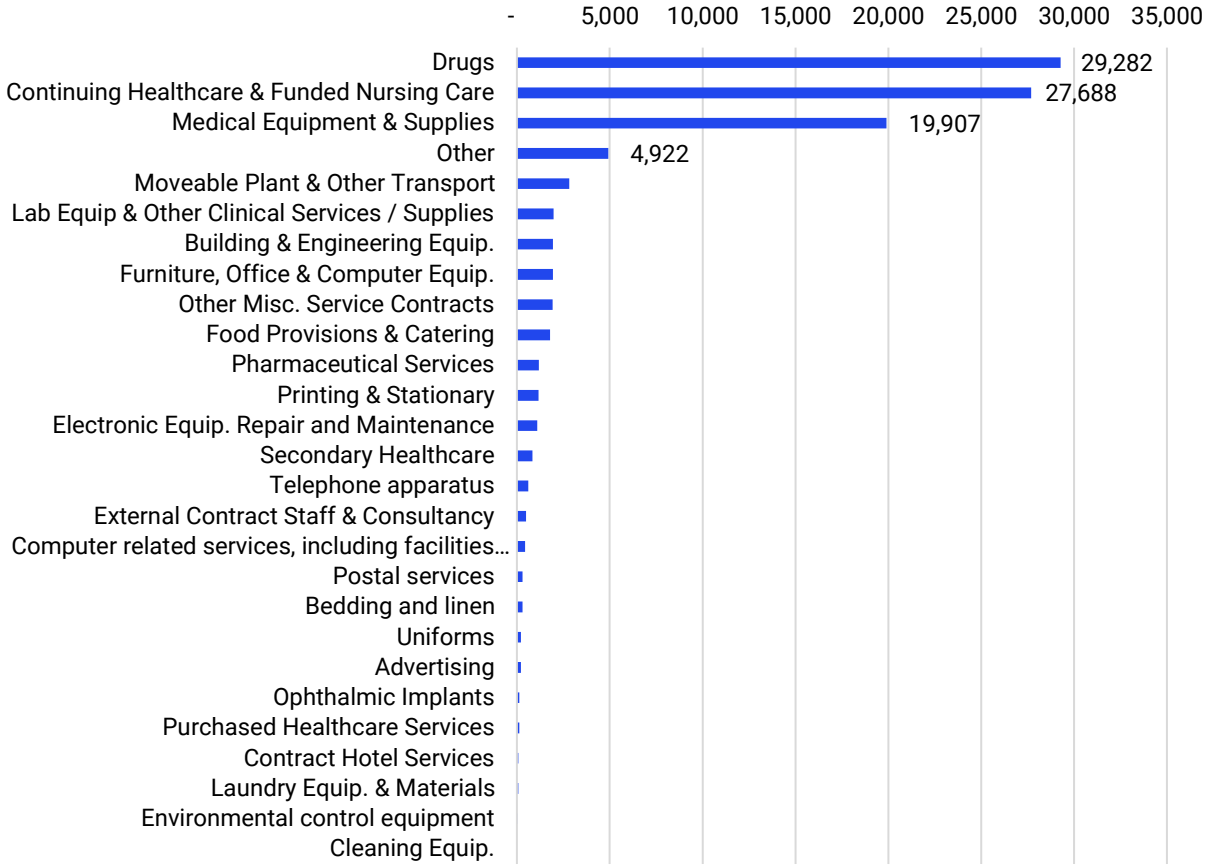


Figure 6: Breakdown of BCUHB's emissions from procurement by sub-sector

Four categories account for over 80% of all procurement related emissions, these are:

- Drugs – 29,892 tCO_2e – 29%
- Continuing Healthcare & Funded Nursing Care – 27,688 tCO_2e – 27%
- Medical Equipment & Supplies – 19,907 tCO_2e – 20%
- Other – 4,922 tCO_2e – 5%

The remaining 24 categories account for 19% of the total procurement related emissions.

3. BCUHB Decarbonisation Pathway

It is recognised that it will not be practical or possible for BCUHB to stop all carbon emissions entirely from its operations. This will be the same for all Health Boards and Trusts across Wales. BCUHB must strive to reduce its emissions as far as possible before using offsetting measures as the final step to align with Welsh Government's Net Zero public sector by 2030 ambition.

This calculation is called the "Gap to Target", which is the gap that will require offsetting measures. A gap to target has been estimated in 2025 as 55,467 tCO_2e. This represents BCUHB's estimated residual carbon emissions in 2025, plus the initiatives that were unquantifiable at this point in terms of indicative carbon savings. BCUHB will need to offset the remaining carbon emissions using the correct and approved methods. The graph below gives a visual representation of these savings as BCUHB's 'Decarbonisation Pathway' towards 2025. A business-as-usual (BAU), Net Zero 2030 pathway and the NHS Wales Strategic Delivery Plan target have also been included for context.

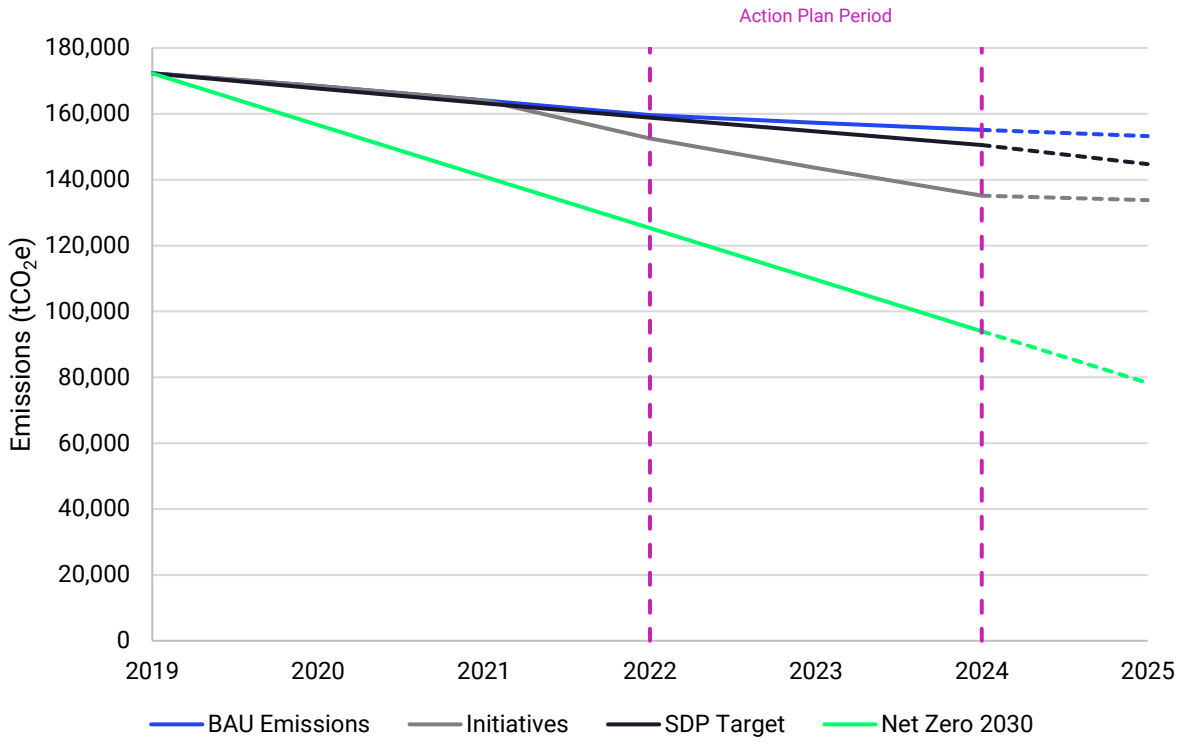


Figure 7: Decarbonisation pathways for BCUHB

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	175,847	-	-
2024	135,149	22%	-40,664
2025	133,781	22%	-60,103

*Excludes impact of BAU

Table 1: Savings identified from all quantified actions

3.1. Buildings

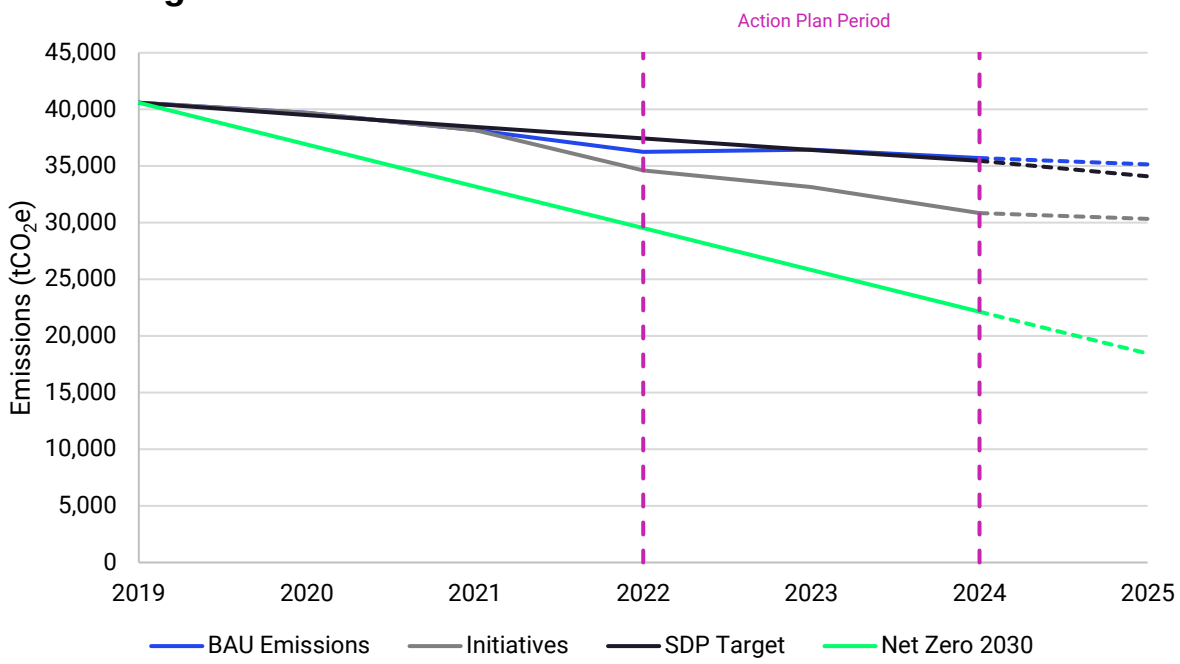


Figure 8: Decarbonisation pathways for building related emissions

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	48,229	-	-
2024	30,846	24%	7,148
2025	30,335	25%	10,697

*Excludes impact of BAU

Table 2: Savings identified from all quantifiable building focussed actions

3.2. Procurement

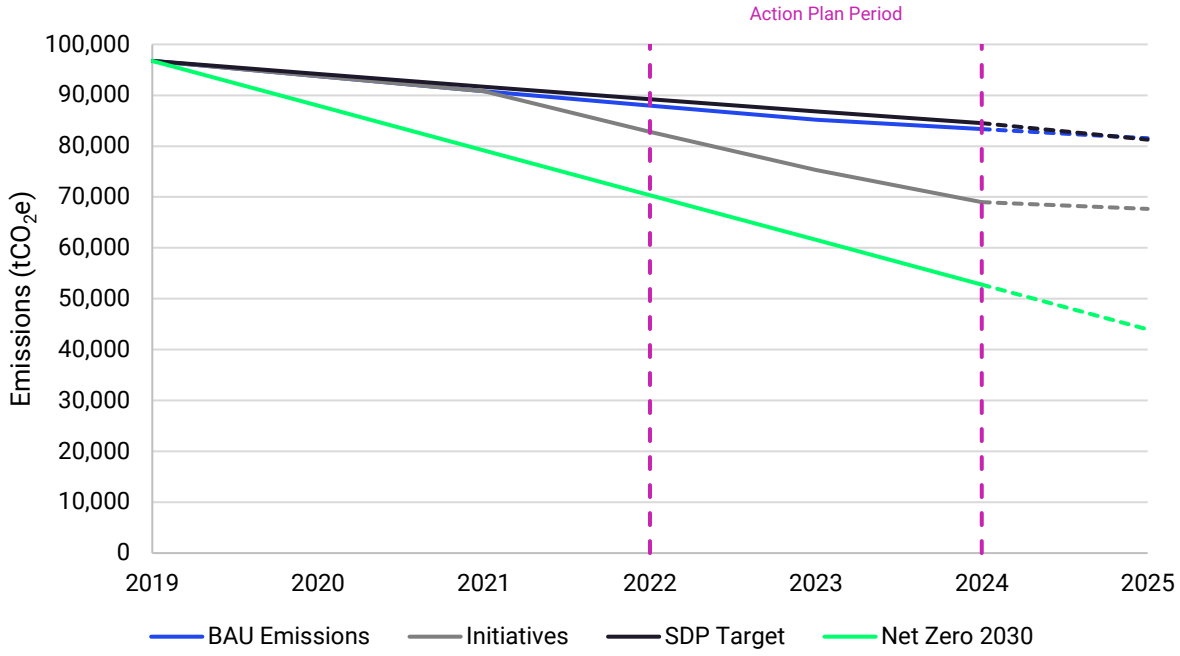


Figure 9: Decarbonisation pathways for procurement related emissions

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	93,986	-	-
2024	68,990	29%	29,401
2025	67,660	30%	43,287

*Excludes impact of BAU

Table 3: Savings identified from all quantifiable procurement focussed actions

3.3. Transport

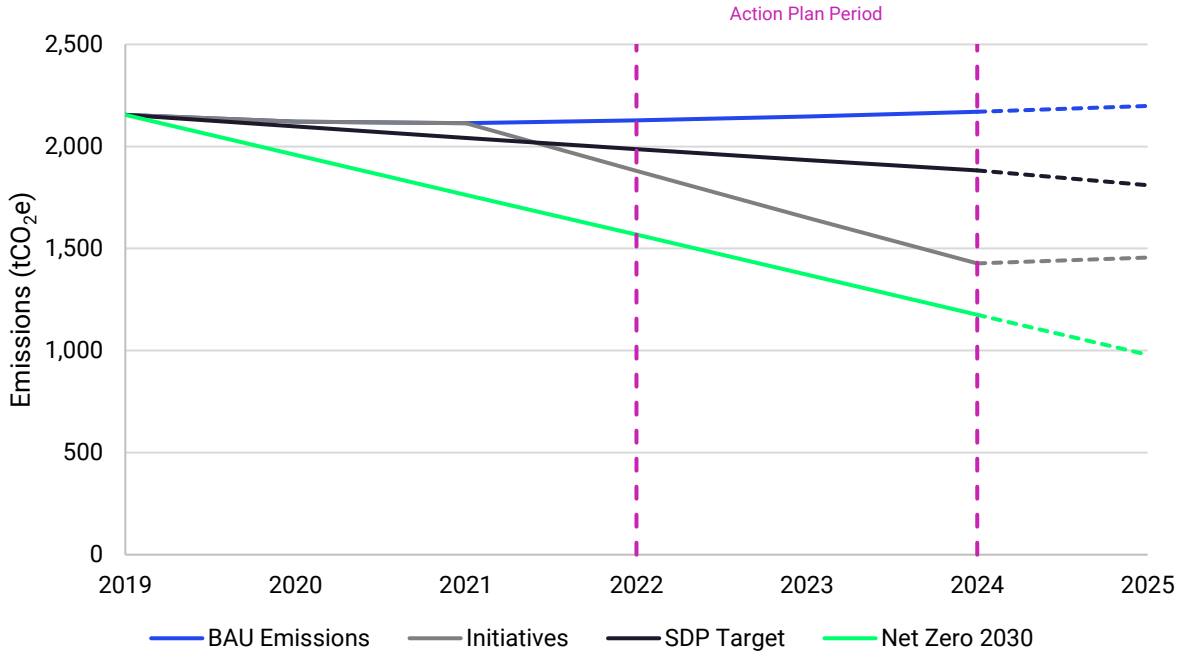


Figure 10: Decarbonisation pathways for transport related emissions

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	33,632	-	-
2024	34%	1,427	1,481
2025	32%	1,456	2,222

*Excludes impact of BAU

Table 4: Savings identified from all quantifiable transport related actions

The above charts and tables display the decarbonisation pathways under a business-as-usual case, the savings from the initiatives suggested within this action plan, as well as the target lines based on the NHS Wales Strategic Delivery Plan and Net Zero 2030.

It should be noted that under a business-as-usual case, grid decarbonisation, decarbonisation of the supply chain and planned floor area expansions are taken into account. The UK has set targets to achieve a zero carbon electricity grid by 2035, this means replacing gas and coal power stations with nuclear and renewables. As such the carbon emissions associated with the consumption of electricity is projected to decrease over time. Similarly, the carbon intensity of the supply chain is expected to decrease over time due to grid decarbonisation and efforts made by companies to reduce carbon emissions. As a result of these factors, the total footprint is expected to decrease by 11% between 2019 and 2025 under the business-as-usual case.

The 'initiatives' case takes into account both the reductions of the business-as-usual case as well as the potential carbon savings resulting from the actions developed within this plan. This action plan

focusses on the near future (2022-24), meaning the actions identified are likely to be low hanging fruit that can be quickly implemented. A result of this is that the carbon savings from initiatives levels off after 2024, leaving a significant gap to target; this will be addressed in future action plans with the development of more initiatives in future years. Furthermore, many of the actions outlined within this report suggest the implementation of feasibility studies, therefore, the largest reductions in emissions are likely to be seen post 2025.

A result of the action plan focussing on the time period of 2022-24 is that many of the identified opportunities centre around buildings. However, the largest reductions arise from actions taken within the purchase of goods and services – as this is greatest proportion of the overall carbon footprint.

It should be noted too that the vast majority of actions identified within this plan cannot be quantified but are likely to either support the reduction of emissions of contribute to emission reductions in the future. These measures are not reflected in the graphs and tables above but will underpin a lot of the work that will need to be carried out by BCUHB in order to meet its 2030 target.

Although these initiatives, if implemented, are likely to result in strong carbon reductions, especially when measured against the strategic delivery plan target, there is still a long way to go in achieving net zero emissions by 2030. Future action plans will need to increase the level of ambition and look to reduce emissions even further and faster.

4. BCUHB Strategic Direction 2022-26

Within the NHS Wales Decarbonisation Strategic Delivery Plan (DSPD) decarbonisation of NHS Wales has been structured into six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

Within the Technical Appendices of the DSDP initiatives (decarbonisation activities or projects) are listed for each activity stream. The structure above has been followed in this section of the report and those initiatives for which responsibility lies with Health Boards & Trusts in the DSDP are set out alongside commentary on how these apply specifically to BCUHB. The initiatives included within the activity streams will often provide carbon reduction across several footprint categories.

4.1. Carbon Management

Initiative 1: Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.

Having a clear governance structure will be key to ensuring the successful application of this action plan, and the implementation of any decarbonisation initiatives going forward. BCUHB will be required to further develop its carbon management structure to ensure that individuals within every team are aware of their responsibilities in delivering this action plan. This may require the putting in place of further dedicated and appropriately skilled resource within individual teams that relate to the activity streams outlined within this delivery action plan. Every action within this delivery plan is assigned to key roles or groups, who should take on the responsibility of understanding the requirements and efficiently implementing the action. The Welsh Health Environment Forum can also be a key mechanism to support best practice carbon management and learning for decarbonisation initiative implementation.

Initiative 2: Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.

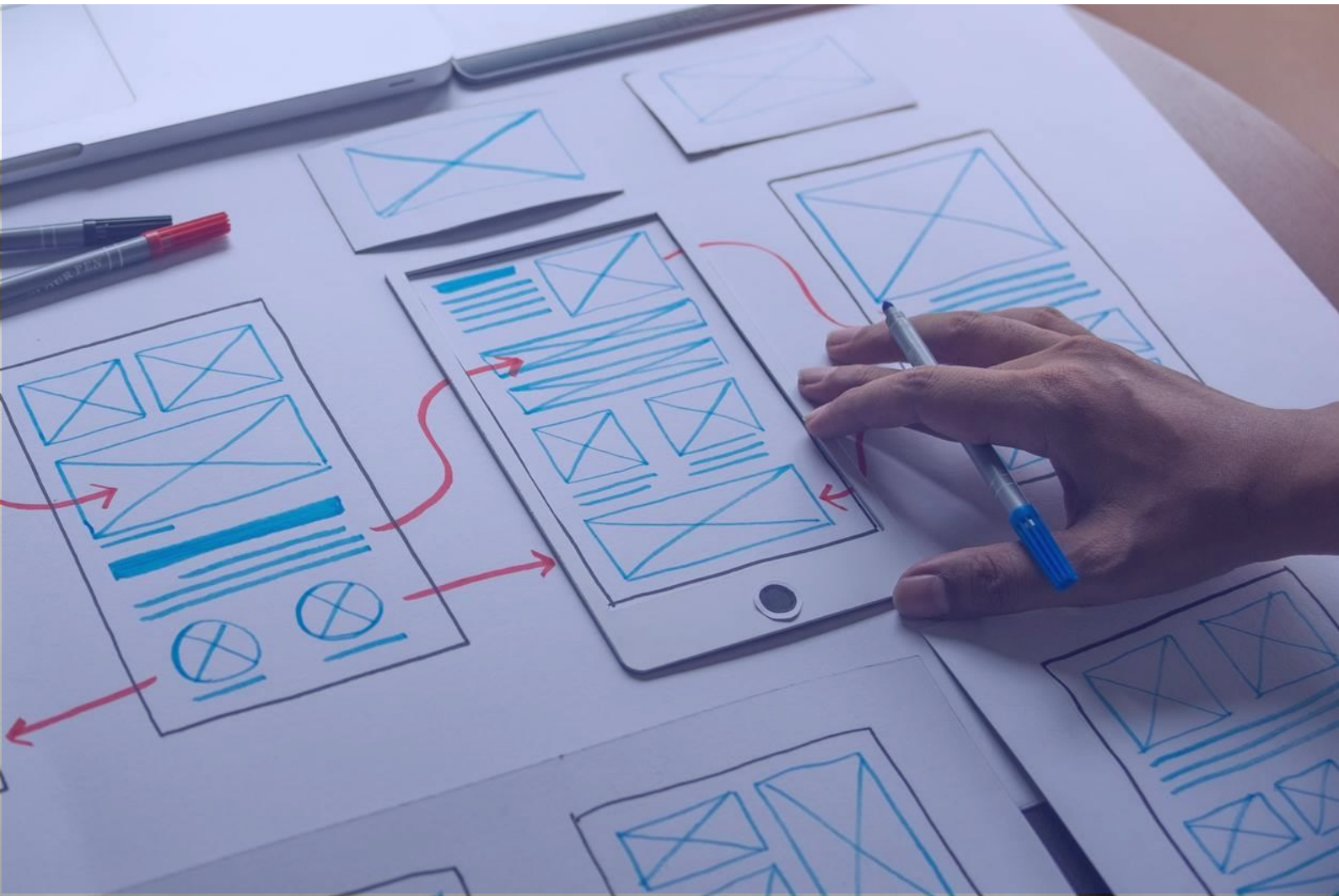
To ensure successful acceptance of the delivery action plan and engagement with decarbonisation initiatives in the future it is essential to effectively communicate the plans, measures, and actions being put in place by the health board to both staff and the wider public. Proactive communication of the climate emergency with historical, ongoing, and future steps that have, are and will be undertaken to address it can increase engagement in reducing carbon emissions and help their ongoing success. This communication can effectively support the education and provide learning opportunities for both staff and the public, driving future positive change.

The health board should aim to further capture the results of carbon reduction opportunities from across all departments, develop case studies and communicate these with staff and the public through newsletters or other means of engagement.

Initiative 3: Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.

In the development of this delivery action plan senior staff and team leaders across estates, finance, procurement, transport, and clinical departments were engaged through a series of targeted workshops. This has laid the foundation for providing an understanding of the climate emergency, current carbon impacts and initiated the development of carbon reduction measures which have been captured within this delivery action plan.

Through these workshops it has been clear that the driving force for decarbonisation thus far has been from interested individuals within these departments. To ensure engagement across the organisation's leadership team, it will be key to further develop a 'decarbonisation programme board' containing senior individuals who will have dedicated resource to ensuring the effective delivery of this action plan. There should be a minimum of one member of staff per each category of the NHS Wales decarbonisation strategy within the decarbonisation programme board. Engagement of the board members with their respective teams and departments as well as with senior leadership will ensure an effective governance structure is in place to drive forward the health board's decarbonisation ambitions.



4.2. Buildings

4.2.1. Existing Building Retrofit

Initiative 4: Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.

In developing this initial delivery action plan, the Carbon Trust have undertaken energy and carbon audits of the three acute hospitals under BCUHB's control – Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor. These three sites account for over 70% of the scope 1 and 2 building emissions. Due to the size, age, energy consumption and carbon footprint of these three sites, they have been the primary focus of decarbonisation initiatives within this near-term delivery action plan. The remaining sites (categorised as: Community Hospitals, Specialist Hospitals, Health/Treatment Centres, Support Facilities, Non-Hospital (Patient Facilities) and Disposals) will also offer decarbonisation opportunities, albeit of less material impact. Many of the decarbonisation initiatives suggested for the three acute sites will still be pertinent to the smaller sites. A fabric first approach should be adopted across the BCUHB estate with a particular focus on single glazing upgrades with and increasing levels of insulation, especially at the acute site. Details of site audits can be found in Appendix 1 and 2.

Initiative 5: Fully replace all existing lighting with LED lighting by 2025.

During the energy and carbon audits of the three acute sites, lighting levels and existing lighting were reviewed, with suggestions for upgrades to LEDs quantified within the 2022-24 delivery action plan. Further lighting reviews across all sites should be carried out to understand the requirement for number, type and lighting controls that would be needed with an LED upgrade. Furthermore, wherever possible Estates and Facilities teams should move to upgrade to LED as soon as possible as opposed to replacing bulbs at end of life.

Initiative 6: Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.

All acute sites reviewed during the energy and carbon audits currently use fossil fuels as their primary heat source, in a low carbon future these buildings will need to use a different means to generate heat. Given the significant proportion of emissions that arise from heating, it is a matter of urgency to switch to low carbon heating alternatives. As such, BCUHB should commission low carbon heat specialists to develop a low carbon heat plan for each acute site.

Initiative 7: Progress low carbon heat generation for all non-acute sites larger than 1,000m^2 by 2030.

Switching all non-acute sites over 1,000m^2 to low carbon heating represents a significant challenge in terms of the infrastructure upgrades required within the buildings themselves and the likely high capital costs. Significant funding from Welsh and UK governments will be required in order to achieve this. However, within the short term, BCUHB can make sure it is prepared for any funding that becomes available by commissioning low carbon heating specialists in the short term to evaluate each individual site and detail a low carbon heating plan.

Initiative 8: No further natural gas CHP plant will be installed – renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.

Combined heat and power has offered BCUHB a means to generate low-cost and low carbon heat and electricity at two of its three acute sites for many years. However, the rapidly decreasing carbon intensity of the UK grid now means that the energy generated from gas-fired CHP is no longer an attractive low carbon option. The disparity in the carbon intensity of CHP generated energy versus grid electricity is only going to increase as time goes on. Therefore, for BCUHB to achieve its net zero targets, no more gas-fired CHP should be installed.

The CHP units at Glan Clywd and Ysbyty Gwynedd should be subject to a detailed technical review to understand when they can be decommissioned and what the alternative options are. Given any alternative will likely represent a significant increase in capital and operational costs, it is recommended that detailed financial modelling is carried out to ascertain the most financially attractive option.

Initiative 9: Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.

An up-to-date building management system (BMS) can provide extensive controls and high-resolution data for a range of building services, thereby granting building managers a significant opportunity to better understand the building operations and how to reduce energy consumption.

Recent and ongoing upgrades at all three acute sites will likely lead to reduced energy consumption and carbon emissions. However, it will be important to ensure that all relevant staff have had adequate technical training to ensure best practice operations – including data management, set points, schedules and timers.

Infrastructure upgrades in terms of building services and their controls may be required to ensure optimisation of all building systems is possible. The BMS system may help to provide an understanding of which building systems need to be upgraded and their appropriate sizing.

Initiative 10: Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.

BCUHB has worked closely with the Welsh Government Energy Service (WGES) to understand the potential for renewable generation, predominantly solar PV. A number of these projects have already been installed or are in the design/implementation phase. The remaining projects identified through WGES are to be implemented within the lifetime of this delivery action plan.

4.2.2. New Builds and Major Refurbishment

Initiative 11: Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals and adopt a net zero building accreditation approach which will be defined by 2022.

BCUHB should ensure that its current pipeline of major refurbishments and new developments, in the short term (ie. covered within the period of this action plan 2022-2024) should achieve BREEAM 'excellent' and 'very good' for new builds and refurbishments respectively. These will include developments such as Wrexham Maelor continuity and wider redevelopment programmes; regional treatment centres; Royal Alex Hospital; and Ysbyty Gwynedd programme of works.

The ongoing refurbishment of the mental health unit at Glyn Clwyd hospital should be assessed to ensure it is carbon 'net zero' in operation, this can be used as an exemplary model for any further planned refurbishments. Learnings from this development should be captured to ensure any new builds or major refurbishments further in the future post 2024 can be certified to a net zero standard.

It is important as well that carbon is taken in to consideration throughout the entire life cycle (cradle to grave) of any new building, meaning that buildings are net zero through construction, operation and end of life.

Initiative 12: All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.

To ensure that carbon emissions from buildings are not just an afterthought and are considered throughout the design process it is important that BCUHB have a suitably qualified client-side sustainability representative. This may require additional resource or upskilling of existing resource within the estates & facilities and capital projects teams. This representative should engage all teams across all elements of the design and construction phase to ensure that the health board can meet its decarbonisation targets in the long term.

Initiative 13: Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.

Many of the buildings within the health board's estate have been constructed with traditional building techniques. However, there have been a range of technological advancements in recent years in terms of building design and construction that can have beneficial impacts on the carbon footprint of new buildings. These modern methods of construction (MMC) can, in many instances, achieve faster build times, fewer storage requirements, fewer transportation miles, use of less environmentally impactful materials (with fewer embodied carbon emissions), and even cost savings compared to some traditional building techniques. It will be important to maintain a holistic view to new building construction in the ambition to become net zero by 2030 and the use of MMC is one area that will be considered by BCUHB moving forward.

Initiative 14: Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.

BCUHB across some of its major acute sites has significant issues with availability of parking and misuse of current parking infrastructure. This is an ongoing issue that will need to be addressed, if it is decided that any new parking development is required then it will be key for the health board to ensure that any parking infrastructure has extensive availability of electric vehicle charging points and can be easily modified in future to take advantage of requirements for increased charging capacity or new technologies.

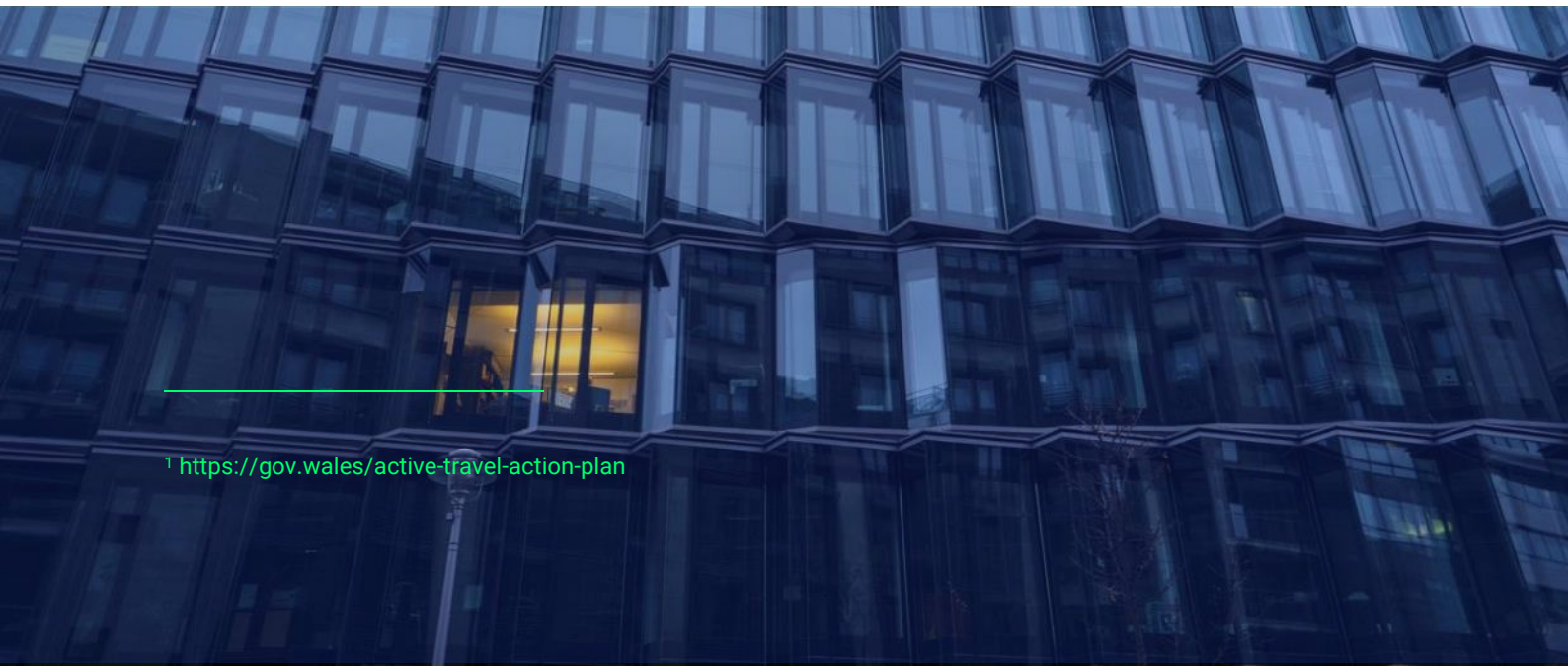
Initiative 15: Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source.

Current government guidelines outline plans for gas boilers to be banned from domestic new builds from 2025, and no new gas boilers to be sold in the UK from 2035 onwards. Albeit for the domestic sector this clearly highlights the government's ambitions to move away from the use of fossil fuels for heating in buildings. As such, in line with the previous initiatives of achieving net zero operational emissions and the requirement for a sustainability representative in building design, BCUHB should ensure that any new primary heat source installed will be fossil fuel free (ie. no gas, oil, or LPG).

Initiative 16: Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.

In 2016, Welsh government released their 'Active Travel Action Plan for Wales'[1], this document details the ambition for walking and cycling to become the preferred means of transport over short distances. This is not only to reduce carbon emissions but to support the Welsh public more generally through reducing car dependency; reducing barriers to access to employment and healthcare; improved air quality; and better integration of existing land and transportation use.

In the design of any new sites or major refurbishment, the *Active Travel Action Plan* should be consulted, with the range of actions considered and taken in to account. These will be of particular importance at community hospitals and smaller sites. This work should also be carried forward in existing sites.



[1] https://gov.wales/active-travel-action-plan

4.3. Transport

Initiative 17: NWSSP will work with Health Boards and Trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.

It is essential that a best practice approach is developed for the design, planning, installation and operation of EV charging technology and parking planning; alongside the procurement of electric vehicles across NHS Wales sites such that a standardised approach is taken. This will facilitate and accelerate the uptake of electric vehicles. BCUHB should engage with NWSSP, as well other public sector partners, and with other health boards and trusts in order to ensure an aligned approach is taken, and best practice is noted and carried forward. The majority of staff across BCUHB travel by car so appropriate EV charging infrastructure and planning will enable staff to use lower emission sources of vehicle transport, although active travel should be prioritised as much as possible. This will help BCUHB to address the significant employee commuting emissions (see Figure 5: Breakdown of BCUHB's emissions from transportation related sources).

Initiative 18: A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance – this will entail central fleet management oversight within each organisation.

Current carbon emissions from fleet account for only 4% of total transport emissions, however, efforts should still be made to reduce these in order to achieve the health board's decarbonisation targets. Current fleet management is controlled by individual sites and departments, going forward the health board should consider installing a central fleet manager to oversee all vehicles and their usage. This will allow for far better control of decarbonising the fleet, developing a fleet strategy and ensuring actions and initiatives are put in place and the results monitored.

BCUHB have already installed telemetry equipment in the pool cars and the majority of the core fleet to help increase vehicle management. The use of telematics is planned to be rolled out to the remaining BCUHB fleet, under the current healthboard strategy, to help increase the data BCUHB holds on the fleet and to enable targeted carbon reduction measures to be implemented. Significant progress has already been made in reducing emissions from BCUHB's fleet, as fuel card volume has reduced 25% between 18/19 and 19/20 and the core fleet has been reduced from around 750 vehicles in 2018 to approximately 450 in 2022.

Initiative 19: All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.

The sale of petrol and diesel fuelled vehicles will be banned from 2030 onwards in the UK, signalling a move to low or zero carbon forms of transport. The growing trend for low carbon transport is being driven by the purchase of battery electric vehicles. The rollout of electric vehicles across BCUHB has already begun with the acquisition of six cars across west, central and east sites; and nine electric pool cars for estates and facilities.

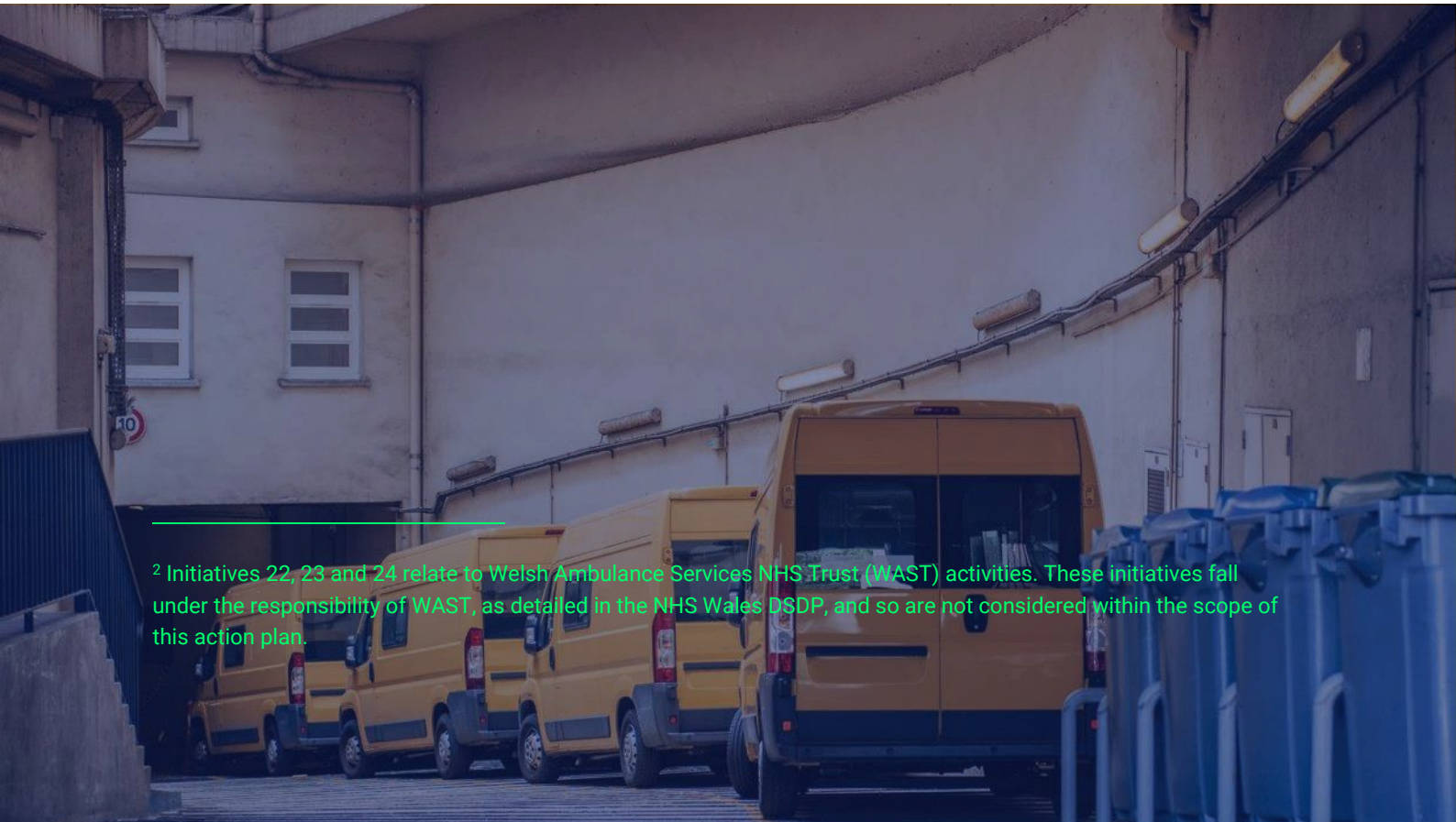
Initiative 20: All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.

Medium and large freight vehicles are harder to decarbonise given the increased power requirements to move a larger load, as such there are few options on the market currently and often at a prohibitively expensive cost. However, this is changing and costs are beginning to decrease with new entrants to the market. Therefore, BCUHB should engage with suppliers to understand the future possibilities and options available to them, such that they are prepared to switch to ULEVs when appropriate.

Initiative 21: All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.

BCUHB should refresh their current sustainable travel policy, such that it better incentivises active travel low carbon forms of transport. This refresh should be developed by a sustainable travel manager and based on both the requirements to decarbonise staff travel along with the results of an annual staff travel survey that will need to be implemented. Engagement with public transport provides will also be important in reducing transport emissions. Additionally, all sites should have up to date active travel plans with visible active travel maps available to staff, patients and visitors.

Initiatives 22, 23, 24[2]



[2] Initiatives 22, 23 and 24 relate to Welsh Ambulance Services NHS Trust (WAST) activities. These initiatives fall under the responsibility of WAST, as detailed in the NHS Wales DSDP, and so are not considered within the scope of this action plan.

4.4. Procurement

Initiative 25: NWSSP will transition to a market-based approach for supply chain emissions accounting.

Current carbon accounting for purchased goods and services within the health board and used for the NHS Wales decarbonisation strategy have used an expenditure-based approach. This methodology reviews the spend across health boards grouped by the service or goods type and applies a spend based emission factor of a relevant economic sub sector to calculate carbon emissions. The approach is useful for understanding a high level overview of carbon emissions, and hot spots within the supply chain – however, it fails to capture the use of low carbon products and suppliers. A more accurate method for calculating emissions from purchased goods and services is to look at the carbon footprint of individual suppliers and the proportion of it that is covered by what is purchased by the health board. This is called a market based approach and better reflects the sustainable procurement policies and conscious decision to select low carbon suppliers. This methodology does however require strong engagement with suppliers from both a health board and shared services level.

Initiative 26: NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.

To ensure carbon emission reductions are accurately reflected in tender and other procurement documents, NWSSP and the All Wales Medicines Strategy Group have developed a new framework to address this. BCUHB will incorporate this strategy in Health Board level procurement decisions, which will help the Health Board assess the sustainability credentials of suppliers and reinforces the commitment of NHS Wales to achieve ambitious emissions reduction across the supply chain. It will also be important for the Health Board that relevant staff are well trained in best practice approaches to assess the sustainability credentials of suppliers. Additionally, issues surrounding an individual product's carbon footprint will be an important consideration (where available) when procuring sustainable products. The avoidance of single use items will need to be viewed alongside any best practice guidance for infection control.

Initiative 27: Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.

Supporting the local supply chain has become a key element of the updated NWSSP guidance for selecting suppliers, with the 'wellbeing and future generations act' and 'foundational economy' criteria both taking the local supply chain in to account. BCUHB have already taken this guidance in to account when developing their own procurement strategies. BCUHB should make sure that all staff across the organisation are aware of this guidance and take the local supply chain in to account during any purchasing decisions. Prioritising locally sourced goods and services helps to reduce the emissions associated with transport and distribution. However, the embodied emissions of the goods themselves should be taken in to account, making sure that this is not greater than combined embodied, and transport and distribution emissions of goods from elsewhere.

Initiative 28: 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.

Numerous electricity suppliers offer electricity which can be assured that it has come from or supports a renewable electricity source. This is using the REGO (renewable energy guarantee of origin) scheme, whereby renewable electricity generators produce a REGO certificate which can then be sold to consumers alongside their electricity which guarantees it is from a renewable source. Procuring REGO-backed electricity sends a signal to the market that there is demand for renewable electricity and encourages the support and rollout of further renewables. Currently the majority of electricity procured by BCUHB is REGO-backed, this is not reflected within the carbon footprint (see section 2).

The carbon footprint uses the UK average electricity grid emissions factor, which reflects electricity from all sources (natural gas, coal, wind, etc.). Using this approach, as opposed to zeroing out emissions from REGO sources, demonstrates that electricity is still being consumed and active measures should be taken to reduce its consumption. That is to say, by reporting emissions in this way aims to encourage energy efficiency measures. This should not detract from supporting REGO backed electricity suppliers, which sends a strong signal to the market that there is a desire for more renewable electricity generation.

Natural gas is by its nature carbon intensive, and currently there is limited or no alternative zero-carbon fuel that can be procured and accounted for in the same way as renewably sourced electricity. The alternative is for the gas supplier to ensure that the carbon impacts associated with the gas they sell is offset through a reputable, gold standard, offsetting framework.

Initiative 29: NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.

By moving to a market-based approach as per initiative 25, BCUHB's footprint will be intimately connected to the carbon emissions generated by the suppliers themselves. Therefore, in order to decarbonise the health board's supply chain, it is essential to select either a low/zero carbon product/supplier or engage with suppliers to encourage them to set their own decarbonisation targets and develop an action plan. One means to do this is to require suppliers to set a decarbonisation target that they act and report on in order to be selected as a supplier through the health boards procurement framework.

Initiative 30: Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.

To achieve significant and sustainable emission reductions over the long term it will be important that decarbonisation ambitions become embedded in the governance and decision making processes of both NWSSP and the health board. Regularly reviewing the progress of this action plan and integrating the review progress with other annual reporting will help incorporate decarbonisation within wider reporting metrics. It is also important that responsibility for sustainable procurement is taken at senior management level with a responsibility to report to director level. This will help embed decarbonisation within the governance structure, guide implementation and contribute to the success of this action plan.

Initiative 31: NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.

Within the full lifecycle of services and goods purchased by the health board, the carbon impacts of associated transportation and distribution must be considered. This will be particularly important as the health board moves to a market-based approach for footprinting its supply chain. Current efforts to centralise the delivery of goods should continue, using lower carbon 'last mile' options operated at higher load to minimise the number and frequency of deliveries to sites, where traffic is already frequently a problem.

Initiative 32: NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan.

Given the highly interconnected nature of procurement between NWSSP and BCUHB it will be crucial that close collaboration exists between both organisations to support the implementation of this decarbonisation action plan. The success of driving emissions reductions from procurement will necessitate engagement from both NWSSP and BCUHB and may require specific frameworks to be created for certain sectors such as EVs and infrastructure, renewable power, low carbon heat, local supply chains, and low carbon ICT procurement. BCUHB's procurement team, and relevant senior leadership teams, will continue to work closely with NWSSP to actively engage with new procurement requirements, support cross-cutting initiatives, and communicate learnings to drive emissions reductions across the whole supply chain.

4.5. Estate Planning and Land Use

Initiative 33: All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.

It is crucial, if long term and significant emissions reduction are to be achieved, that decarbonisation becomes embedded within strategic estate planning at both an All-Wales and a BCUHB level. Through maintaining carbon efficiency as a core principle and using it as a key decision metric BCUHB will be able to ensure emission reductions are achieved at the earliest opportunity and avoid carbon emissions becoming locked into new health board processes or developments that may be hard or costly to rectify in the future. BCUHB is already undergoing strategic reviews of its assets in terms of new developments, smart ways of working and estate rationalisation. The key moving forward is that senior decision makers champion decarbonisation within these strategic plans and incorporate tools such as the net zero framework to ensure carbon reductions maintains a principle consideration.

Initiative 34: NWSSP and Welsh Government will develop an approach to land use to advise Health Boards and Trusts on land identification, collaboration with Local Authorities and the community, and the appraisal approach for renewable energy and greenhouse gas removal.

In a holistic assessment of carbon emissions, it is important to consider not only the built environment and Health Board operations but also the effects land use can have, both positive and negative. It will be important for BCUHB to carry out a land evaluation survey to identify the areas of the existing estate for potential renewable energy generation and for GHG removals, which will play an increasingly significant role in the years to come. Areas of green space can increase biodiversity and can also contribute to better physical and mental health for users of the space, whilst helping to reduce carbon emissions. It will be important for BCUHB to collaborate with local authorities and neighbouring landowners to effectively manage green space to maximise biodiversity, health benefits and carbon emission reductions. BCUHB will also engage with NWSSP and Welsh Government so that a standardised and best practice approach is followed for assessing land use possibilities.

Initiative 35: NHS Wales will explore and progress large scale renewable generation with private wire connection to our sites.

Large scale renewable energy generation has the ability to significantly reduce the amount of electricity consumption from the national grid. This not only reduces utility costs, increases energy resilience, improves grid flexibility, and insulates the health board from energy market volatility, but crucially reduces associated carbon dioxide emissions from electricity use. BCUHB is a substantial electricity consumer from its estate across the north Wales region. To meet the ambitious decarbonisation

ambitions of the health board, it will be crucial that renewable energy generation is maximised across the health board's own estate but also through private wire connections to renewable energy generation on third party or joint venture sites.

BCUHB have worked with the Welsh Government Energy Service over a number of years to help facilitate renewable energy deployment across its' estate. Installations have already been commissioned with others in planning or early implementation phases. BCUHB will continue its collaboration with WGES with an aim to install 50% of all identified renewable energy projects by 2026 and 100% by 2030. The effective maintenance and operation of these assets will take on greater importance over the coming years as the total capacity installed increases. This will require strong governance structures across a number of teams throughout the health board.

4.6. Approach to Healthcare

4.6.1. Smart Working

Initiative 36: Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.

To effectively reduce emissions to a minimum, a new service model must consider a shift in the way that care is delivered. BCUHB is committed to working with WG Capital, Estates and Facilities to ensure that its estate caters to the modern healthcare journey.

Initiative 37: Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.

The covid-19 pandemic has accelerated many aspects of flexible and agile working, it has proven that productivity can remain high when staff work from home on a long-term basis and has increased the uptake of technology that facilitates remote working. Through staff surveys the health board can understand the willingness and efficacy of working from home versus office-based working; results from these surveys can show where aspects may need to be improved to further increase uptake of remote working. On a long-term basis, understanding working preferences can provide information needed for future planning of the health board's property portfolio and estate – leading to rationalisation of existing sites that are not fit for purpose and increasing smaller, more sustainable agile working hubs. The existing estates strategy should consider these impacts along with the property disposal strategy.

Initiative 38: Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.

As a necessity for reduced contact during the covid-19 pandemic, numerous staff/public interactions were forced to move online. A significant proportion of GP consultations were held virtually, fine tuning the technology behind this and the offering to the public will help to reduce the volume of patient, visitor and staff travel to health board sites. Further investigation should be undertaken by the health board to understand how and where appropriate more staff/public interactions could occur online.

BCUHB will continue to build upon the progress made during the Covid-19 pandemic in the following ways:

- Maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and patient travel - where medically appropriate.
- Use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services.
- Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.
- Take advice from NHS Wales to the best practice use of digital technology; and
- Continue the process of digitalisation of heath records, which has already begun, and will continue throughout the Action Plan period.

4.6.2. Education

Initiative 39: Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.

Educating staff and patients is seen as a key enabler for the success of this delivery action plan. A majority of the UK population sees the climate emergency as a significant concern, and a large proportion are unsure how best they can change their lifestyle, habits and actions to help[3]. Educating the wider public on the impacts of the climate emergency and what they can do in their everyday lives and in the workplace will be extremely beneficial for embedding good practice and decarbonisation actions.

It is suggested that all BCUHB staff undergo carbon literacy training, in development by PHW, in order to understand the carbon emissions impacts of their working operations, choices and habits.

Educating staff and patients was raised during many of the focussed workshops held in the development of this delivery action plan. It is currently believed that a significant proportion of staff are unaware of the NHS Wales decarbonisation target and strategy, what this means for BCUHB and the actions that are currently being undertaken to meet these targets. This relates to initiatives 2 and 3, in that the education of staff should go hand in with the approach to engagement.

4.6.3. Healthcare and Medicines

Initiative 40: Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.

BCUHB will consult with Welsh Anaesthetic Green Network (WAGN) and senior medical staff to evaluate their existing trials to reduce emissions associated with anaesthesia and Nitrous Oxide to help develop an approach to expand best practice across all of Wales. It will also work with the All Wales Medicines Strategy Group to assist with the implementation of a Environmentally Friendly Medical Gas Policy.

Initiative 41: Explore methods of minimising gas wastage and technologies to capture expelled medical gases.

BCUHB will ensure medical gas capture technology is integral to all new builds and major refurbishments.

Initiative 42: Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.

BCUHB will seek guidance from the All Wales Medicine Strategy group and RHIG on this initiative.

[3]https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/threequartersofadultsingreatbritainworryaboutclimatechange/2021-11-05

Initiative 43: Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.

BCUHB will seek guidance from the All Wales Medicine Strategy group and RHIG on this initiative.

4.6.4. Waste

Initiative 44: Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.

BCUHB will work with NWSSP and ensure best practice initiatives for the reduction of pharmaceutical waste are implemented once finalised. BCUHB will also collaborate with other Health Boards and Trusts to ensure a standardised approach.

Initiative 45: Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.

BCUHB will work with NWSSP and ensure best practice initiatives for plastics in healthcare are implemented once finalised. BCUHB will consider second life possibilities for non-medical equipment that is no longer required. Reuse elsewhere within the Health Board and donation will be prioritised over creation of waste. This will be incorporated into Health Board policy.

Initiative 46: Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.

BCUHB will introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders. It will also support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions and encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. It will also make use of the existing RHIG digital app to effectively communicate with patients.

5. Decarbonisation Action Plan 2022-24

This section of the report sets out the decarbonisation actions that will be implemented by BCUHB from March 2022 to March 2024 to align with the NHS Wales Decarbonisation Strategic Delivery Plan, along with key delivery dates and responsibilities. All actions have been linked back to the relevant initiative within the NHS Wales Decarbonisation Strategic Delivery Plan for ease of reference. Wherever possible, actions have also been quantified. See Appendix 2 for further details.

	Estimated Annual Savings			Est. Capital Costs 2022-24 (£)	Est. 10 year Carbon Savings (tCO_2e)
Area	**£**	**tCO_2e (2024)**	**Activity (unit)**		
Carbon Management	-£528,615.44	1,297	6,232,124 kWh	-	9,586
Buildings	£582,295.05	3,565	17,092,515 kWh	£5.4m	28,161
Transport	£305,895	741	248,906 Litres - 406922 kWh	£1.1m	5,296
Procurement	-	14,366	-	£100k	94,342
Estate Planning & Land Use	-	-	-	-	-
Approach to Healthcare	-	-	-	-	-
Total	**£1,416,805.43**	**19,969**	**-**	**£6.6m**	**138,015**

Table 5: Summary of 2022-24 Action Plan

While emissions reductions will need to be achieved across the Health Board to align with Net Zero 2030, buildings account for the majority of BCUHB's Scope 1 & 2 carbon footprint and, crucially, are under BCUHB's direct control. Decarbonisation of buildings therefore presents an opportunity for BCUHB to make significant and early progress towards Net Zero. The buildings within BCUHB's estate can be broadly split into two categories; existing buildings (where retrofit

solutions are required), and new builds and major refurbishments. This action plan follows the NHS Wales Decarbonisation Strategic Delivery Plan by exploring actions with regards to buildings under these two sub-categories.

BCUHB has a significant number of built assets that span a wide range of applications and construction years, with many sites that were not constructed to the same energy efficiency standards that are currently in place for new buildings. The wide variety in building types and energy efficiency standards of the property portfolio necessitates a targeted action plan that can achieve emission reductions across the built estate as well as specific measures to maximise decarbonisation on a building-by-building basis. It is important that the carbon reductions are prioritised in existing building retrofits and that business cases are not solely driven on cost savings, with some cases even resulting in increased costs to be expected. Additionally, strategy at NHS Wales level is that uncertainly to the future of built assets should not be a cause for inaction over decarbonisation initiatives. The estimated savings identified through audits at each acute hospital site, and associated capital costs, are summarised below in Table 6. For a more detailed breakdown of costs and savings by measure, see Appendix 2.

5.1.1. Existing Building Retrofit

	Est. Year 1 Savings			Est. Capital Costs 2022-24 (£)	Est. 10 year Carbon Savings (tCO_2e)
Acute Hospital	£	tCO_2e (2021)	kWh		
Ysbyty Gwynedd	310,130	270	1,178,400	793,900	2,140
Glan Clwyd	520,200	370	1,600,300	1,102,600	2,900
Wrexham Maelor	327,600	260	1,158,852	923,300	2,100

Table 6: Savings and costs identified through audits of acute sites

Carbon Management

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
1. Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	Assign responsibility for the implementation of this Action Plan to a named person(s), and provide necessary resources to deliver all actions by 2024.	Decarbonisation Programme Board		N/A	Sep-22	£0	£0	
	Undertake monthly Action Plan progress reviews and utilise the Welsh Health Environment Forum to support delivery.	Decarbonisation Programme Board		N/A	Ongoing	£0	£0	
	Develop the decarbonisation programme board with cross-health board discipline members to increase engagement and drive implementation of decarbonisation initiatives. This board will report in to People, Partnerships and Public Health (PPPH). This can be supported by the current grass roots BCU Green Group.	Current SRO for decarbonisation (Exec. Director of finance)		N/A	Sep-22	£0	£0	
	Introduce a carbon literacy training programme for all BCUHB staff.	Decarbonisation Programme Board		N/A	Sep-22	TBC	TBC	
	Develop case studies of carbon saving in tandem with Welsh Government Energy Service.	Decarbonisation Programme Board		N/A	Sep-22	£0	£0	
2. Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Current BMS knowledge at acute sites is concentrated in key individuals. Provide internal training to upskill wider estates team on BMS operation and best practice use. Ensure knowledge of any system upgrades are appropriately disseminated within wider estates team.	Estates and Facilities - operational estate		N/A	Dec-22	£0	£0	
	Initial work needs to be carried out to develop an annual staff travel survey, understanding: how staff currently commute; what the current barriers are to active and sustainable travel; what would incentivise or motivate staff to travel sustainably.	Decarbonisation Programme Board / Transport and sustainable travel manager		N/A	Ongoing	£0	£0	
	Liaise with Welsh Government to ensure kept up to date on active travel plans and available funding options. Further engage with relevant external stakeholders mentioned within the active travel action plan to understand potential local opportunities.	Decarbonisation Programme Board - Transport leads		N/A	Ongoing	£0	£0	
	Carry out surveys to understand potential bicycle storage area requirements for each site, determine a location, cost of the project, and how it fits in with site operations and local travel planning. Understand the electrical demand requirement for e-bike charging. Review cycle to work scheme to ensure it can accommodate the purchasing of higher value e-bikes.	Decarbonisation Programme Board, Estates & Facilities, and transport manager		Dec-22	Mar-23	£0	TBC	
	Present a summary of this Decarbonisation Action Plan to BCUHB Senior Management (with the Carbon Trust).	Director of Estates / Carbon Trust		N/A	May-22	£0	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
3. Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Review a number of financial opportunities to support decarbonisation programme (e.g. already engaging with re:Fit)	Decarbonisation Programme Board		N/A	Sep-22	£0	£0	
	Continue to engage with the Welsh Government Energy Service to develop and deliver solar photovoltaic projects.	Estates and Facilities Managers		N/A	Ongoing	TBC	TBC	
	Following on from the development of a decarbonisation programme board, there should be dedicated sustainability managers within each major department that can report on and feedback progress to the decarbonisation programme board and vice versa.	Decarbonisation Programme Board and All departments		N/A	Sep-22	£0	£0	

Buildings

Existing Building Retrofit

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
4. Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Currently site audits have been undertaken at the three acute sites (Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor) as part of this 2022-24 delivery action plan. Further energy and carbon audits should be commissioned across other large or high impact sites as part of future delivery action plans. Implement actions outlined in site audits (Appendix 1), with priority given to building fabric improvements (glazing and insulation)	Estates and facilities		N/A	Mar-24	TBC	£0	
	Pipe insulation across the entire site at Ysbyty Gwynedd to be upgraded.	Estates and facilities		Dec-22	Mar-24	£0	£84k	
	Across all acute sites local heating controls should be upgraded to TRVs where appropriate	Estates and facilities		Dec-22	Mar-24	£0	£1.0m	
	Continue to rollout BMS upgrades at YG and YGC	Estates and facilities		Dec-22	Mar-24	TBC	TBC	
	Investigate options to install and rollout sub-metering for heating onsite at YG	Estates and facilities		Sep-22	Mar-23	TBC	TBC	
	Across all sites older AHUs should have their motors switched to inverter driven or preferably EC motors.	Estates and facilities		May-22	Sep-22	£0	TBC	
	The lifts at the main hospital at YG should be refurbished with more efficient motors.	Estates and facilities		Dec-22	Mar-24	£0	£60k	
	The assessment unit at YG should have insulation added to the pitched roof. Loft insulation to be installed within the EMS and estates buildings at WMH. Within the temporary building structures at WMH, insulation and draughtproofing should be installed or upgraded.	Estates and facilities		Dec-22	Mar-24	£	£55k	
	Further investigate the feasibility of solar PV installations across the acute sites	Estates and facilities						
5. Fully replace all existing lighting with LED lighting by 2025.	All lighting replacements across the estate will be with LED. Revised lux levels will be considered where necessary.	Senior Estate Managers			Apr-22	TBC	TBC	
	Continue journey to upgrade lighting across the health board's building estate by 2025. Additional funding may need to be sought. Preliminary financial modelling for lighting upgrades across the three acute hospital sites have been presented to BCUHB as part of the energy audits conducted for this action plan.	Senior Estate Managers		Mar-23	Mar-24	£0	£4.75m	
6. Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away	**Undertake specialist low carbon heat evolution plans at all three acute hospital sites to set out a transition plan away from fossil fuelled heat toward low carbon heat.** This will include heat generation, heat distribution, heat emitters, and building fabric upgrades.	Senior Estates Managers		Mar-23	TBC	£330k	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
from fossil fuel heat sources.	Undertake a feasibility study to convert Mental Health Unit at Wrexham Maelor Hospital to ASHPs - where there is underfloor heating is available.	WMH Senior Estates Managers		Sep-22	Mar-23	£10k	£0	
	Undertake detailed low carbon heat study and replace end-of-life boilers with air source heat pumps at both Mortuary and Creche at Glan Clywd.	YGC Senior Estates Managers		Sep-22	Dec-24	£20k	£140k	
7. Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Low carbon heat design and planning studies to be undertaken at non-acute sites.	Senior Estates Managers		Mar-23	Mar-24	£0	£330k	
8. No further natural gas CHP plant will be installed – renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	Continue to certify all CHP plant to the CHPQA programme.	Senior Estates Managers		N/A	Ongoing	TBC	£0	
	BCUHB have no plans for new CHP. CHP already exists at 2 acute sites. The scheme at Glan Clwyd should be investigated to understand whether it can be decommissioned as early as 2023. The CHP plant Ysbyty Gwynedd is approaching end of life and should be decommissioned as early as feasible.	Senior Estates Managers		N/A	Apr-22	£0	£0	
	Assess age and condition of current CHP plant for planned decommissioning and identify impact (financial and carbon) of early retirement where possible.	Senior Estates Managers		Mar-23	Mar-24	TBC	£0	
	Put plan in place for decommissioning current CHP plant at acute sites.	Senior Estates Managers		N/A	Ongoing	£0	TBC	
9. Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	BMS upgrades are already ongoing at YG to modern Honeywell unit. With Trent unit upgrades at YGC and WMH.	Senior Estates Managers		N/A	Jul-23	£0	TBC	
	Estate departments should develop standard operating procedures for each acute site to optimise the efficient operation of buildings; this will include set schedules for time-clocks / operating setpoint / alarms.	Senior Estates Managers / BMS Site Leads		N/A	Sep-22	£0	£0	
	Have in place trained BMS operatives at 3 acute sites (for Honeywell and Trent systems). These individuals should hold regular internal training to upskill other Estates staff on BMS controls	Senior Estates Managers / BMS Site Leads		N/A	Sep-23	£0	£0	
10. Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Continue work with the Welsh Government Energy Service to assess renewable feasibility across the estate. This includes both roof-mounted and ground-mounted systems.	Decarbonisation Programme Board / Estates Managers		N/A	Mar-23	£0	£0	
	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	Decarbonisation Programme Board / Estates Managers		Dec-22	Mar-23	£0	£0	

New Buildings and Major Refurbishments

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
11. Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals and adopt a net zero building accreditation approach which will be defined by 2022.	Ensure any new buildings will be BREEAM 'Excellent' with refurbishments achieving 'Very Good'.	Estates & Facilities		N/A	Ongoing	TBC	£0	
	Any future new builds will be certified to the relevant adopted net zero standard – including proposed new mental health unit at YGC.	Estates & Facilities		N/A	Ongoing	TBC	£0	
	Embodied carbon will be calculated and presented for new builds and major refurbishments (e.g. BS 15978, CIBSE TM65)	Estates & Facilities		N/A	TBC	TBC	£0	
12. All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	Ensure that suitable qualified client-side sustainability representatives are in place for all new build projects. The sustainability representative will be responsible for championing flexibility in the design to ensure that new and emerging low carbon technologies can be added at later stages of the design process.	Estates team		N/A	Mar-24	TBC	£0	
13. Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	BCUHB will work with the with design teams for all new build and major refurbishment developments to consider the use of Modern Methods of Construction (MMC) and modular designs principles. Design teams will have to provide compelling reasons if MMC are not considered or state why they are not appropriate.	Estates & Facilities		N/A	Ongoing	£0	£0	
14. Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	BCUHB will carry out electric Authorised Service Capacity reports for all new build and major refurbishments to assess additional EV charging capacity at each site.	Estates & Facilities / Transport & Sustainable Travel Manager		N/A	Mar-22	£0	£0	
	All new car parks will have appropriate EV charging infrastructure installed to enable future connections and charging unit installs.	Transport & Sustainable Travel Manager		N/A	Ongoing	TBC	£0	
	Current EV charging infrastructure is a barrier to significant EV deployment. Engage with NWSSP to establish best practice approach to EV uptake (see Transport section and Initiative 17 of NHW Wales Decarbonisation Strategic Delivery Plan 2021-2030).	Estates & Facilities / Transport & Sustainable Travel Manager		N/A	Mar-22	£0	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	Look to install rapid charge points as EV infrastructure progresses across all sites.	Estates & Facilities / Transport & Sustainable Travel Manager		N/A	Ongoing	TBC	TBC	
15. Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source.	Ensure all new or refurbished sites utilise low temperature heating systems with variable flow temperatures and a low carbon heat source. No new natural gas, oil or LPG boilers will be installed as a primary heat source going forward beyond those which are currently planned - fossil fuels may only be used as backup energy sources.	Estates & Facilities		N/A	Ongoing	£0	£0	
16. Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Continue to work with local authorities and local public transport providers to ensure new sites have suitable public transport options. Ensure all three acute hospital sites have a fully up to date and maintained active travel maps. Incorporate cycling facilities to enable secure storage and shower/ locker facilities. This work should be replicated in existing sites.	Estates & Facilities		N/A	Ongoing	£0	£0	

Transport

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	BCUHB should support NWSSP in the development of the ongoing EV charge point framework (currently in development and expected Sep 22).	Estates & Facilities / Transport & Sustainable Travel Manager		Sep-22	Mar-23	TBC	TBC	
17. NWSSP will work with Health Boards and Trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning – this will include consideration of NHS Wales's own fleet, staff vehicles, and visitor EV charging.	BCUHB should develop their own EV charging strategy following on from the framework developed by NWSSP. Currently 30% of lease cars are electric, and a strategy will need to be in place going forward to ensure that increasing demand for charge points can be met. As a result of current funding limitations, this strategy should be developed this financial year, with recommendations and suggestions implemented in the FY23/24.	Estates & Facilities / Transport & Sustainable Travel Manager		2022-23	2023-24	TBC	TBC	
	Engage with NWSSP and other public sector partners to implement further EV charging rollout at the scale and pace to match demand, which will be specified in the best practice approach.	Transport & Sustainable Travel Manager		Mar-23	Mar-24	TBC	TBC	
	20x EV charging points have been installed at the Wrexham site for use by the estates and facilities fleet. There is a need to further review the potential for EV charging points including fast chargers, including the upgrade of temporary EV chargers at Glan Clwyd and Ysbyty Gwynedd to permanent chargers.	Estates & Facilities / Transport & Sustainable Travel Manager		Apr-22	Mar-24	£0	£140k	
	BCUHB should create a new central, dedicated transport & sustainable travel role who should oversee all operations by 2023.	Senior Execs		Jul-22	Sep-22	£40,000	£0	
18. A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance – this will entail central fleet management oversight within each organisation.	Develop a BCUHB fleet baseline assessment to consider vehicle types / CO_2 emissions / age / efficiency / fuel types etc. Ensure arrangements are in place for an annual review of the fleet.	Transport & Sustainable Travel Manager / Decarbonisation programme Board		N/A	Sep-22	£0	£0	
	Continue to implement rollout of telematics tracking system across all BCUHB vehicles.	Transport & Sustainable Travel Manager		N/A	Ongoing	£0	TBC	
19. All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	Progress has been made to replace existing fleet with battery EVs. BEVs will be the default for all new vehicles up to 3.1t (except emergency response).	Transport & Sustainable Travel Manager		Sep-22	Mar-23	£0	£950k	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
20. All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	Develop an approach to decarbonise fleet emissions, including: Vehicle management systems to consolidate journeys / Technologies such as low energy tyres and aerodynamic improvements / Exploring localised opportunities for alternative fuels (e.g. biodiesel / hydrogen).	Transport & Sustainable Travel Manager		Sep-22	Mar-23	£0	£0	
21. All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	Consider incentives / disincentives to encourage staff to transition from ICE vehicles to ULEV / EVs. Identify the limitations / barriers to incentivisation that exist within the A4C terms and conditions or Equality legislation.	Transport & Sustainable Travel Manager		N/A	Sep-22	£0	£0	
	Publish sustainable travel hierarchy that prioritises active travel where possible and low emissions sources where active travel is not possible.	Decarbonisation programme Board		N/A	May-22	£0	£0	
	Increase awareness amongst staff of EVs and their benefits, develop soft touch approaches to encourage migration of staff vehicles over to EVs.	Transport & Sustainable Travel Manager		N/A	Ongoing	£0	£0	
	Develop a staff travel survey to establish staff travel routines, this will form part of the DGH's site-specific Green Travel Plans. Ensure surveys are undertaken on an annual basis.	Transport & Sustainable Travel Manager		Sep-22	Oct-22	£0	£0	
	Develop and implement a new process for the collection of patient travel data. Ensure surveys are undertaken on an annual basis.	Transport & Sustainable Travel Manager		Sep-22	Oct-22	£0	£0	
	Engage with public transport providers to optimise public transport routes and options to all sites.	Transport & Sustainable Travel Manager		N/A	Ongoing	£0	£0	
	Ensure all sites have up to date active travel plans with visible active travel maps for staff and visitors	Transport & Sustainable Travel Manager		Sep-22	Sep-23	£0	£0	

*Initiatives 22, 23 and 24 relate to Welsh Ambulance Services NHS Trust (WAST) activities. These initiatives fall under the responsibility of WAST, as detailed in the NHS Wales DSDP, and so are not considered within the scope of this action plan.

Procurement

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
25. NWSSP will transition to a market-based approach for supply chain emissions accounting.	Conduct a review of medical gas and inhaler procurement to better understand the supplier emissions breakdown.	Head of procurement		N/A	Mar-23	£0	£0	
	Develop a template for approaching BCUHB's top 100 suppliers (by value) to establish product-specific carbon emission information. This data should be collected annually from March 2022.	Head of procurement		May-22	Mar-23	£50k	£0	
	Share the key findings from the initial engagement with these top 100 suppliers across the Health Board and with NWSSP teams (including Transformational Procurement Team).	Head of procurement		N/A	May-22	£0	£0	
	Establish a system for engaging with the top 100 suppliers periodically (e.g., two-yearly) to undertake due diligence on supplier carbon emissions calculations.	Head of procurement		N/A	May-22	£50k	£0	
	Incorporate Welsh Government Policy Procurement Notes 06/21 and 12/21 into tender processes. With the support of NWSSP, continue developing a template for tenders that incorporates decarbonisation.	Head of procurement		N/A	Mar-22	£0	£0	
	BCUHB will take advice from NWSSP on updated carbon footprint methodology and the need to collect market-based carbon emission data. It will also engage with the forthcoming Welsh Government procurement workstream.	Head of procurement		N/A	Mar-22	£0	£0	
26. NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC	TBC	£0	
27. Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC	TBC	£0	
28. 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.	Continue to work with appropriate teams across NHS Wales to maintain 100% REGO backed electricity supply.	Head of procurement		N/A	Ongoing	£0	£0	
29. NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
30. Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			
31. NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			
32. NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			

Estate Planning and Land Use

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
33. All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	Estates and asset management strategy will ensure the incorporation of recommendations of decarbonisation.	Planning and policy team		N/A	Ongoing	£0	£0	
	Ensure rationalisation of the estate where possible to reduce emissions by implementing the BCUHB estate strategy.	Decarbonisation programme board		Sep-22	Mar-24	TBC	TBC	
34. NWSSP and Welsh Government will develop an approach to land use to advise Health Boards and Trusts on land identification, collaboration with Local Authorities and the community, and the appraisal approach for renewable energy and greenhouse gas removal.	BCUHB will adopt guidance for carbon accounting of existing land and identifying suitable land for renewable energy generation and greenhouse gas removals, once provided by NWSSP and Welsh Government.	Decarbonisation programme board / Head of property		N/A	Mar-23	£0	£0	
	Undertake a land evaluation to establish areas of the existing estate for potential renewable energy generation or greenhouse gas removal. Assessments will factor in location, existing land use, planned future land use, proximity to NHS sites and private wire opportunities. Current land has been considered for selling, including Bryn-y-Neuadd.	Planning and policy team / Decarbonisation programme board		N/A	Mar-23	TBC	£0	
	BCUHB will look to support localised initiatives to maintain green spaces on hospital sites for use by staff, the public and patients. Additionally, BCUHB will consider land use change and biodiversity enhancement projects as these will contribute to the overall carbon reduction targets. This will be done in line with their public sector biodiversity duty. This relates to compliance with both the Environment Act (Wales) 2016 and Well-being of Future Generations (Wales) Act 2015.	Decarbonisation programme board		N/A	Ongoing	£0	£0	
35. NHS Wales will explore and progress large scale renewable generation with private wire connection to our sites.	Programme of potential PV for the next 2-3 years in place, continuation of current programmes - started with community assets in East regions with plans to then move to west region if funding is secured.	Head of property		N/A	Apr-22	£0	TBC	

Approach to Healthcare

Smart Working

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
36. Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	Agile working group currently being developed, assign responsibility of actions to them	Agile working group		N/A	N/A	£0	£0	
37. Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Establish the proportion of the workforce that could feasibly work remotely (expected to predominantly be office-based staff). Actively encourage staff to work remotely where this can be feasibly achieved (it's recognised that in some parts of rural Wales this will not be possible without infrastructure upgrades).	Decarbonisation programme board		Sep-22	Mar-23	£0	£0	
	Develop and implement a hot desk policy for acute and community sites.	Decarbonisation programme board		May-22	Oct-22	£0	TBC	
	Develop the opportunities to work with external partners to share and utilise office space that have already been identified and continue to monitor opportunities throughout the action plan period.	Decarbonisation programme board		Mar-23	Mar-24	TBC	TBC	
38. Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Build upon the progress made during the Covid-19 pandemic and maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and patient travel - where medically appropriate.	Decarbonisation programme board		N/A	Ongoing	£0	£0	
	Continue to use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services. BCUHB will also keep in contact with initiatives at an NHS Wales level and look to implement when available (e.g., NHS Wales app).	Decarbonisation programme board		N/A	Ongoing	£0	£0	
	Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.	Decarbonisation programme board		N/A	Ongoing	£0	TBC	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	BCUHB will continue to take advice from NHS Wales to the best practice use of digital technology. It will also investigate the possibility of creating a specialist sub-group to create an internal best practice approach to the use of digital technology and digital consultation technology.	Decarbonisation programme board		N/A	Sep-22	£0	£0	
	Continue the process of digitalisation of heath records, which has already begun, and will continue throughout the action plan period.	Decarbonisation programme board		N/A	Ongoing	£0	£0	

Education

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
39. Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	BCUHB will engage with Carbon Literacy Programme being developed by Public Heath Wales for selected staff with a view to expanding to wider staff in the future. BCUHB will continue to provide space internally for sector leads and sustainability working groups. BCUHB will engage with Doctors for Greener Health Care Networks and look to incorporate it at the Health Board level. The current pan-Wales e-training module on environmental management should be reviewed and updated.	Decarbonisation programme board		May-22	Sep-22	TBC	TBC	

Healthcare and Medicines

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
40. Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	BCUHB will ensure medical gas capture technology is integral to all new builds and major refurbishments, this should be promoted by the recently developed nitrous working group that has been set up across the three acute sites. Ongoing work to decarbonise medical gases in anaesthesia, maternity and emergency should be publicised more widely. For example, the results of project drawdown (switch from	Decarbonisation programme board		N/A	Ongoing	£0	TBC	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	anaesthetic gases, predominantly desflurane, to IV anaesthetics) should be championed across the HB.							
41. Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	This has been identified as a significant issue by the clinical team at BCUHB. Current activities by postgraduate medical students are looking in to this subject, but further efforts need to be made within the health board to explore opportunities and undertake trials.	Decarbonisation programme board		N/A	Ongoing	£0	£0	
42. Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	Introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders. Support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions. Actions should link to Green Primary Care agenda. Encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. Also make use of the existing RHIG digital app to effectively communicate with patients.	Decarbonisation programme board		N/A	N/A			
43. Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	BCUHB should encourage engagement with the Welsh Analytical Prescribing Support Unit (WAPSU), part of the All Wales Therapeutics and Toxicology Centre (AWTTC), utilising the recently developed dashboard to help inform conversations between practitioners and patients around the carbon footprint of inhalers and support, where appropriate, a switching to alternative inhalers.	Decarbonisation programme board		N/A	N/A			

Waste

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
44. Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	BCUHB will work with NWSSP and ensure best practice initiatives for the reduction of pharmaceutical waste are implemented once finalised. BCUHB will also collaborate with other Health Boards and trusts to ensure standardised approach.	NHS shared services/Procurement/ Decarbonisation programme board		N/A	Mar-23	£0	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	Take learnings from ongoing and previous trials and roll them out across the HB. For example, the ongoing reusable linen trial.	NHS shared services/Procurement/ Decarbonisation programme board		N/A	Ongoing	£0	£0	
45. Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	BCUHB will work with NWSSP and ensure best practice initiatives for plastics in healthcare are implemented once finalised.	NHS shared services/Procurement/ Decarbonisation programme board/clinical		N/A	Mar-23	£0	TBC	
	BCUHB will consider second life possibilities for non-medical equipment that is no longer required. Reuse elsewhere within the Health Board and donation will be prioritised over creation of waste. This will be incorporated into Health Board policy.	NHS shared services/Procurement/ Decarbonisation programme board/clinical		N/A	May-22	£0	TBC	
46. Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	Introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders.	NHS shared services/Medicines management/ Decarbonisation programme board		N/A	Mar-23	TBC	TBC	
	Support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions.	NHS shared services/Medicines management/ Decarbonisation programme board		N/A	Ongoing	£0	£0	
	Encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. Also make use of the existing RHIG digital app to effectively communicate with patients.	NHS shared services/Medicines management/ Decarbonisation programme board		N/A	Ongoing	£0	£0	

6. BCUHB Action Plan 2024-26

This current Decarbonisation Action Plan sets out the key actions BCUHB will take in the next two years to reduce its carbon footprint and support the NHS Wales ambition of becoming net zero by 2030. It is also a requirement for all NHS Wales health boards to submit a Decarbonisation Action Plan every two years to the Welsh government. This is the first such action plan and sets out how BCUHB will address the initiatives from the NHS Wales DSDP between 2022 and 2024. However, it is also important for BCUHB to maintain a longer-term view to reducing greenhouse gas emissions. To meet the ambitious climate goals of the health board, and NHS Wales as a whole, it is important to consider short-term, medium term, and longer term actions. This requires strong carbon management and governance structures (see Section 4.1) and will be crucial to achieving the long term vision of the BCUHB.

Having sight of the actions that BCUHB will need to take during the next Decarbonisation Action Plan timeframe (2024-2026) will help the health board to implement the current list of actions as well as help to inform the creation of the subsequent Decarbonisation Action Plan in march 2024.

6.1. Carbon Management

The actions for BCUHB to undertake between 2022 and 2024 in relation to Carbon Management (section 4.1) are based around three key initiatives from the NHS Wales DSDP. The key actions for BCUHB to carry out during the next iteration of the Decarbonisation Action Plan will be based on the results of the action listed in this report. The progress made during 2022-2024 will inform these longer term actions, therefore, there are no specific actions listed here for 2024-2026.

6.2. Buildings

6.2.1. Existing Buildings

The following table details the key actions for BCUHB to undertake between 2024 and 2026 in respect to existing buildings.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
5. Fully replace all existing lighting with LED lighting by 2025.	Procure and implement LED upgrades across all buildings assumed to have a future beyond March 2027 by 2025. Buildings with an uncertain future (after 2027) should be considered on a case by case basis as this should not be a barrier to decarbonisation where LED upgrades may still be appropriate.	2025

7. Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Implement changes to target a shift to full low carbon heating by 2030. Aim to have converted 50% of heat to low carbon heat by 2026.	2026
8. Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Following the feasibility study to establish the viability of renewable energy projects at each BCUHB site, conducted as part of this decarbonisation plan, at least 50% of these will be installed by 2026. Structural/infrastructure limitations at acute sites may impact future installations. Projects will therefore have to be viewed on a case-by-case basis.	2026

6.2.2. New Builds and Major Refurbishments

The key actions for BCUHB to carry out during the next iteration of the Decarbonisation Action Plan in relation to new builds and major refurbishments will be based on the results of the action listed in this report. The progress made during 2022-2024 will inform these longer term actions, therefore, there are no specific actions listed here for 2024-2026.

6.3. Transport

The following table outlines the transport related actions from the NHS Wales DSDP initiatives that BCUHB will need to undertake between 2024 and 2026.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
20. All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	Procure ultra-low emissions freight vehicles across BCUHB from 2025 – in line with NHS Wales commitments.	2025

6.4. Procurement

Procurement for health boards is largely centralised through NWSSP across Wales, and actions for 2024-2026 will largely depend on the results of the actions taken by BCUHB and NWSSP from this action plan. However, below are actions from the NHS Wales DSDP for BCUHB to consider between 2024 and 2026.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
28. 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.	All REGO backed electricity is at national level. BCUHB will continue to work with appropriate teams to maintain 100% REGO backed electricity supply.	2025

6.5. Estate Planning

The key actions for BCUHB to carry out during the next iteration of the Decarbonisation Action Plan in relation to estate planning will be based on the results of the action listed in this report. The progress made during 2022-2024 will inform these longer term actions, therefore, there are no specific actions listed here for 2024-2026.

6.6. Approach to Healthcare

The following table outlines the transport related actions from the NHS Wales DSDP initiatives that BCUHB will need to undertake between 2024 and 2026.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
43. Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	Target a shift to 80% of inhalers being low GWP alternatives, to put Wales in line with the current European leaders in the field, but only where clinically appropriate and where it is clear patients' stabilisation will not be affected. Deliver through the Welsh Respiratory Health Implementation Group.	2025

7. Implementation Next Steps

7.1. Management Approach

Successful implementation of this Decarbonisation Action Plan will require a step-change in decarbonisation activity across BCUHB.

In recognition of this, a 'Decarbonisation Project Manager' will be put in place to drive the implementation of the Decarbonisation Action Plan. The Decarbonisation Project Manager will sit outside of the estates department and become an active component of the newly developed decarbonisation programme board and engage across BCUHB; spanning estates and facilities, planning, transport, procurement, clinical, and wider stakeholder groups, to ensure that the actions within this Decarbonisation Action Plan are taken forward and implemented within the stated timeframe. The Decarbonisation Project Manager and wider management team within BCUHB will be responsible for implementation of this, and subsequent, Decarbonisation Action Plan(s). Availability of funding should ideally allow for the recruitment of more than one FTE to be part of the decarbonisation team; the weight of the task at hand will likely require numerous staff to support and implement this plan.

Overseeing these activities will be the newly developed decarbonisation programme board, it has been established to lead on the development and implementation of decarbonisation and sustainability programmes which deliver the Health Boards five–year decarbonisation programme as required by Welsh Government.

The Board will engage and coordinate a wider and inclusive organisational response to achieving Welsh Governments sustainability and decarbonisation targets by 2030.

The remit of the board will cover the following points:

- Work as a transformational board to progress opportunities for financial benefits to sustain the programme and deliver other returns through linking with other established programmes.
- Receive regular assurance updates on the development and implementation of Health Board decarbonisation plans in support of the NHS Wales Decarbonisation Strategic Delivery Plan.
- Ensure the views of all staff groups and key stakeholders are reflected and included in the decarbonisation plans.
- Work with other public sector bodies/agencies across North Wales in developing regional plans to tackle climate change.
- Ensure that the Health Board's values/priorities, organisational and executive leadership, governance and links to strategic plans are in place.
- Ensure that financial support and capacity is in place to run the programme.
- Seek advice and support from other professional bodies as and when required.
- An Independent Member from the Health Board will be appointed to support the Decarbonisation Programme Board.
- It is important that the decarbonisation and sustainability programme is integral to the work already being progressed through the Health Board's leading strategies namely, Stronger Together, Living Healthier-StayingWell and the annual IMTP

The current structure of the decarbonisation programme board has been detailed below:

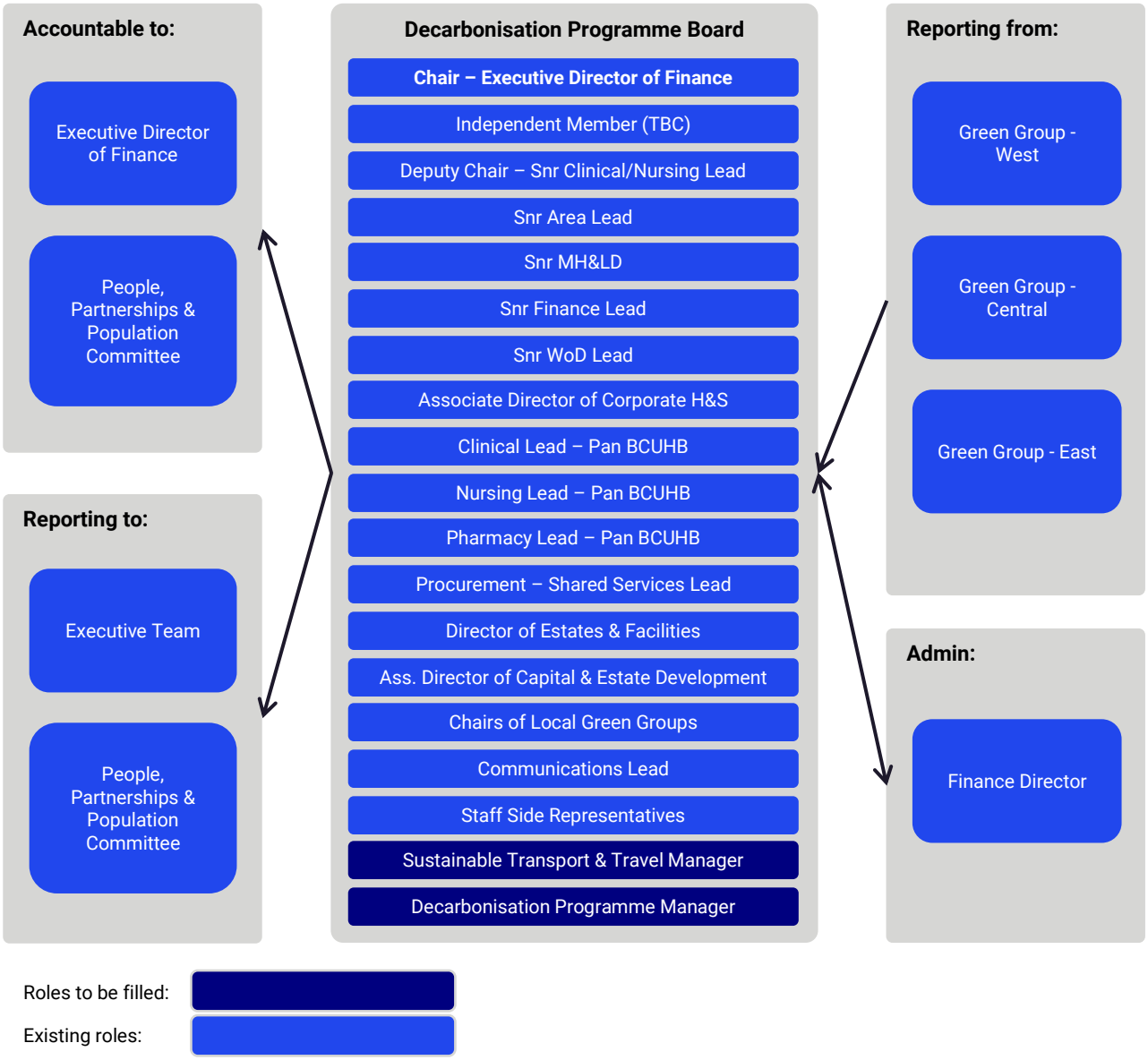


Figure 11: Decarbonisation Programme Board governance structure

7.2. Funding

It is recognised that access to additional resource and finance is critical to ensure the success of this Decarbonisation Action Plan. However, much progress can be made by championing decarbonisation within the decision-making process, and by integrating this into behaviour across BCUHB.

Health Boards cannot access conventional borrowing or private finance, including the Public Works Loan Board. Health Boards are highly reliant on Welsh Government to enable funding mechanisms.
Additional funding sources:

Potential Funding	Notes
Discretionary Capital Programme	Subject to infrastructure investment funding business case process. Requiring a Business Justification Case (BJC), or Outline Business Case (OBC) to Welsh Government Health Capital Estates & Facilities. For 2021/22, the Health Board was allocated ~£12.95m. In 2022/23 however, the allocation is reduced to ~£10.97m.
Wales Funding Programme – Invest to Save	The Wales Funding Programme[4] is supported by the Welsh Government Energy Service, with funding applications administered by Salix Finance. Funding is then provided direct from Welsh Government on a repayable basis, with criteria limits on payback and carbon cost effectiveness. The Health Board have actively utilised this funding for phases of the multi-site solar PV scheme.
Estates Funding Advisory Board (EFAB) funding – decarbonisation, and infrastructure	£4.96m of grant funding through EFAB was made available in 2021/22. This was administered through NWSSP, with separate budgetary lots for infrastructure and decarbonisation. The decarbonisation budget for 2021/22 totalled £1.43m. Unfortunately, no EFAB grant funding is currently available for 2022/23.
Welsh Government Energy Service – Public Sector Fleet Grant	The Welsh Government Energy Service administer funding for fleet vehicle replacements to EVs, and EV charging infrastructure. In 2021/22, a total of £1.5m was made available to the public sector, the availability of grant for 2022/23 is still to be defined.
Welsh Government – Public Sector Low Carbon Heat Grant	The Welsh Government Energy Service and Salix Finance has overseen a pilot 'Public Sector Low Carbon Heat Grant' in 2021/21, this totalled £2.4m in value and was largely accessed by Local Authorities.

[4] https://www.salixfinance.co.uk/loans/welsh-loans

> No grant funding is planned for 2022/23, however it is expected that a funding scheme will follow in 2023/24. In is expected that development grant funding will be available in 2022/23 to support project to an investment ready position.

Betsi Cadwaladr UHB Estates Programme

Within the BCUHB Estates Programme a number of opportunities have been identified for the period 2022-2025 ranging from 'in development' stage through to 'full business case'.

The Health Board should utilise available capital and revenue budgets in a smart way, aligned with the climate emergency, in particular this will entail:

- Embedding quantified carbon as be a key decision metric in estates planning – this will be managed through the business case process for revenue and capital spending (Initiative 33).
- Proactive planning of maintenance issues (for instance boiler replacement) so that the low carbon options are understood and utilised (Initiative 7).
- Revenue budget availability should be utilised where possible to support project development.
- Progressing procurement initiatives to influence decarbonisation in the supply chain.

One of the key routes for delivery for the built estate, energy efficiency, and renewable energy programmes will be through an energy performance contract, BCUHB are currently in the process of signing up for Re:fit Cymru.

The current Estates Programme for 2022-25 include the following schemes:

Business Case	Status	Cash Value (Current estimate) £ millions	Source of Funding
Royal Alexandra Hospital (North Denbighshire)	Full Business Case - submitted to Welsh Government	£67.3 plus inflation	All Wales Capital
Wrexham Maelor Continuity Phase 1	Combined Outline / Full Business Case Stage	£43	All Wales Capital
Adult and Older Person's Mental Health Unit Glan Clwyd Hospital	Outline Business Case stage	£63.7	All Wales Capital
Regional Treatment Centres (previously Diagnostic & Treatment Centres)	Strategic Outline Case Stage	£154 - 252	Partnership Scheme - Revenue
Nuclear Medicine Reconfiguration (including PET)	Strategic Outline Case submitted to Welsh Government	£11	All Wales Capital
Residential Accommodation (includes Revenue Implication)	Strategic Outline Case Stage	£55.8	Partnership Scheme - Revenue
Bangor Health & Wellbeing Centre	Scoping Document stage	£32 -37 million	All Wales Capital

Conwy Integrated Services Facility	Scoping Document stage	£15 - 19	All Wales Capital
NWCTC Radiotherapy Software, Hardware and Linear Accelerator (Linac) Replacement	Business Justification Vase	£4.4 - 4.7	All Wales Capital
Wrexham Redevelopment Business Case	Programme Business Case stage	TBC £200+	All Wales Capital
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	Programme Business Case Stage	£216	All Wales Capital
Neuro Rehabilitation Services: Llandudno General Hospital	Scoping Document stage	£5 - 8	All Wales Capital
Penygroes Health & Wellbeing Hub	Scoping Document stage	£6 - 8	Partnership Scheme - Revenue
Penrhos Polish Nursing Home	Scoping Document stage	£8	Partnership Scheme - Revenue
Hwb Cybi (Holyhead) Primary Care Health & Wellbeing Hub	Scoping Document stage	£15+	All Wales Capital
School of Medicine and Health Sciences	Scoping Document stage	TBA	All Wales Capital
Hanmer Health & Well-being Centre	Under Review	TBA	All Wales Capital
Llay Health & Well-being Centre	Under Review	TBA	All Wales Capital
Cefn Mawr Health & Well-being Centre: Feasibility study for the development of a new build	Under Review	TBA	All Wales Capital
Denbigh Integrated Re-ablement	Under Review	TBA	Partnership Scheme - Revenue
Kinmel Bay Business Case	Under Review	TBA	All Wales Capital
Maggie's Centre Ysbyty Glan Clwyd.	Exploratory Stage	TBA	Nil cost to Health Board
Colwyn Bay Integrated Health & Social Care Facility		2.2	Partnership Scheme - Revenue
Brymbo Primary Care Centre	Under Review	TBA	All Wales Capital
Porthmadog Primary Care Centre	Under Review	TBA	All Wales Capital

Future Major Schemes:

Through BCUHB's capital programme there is a series of programmes and projects across both discretionary (£43m) and All Wales (£831m) funding to be implemented between 2022/23 and 2026/27. Many of the projects to be implemented could result in carbon savings or have an element of carbon reduction built in to it. Currently approx. £40m+ and £830m+ of projects have been identified for funding between 2022 and 2027.

Furthermore within the newly developed 10 year capital programme there is potential for an additional £1,640m+ funding for currently unapproved estates schemes, many of which can result in carbon reductions. These include investments across: Statutory Compliance and Infrastructure, Recovery and Clinical Services, Regional and National, Integrated Primary, Community and Social Care, Programme for Government and Manifetso.

Funding this Decarbonisation Action Plan:

Funding this Decarbonisation Action Plan will require low carbon alignment in how we utilise existing funding for healthcare delivery, procurement, and capital projects. Based on specific additional decarbonisation actions and measures shown, the additional funding required is estimated as:

	Development Funding	Investment Funding
Decarbonisation Action Plan period 2022-24	Min. £500K	Min. £10M

In addition to the funding required from a developmental and investment perspective, there will be funding required for resource too. This should consider as a minimum the additional roles required for a decarbonisation manager and transport and travel manager. It is expected that further resource will be required beyond the two aforementioned roles for this plan to be executed fully, and ideally a whole decarbonisation team with dedicated roles should exist. The resource funding requirement for this should be defined by BCUHB.

7.3. Implementation Capacity

Implementing the Decarbonisation Action Plan will require additional internal resource and capacity, as well as expert contracted support. The capacity challenge can be simply split into two:

Internal resource

It is anticipated that additional resource will be required in the following areas:

- Decarbonisation Project Manager to act as a central, fully resourced, focal point for activity within the decarbonisation programme board.
- Estates support for project development and delivery – covering buildings.
- Sustainable Transport and Travel Manager – to act as a central point across patient and visitor travel, business travel, operational and grey fleet.
- Procurement team support, both to develop the supply chain engagement initiatives, and also support wider delivery.
- Decarbonisation officers to support the decarbonisation project manager and help implement the action plan.

Engagement across the health board will be required, and adjustments made to existing practice. This will require education and enabling of key staff groups, in particular for the approach to health care, waste, and employee commuting related initiatives.

External Resource

Utilising external resource will be required for both project development, and for 'supply & install' contractors for implementation. In particular:

- Utilising heat and renewable power experts for understanding the opportunity on the estate and creating specific implementation plans.
- Utilising planning, procurement, legal support in project development.
- Design team experts (e.g. architects / M&E engineers) to follow low carbon and net zero aligned standards in the design of major capital schemes.
- Collaboration with the NWSSP for procurement initiative implementation.
- Collaboration with the Welsh Government Energy Service to support implementation.
- Collaboration with the Regional Partnership Board and public sector partners for joint learnings.
- Collaborate with stakeholder groups and wider industry to further develop low carbon health care practice.

8. Key Next Steps

Mobilisation activities

- Incorporate the Decarbonisation Action Plan into the newly created Decarbonisation Programme Board.
- Review resource requirements, in particular put in place a central Project Manager role as a focal point for activity.
- Launch the Decarbonisation Action Plan and build responsibility for delivery across the organisation – assigning specific projects as required.
- The Decarbonisation Action Plan should be a live working document – seek feedback through engagement, and update as actions projects.

Key development actions

- Refine the short-term energy efficiency measures for delivery – in particular those identified in survey work.
- Undertake expert heat and renewable power studies – utilising existing relationships, the wider supply chain, and the Energy Service.
- In collaboration with NWSSP, engage further with the supply chain to gather sustainability credentials and available carbon data. Plan and target upcoming procurements for increased low carbon assessment (as appropriate).
- Update policy and practice – in particular with regard to commissioning and procurement.
- Engage across the organisation to build profile and support for activity – in particular waste and the approach to health care.

Key projects to implement

- Align fabric improvements and low carbon upgrades into delivery of the capital schemes.
- Implement heat pumps at target sites, in particular in place of end of life boiler replacements.
- Deliver EV charging and electric vehicles into the fleet.
- Enforce new procurement criteria when choosing new suppliers.

Making change happen

- Creating sustained momentum with a strong governance structure and clear communication across the organisation.
- Deliver success by accessing additional funding streams, and working with Welsh Government to support the following anticipated additional costs for implementing this action plan:

	Development Funding	Investment Funding
Decarbonisation Action Plan period 2022-24	Min. £500K	Min. £10M

9. Appendices

Appendix 1: Acute site energy audits

A key action for health boards and trusts from Initiative 4 from the NHS Wales DSDP is to 'carry out specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate'.

As part of this current decarbonisation action plan, BCUHB commissioned the Carbon Trust to carry out energy audits of the three main acute hospital sites:

- Ysbyty Gwynedd,
- Glan Clwyd and
- Wrexham Maelor Hospital

These building audits were conducted in February 2022 and have contributed to the formation of key actions for BCUHB to undertake in the next two years (see Section 4).

The built estate accounts for 27% of the total carbon footprint for the health board (see Figure 2). Given the significant contribution from the use of buildings to the overall emissions, it is a key area where initiatives and actions for decarbonisation can be targeted. Many of the buildings within the health board's estate portfolio have been long term assets and were built when sustainability standards were much lower than for new buildings today. The result has been a number of aging assets that still use old, or original, mechanical and electrical equipment and have a relatively poor performing fabrics. The three acute hospital sites were chosen as they have the largest individual carbon footprints and represent a significant proportion of the health board's emissions from buildings. As such, they represent the largest opportunity for significant emission reductions through targeted decarbonisation action.

This appendix outlines the findings of the building energy audits of the three acute sites and presents key actions for the health board to reduce the carbon emissions associated with these sites.

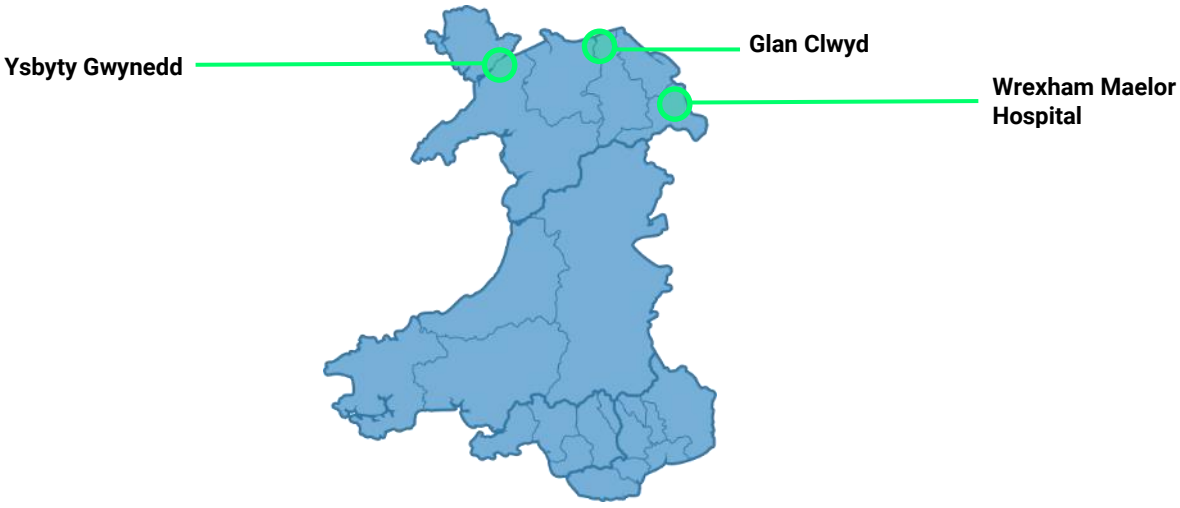


Figure 12: Acute Hospital Sites

Ysbyty Gwynedd – Key Actions

Ysbyty Gwynedd was built in 1984 and has a capacity of 463 beds with a floor area of approximately 60,000m^2. The man hospital is generally heated with gas fired LTHW boilers and a combined heat and power unit. The Display Energy Certificate has a rating of 'F'.

Following the site audit at Ysbyty Gwynedd a number of potential decarbonisation actions were identified. These are presented in the table below:

Sector	Action 1	Action 2	Action 3	Action 4	Action 5
Estate	Carry out feasibility study for current 3MVA electrical supply and proposed EV change point requirements e.g. 22kW units	Add sub-metering across the site to increase data resolution and improve data accuracy	Review BMS system preferences and the possibly to reduce summer time CT flow temperature		
Building M&E	Reduce steam load in catering by converting to electric kitchen units	Current steam generators are oversized. Reduced steam load in catering could reduce need for large steam generators – replace with smaller electric steam units	Refurbish AHU with inverters on the fans, replace direct drive motors with EC fans and incorporate heat recovery	Review potential to decommission CHP plant early. Ensure it is not replaced in the event of failure	Add TRVs to radiator units to allow temperature control by end users
Buildings M&E	Review distribution pipework insulation and upgrade / replace where necessary	Replace all lighting to LED across the site	Review heating zones in main hospital to increase resolution and temperature control	Incorporate energy efficiency measures, where possible, in fire protection works	Refurbish lifts in main hospital to use efficient modern motors
Building Fabric	Replace single glazed windows with double glazed or secondary glazed units	Insulate aluminium spandrel panel on window units	Assessment Unit and Renal have uninsulated pitch roofs – add loft insulation as required		
Transport	Convert temporary charging units to fixed units	Carry out feasibility study to assess installation of EV charge points for staff, patient and visitor parking	Expand site EV fleet	Make sure there is an up to date active travel map for the site that is clearly displayed on site	
Renewables	Currently no solar PV on the site. Carry out a solar PV feasibility study. Funding available to work with WGES	Flat roof over main entrance to have solar PV design as well as Flat roof in the centre of hospital has potential for solar PV	Review accommodation units for solar PV arrays – consider wiring to hospital rather than flats	NHS direct building has a possible roof for solar PV, however, it is curved so installer inspection required	Assessment Unit Roof could accommodate a solar PV array

Table 7: Summary of key actions – Ysbyty Gwynedd

Glan Clwyd – Key Actions

Glan Clwyd was opened in 1980, and during the last 12 years has undergone a major refurbishment of around £180m. The extensive refurbishments have focused on asbestos removal but have also incorporated significant energy efficiency upgrades. The hospital has 466 beds with a floor area of approximately 85,000m^2.

Following the site audit at Glan Clwyd a number of potential decarbonisation actions were identified. These are presented in the table below:

Sector	Action 1	Action 2	Action 3	Action 4
Estate	Ensure new MHU building meets net zero standards	Potentially redesign DHW at new MHU to accommodate lower temperatures and use ASHP	Develop action plan for the laundry building once the NWSSP take laundry services offsite	Review DEC reports with assessor at next inspection to ensure accurate total floor area
Buildings M&E	Early retirement of CHP plant – due for decommission in 2023	Boiler replacement with ASHP at mortuary	Boiler replacement at Creche building with ASHP to take advantage of UFH	Migrate steam generation over to electric once laundry services move offsite
Buildings M&E	Lighting upgrade to LEDs across the site	Ensure estate & facilities staff are trained on new BMS system updates	Add metal casings (or similar) to AHU ductwork on roofs to prevent seagull damage to the insulation.	Upgrade remaining AHU motors to inverters / EC motors
Building Fabric	Realistic and cost-effective fabric upgrades have been achieved through asbestos refurbishment	Replace any outstanding single glazed windows with double glazed units		
Transport	Upgrade temporary changers to fixed units	Increase EV charging capacity for patient/ visitor travel	Make sure there is an up to date active travel map for the site that is clearly displayed on site	
Renewables	Ward 14 & 15 flat roof have potential to accommodate solar PV array	HSDU roof cold accommodate a solar PV array	Conduct feasibility study for a solar farm on the fields to the rear of the site	

Table 8: Summary of Key Actions - Glan Clwyd

Wrexham Maelor Hospital – Key Actions

Wrexham Maelor Hospital is an expansive site within the town of Wrexham that is divided by both the main road (Watery Road) and the River Gwenfro. There are multiple buildings that sit within the approximately 50 acre site, comprising the 1930s EMS site, the Phase 1 and 2 hospital that was built in the 1980s and the original buildings to the north of the site that now house many of the site office, such as facilities. There is also the modern Metal Health Unit and other smaller standalone buildings on the site. The larger buildings on the site have DECs that range from C-F with the predominant heating across all buildings as natural gas.

Following the site audit at Wrexham Maelor Hospital a number of potential decarbonisation actions were identified. These are presented in the table below:

Sector	Action 1	Action 2	Action 3	Action 4
Estate	Undertake electrical incoming capacity review with respect to increased load from EV charging and electric heat	Review parking controls on the site with an aim to reduce non-hospital traffic	Review the usage of temporary buildings that have been incorporated in main healthcare provision and assess if they are fit for purpose	Upgrade street lighting to LEDs
Buildings M&E	Review CT distribution circuit leakage at EMS site to increase boiler efficiency and reduce energy consumption	Incorporate heat recovery to AHUs	Transition motors for AHU over to inverter driven or EC motors	Ensure mech. Vent. Upgrades (6ACH) for minimum healthcare standards do not compromise energy efficiency
Buildings M&E	Upgrade lighting to LEDs across whole site (especially EMS, Phase 1&2, MHU, ALAC)	Carry out feasibility study to convert MHU, which has UFH, over to ASHPs		
Building Fabric	Upgrade single glazing to double glazed units – Especially EMS	Install loft insulation to EMS and estates buildings	Upgrade or replace insulation levels and draughtproofing to temporary building structures that have been incorporated into healthcare services	
Transport	Install the 20x EV charge points that have been secured.	Install LED lighting to multi-storey car park at rear of site	Review potential for more EV charge points to be installed and to increase size from 7kW (incorporate fast charge)	Make sure there is an up to date active travel map for the site that is clearly displayed on site
Renewables	Antenatal has a flat roof suitable for solar PV, however, there are plans to build a second storey on top	ALAC roof has potential for solar PV – meter/ wiring set up needs to be reviewed	Children outpatients and Mental Health Units could accommodate solar PV arrays	

Table 9: Summary of Key Actions - Wrexham Maelor Hospital

Appendix 2: Quantified decarbonisation actions

Included in the scope of work for this decarbonisation action plan were high level energy audits of the three acute hospital sites (YG, YGC and WMH). Following the site visits a number of actions that BCUHB can take to reduce the associated carbon emissions of these sites were identified, see Appendix 2. Financial and carbon modelling has subsequently been carried out, where possible and appropriate, for selected actions at each of these acute hospital sites. Calculations have been based on the FY19/20 consumption data but with the most recent energy unit prices to increase accuracy of the financial savings, as FY19/20 energy prices are now obsolete. The current volatility seen in energy prices in 2021 and 2022 are not reflected in these figures.

It is important to note that the figures presented here are based on high level energy audits for the three acute sites. The financial and carbon estimates outlined in this report are based on the stated assumptions and the data provided to the Carbon Trust as part of the agreed work. The figures outlined in this report are, therefore, representative only and any detailed analysis of cost, energy and emissions savings from the carbon reduction opportunities should be conducted by a suitably qualified professional following further detailed site specific assessments and calculations.

2.1. Ysbyty Gwynedd

2.1.1. LED Lighting Upgrades

Following a visual site inspection and data provided form BCUHB, it has been estimated that, currently, 20% of the light fittings at the site are using LED bulbs. The lighting upgrade calculations have been based on the replacement of T5 bulbs in 70% of fitting and T8 bulbs in 10% of fittings. It has been assumed that all lights are operational for 24 hours a day.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
T5 Bulb Replacement	201,400	167.4	724,400	201,400	1,160,900	5.8	1316	2,340	496
T8 Bulb Replacement	79,100	65.8	284,600	79,100	165,800	2.1	517	919	180

Table 10: Financial Modelling of LED Lighting Upgrades

2.1.2. Loft Insulation

Both the Assessment and Renal Buildings at Ysbyty Gwynedd were identified as having pitched roofs with little to no loft insulation. Due to a lack of sub-metering, the energy demand for these buildings have been assumed based on their estimated floor area and the kWh/m^2 rating from the DEC report. The levels of current insulation have been assumed to be 0-100mm with the upgraded insulation levels set to achieve a minimum u-value of 0.16W/m^2K.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Assessment Unit	3,400	10.4	56,600	3,380	36,600	9.1	104	311	98
Renal Unit	1,400	4.3	23,600	1,410	12,750	9.1	43	130	98

Table 11: Financial Modelling for Loft Insulation

2.1.3. Solar PV

There is currently no Solar PV installed at Ysbyty Gwynedd. A preliminary site survey has shown potential for the flat roof of the main hospital (87kWp) and pitched roof of the assessment unit (20kWp) could be used to install solar PV. It has been assumed that all generation will be used on-site. A specialist site survey would be needed to confirm suitability and exact capacity available. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Hospital Flat Roof	20,000	16.6	71,950	19,290	104,400	5.4	128	267	392
Assessment Building	4,790	4.0	17,240	4,630	24,000	5.2	31	64	376

Table 12: Financial Modelling of Solar PV Installations

2.1.4. Pipe Insulation

The initial site survey has uncovered that very little of the pipework for hot water and heating are insulated, both in plant rooms and throughout the site. It has been assumed that all pipework, valves and flanges will have a minimum of 22mm of lagging installed. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Pipe insulation	11,102	77	370,071	11,102	83,919	7.6	618	1,388	60.5

Table 13: Financial Modelling of Pipework Insulation

2.1.5. Elevator Upgrades

The majority of lifts across the site are aging and nearing end of life, it is suggested that all motors driving the lifts are replaced with efficient, modern units. Approximate, indicative savings are detailed below:

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Lift upgrades	13,029	13	62,943	13,029	60,000	4.6	80	130	461.5

Table 14: Financial Modelling of lift upgrades

2.1.6. Air Handling Units Upgrades

During the initial site visit, it was noted that of the approximately 40 air handing units (AHUs) only 20% of these had inverters, and 15% had any form of heat recovery. Therefore, it is recommended that all air handling units undergo motor upgrades and have a form of heat recovery added to them. The estimated indicative costs for these upgrades have been noted below:

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
AHU motor upgrades	31,069	31	150,092	31,069	128,000	4.1	190	400	320

Table 15: Financial Modelling of AHU upgrades

2.2. Glan Clwyd

2.2.1. LED Lighting Upgrades

A high level visual inspection of the current lighting at Clan Clwyd was conducted during the site visit. This, along with information provided by BCUHB, has estimated that around 70% of the current light fittings are T5 bulbs, with a 10% assumption for T8 bulbs, and the remaining 20% being comprised of modern LEDs. The following calculation has estimated the costs and carbon saving of implementing a lighting replacement strategy to LEDs. It has been assumed that all lights are operational for 24 hours a day.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
T5 Bulb Replacement	343,700	244	1,057,300	343,700	1,694,300	4.9	1920	3,420	496
T8 Bulb Replacement	135,000	96	415,360	135,000	242,000	1.8	750	1,340	180

Table 16: Financial Modelling of LED Lighting Upgrades

2.2.2. Solar PV

There is currently only isolated, small Solar PV arrays installed at Clan Clwyd. A preliminary site audit has shown potential for the pitched roof of the HSDU (96kWp) and flat roof of the emergency department (48kWp) could be used to install solar PV. It has been assumed that all generation will be used on-site. A specialist site survey would be needed to confirm suitability and exact capacity available. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
HSDU	28,450	20	87,450	27,550	115,200	4.2	156	324	356
Emergency Department	13,100	9	40,220	12,900	57,600	4.5	72	149	387

Table 17: Financial Modelling of Solar PV Installations

2.3. Wrexham Maelor Hospital

2.3.1. LED Lighting Upgrades

A visual lighting inspection was carried out during the site visit of selected buildings at the Wrexham Maelor Hospital site. Combined with information provided by BCUHB calculations have been produced on upgrading the current lighting to LEDs. It has been assumed that the EMS building currently has 90% of light fittings as T5 bulbs with the remaining 10% as LEDs. All other buildings analysed have been assumed to have 85% of existing fittings as T5 bulbs, except the ALAC building which assumes 85% T8 bulbs.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
WMH - EMS	42,100	38	163,900	42,100	262,700	6.2	298	530	496
WMH - Phase 1	84,400	76	328,350	84,400	526,200	6.2	596	1,060	496
WMH - Phase 2	62,800	56	244,200	62,800	391,400	6.2	444	790	496
WMH - Ty Deerbyn	8,100	7	31,500	8,100	78,500	9.7	57	102	772
WMH - ALAC	8,300	7	32,200	8,300	37,500	4.5	59	104	361
WMH - MHU	30,800	28	119,800	30,800	192,000	6.2	218	387	496

Table 18: Financial Modelling of LED Lighting Upgrades

2.3.2. Loft Insulation

The site survey revealed that a number of buildings on the EMS part of the site that have little to no loft insulation within the pitched roof attic voids, contributing to large heat losses and increases in energy consumption. It is therefore, recommended that the loft insulation levels are improved to achieve a u-value of 0.16 W/m^2K. Due to a lack o sub-metering, the current gas consumption has been assumed based on the estimated ceiling areas for building needing insulation and the energy consumption figured from the most recent DECs.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
EMS Buildings	4,600	17	90,200	4,600	59,400	12.9	165	496	120

Table 19: Financial Modelling of Loft Insulation Upgrades

2.3.3. Solar PV

The site audit of Wrexham Maelor hospital highlighted a number of buildings that could accommodate solar PV arrays. There is not currently any solar PV installed on the site so it could be an action that BCUHB implements within the current action plan period to help reduce electricity consumption at the site. The high level buildings audit has found that the ALAC (90kWp), Childrens Out building (25kWp), and Mental Health Unit buildings (36kWp & 18kWp) all have available roof space for solar PV installations. The calculations have assumed that all generation will be used on-site. A specialist site survey would be needed to confirm suitability and exact capacity available. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
ALAC	20,770	19	80,820	20,000	108,000	5.4	144	300	360
Children Outpatients	5,770	5	22,450	5,560	30,000	5.4	40	83	360
MHU 1	8,000	7	31,030	7,700	43,200	5.6	55	115	380
MHU 2	3,700	3	14,360	3,500	21,600	6.1	26	53	400

Table 20: Financial Modelling of Solar PV Installations

2.4. Zero Carbon Heating

2.4.1. Non-Acute Sites

It is recommended that 5 non-acute sites are to have their heating upgraded from gas-fired boilers to electric air source heat pumps as a trial ahead of future rollout to further sites as would be outlined in future action plans.

The sites have been selected based on their current energy intensity metrics. Currently air source heat pumps are best suited to low flow temperatures, ie. where there is low demand or significant levels of insulation. In order to determine the non acute sites with the highest levels of heating efficiency, the gas consumption per metre squared of floor area was used. From this analysis the following sites have been recommended:

- Abergele Hospital
- Chirk Community Hospital
- Dolgellau & Barmouth District Hospital
- Tywyn & District War Memorial Hospital
- Cefni Hospital

The following estimated costs, energy savings and carbon savings are expected for each site:

Site	Heat Pump Sizing (kW_{th})	Energy Saving (kWh)	Carbon Saving (tCO_2e)	Energy Cost Saving (£)	System Cost (£)
Abergele Hospital	1,000	4,270,213	1,200	-£95,620	£563,125
Chirk Community Hospital	250	643,493	181	-£14,409	£225,781
Dolgellau & Barmouth District Hospital	200	710,325	200	-£15,906	£191,250
Tywyn & District War Memorial Hospital	200	943,701	265	-£21,132	£191,250
Cefni Hospital	300	1,270,248	357	-£28,444	£255,000

Table 21: Heat pump figures for non-acute sites

2.4.2. Heating Surveys

Within the actions it has been determined that specialist low carbon heat evolution plans should be developed at all three acute hospital sites to set out a transition plan away from fossil fuelled heat toward low carbon heat. This will include heat generation, heat distribution, heat emitters, and building fabric upgrades. The evolution plans should consider technologies such as heat pumps, biomass, chiller heat recovery, wider heat networks (where realistic) and other innovative heat solutions such as sewage heat recovery and emerging heat pump technology. Furthermore, low carbon heat feasibility studies at non-acute sites larger than 1000m^2 should be undertaken.

It is anticipated that consultancy costs for a detailed heat study of acute hospital would cost approx. £50,000 and £10,000 for a large non-acute site. The following costs for each site have been identified:

Site	GIA (m^2)	Cost for heat study (£)
Ysbyty Glan Clwyd	83,631.0	£50,000
Abergele Hospital	11,221.0	£10,000
Ysbyty Maelor Hospital	88,050.0	£50,000
Chirk Community Hospital	2,316.0	£10,000
Colwyn Bay Community Hospital	4,654.0	£10,000

Denbigh Community Hospital	3,618.0	£10,000
Holywell Community Hospital	4,272.0	£10,000
Mold Community Hospital	3,243.0	£10,000
Ruthin Community Hospital	2,478.0	£10,000
Ysbyty Gwynedd	64,695.0	£50,000
Llandudno General Hospital	13,307.0	£10,000
Bryn Beryl Hospital	1,957.0	£10,000
Dolgellau & Barmouth District Hospital	2,234.0	£10,000
Tywyn & District War Memorial Hospital	2,012.0	£10,000
Ysbyty Alltwen	6,752.0	£10,000
Deeside Community Hospital	4,668.0	£10,000
Ysbyty Penrhos Stanley	4,286.0	£10,000
Cefni Hospital	2,926.0	£10,000
Eryri Hospital	5,093.0	£10,000
Bryn-Y-Neuadd Hospital	25,403.0	£10,000
Bryn Hesketh	1,236.0	£10,000
Total	**338,052.0**	**£330,000**

Table 22: Heat study estimated costs

2.4.3. Heating Controls

Through the initial site visits of all three acute sites conducted by the Carbon Trust, it was noted that heating zones across all hospitals are currently very large with poor resolution. Most areas don't have TRVs and therefore end user control is severely limited. The following savings have been estimated based on the rollout of TRVs to all three acute sites:

Energy Saving (kWh)	Carbon Saving (tCO_2e)	Energy Cost Saving (£)	Capital Cost (£)
4,911,864	1,025	£147,356	£1,040,054

Table 23: Estimated annual savings of TRV rollout across acute sites

2.5. Transport

Two projects within the list of transport focussed actions have been deemed to be quantifiable. Pilot schemes for EV rollout have commenced already within estates and facilities, and telematics have been installed in all vehicles already. The details of the identified, quantifiable projects are given below:

Project	Energy Saving (unit)	Carbon Saving (tCO_2e)	Energy Cost Saving (£)	System Cost (£)
Fleet EVs	248,906 litres -406,922 kWh	741	£82,565	£932,722
EV charging	*Electricity consumed at EV charging ports by BCUHB owned fleet will be accounted for in the above line, electricity consumed by others at the charging bays are out of BCUHB's emissions boundary			£111,400

Table 24: Transport actions

2.5.1. Initial Phase of EV Rollout

It is assumed that any fleet vehicle will likely renew its lease every four years, this translates to half the fleet being replaced by electric vehicles in the period 2022-24. Here all diesel/petrol vehicles will be switched to battery electric.

2.5.2. EV charging

The potential for 20 EV charging bays have been identified, currently installed are temporary chargers, these should be upgraded and made permanent. Details are given below:

No. EV Chargers	No. Charging Bays	Total cost of works (£)
20	10	£ 111,400.00

Table 25: EV charging details

2.6. Procurement

Two actions identified within the procurement section have been deemed quantifiable, together it is expected they could achieve a combined annual carbon saving of approx. **14,366 tCO_2e**

1) An initial reduction in emissions of 10% across the top 100 suppliers through engagement activities. These could be activities such as focussed workshops, encouraging suppliers to reduce emissions, or selecting less carbon intensive products. This is expected to result in an estimated carbon saving of **8,163 tCO_2e pa**. It is anticipated that any engagement programme would cost approx. **£50,000 pa**.
2) Through the adoption of WG procurement policy, all suppliers will have had to set a net zero carbon reduction target. If all suppliers were to meet a net zero 2050 target, set in 2022, then supply chain emissions would reduce at an annual rate of 3.6% - resulting in annual carbon savings of **6,204 tCO_2e**.

2.7. Carbon Management

Action	Site	Annual Energy Saving (kWh)	Annual Energy Cost Saving (£)	Annual Carbon Saving (tCO_2e)
Best practice energy management	Acute sites	5,303,738	£476,874	1,102
Behaviour change	Pan BCUHB	764,277	£64,283	159
Carbon literacy training	Pan BCUHB	164,109	£13,194	37

Table 26: Annual savings from carbon management related actions

Two within the carbon management focus area have been quantified:

1) **Best practice energy management** – Energy management procedures across all four acute sites should be reviewed and updated to be in line with best practice.
2) **Behaviour change** – A pan wide behaviour engagement programme should be carried out, this could have particular focus areas for example: switching lights off, turning off equipment, active travel commuting, reduced printing.
3) **Carbon literacy training** – There is currently an environmental management training course available to all NHS Wales staff as part of the e-learning programme. However, it is suggested that a more focussed carbon literacy training is introduced, that will allow staff to fully understand the carbon impacts of their actions at work. This is expected to allow staff to then understand how they can better reduce their personal work carbon footprint.

2.8. Assumptions

Certain assumptions have been made during the financial modelling of the carbon reduction opportunities identified during the site visits, these are outlined below:

- Electricity price of 0.207 p£/kWh
- Gas Price of 0.024 £/kWh
- Diesel price of 131.6 p/litre
- 4% inflation rate for energy prices
- Discount rate of 3.5%
- Light fittings are assumed to be <2ft (this provides the most conservative cost replacement)
- Measures listed do not account for infrastructure works that may be necessary to ensure optimum operation of proposed measures (e.g., wiring upgrades / heat zoning upgrades)
- Energy use has been taken from FY19/20 data for each site
- LED lifespans assumed to be industry average of 20yrs, this may be less with high usage
- BMS lifespan assumed to be 10years, this may be higher with high quality installations
- ASHPs have a coefficient of performance (COP) of 2.7
- Boilers are assumed to have an efficiency of 80%

Calculations have been based on site visits and data provided from BCUHB, all figures are indicative only and suitably qualified professionals should be consulted to undertake detailed studies prior to any implementation

Appendix 3: Organisational Structure

Role	Name
Executive Director of Finance	Sue Hill
Senior Clinical Lead	Carsten Eickmann
Senior MH&LD	Mike Smith
Senior Finance Lead	David Williams
Senior WoD Lead	Lesley Hall
Associate Director of Corporate H&S	Peter Bohan
Chair of YG Green Group	Yasmina Hamadoui
Nursing Lead	Mandy Jones
Pharmacy Lead	Berwyn Owen
Procurement – Shared Services Lead	Simon Whitehead Deborah Evans
Director of Estates & Facilities	Rod Taylor
Head of Facilities Management	Paul Clarke
Assistant Director of Capital & Estate Development	Neil Bradshaw
Assistant Director Strategic and Business Analysis	Ian Howard
Welsh Government Energy Service	Rhys Horan
Communications Lead	Katie Sargeant
Area Environmental Officers	Jenny Usher-Jones Cynthia Williams Natalie Scott-Lakey
Assistant Director of Health Strategy	Sally Baxter
Leased Car Supervisor	Angela Howitt
Sustainable Transport & Travel Manager	TBC
Decarbonisation Programme Manager	TBC

It is important that the current and future pressures on staff in carrying out their existing job roles are not ignored. The key roles outlined above will need to be performed alongside existing job requirements. Staff cannot be expected to carry out the above roles without allocated time to dedicate to this workstream. It will, therefore, be crucial that the Decarbonisation Programme Board and the senior leadership work collaboratively with greener groups and staff to enable them and provide them with time and resource within their own job roles to carry out these additional and important tasks. A decarbonisation programme manager and additional staff should be hired in line with the available funding.

Appendix 4: Acknowledgements

Acknowledgments

The Carbon Trust would like to thank everyone that has contributed their time and expertise during the preparation and completion of this report. Special thanks goes to:

Arwel Hughes
Berwyn Owen
Carsten Eickmann
Cynthia Williams
Dale Welham
Daniel Eyre
Darren Smith
David Thomas
David Williams
Deborah Evans
Derek Thomas
Gwen Scotson
Helen Sheridan
Ian Howard
Ian Roberts
Iolo Jones
Jenny Usher-Jones
John Darlington
June Davies
Martin Woodcock
Natalie Scott-Lakey
Neil Bradshaw
Paul Clarke
Peter Bohan
Rhys Horan
Rod Taylor
Sally Baxter
Simon Whitehead
Stephen Phillips
Susan Murphy
Tanya Coppack
Trystan Lewis
Yasmina Hamadoui

carbontrust.com

+44 (0) 20 7170 7000

Published in the UK: 2022

CARBON TRUST

NHS Wales Decarbonisation Strategic Delivery Plan

2021-2030

Published March 2021

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Who we are

Established in 2001, the Carbon Trust works with businesses, governments and institutions around the world, helping them contribute to, and benefit from, a more sustainable future through carbon reduction, resource efficiency strategies, and commercialising low carbon businesses, systems and technologies.

The Carbon Trust:

- works with corporates and governments, helping them to align their strategies with climate science and meet the goals of the Paris Agreement;
- provides expert advice and assurance, giving investors and financial institutions the confidence that green finance will have genuinely green outcomes; and
- supports the development of low carbon technologies and solutions, building the foundations for the energy system of the future.

Headquartered in London, the Carbon Trust has a global team of over 200 staff, representing over 30 nationalities, based across five continents.

The Carbon Trust's mission is to accelerate the move to a sustainable, low carbon economy. It is a world leading expert on carbon reduction and clean technology. As a not-for-dividend group, it advises governments and leading companies around the world, reinvesting profits into its low carbon mission.

The NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.

Authors:

David Powlesland
Carbon Trust Wales – Senior Manager

Chris Joyce
Carbon Trust Wales – Associate

Project Sponsor:

Neil Davies
NHS Wales Shared Services Partnership – Director of Specialist Estate Services

Key Contributors:

Alex Hicks
Welsh Government – Head of Public Sector Decarbonisation

Christopher Lewis
NHS Wales Shared Services Partnership – Senior Environment and Facilities Management Advisor

Craig Morgan
NHS Wales Shared Services Partnership – Environment and Facilities Management Advisor

Rhiannon Phillips
Welsh Government – Senior Delivery Manager Net Zero Public Sector and ETS

Richard Barr
Welsh Government – Capital Estates and Facilities

Stephen Pickard
NHS Wales Shared Services Partnership Procurement – Senior Category Manager

Contributors:

Numerous stakeholders have engaged with the development of this Delivery Plan. We would like to extend our thanks to all those who gave their time to contribute and review. This has helped to give this Delivery Plan the foundation it needs to be successful.

Contents

This Decarbonisation Strategic Delivery Plan is supported by a separate Technical Appendices document. The Technical Appendices document provides further detail on the specific actions required for Delivery Plan implementation.

Statement of Commitment

Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. This NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd. This Strategic Delivery Plan responds to this declaration and is aligned to Welsh Ministers ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales the NHS has an important role to play to contribute towards this target and I would expect ambitious targets to be in place.

Good progress has been made in recent years across NHS Wales to decarbonise the estate but more can be done. Design and construction inevitably have a long lead-in time and ensuring we are at the forefront of emission reduction in our public buildings is ever more important. This Strategic Delivery Plan gives us opportunities to look again at building and energy uses as well as procurement, travel and other emission sources across the NHS. Despite progress to date, our operations in 2018/19, set out in the Carbon Footprint report, still resulted in the emission of more than 1,000,000 tonnes of carbon dioxide equivalent. More than two-thirds of these emissions are not in our direct control, which indicates the scale of the challenge we are embracing.

The very nature of the health service means it is unlikely we will be able to provide the services we do without causing any emissions, but more can be done to reduce them. Going forward the NHS in Wales will deliver safe and high-quality care for patients in the most effective ways, whilst also delivering on our commitments to climate change. The Wellbeing of Future Generations Act provides a unique and positive context for the NHS to exploit opportunities to make real change in its carbon emissions over the next decade.

The impact of emissions and pollution on health outcomes is also a wider health issue I am mindful of. Air pollution is widely linked to increased rates of cardiac arrest, stroke, heart disease, lung cancer, obesity, cardiovascular issues, asthma, and dementia. As a result, the Strategic Delivery Plan will not only help reduce emissions, but play a role in improving air quality which in turn has an impact on both businesses and the health service. Less emissions and the importance of green spaces and nature for example have provided significant therapeutic benefits during the pandemic and will continue to do so.

It is clear that the NHS must act now to reduce its environmental impact, play its part, and be an exemplar in the way forward in taking steps to reduce emissions.

This Decarbonisation Strategic Delivery Plan sets out our plan for addressing the Climate Emergency. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare, but will contribute to reducing our impact on the Global Health Emergency. The Strategic Delivery Plan sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030.

Taking swift action over the next five years is critical to ensuring the targets within this strategy are adhered to. This relies on minimising our waste, increasing our efficiencies, and investing heavily in decarbonisation of our buildings and vehicles. Low carbon must be core to the decisions, and embedded into our everyday processes so that it becomes integral to the decisions that we make. The NHS in Wales, together with our public sector partners, must lead by example. This is particularly important with regard to our supply chain where our decisions and influence needs to be used to take our suppliers on the low carbon journey with us.

The Decarbonisation Strategic Delivery Plan has been developed through a partnership approach. Whilst recognising that some planned engagement activities were unable to take place due to the pandemic there has been significant interest in the development of the Plan both amongst NHS colleagues and wider stakeholders. I am encouraged to note that more than 100 industry experts and healthcare professionals have contributed to ensuring this plan is informed, targeted, credible, and will have a significant impact on the future operation of the Health Service in Wales.

I would conclude by saying that every single person in Wales has a role to play in the decarbonisation of our health service in line with prudent healthcare. The choices you make as an individual, as a patient, as a member of staff, as a supply chain partner, will undoubtedly play a role in helping to reduce our combined contribution to greenhouse gas emissions. We all need to contribute to this which will significantly improve wider health and well-being across the population of Wales.

Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

The Climate Emergency Challenge

A Climate Emergency for Wales

Immediate and bold action to tackle climate change is more crucial now than ever before.

There is now unprecedented political recognition of a global Climate Emergency. The Intergovernmental Panel on Climate Change has made it clear that limiting global warming to 1.5°C above pre-industrial levels is necessary to prevent a sustained public health catastrophe. This has culminated in the Paris Climate Change Agreement, in which 189 countries united to ratify a legally-bound commitment to act to limit global temperature rise this century .[1]

The five warmest years on record have occurred in the five years succeeding the Paris Agreement.[2]

Climate change is recognised as the most significant threat to the health of humanity on a global scale. The World Economic Forum states climate change as the greatest risk to the stability of the global economy, in terms of scale and likelihood;[3] which will increase pressure on health systems across the world. The World Health Organization estimates that climate change will lead to around 250,000 extra deaths per year globally from 2030, and that the direct cost impact will be $2-4 billion per year over the next decade.

With climate change and detrimental health impacts inextricably linked, the Climate Emergency must also be recognised as a health emergency.

Increased societal awareness has led to calls for greater action to tackle climate change. Activism has enhanced the media spotlight on the climate agenda. Increased public awareness has led to growing pressure on governments and businesses to act rapidly to mitigate climate change, calling for the UK and devolved governments to formally declare a Climate Emergency. This was also supported in 2019 by an open letter signed by over 1,200 UK doctors calling for direct action against the climate crisis, citing the significant threat that climate change poses to public health.

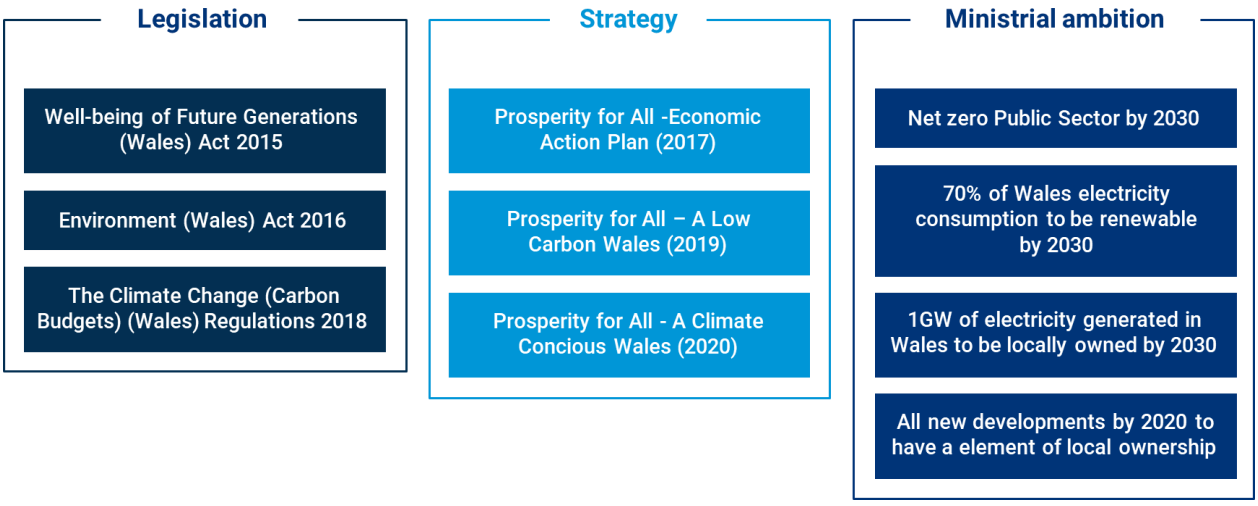
In April 2019, with cross-party support, the Senedd was the first Parliament in the world to declare a Climate Emergency.

Since the Climate Emergency declaration, Welsh Government has accepted the Climate Change Committee's recommendation to increase Wales's 2050 emissions target to a 95% reduction with a further ambition to achieve net zero. However further advice published in December 2020 has recommended that action needs to be taken sooner, and this must chart a steeper trajectory towards net zero.[4] If accepted, the advice would lead to a net zero target for all sectors in Wales by 2050 and a stretching target of a 63% reduction in greenhouse gas emissions by 2030 (compared with the current target of 45%).

To lead the way on climate action in Wales, Welsh Government set the ambition for the public sector in Wales to be net zero by 2030.

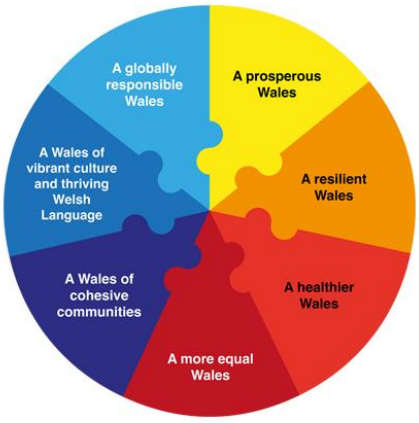
NHS Wales Climate Emergency

To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In March 2019 the First Minister for Wales launched Prosperity for All: A Low Carbon Wales[5], this sets out Welsh Governments plan for decarbonisation in Wales. This further states the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.



NHS Wales recognises it has a significant contribution to make towards the 'team Wales' target of a net zero public sector. To stimulate engagement and action across all parts of NHS Wales, the first initiative within this Delivery Plan provides the commitment to address the Climate Emergency.

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.



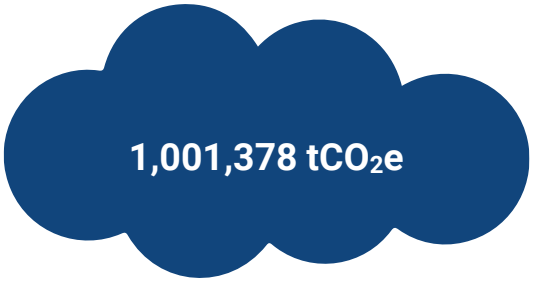
The NHS Wales requirements under the *Well-being of Future Generations* (Wales) Act 2015 will ensure that the climate is considered at an everyday decision-making level. This world-leading legislation places NHS Wales with a duty to support the seven Well-being Goals put in place by the act. Decarbonisation has a critical role to play in meeting this duty, in particular to achieve a resilient, healthier, and globally responsible Wales. 6

With climate change, pollution, and detrimental health linked, it is the responsibility of NHS Wales to act on the climate and health emergency to support a healthier Wales now and in the future.

NHS Wales Carbon Footprint

Prior to developing this Delivery Plan, NHS Wales Shared Services Partnership (NWSSP) commissioned a Carbon Footprint assessment for the whole of NHS Wales. The *NHS Wales Carbon Footprint 2018/19*[7] has influenced the approach set out in this Delivery Plan and provides initial baseline emissions data for target setting.

Total NHS Wales Carbon Emissions 2018/19



The NHS Wales 2018/19 Carbon Footprint has been calculated as approximately 1 million tonnes of CO_2e, which represents around 2.6% of Wales's total greenhouse gas emissions.[8] This has been set as the baseline for emissions reduction targets going forward.

Emissions have been attributed to the three scopes as defined by the Green House Gas Protocol:

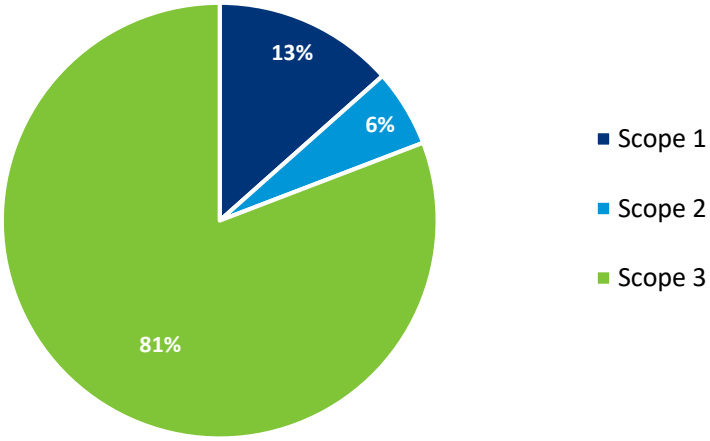
Scope 1	Scope 2	Scope 3
Direct emissions of an organisation, including combustion of fuels and fugitive emissions	*Indirect emissions of an organisation, including purchased electricity and heat*	*Other indirect emissions associated with an organisation, including the supply chain, transport and distribution, business travel and commuting, use of products, waste, investments and other leased assets or franchises.*

To aid understanding, emissions have been further broken down and analysed into **four** categories:

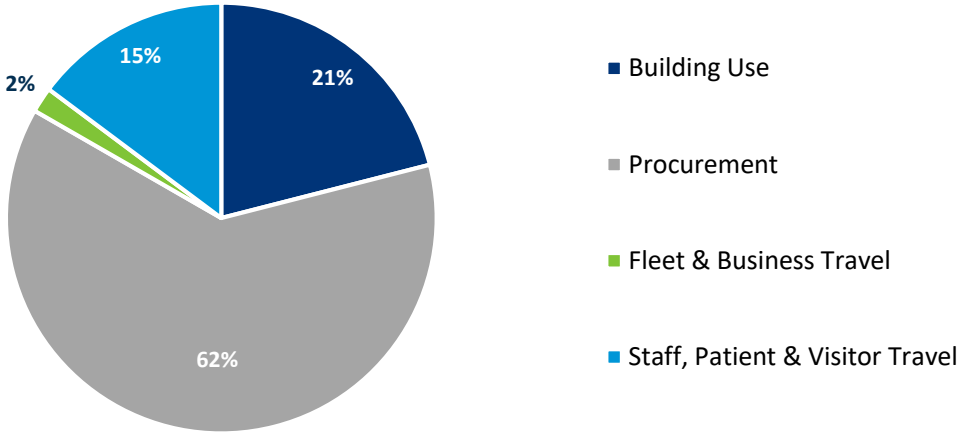
1. **Business use**
2. **Fleet and Business Travel**
3. **Staff, Patient and Visitor Travel**
4. **Procurement**

The following charts provide the split of NHS Wales Carbon Footprint by scope and by category.

NHS Wales Carbon Footprint by Scope 2018/19



NHS Wales Carbon Footprint by Category 2018/19

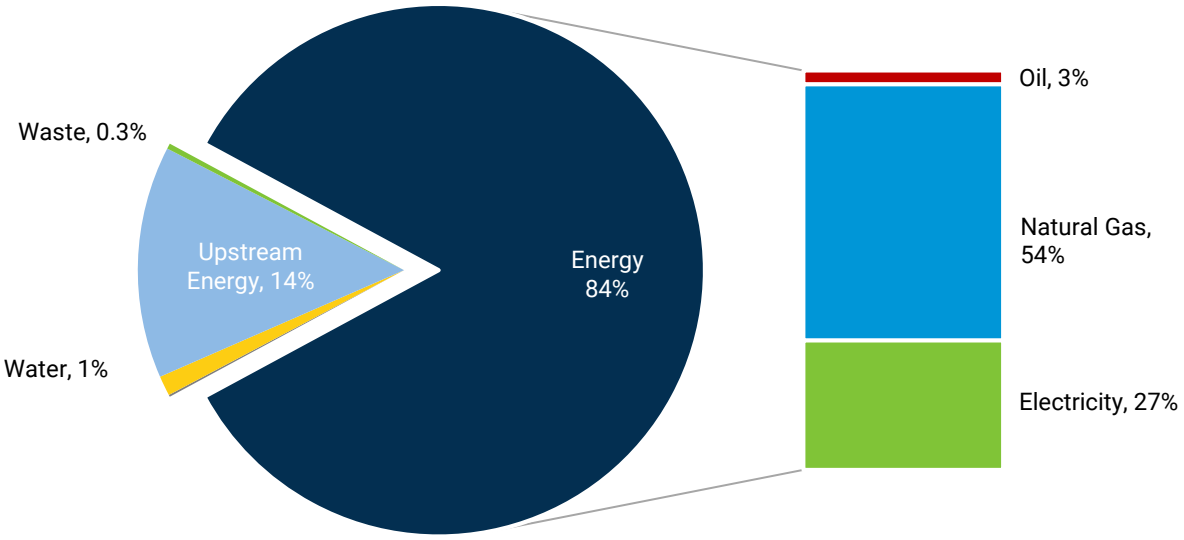


This Delivery Plan sets out a target for NHS Wales as a whole, and for the four categories of emissions assessed. However, no target has been set by scope of emissions.

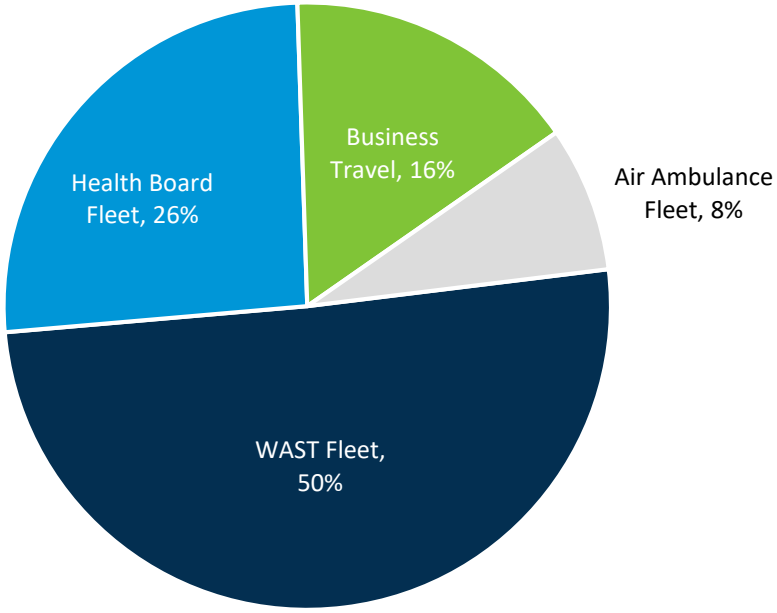
The need to improve emissions data accuracy and coverage is recognised within the NHS Wales Carbon Footprint assessment. The requirement for ongoing data improvement, in particular for transport- and procurement-related emissions, is set-out within the Delivery Plan.

The following charts provide key summary information regarding the **four** categories assessed within the Carbon Footprint. Further detail and analysis of the *NHS Wales Carbon Footprint 2018/19* can be found on the Welsh Government website.

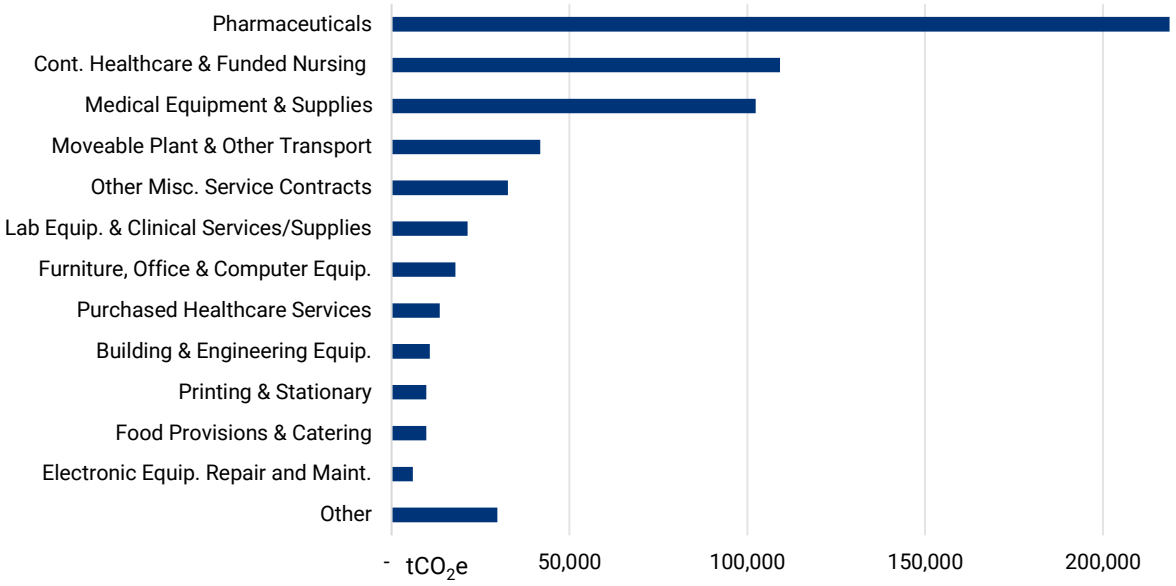
Buildings: 210,436 tCO_2e



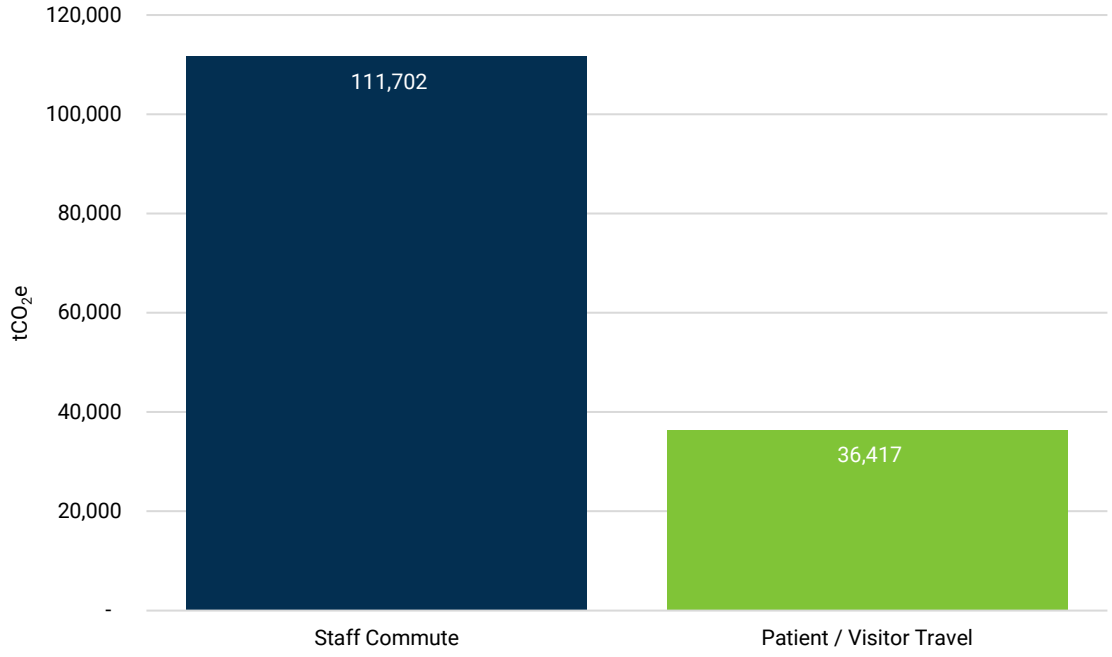
Fleet & Business Travel: 19,073 tCO_2e



Procurement: 623,750 tCO_2e



Staff, Patient & Visitor Travel: 148,119 tCO_2e



Sustainable Recovery to the Pandemic

Alongside the tragic impact of the Covid-19 pandemic, a devastating economic impact has also been recognised.

Hundreds of health professionals in Wales have called on Welsh Government to support a *'healthy recovery'* to the pandemic. In June 2020, the UK Health Alliance on Climate Change wrote to the Prime Minister setting out 'Climate Change Principles for a Healthy Recovery.'[9] In July 2020, a letter signed on behalf of hundreds of Welsh doctors and healthcare workers highlighted evidence linking air pollution to the susceptibility of Covid-19 in patients, demonstrating their support for the climate agenda and recognition of the potential health benefits a green recovery can provide.

Photo credit: Laing O'Rourke

In response to the economic impact of the Covid-19 pandemic, the Welsh Government has set up a *Green Recovery Taskforce*. The aims of the task force are closely aligned with the aims of NHS Wales in this Delivery Plan. The opportunity for investment against the initiatives set-out will support a green economic recovery in Wales.

The response to the pandemic has demonstrated how significant and impactful change can be enforced into the day-to-day life of the public and the approach to work; this includes how healthcare is delivered. An NHS Trust in England demonstrated that remote working during the first Coronavirus lockdown reduced business mileage by 67% and reduced electricity consumption by 12-18% across their sites.[10]

With the pandemic demonstrating that rapid and significant societal change is achievable, the goal now must be to stir similar urgency and commitment to tackle the Climate Emergency.

NHS Wales Commitments

This NHS Wales Decarbonisation Strategic Delivery Plan has been developed to drive an ambitious but realistic reduction in carbon emissions from NHS Wales's operations.

This Delivery Plan sets out 46 initiatives for decarbonising NHS Wales. The commitments cover emissions from Scopes 1, 2, and 3.

The following table provides specific headline commitments up to 2030 which will be reviewed in 2025 and 2030 alongside the overall carbon reduction targets for these periods.

Access to resource and finance is critical to ensure the success of this Delivery Plan, and this will be supported by Welsh Government and NWSSP as part of the Action Plan review process. For the first year of delivery (2021-22), Welsh Government has made available £16m in capital finance.

Moving up a gear (2020-2022)

- → NHS Wales will fully support the Climate Emergency for Wales as declared by the Welsh Government
- → Carbon reduction will be a high priority in business case decision making – this will mean that increased revenue costs will not be a barrier to the optimal low carbon option
- → An 'NHS Wales Climate Change Group: Decarbonisation Board' and a 'Decarbonisation Programme Manager' will be put in place to lead Delivery Plan implementation
- → Welsh Government will enable access to finance to support the successful implementation of the Delivery Plan
- → 'Decarbonisation Action Plans' will be developed by Health Boards, Trusts, and NWSSP Procurement – these will be regularly updated and committed to within Integrated Medium-Term Plans on a 2-yearly basis
- → All new-build developments and major refurbishments will be designed and accredited to a net zero framework

Well on our way (2022-2026)

- → NHS Wales will have reduced carbon emissions by 16% in line with the 2025 interim target
- → Low carbon heat evolution plans for acute hospitals will be in place
- → By 2025, all lighting across the estate will be LED
- → The total renewable energy potential for the NHS Wales estate will be known, with an implementation plan progressing
- → Reducing emissions will be mandated within new procurement contracts for major suppliers
- → Procurement emissions accounting will shift to a 'market-based' approach
- → Medical gases with low global warming potentials will be used as standard with improved emissions accounting data available to assess the impact
- → All cars and light goods vehicles procured will be battery-electric where practically possible. Sufficient charging infrastructure will have been installed to support an increased uptake in fleet, staff, and public electric vehicles
- → Digital technology and telemedicine will be increasingly used to increase efficiency and reduce travel

Achieving our goal (2026-2030)

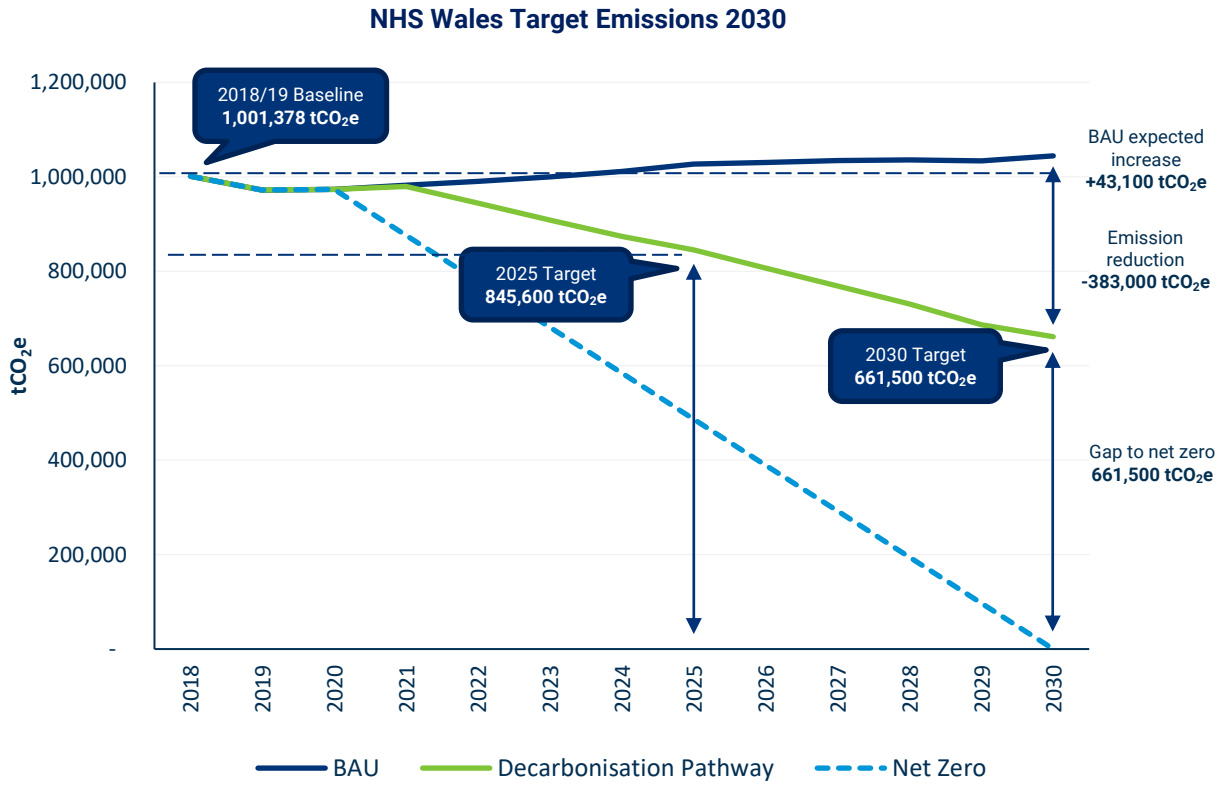
- → NHS Wales will have reduced carbon emissions by 34% equivalent to 383,000 tCO_2e as a minimum contribution to a net zero Welsh Public Sector
- → Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised and renewable energy will be generated on site
- → Aim for all natural-gas combined heat and power plant to be decommissioned
- → WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled
- → Large-scale renewable energy generation will be implemented by collaborating with public sector partners, landowners, developers, and local communities
- → Carbon sequestration land will have been developed and included within carbon accounting
- → A climate smart approach to modern healthcare will be incorporated into new developments

2025 and 2030 Emissions Targets

NHS Wales' Target

NHS Wales's emissions pathway has been mapped out between 2018 and 2030 for three scenarios:

- **Business-as-usual (BAU)** – presents the expected emissions if NHS Wales took no additional action to decarbonise; despite the ongoing decarbonisation of UK electricity grid, an increase is forecast due to the continual growth of the Health Service.
- **Decarbonisation Pathway** – presents a targeted decarbonisation scenario based upon the initiatives set within this Delivery Plan; this pathway sets the overall 2025 and 2030 emissions reductions targets.
- **Net zero** – a theoretical linear decarbonisation approach that achieves zero carbon to demonstrate the gap to net zero for NHS Wales.

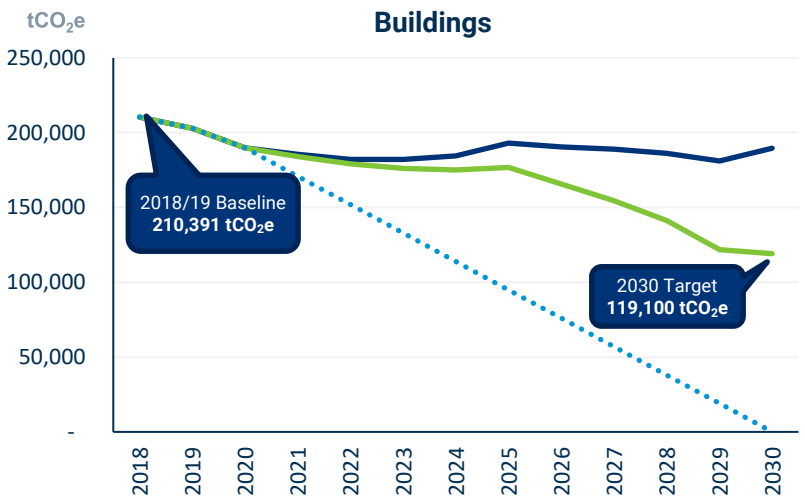


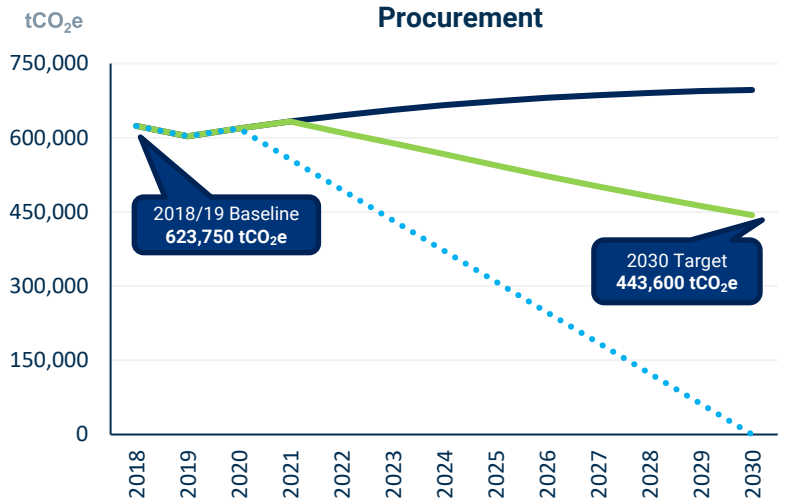
The NHS Wales 2025 and 2030 decarbonisation targets are set as follows:

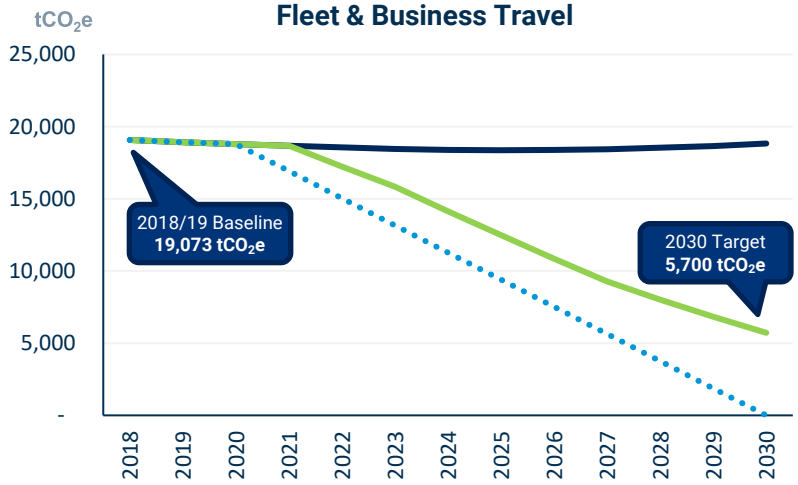
NHS Wales Decarbonisation Target	Emissions (tCO_2e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO_2e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

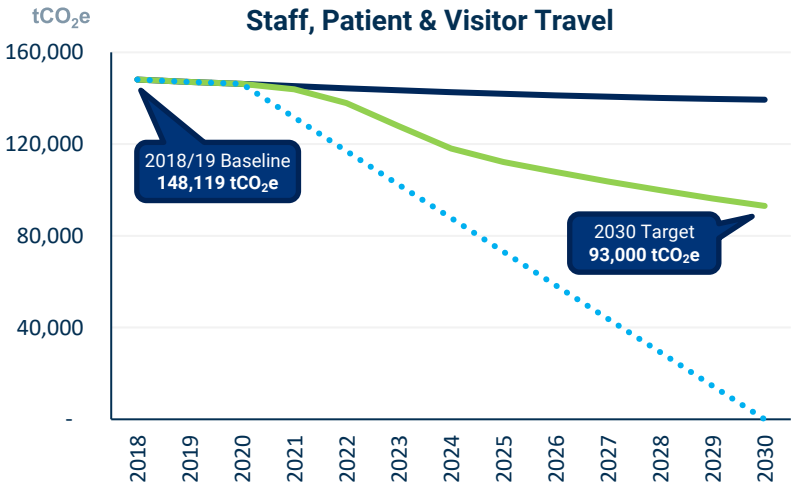
Category Targets

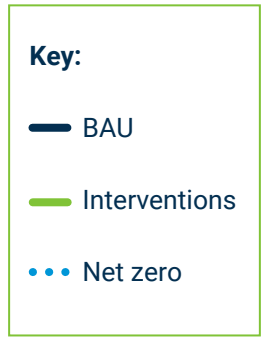
Alongside the overall NHS Wales emissions targets, assessments of performance will be made against the following category targets:











Delivery Plan Implementation

The success of this Delivery Plan will be highly dependent on the governance structure put in place, the management approach to ensure sustained momentum, and the financial investment put forward to support implementation. The following activities set out the implementation approach for the Delivery Plan; these are split between mobilisation and an improvement approach. Further detail regarding the specific actions, responsibilities, and target dates can be found within the Technical Appendices.

Mobilisation

1. NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.
2. A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.
3. A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.
4. 'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.
5. Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

Improvement and Revision Approach

6. NWSSP Specialist Estate Services will oversee the evolution of the Estates and Facilities Performance Management System (EFPMS) returns to capture improved data coverage and communicate carbon performance – this will evolve to align with the 'Carbon reporting guide for the public sector in Wales' data requirements when published.
7. Welsh Government and NWSSP will issue a revision of the Delivery Plan with updated and refined targets by 2023.
8. Welsh Government and NWSSP will review the success of Delivery Plan implementation in 2024, and issue an update of the Plan in 2025.

Decarbonisation Initiatives

Decarbonisation of NHS Wales has been structured into six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

The activity streams do not specifically match the Carbon Footprint categories or the specific targets; they are structured to aid understanding of implementation. The initiatives included within the activity streams will often provide carbon reduction across several of the footprint categories.

Initiatives are the decarbonisation activities, or projects, that NHS Wales will undertake.

The identification of initiatives involved multiple parties, including the Carbon Trust, NWSSP, Welsh Government, NHS organisations, voluntary commissions, healthcare staff, and industry experts.

The Technical Appendices provides a full summary of the initiatives and sets out the specific actions, responsibilities, target dates for implementation, and appropriate exclusions.

	Content
Carbon Management	• Approach to carbon management
Buildings	• Decarbonising the existing estate • Requirements for new build developments and major refurbishments
Transport	• Improvements to non-emergency response fleet • Improvements to fleet, staff, patient and visitor travel • Improvements to the Welsh Ambulance Service NHS Trust emergency response fleet
Procurement	• Improvements to supply chain carbon accounting and engagement • Approach to decarbonisation of the supply chain
Estate Planning and Land Use	• Approach to strategic estate planning and building use • Approach to using land for offsetting and renewable energy generation
Approach to Healthcare	• Approach to smart working • Approach to climate and decarbonisation education • Approach to management of healthcare and medicines • Approach to reducing carbon emissions from waste

Carbon Management

No.	Initiative
1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.
2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.
3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.

Existing Buildings

No.	Initiative
4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.
5	Fully replace all existing lighting with LED lighting by 2025.
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.
7	Progress low carbon heat generation for all non-acute sites larger than 1,000m^2 by 2030.
8	We will not plan to install any further natural gas CHP plant - renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.
9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.
10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.

New Builds and Major Refurbishments

No.	Initiative
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.
12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.
13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.
14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.
15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.
16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.[11]

Photo credit: Laing O'Rourke

Transportation

No.	Initiative
17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.
18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.
20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.
21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.
22	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.

No.	Initiative
23	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations.
24	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.

Procurement

No.	Initiative
25	NWSSP will transition to a market-based approach for supply chain emissions accounting.
26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.
27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.
28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.
30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.
31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.
32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.

Estate Planning and Land Use

No.	Initiative
33	All-Wales strategic estate planning will have carbon efficiency as a core principle – *quantified carbon* will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.
34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.
35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.

Approach to Healthcare – Smart Working

No.	Initiative
36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.
37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely[12], by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.
38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.

Approach to Healthcare – Education

No.	Initiative
39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.

Approach to Healthcare – Healthcare and Medicines

No.	Initiative
40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.
41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.
42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.
43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.

Approach to Healthcare – Waste

No.	Initiative
44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.
45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.
46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.

Roadmap

The roadmap timeline sets out the NHS Wales summarised initiative activity out to 2030. To influence the roadmap, and the initiatives included within this Delivery Plan, a high-level scoring exercise has been undertaken. The scoring reflected should be used to reflect and visualise initiatives only, this does not provide the detail required to justify that one initiative should be prioritised over another, and is not a precise representation of impact.

Appraisals of initiatives were undertaken using the following metrics:

- *Carbon impact*
- *Technology and market readiness*
- *Effort and resource demands*
- *Strategic importance for enablement*

A quantitative scoring was allocated to each metric, with the combined total providing the overall score for each initiative. To maintain a decarbonisation focus, the carbon impact metric has a double weighting than that of other metrics. The Technical Appendices provides a full summary of initiative scoring and additionally includes a high-level financial impact assessment.

	Selected Example Initiatives	Score (/25)
5	Fully replace all existing lighting with LED lighting by 2025.	**14**
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	**17**
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	**15**
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	**12**
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	**22**

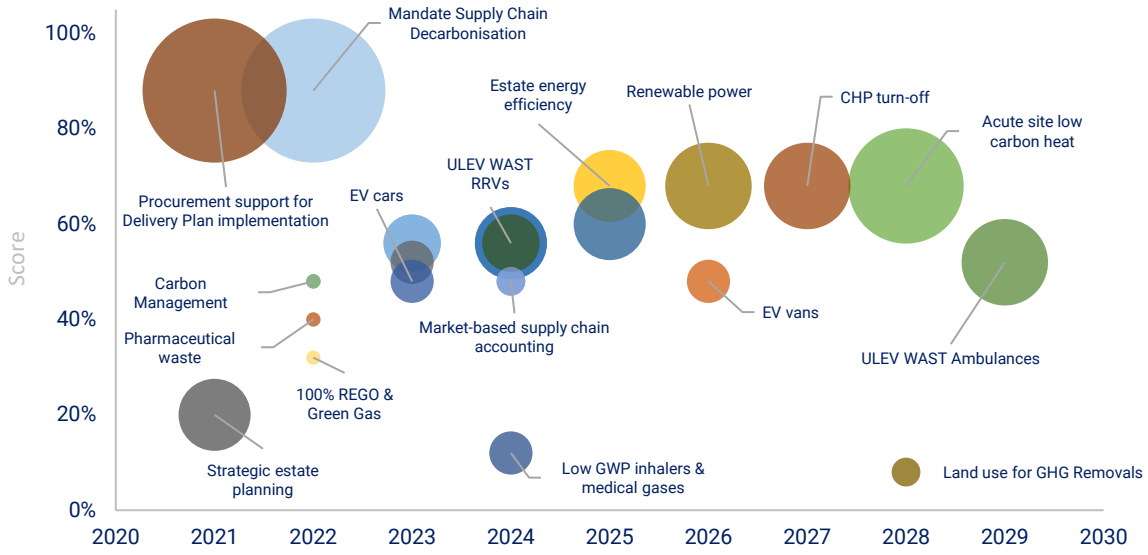
Initiative Roadmap Scoring

The following charts provide a visualisation of the initiative appraisal. The chart presents:

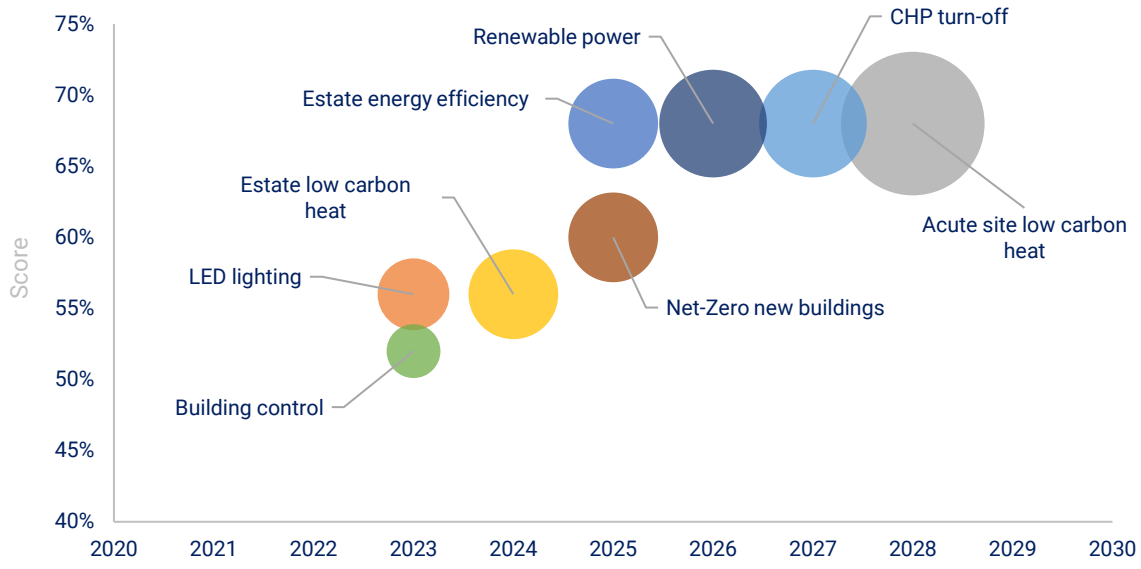
- *Indicative year in which implemented (in reality each will be across several years)*
- *Initiative score, shown as a percentage, based on the assessment against the four metrics*
- *Initiative carbon impact, represented by the size of the bubble.*

Selected initiatives are presented in the first chart covering buildings, transport, procurement, and the approach to healthcare. Highest scoring and largest impact initiatives relate to procurement, these are shown early on the timeline. The second chart presents building only initiatives for comparison.

Selected Initiative Roadmap Scoring



Building Initiatives Roadmap Scoring



Roadmap Timeline for Implementation

The following timeline summarises key initiatives across buildings, transport, procurement, and the approach to healthcare.

	Buildings	Transport	Procurement	Approach to Healthcare
2021	Action Plan requirements and expectations to be developed	A best practice approach for EV infrastructure and management will be developed	NWSSP will start the transition to a market-based approach for supply chain emissions accounting	The Welsh Government's 30% work from home target will be facilitated with appropriate technology and an updated approach to office use
2022	Effective building management systems and dedicated resource to optimise the use of energy by better control will be put in place	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric where possible	The Sustainable Procurement Code of Practice will include a framework for assessing the sustainability credentials of suppliers	Anaesthetists will be prioritising medical gases with low global warming potentials as standard
2023	By 2023 low carbon heat evolution plans will be completed for all acute hospitals, and renewable energy implementation plans will be developed	WAST will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid-electric or fully battery-electric for appropriate locations	NWSSP Procurement will actively be working with targeted suppliers and sectors, and will have contractually mandated decarbonisation into major procurements	Best practice pharmaceutical waste practice will be in place championing better prescribing, reviewing, just in time delivery, and a shift away from procuring bundles of pharmaceuticals
2024	New buildings will be constructed and accredited to a net zero standard.		NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport	Technologies to capture expelled medical gases will have been assessed and put into trial

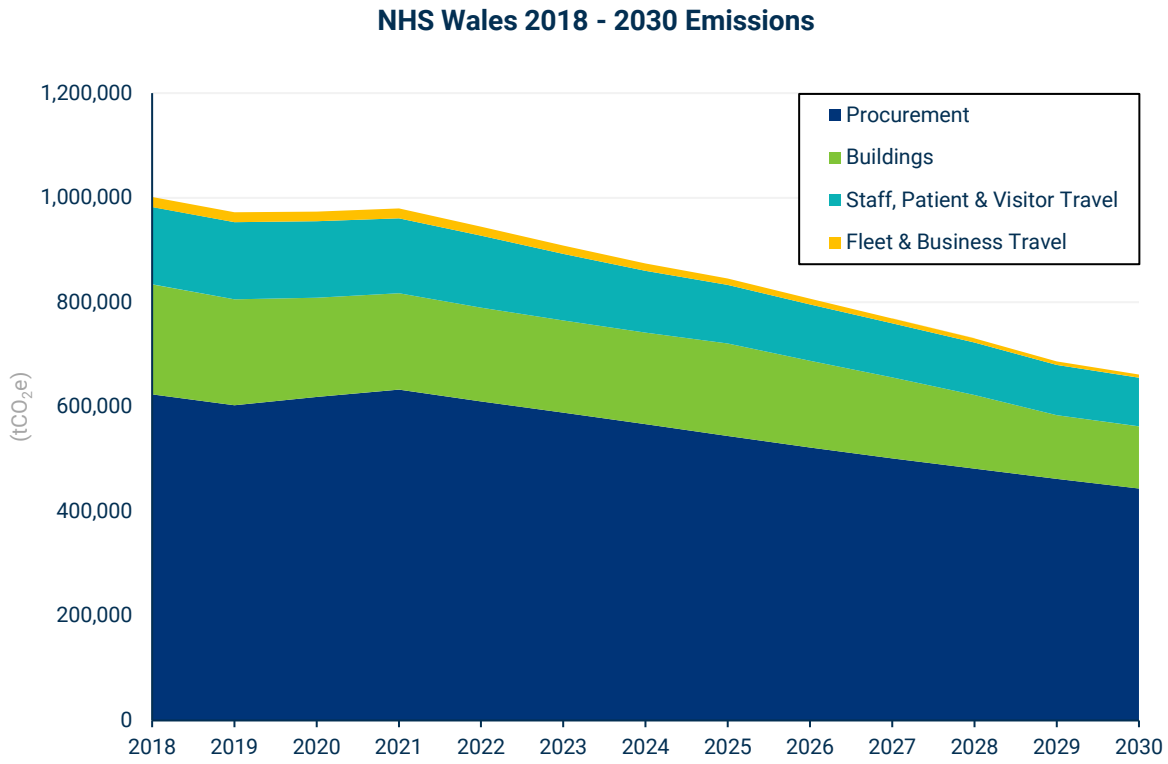
	Buildings	Transport	Procurement	Approach to Healthcare
2025	Decommissioning of natural gas CHP plants will be prioritised over refurbishment. All lighting will be fully replaced by LED	All new medium / large freight vehicles procured across NHS Wales after April 2025 will be to the future modern standard of ultra-low emission vehicles	NWSSP will have updated to market-based emissions accounting, and continues to engage with supply chains to support decarbonisation	Digital technology will be developed to support a smart communication approach between our sites and with the public at home
2026 / 27	50% of overall renewable energy generation potential will have been installed			
2028 / 29		WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled		
2030	Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised, renewable energy will be generated on site, and all gas CHPs will be decommissioned		Significant parts of the supply chain will have progressed to net zero emissions	

Emissions Modelling

The decarbonisation initiatives set out in the roadmap were modelled across the next decade based upon when and how the measures could be implemented.

The figure below shows an indication of how NHS Wales' emissions could look if the decarbonisation roadmap is followed. It shows decarbonisation speeding up after 2021, with the most significant decreases in emissions occurring from 2026 onwards with increasing scale of implementation of the Delivery Plan initiatives.

All emissions categories assessed demonstrate a reduction in emissions, this is also with respect to business-as-usual increases due to estate and healthcare service expansion. The largest source of emissions shown up to 2030 remains emissions associated with the procurement of goods and services.



In 2030, the estimated residual emissions are 661,500 tCO2e, with a 34% reduction achieved against the BAU. This presents the anticipated contribution to a net zero Welsh public sector.

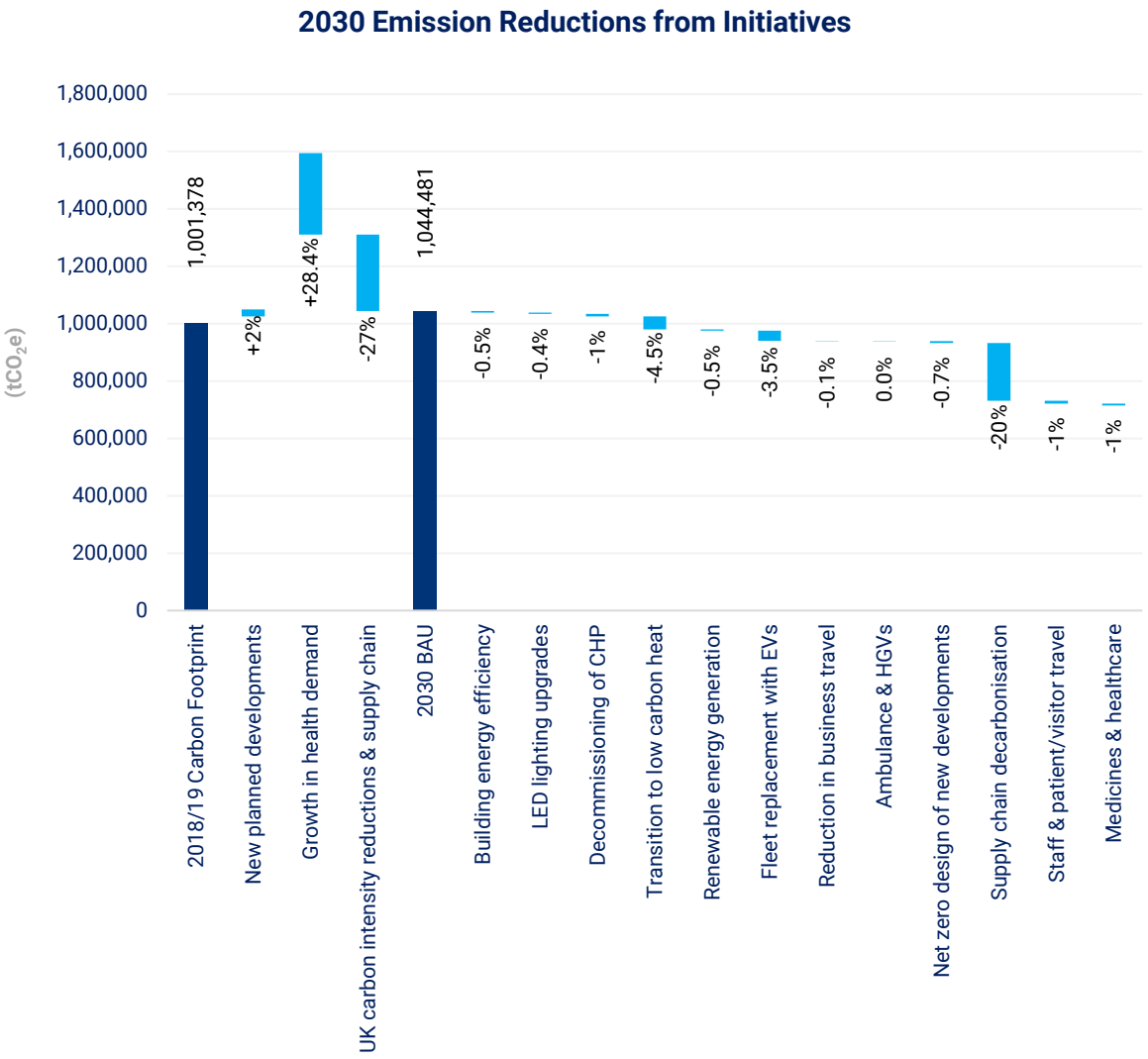
The net zero target for the public sector will be on a 'team Wales' basis[13]; this means that carbon-positive organisations (such as Natural Resources Wales) will balance with residual emissions of other Public Bodies such as NHS Wales. To support consistent carbon accounting, a Carbon reporting guide for the public sector in Wales developed by Welsh Government is expected to be published in 2021.

NHS Wales 2030 Emission Reduction Breakdown

The carbon reduction contribution of initiatives set out in the Delivery Plan has been mapped against the 2018/19 carbon footprint as a baseline (1,001,378 tCO_2e).

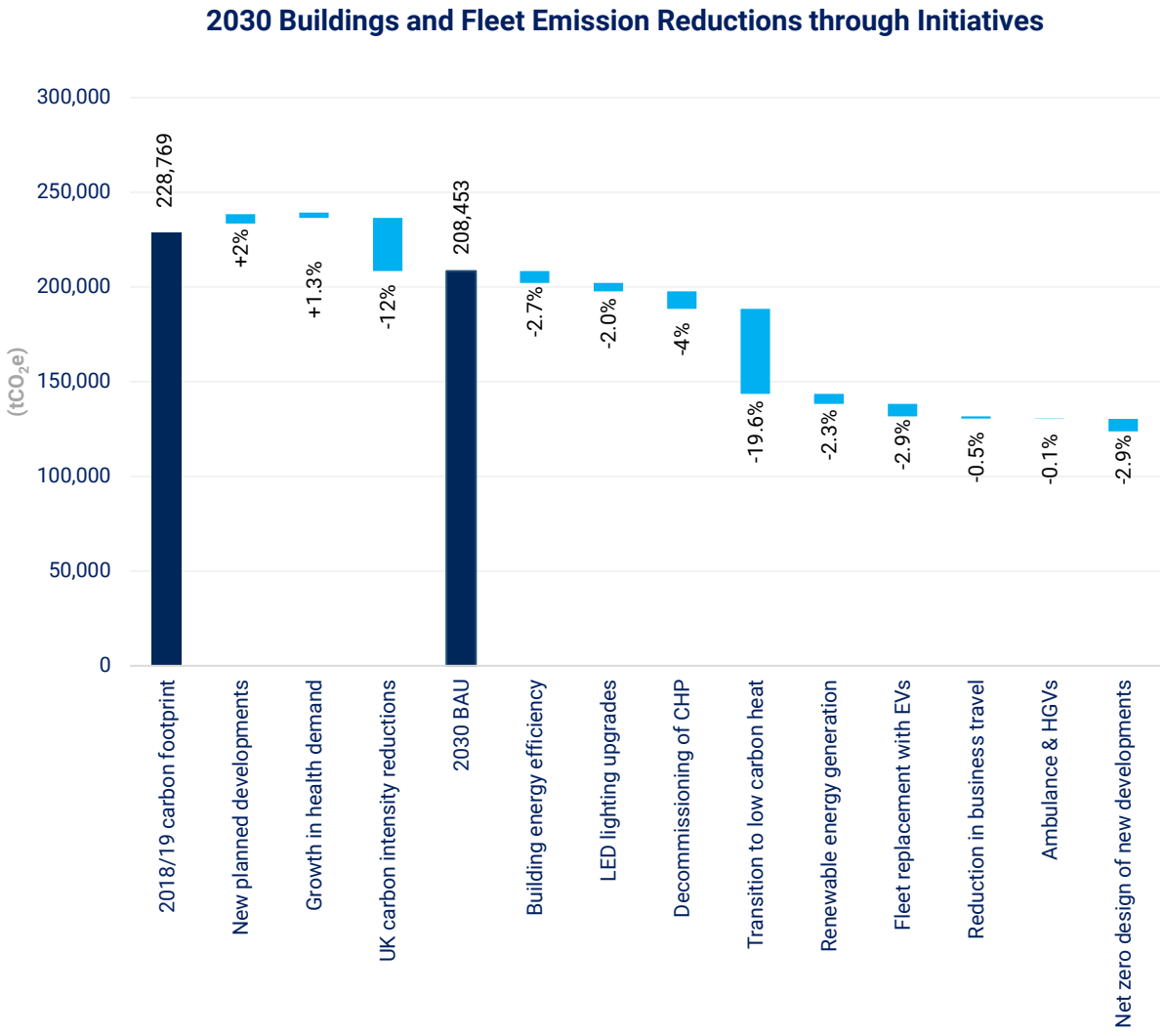
Business-as-usual (BAU) up to 2030 includes the estimated increases in emissions from the expansion of the NHS Wales estate (2% increase in emissions), and increased demand for health care (28% increase in emissions linked to population growth and higher energy intensity of healthcare technology, etc.). The decarbonisation forecasts for UK grid electricity, the average UK vehicle emissions, and for the supply chain are reflected within 'UK carbon intensity and supply chain'; this presents a 27% reduction to show a BAU 2030 down to a similar level of emissions as 2018/19.

Initiatives have been simplified and modelled to present the contribution to the 34% carbon reduction target against a 2030 BAU.



Buildings and Fleet 2030 Emission Reduction Breakdown

The following chart shows the potential emission reductions against the two categories of buildings, and fleet & business travel. These categories have been selected for presentation due to NHS Wales' direct control and influence over emissions.



Next Steps

The key next steps for putting this Delivery Plan into motion are focused around the five mobilisation activities.

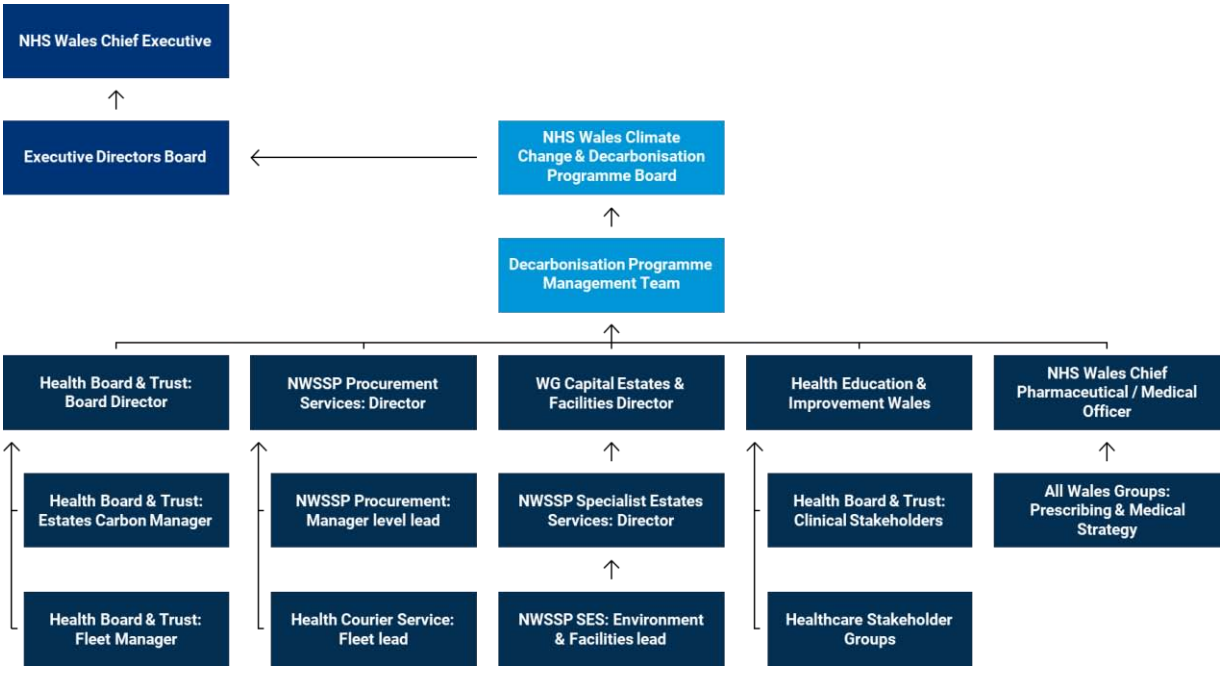
2 A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.

3 A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.

To sustain momentum and action over the longer term, an effective governance structure must be put in place.

To oversee the implementation of this Delivery Plan, a new *Climate Change & Decarbonisation Programme Board* will be put in place. This Board will report to the existing Executive Directors Board and the NHS Wales Chief Executive; this demonstrates the significance and importance given to implementing this Delivery Plan. This importance must be recognised by NHS Wales organisations also, therefore responsibility for responding to the Climate Emergency must sit at Board Director level.

A *Decarbonisation Programme Manager* and a wider management team will be put in place to be the focal point of implementing the Delivery Plan. This team will undertake a breadth of engagement spanning estates and facilities, planning, fleet management, procurement, clinical, and wider stakeholder groups to drive activity forward. The organigram below provides the governance structure put forward; it is however recognised that this will evolve as the Delivery Plan is mobilised.



4 'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.

5 Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

For this Delivery Plan to be considered successful, a step-change in decarbonisation activity must be recognised.

The basis for the response to this Delivery Plan will be for NHS Wales organisations to develop Action Plans setting out how progress will be made against the initiatives set. It is important this is aligned with the strategic direction of each organisation also; therefore, the implementation of decarbonisation Action Plans are required to be committed to within Integrated Medium-Term Plans.

Key actions for each initiative are highlighted in the Technical Appendices, many of which will support Action Plan development. Important early actions for 2021/22 include putting in place data collection requirements to support market-based emissions accounting, supporting the approach for electric vehicles, planning specialist heat assessments, and engaging on the development of a new net zero building standard.

It is recognised that access to additional resource and finance is critical to ensure the success of this Delivery Plan. However, much progress can be made by championing decarbonisation within the decision-making process, and by integrating this into behaviour across NHS Wales.

Nevertheless, significant investment will be needed to meet the 16% reduction target by 2025 and 34% reduction target by 2030.

As part of the Action Plan development and review process, the *Climate Change & Decarbonisation Programme Board* and Welsh Government will understand the capital and revenue impacts for NHS Wales organisations. This will allow a strategic approach to be taken for investment decisions. The journey must start right away, to support this Welsh Government have ringfenced an initial £16m of decarbonisation capital to support initiative implementation in 2021/22.

The ultimate focus of Action Plans and investment decisions must be to recognise a step change in emissions across NHS Wales. Targets have been set for 2025 and 2030 for the overall emissions and a percentage reduction, these however will both be impacted by other business as usual changes in the health service. To appraise the success of action taken, a cumulative savings from initiatives target will be set; this will provide a focus to tracking interventions made through Action Plans across NHS Wales.

NHS Wales Decarbonisation Target	Emissions (tCO_2e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO_2e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

1

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

The most critical next step is to ensure that all parts of NHS Wales fully engage with and support the Climate Emergency.

This Delivery Plan provides a clear statement of commitment from Dr Andrew Goodall CBE, Chief Executive of NHS Wales, that NHS Wales will show leadership to tackle the Climate Emergency. This simple message must be the catalyst for all NHS Wales to engage and act.

Urgency, collaboration, and ongoing action are required to address climate change as a common cause, and to support the well-being of our future generations for a healthier Wales.

References

[1] United Nations (2015), *The Paris Agreement*. Available at: https://www.un.org/en/climatechange/paris-agreement [Accessed 01 Feb. 2021]

[2] The Lancet (2020), *The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises*. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32290-X/fulltext [01 Feb. 2021]

[3] World Economic Forum (2020), *The Global Risks Report, World Economic Forum (2020)*. Available at: http://www3.weforum.org/docs/WEF_Global_Risk_Report_2020.pdf [Accessed 01 Feb. 2021]

[4] Climate Change Committee (2020), *Advice Report: The path to a net zero Wales*. Available at: https://www.theccc.org.uk/wp-content/uploads/2020/12/Advice-Report-The-path-to-a-Net-Zero-Wales.pdf [Accessed 3 Feb. 2021]

[5] Welsh Government (2019), *Prosperity for All: A Low Carbon Wales*. Available at: https://gov.wales/low-carbon-delivery-plan [Accessed 01 Feb. 2021]

[6] Welsh Government (2015), *Well Being of Future Generations (Wales) Act. (2015)*. Available at: http://www.legislation.gov.uk/anaw/2015/2/contents/enacted [Accessed 01 Feb. 2021]

[7] Carbon Trust (2020), *NHS Wales carbon footprint 2018 to 2019.* Available at: https://gov.wales/nhs-wales-carbon-footprint-2018-2019 [Accessed 01 Feb. 2021]

[8] Welsh Government (2020), *StatsWales Emissions of Greenhouse Gases by Year.* Available at: https://statswales.gov.wales/Catalogue/Environment-and-Countryside/Greenhouse-Gas/emissionsofgreenhousegases-by-year [Accessed 01 Feb. 2021]

[9] UK Health Alliance on Climate Change (2020), *UKHACC Letter to the Prime Minister on our Principles for a Healthy Recovery, UK Health Alliance on Climate Change*. Available at: http://www.ukhealthalliance.org/healthy-recovery-letter/ [Accessed 01 Feb. 2021]

[10] Nottingham Healthcare NHS Foundation Trust (2020), *Environmental Impact Report – COVID-19*. https://www.nottinghamshirehealthcare.nhs.uk/download.cfm?doc=docm93jijm4n8222.pdf&ver=14458 [Accessed 01 Feb. 2021]

[11] Welsh Government (2016), *Active travel action plan.* Available at: https://gov.wales/active-travel-action-plan [Accessed 01 Feb. 2021]

[12] Welsh Government (2020), *Remote working*. Available at: https://gov.wales/remote-working [Accessed 01 Feb. 2021]

[13] Welsh Government (2020), *Team Wales approach to tackle climate change.* Available at: https://gov.wales/team-wales-approach-tackle-climate-change [Accessed 01 Feb. 2021]

www.carbontrust.com

+44 (0) 20 7170 7000

Published in the UK: 2021

Teitl adroddiad: ***Report title:***	Welsh Language Services Annual Monitoring Report 2021-2022		
Adrodd i: ***Report to:***	Partnerships, People and Population Health Committee		
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022		
Crynodeb Gweithredol: ***Executive Summary:***	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner). The Health Board became subject to the Welsh Language Standards on 30 May 2019. Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards. The annual report must include the following information: • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives. The Welsh Language Strategic Forum Terms of Reference for 2022-2023 is also included as a separate appendix for governance purposes.		
Argymhellion: ***Recommendations:***	The Committee is asked to agree submission of the report to the Board for approval.		
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen, Executive Director of Public Health		
Awdur yr Adroddiad: ***Report Author:***	Eleri Hughes-Jones, Head of Welsh Language Services		
Pwrpas yr adroddiad:	I'w Nodi *For Noting*	I Benderfynu arno *For Decision*	Am sicrwydd *For Assurance*

Purpose of report:	☐	☒	☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	ALL			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011. This legislation gives 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 Measure also: • created the procedure for placing duties on organisations in the form of Welsh Language Standards ("the Standards") • established the role of the Welsh Language Commissioner ("the Commissioner") to scrutinise compliance • gave the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	N/A			

In accordance with WP7 has an EqIA been identified as necessary and undertaken?	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern. This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern. The Risk Register is scrutinised quarterly and any issues of signifiance or concern are escalated to the Welsh Language Strategic Forum for consideration.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no immediate financial implications.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no immediate workforce implications.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This paper has been approved at the Welsh Language Strategic Forum at its 1 September 2022 meeting.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Next Steps:	

Implementation of recommendations • Submit to the Board for approval at its 29 September 2022 meeting • Publish the annual report on the Health Board's website and submit to the Welsh Language Commissioner's Office
List of Appendices: Appendix 1 – Welsh Language Services Annual Monitoring Report 2021-2022 Appendix 2 – Welsh Language Strategic Forum Terms of Reference 2022-2023

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Welsh Language Services Annual Monitoring Report

2021-2022

Content

‘I was raised a Welsh-speaker, so it is much easier for me to speak that language. If I was ever afraid or worried whilst I was on the ward, being able to call on a Welsh-speaking nurse was a great comfort: I found that I was able to settle down and stop worrying much more quickly, after talking things over in my first language’.

Shauna Fish, from Porthmadog,
a patient at Ysbyty Gwyneddduring the COVID-19 pandemic.

Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards since the imposition date of 30 May 2019.

The report reflects the requirements and content as stated within Standard 120 of the Welsh Language Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also gives an overview of progress including service developments and key achievements from April 2021 to March 2022.

The Health Board continues to feel the impact of the COVID-19 pandemic, with workforce pressures, the redesigning of services and staff relocation all affecting the Health Board's operational functions. However, the alternative ways of working introduced by the Welsh Language Team at the height of the pandemic continues to successfully serve its purpose. This is especially true of the Welsh Language Training Programme, where virtual models of learning has provided opportunities that may otherwise not have reached such a wide audience. In this respect, the number of staff attending Welsh language training has doubled over the past year. Another area where we have seen significant increase in demand is within our Translation Services. This year-on-year increase reflects the drive at senior level to support the strategic direction of the organisation, as well as reflecting the Health Board's ownership of the Welsh Language Standards.

This report also reflects the positive impact of key policies that were developed during the last reporting year. The implementation of the *Bilingual Skills Policy and Procedure*, has impacted on the workforce with more posts being advertised with the ability to speak Welsh as an essential requirement. In following the guidance, the Health Board is able to appoint more Welsh-speakers to front line posts as well as providing a continous stream of Welsh language training opportunities to target staff that have already been in posts for a number of years. This has been maintained to further support the delivery of the policy.

Implementation of *More than just words* and the "Active Offer" principle, meaning the provision of a Welsh medium service without the service user having to request it, has been maintained with the continuation of the Language Choice Scheme in our acute and community settings. This has ensured that there are strong foundations in place as we prepare to welcome the Welsh Government's new More than just words five year plan.

To continue with our priorities for 2022-2023, a refreshed outlook and approach has been outlined in the Welsh Language Services' annual plan. However, simultaneously, we are now in a position within health care settings to be able to revisit our traditional grass roots approach that has increasingly proved successful over the years.

Background and Current Position

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how we design our services to address the needs of our population.

Understanding our population needs

Understanding population needs is essential to inform our ability to design and deliver services in North Wales. Gwynedd has the highest proportion of Welsh speakers, 65 per cent, although we know that this can be much higher in some areas of the county. Elsewhere in North Wales, 57 per cent of residents on the Isle of Anglesey speak Welsh, 27 per cent in Conwy and 25 per cent in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2 per cent) and Wrexham (12.9 per cent) is lower in comparison, however, the demand for Welsh medium services is prominent, taking into account rural Welsh speaking areas that access services delivered in the east region of North Wales.

In terms of day-to-day usage of the language, the *North Wales Population Needs Assessment* [1] demonstrates that just over half (53 per cent) of Welsh speakers in North Wales are fluent in the language and 63 per cent speak Welsh on a daily basis. In Gwynedd, 78 per cent of Welsh speaking residents are fluent and 85 per cent speak Welsh every day. The level of Welsh spoken, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37 per cent of people attempt to use the Welsh language at all times when contacting public services. This information has assisted the Health Board in identifying the need for Welsh medium services and has enabled us to plan based on meeting this demand.

The Welsh Language Services of the Health Board

The Health Board's Welsh Language Team consists of four services that support the organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance
   Ensuring that we support the organisation to deliver its obligations under the

[1] https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Strategies-and-policies/Health-and-Social-Services/North-Wales-Population-Assessment/NW-Population-Assessment-1-April-2017.pdf

Welsh Language (Wales) Measure 2011, facilitated by our Welsh Language Standards Compliance Officer.

2. Promotion and Engagement
   In line with the operational elements of delivering the *More than just words* Strategic Framework, our Welsh Language Officers actively support services and initiate projects and schemes that will provide effective customer service.

3. Training Provision
   Our Welsh Language Tutor and Support Officer ensure organisational development in line with our *Bilingual Skills Policy and Procedure* and the wider Welsh language agenda.

4. Translation Services
   Our Translation Manager and five translators ensure that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-regulation and Governance

Overall Board Accountability
Our structural accountability has been maintained, with our Welsh Language Strategic Forum, chaired by our Executive Director of Public Health, establishing our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. The Forum reports to the Health Board's Partnerships, People and Population Health Committee. There is a clear scrutiny route as well as arrangements for escalating any issues of significance.

Welsh Language Services Risk Register
It is essential that the Health Board recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current potential risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the Active Offer principle in line with Welsh Government's Strategic Framework *More than just words,* and delivering the *Bilingual Skills Policy and Procedure*.

All risks have been reviewed during 2021-2022, with all three risk ratings currently at moderate or minor. In assessing the risks, the ongoing impact of the pandemic was taken into consideration, as the service has not been able to be as proactive as usual during the reporting year. However, no risks were escalated as a result.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

The Bilingual Services Mystery Shopper Scheme was first introduced in March 2018 as a means of scrutinising the availability and quality of Welsh-medium services at various Health Board sites and settings. Having had to pause the scheme for eighteen months due to the ongoing COVID-19 pandemic, the Welsh Language Team revived the scheme in June 2021.

Whilst this scheme previously encompassed signage and the availability of bilingual reception services at various Health Board sites, due to infection prevention and control regulations, site visits continued to be suspended due to the potential enduring threat of COVID-19. Thus, since their recommencement last summer, our 'mystery shopper' surveys have focused exclusively on the quality and availability of telephone services.

A number of community hospitals, managed practices and acute hospital departments are still included in each round of surveys, which continue to be held on a quarterly basis.

After each round of inspections has been concluded, relevant site / practice / service managers are then provided with bespoke reports that include a breakdown of the findings and required actions. They are subsequently invited to work alongside members of the Welsh Language Team to ensure that any necessary changes and / or improvements can be put in place as quickly as possible.

As managers remain willing and committed to secure improvements, despite the added pressures and complications that they have had to face because of the pandemic, the scheme continues to ensure that various shortfalls are identified and quickly rectified at sites across north Wales.

Despite its current limitations, the revived scheme has therefore undoubtedly contributed to the general development and enhancement of the Health Board's Welsh-medium provision during the past few months, as various sites / practices / services work to return to some semblance of normality after two very difficult years.

All community hospitals and managed practices have now been included within the scheme on at least two occasions. Our most recent 'mystery shopper' surveys have therefore allowed us to gauge what progress has been made at various sites in relation to bilingual service provision, since the scheme was first introduced.

At the same time, comparing newly collected data with initial baseline results from surveys that were conducted before March 2020, also allows us to measure how the COVID-19 pandemic has influenced the delivery of Welsh-medium services within the Health Board.

Despite the pandemic, recent findings have confirmed that previously recorded standards are still being maintained at several Health Board locations, whilst some practice / service managers have even been able to implement improvements.

The ongoing ‘mystery shopper’ surveys therefore continue to uncover numerous examples of existing good practice in relation to the Welsh language and these are subsequently shared with other sites / practices / departments, as appropriate.

To ensure increased accountability, general findings are still shared with both Area and Hospital Management Teams and a detailed report is presented to the Health Board’s Welsh Language Strategic Forum on a quarterly basis. By doing this, broader trends continue to be identified and addressed, alongside more localised issues.

The scheme forms a crucial part of the Welsh Language Annual Plan for 2022-2023, with the addition of site-based visits commencing from quarter two onwards.

Welsh Language Standards

The Welsh Language Standards have now been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the standards within the organisation. The Welsh Language Standards Compliance Officer continuous to provide organisation-wide directive on implementing the Standards, as well as supporting and facilitating delivery at grass roots level.

The mechanisms in place to ensure this, is derived from the Welsh Language Standards Project Management Group (PMG). Membership consists of nominated leads from across the Health Board, representing service and clinical areas.

Over the last year, the PMG has focussed on reviewing its compliance using a self-assessment approach to establish whether the progress made prior to the Covid-19 pandemic has been maintained, and what additional infrastructures of support are required to support services to achieve their duties.

Each service has compiled a highlight report that will allow them to measure and assess their compliance against each Standard. We are currently working through the findings, which will allow us to identify any areas of potential non-compliance to enable the team to focus their support appropriately.

The Welsh Language Standards Compliance Officer continues to meet regularly with the representatives of the PMG, either as a group or individually, which allows more detailed discussions on area-focused Standards.

With regard to specific Standards, progress has continued with Standards 50-53 in relation to providing reception services in Welsh. Tailor made courses specifically for reception staff provided by our in-house Welsh Language Tutor as detailed further on in this report. A good practice example within the Radiology Department was included in the Welsh Language Commissioner’s Self-Assessment questionnaire that was recently submitted. They have adopted a visual form of identifying Welsh speaking staff by displaying a poster in each reception area noting which members of staff on duty are able to provide a Welsh language service. This has ensured that the

department has a process in place that facilitates them to comply fully with the Standards and to respond to patient's language needs.

During the reporting year, there has been several high-level discussions at the Board meetings with regard to Standard 37. This Standard relates to whether a document, which is available to one or more individuals, should be produced in Welsh:

(a) if the subject matter suggests that it should be produced in Welsh, or
(b) if the anticipated audience, and their expectations, suggest that the document should be produced in Welsh

Following the decision at the November 2020 Health Board meeting to translate all Standing Items on the agenda, additional consideration was given to progress compliance with Standard 37 during 2021-2022. Standard 37 does not outline a blanket-translation approach across all Health Board documentation. Rather, it requires organisations to review the "subject matter" and the "anticipated audience" to determine whether there is an "expectation" or "suggestion" that it should be produced in Welsh.

Therefore, it was agreed at the July 2021 Board meeting that an assessment would be undertaken of the next three Health Board meetings (September 2021, November 2021 and January 2022) to determine which papers would have required translation. The assessment was produced in accordance with guidance received by the Welsh Language Commissioner's Office with regard to Standard 37, incorporating the elements that should be considered when determining translation requirements. Flexibility with regard to the considerations applied is limited due to this fact.

The main considerations within the assessment are:

- whether the subject of the document relates to a matter that is relevant to, affects, or is of importance to a large number of individuals (*defined as residents of Wales acting in their personal capacity)*
- whether the subject of the document deals with issues regarding the Welsh language
- whether the document is one that will be publicly displayed
- whether it is known that a percentage or a large number of the predicted audience are Welsh speakers, and for whom the Welsh language is an important consideration to them or they operate through Welsh
- whether more than one person asked for the document to be available in Welsh
- whether the document is likely to attract public response and attention (e.g. on social media)
- whether the document is one which individuals are required to respond to

During an assessment and analysis exercise, it became evident that this would have a significant impact on capacity, demand and timeframes. Options were provided as to the next steps, which included:

OPTION 1:
Continue with current process of translating agenda, minutes, presentation and standing items.

OPTION 2:
Apply the assessment to **all** Board papers, which could eliminate the need for the translation of standing items (although this would not have a significant impact on the total word count and turnaround).

OPTION 3:
Implement the assessment process over the next three Board meetings with a six-month review of achievability and long-term sustainability.

As the Board were eager to strengthen its commitment to the Welsh language, it was agreed that the third option would be the most robust and fair approach. This has been standard practice over the past Board meetings, and will be reviewed for sustainability during this reporting year. This decision demonstrates the commitment and support at Board level to form a bilingual Health Board identity

The "Active Offer"

As March 2019 marked the end of the three-year period covered by the Welsh Government's follow-on *More than just words...* Strategic Framework, a 2019-2020 Action Plan was developed and continuous to be operational until the next plan is published in 2022. This plan provides the Health Board with framework with which it has developed its own structure for continued progress in relation to the promotion and provision of Welsh language services in the health sector.

The Health Board continues to make progress against the plan and is pro-active in all its theme areas:

Theme 1 – increasing the number of Welsh speakers
Theme 2 – increasing the use of the Welsh language
Theme 3 – Creating favourable conditions – infrastructure and context

One of the main principles of More than just words is the "Active Offer", with priority focused on bringing the "Active Offer" to the front line. The Health Board was instrumental in developing a key approach to identifying language choice through its award-winning Language Choice Scheme, which provides the backdrop for successful delivery of the "Active Offer".

Despite the continued restrictions and additional pressures created by the COVID-19 pandemic, the Health Board's award-winning Language Choice Scheme remained operational on hospital wards throughout north Wales during 2021-22.

Indeed, with the instantly recognizable orange 'Cymraeg' magnets now being used to facilitate the delivery of bilingual services and the "Active Offer" principle at numerous locations, from Tywyn Hospital in south Merionethshire to Chirk Community Hospital

on the Wrexham / England border. The simple scheme has continued to thrive and remains very popular amongst patients and staff alike.

Having initially been piloted on selected wards at Ysbyty Gwynedd in 2017, and greatly expanded to include wards at Ysbyty Glan Clwyd and a number of community sites two years later, the Language Choice Scheme promotes the placing of the orange magnets on bedside white boards and staffing boards, in order to identify Welsh-speaking patients and Health Board employees.

The scheme expedites the process of pairing Welsh-speaking service users with Welsh-speaking clinicians such as doctors, nurses and health care assistants who are based primarily on the ward itself. However, the scheme also facilitates planning on a broader scale within the Health Board, as members of the wider clinical workforce such as physiotherapists and pharmacists who visit the wards, are also able to identify and utilise the orange magnets to ensure that their services are also delivered in accordance with a patient's linguistic needs.

Ysbyty Glan Clwyd – Analysis of Implementation

The Language Choice Scheme was introduced on most wards at Ysbyty Glan Clwyd in May 2019 and has continued to be implemented throughout the hospital ever since. Whilst the scheme is consequently operated in an informal manner on some wards (i.e. without a written record of its implementation being kept), a Monthly Audit Form has been created to facilitate the process of gathering relevant data.

Each Monthly Audit Form includes the following information in relation to a particular ward / unit:

- *The total number of patients that are being / have been cared for;*
- *The number of Welsh-speaking patients that are being / have been cared for;*
- *The number of Welsh-speaking patients that chose to partake in the Language Choice Scheme (i.e. by allowing an orange 'Working Welsh' logo magnet to be displayed on the whiteboard above / beside their bed);*
- *How many of the ward's / unit's staff speak Welsh.*

Sisters and / or Housekeepers, who are primarily responsible for the scheme's administration, are encouraged to complete this form as a part of their ward's monthly quality and safety audits and to subsequently forward all the noted evidence about the orange magnets' usage to the Welsh Language Team. Data captured provides a comprehensive snapshot of the Language Choice Scheme's delivery, success and popularity amongst service users.

This analysis focuses on information received from six specific wards / units on the Bodelwyddan site between April 2021 and March 2022.

Between them, the six participating wards / units provided various healthcare services to a total 819 patients during the timeframe covered by 47 monthly audit returns. A

total of 101 (or 12.33 per cent) of these patients noted that they were Welsh-speaking. Having been informed about the Language Choice Scheme, 63 (or nearly two-thirds) of these Welsh-speaking patients noted that they wanted to be identified as such by having an orange 'Working Welsh' logo magnet placed on the whiteboard beside / above their bed. A detailed analysis by ward / unit and uptake for the whole reporting year is provided in the table below.

	Ward / Unit	Number of monthly records provided	Total number of patients on the ward during the recording timeframe	Number of Welsh-speaking patients	Number of Welsh-speaking patients that opted to partake in the Language Choice Scheme	Percentage of Welsh-speaking patients that opted to partake in the Language Choice Scheme
1	Ward 1	7	169	20	19	95%
2	Ward 2 (Care of the Elderly)	6	135	14	2	14%
3	Ward 3 (Vascular)	6	115	25	12	48%
4	Enfys Ward (NWCTC)	10	180	25	13	52%
5	Neonatal Unit	10	99	11*	11*	100%
6	Wards 17 & 18 (Children's Unit)	8	121	6	6	100%
	Total:	**47**	**819**	**101**	**63**	**63.63%**

* *As all of the patients within the unit are newborn babies (who don't yet speak any languages), the 'Welsh-speaking neonatal patients' referred to in Table 3 (above) are actually the newborns' parents.*

The data received about the use of the orange magnets at Ysbyty Glan Clwyd between April 2021 and March 2022 suggests that the Language Choice Scheme's implementation at the hospital continues to be successful and popular amongst patients, despite the additional pressures and complications caused by the COVID-19 pandemic.

The majority of Welsh-speaking service users chose to opt-in to the Language Choice Scheme and this is clearly reflected by the fact that a large number of the analysed audit forms noted monthly participation rates of over 80 per cent. As evidenced by the data provided by the Childrens' and Neonatal Units, the utilisation of the orange magnet scheme remains extremely high amongst certain patient groups. Both these services recorded opt-in rates of 100% during 2021-22.

This is especially encouraging as *More than just words* identifies children and young people' as a vulnerable patient group and have a greater need to receive their services in their mother tongue. It is therefore clear that the availability of the Language Choice Scheme remains exceptionally important within certain healthcare contexts.

The “Active Offer” - Betsi at its Best!

Ward Hebog in Ysbyty Gwynedd is one of the wards that has continued to implement the Language Choice Scheme throughout the pandemic. This has ensured that patients have consistently been actively offered services in Welsh. Hebog Ward Manager, Sian Roberts, worked with the Welsh Language Team to gather feedback and evaluate patient satisfaction with the implementation of the scheme.

A short questionnaire was used to obtain views and, along with providing feedback about the Language Choice Scheme itself, many of the patients who took part gave their opinions about the overall availability of bilingual services within Ysbyty Gwynedd.

Feedback received was overwhelmingly positive and a selection of comments from the participants are noted below.

‘Plenty of staff on the ward speak Welsh and I benefitted from their presence during my stay’.

Margaret Whale, a patient from Maesgeirchen in Bangor said *(pictured left)*

Having spent three weeks as a patient on Hebog Ward, **Dewi Jones** from Caernarfon said:

> *‘I could speak Welsh every day and the orange magnet above my bed let everyone know that ‘Cymraeg’ is my preferred language. It’s so much easier for me to speak my first language – especially when I’m ill, and I find it much easier to understand and process information when it’s given to me in Welsh’.*

Dewi Owen, from Dolgellau said:

> *‘It was very nice to hear so many different Welsh accents on the ward. I particularly enjoyed discussing regional Welsh dialects and slang with some of the staff… I explained that we call ‘rwdan’ ‘swêj’ in Dolgellau! It’s nicer to be able to discuss things in Welsh’.*

Welsh Language Training Programme

The Welsh Language Training Team is still feeling the challenges faced during the COVID-19 pandemic and they continue to adapt their teaching resources, models and teaching styles to ensure they support our extremely busy and dedicated staff. The Team works in a flexible manner in order to offer the best possible model of support for staff whose work schedules and shift patterns can influence the type of courses that would best suit their needs. Due to the visiting restrictions implemented as a result of the pandemic, many of our staff realise more than ever the importance of being able to speak Welsh with patients and service users, as even a few Welsh words from staff where a comfort to our Welsh speaking patients.

The Team continues to promote and advertise all Welsh language training opportunities through the Health Board's new intranet site 'BetsiNet'. 'BetsiNet' is now operational across the Health Board, and the Team are updating the pages weekly. The information is set out clearly for all staff to search for relevant courses and information. There is also a carousel of News Posts at the top of the first page to identify any new information; a new tool in which staff can access information regarding Welsh language training without having to search through the intranet pages.

Provision of Welsh Language Training

Over the past reporting year, a variety of courses were offered virtually at different levels. A twelve-month contract was renewed with the 'National Centre for Learning Welsh' under the Welsh Government-funded 'Work Welsh Scheme'. This ensured the continuation of opportunities and collaborative working as well as the funding of our Welsh Language Training Support Officer. The Support Officer continues to offer lessons following taster courses, tutorials, chat sessions and a permanent support for our learners, as well as facilitating and addressing queries on a daily basis.

669 members of staff have had access to our 'Work Welsh' courses over the last year; this is an increase of 58 per cent from last year.

316 learners enrolled on a ten-hour online course provided by 'Work Welsh'. There were five different courses available, with two courses tailored specifically to the health and care sector. Our Support Officer continues to keep in regular contact, encouraging and reminding staff to complete the 10-hour courses. The Team continues to take every opportunity to promote the 10-hour courses, e.g. when a query comes from a member of staff, the courses is also used to complement face-to-face courses with a tutor or prepare for a course in the future. Also, the registration links are quite obvious on our new BetsiNet pages, therefore they are available to any member of staff who will browse our Welsh language learning pages.

334 members of staff also signed up for the 60-hour Entry Part 1, Entry Part 2 or Foundation Part 1 level self-studying online Welsh courses which are provided by 'Work Welsh'. These courses have proven to be very popular with our staff as the courses can be completed at the learner's own pace and convenience. Although these

are self-studying courses, full tutor support is available and learners are invited to tutorial sessions to ask questions and to practice their Welsh with other BCUHB learners.

Seventeen members of staff also attended an intense course with Nant Gwrtheyrn virtually over the year. A virtual Foundation course was held specifically for Health Board staff in July 2021 and eight of our staff attended this course. Usually these courses are delivered as a one-week residential course, but due to the situation with COVID-19, these courses were held virtually. By Spring of 2022, Nant Gwrtheyrn were offering residential courses and two learners attended Nant for the week.

The above courses were in addition to the training delivered internally by our Welsh Language Tutor. These included:

- Eight weekly block lessons (from Levels Entry Part 1 to Higher)
- 1:1 sessions with senior staff, including the Chief Executive and a number of Board-level individuals
- Board workshop for all Executive Directors and Independent Members
- Taster sessions as part of the Health Board's 'Use your Welsh' campaign*
- Courses tailored for specific teams and specialities
- Welsh Language Skills for Reception Staff course

This amounted to 245 staff directly supported by our Tutor.

The taster sessions noted above were developed to support the 'Use your Welsh' campaign, with the aim of encouraging staff to use whatever Welsh language skills they have at work, be it with colleagues, patients and / or visitors. The lessons were a great opportunity for staff to meet the new Welsh language Tutor and also ignited an interest in learners wanting to continue to learn and improve their Welsh. Feedback from the courses noted that 96 per cent of learners were 'very happy' with the content of the taster lesson, 76 per cent of the learners stated they felt they had made progress with their Welsh language skills and 92 per cent wanted to continue to learn Welsh.

After the success of the taster lessons in July/August 2021, the tutor created a new Welsh Language Training Programme. The programme was devised strategically, providing courses that are specifically developed for different areas within the health sector, and the tutor was able to tailor each course to suit the needs of every individual. A variety of courses were offered at different levels and these were launched in September 2021. It was pleasing to see that many faces from the taster sessions had registered for the weekly lessons.

After learners completed their 10-week block of weekly lessons in September an electronic evaluation form was sent anonymously to all learners via Microsoft Forms. Findings from the evaluation form stated that 97 per cent of learners were 'very happy' with the content of the 10 week course, with 100 per cent of the learners stating that they had enjoyed the lessons. The tutors teaching style, resources, support and professionalism is a factor is ensuring learners complete the course and then continue their learning journey. Ninety seven per cent of the learners stated they felt they had made progress with their Welsh language skills. This is encouraging as the ability to understand Welsh gives them a good basis for communicating with other people. This is something that managers and providers can be proud of and build on to ensure an

increase in the use of Welsh in the workplace in the future, particularly with patients and colleagues.

Hundred per cent of the learners felt they had been given enough support from the Tutor. Learners' evidence found that tutors and the overall level of support given to them by the Health Board was highly praised.

Welsh Language Skills Certificate – Coleg Cymraeg Cenedlaethol
The Tystysgrif Sgiliau Iaith (Welsh Language Skills Certificate) is a recognised and accredited qualification by the *Coleg Cymraeg Cenedlaethol* and the Welsh Joint Education Committee developed to enable applicants to acquire a certificate evidencing their Welsh language skills and ability to work through the medium of Welsh. It also aims to boost the ability to communicate confidently and professionally in Welsh, in written and verbal form in order to respond to the needs of the local population and service users. Despite the disruptive year due to COVID-19, the Health Board is pleased to announce that four members of staff passed the TSI examination in August 2021. Following the success of the scheme in previous years, the Health Board has been offered to continue its collaborative working with the *Coleg Cymraeg Cenedlaethol*, extending the agreement further, this year two members of staff sat the oral and written exam and are awaiting their results in August 2022.

Additional Training Support

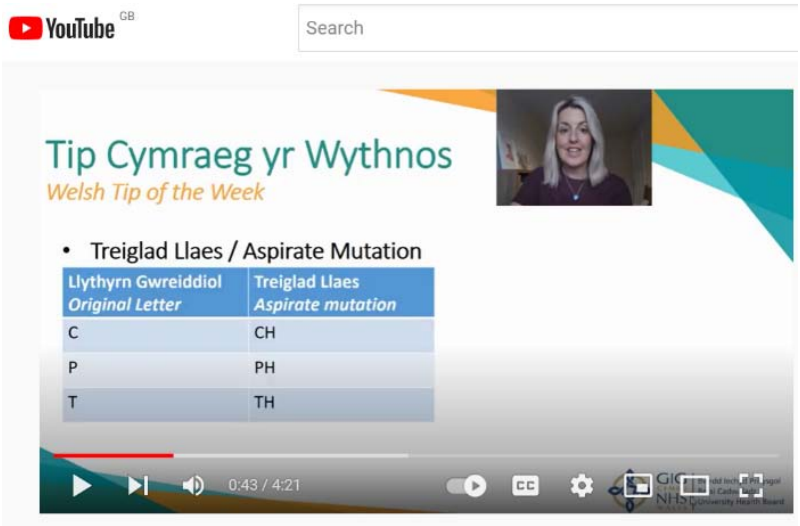
Cinio Clebran
Cinio Clebran continues to go from strength to strength virtually, and it is pleasing to report that new and different participants attend almost every session. Cinio Clebran is held every other Wednesday between 12.30 and 1.30pm virtually over Teams. It was decided to create PowerPoint presentations that had key vocabulary and phrases in Welsh with their translations to support the learners and to encourage them to take part in the Cinio Clebran discussions. Hearing learners chat and contribute naturally is fantastic and shows that the team are successful in encouraging staff to use their Welsh in an informal setting.

Back in October 2021, The Welsh Language Team launched its annual Welsh Language Week within the Health Board, which coincides with the national Su'Mae Day. To celebrate ‘Wythnos y Gymraeg’ the Welsh language team held a special Cinio Clebran Quiz. It was pleasing to be able to welcome Board members and our language officers to be captains and assistants of the teams and 12 learners participated in this event.

BCUHB Welsh Learners Facebook Page
‘Ffrindau Dysgwyr Cymraeg Betsi Welsh Learners Friends’ is a private group for staff on Facebook. The closed group is used to publicise events, courses and activities; it also gives learners the opportunity to interact, discuss and ask questions in an informal environment, with 94 members at present. This is an increase of 20 per cent since March 2021. A public Facebook group, ‘Dysgwyr Cymraeg Betsi’, continues to be used to showcase examples of good practice and success stories, with 181 followers at present, which is a 30 per cent increase since March 2021.

Welsh Language Tutor's YouTube Page

As part of the 'Welsh Language Week' campaign in October 2021, the Tutor created a Welsh phrase of the week video. This ensures that the learners can hear the correct pronunciation as well as visually seeing the text on the screen. Once edited the video is shared on the Tutor's YouTube page, and the link from the YouTube page is shared via the Welsh Learners Facebook page and uploaded on BetsiNet pages. A link to the video is shared weekly via the Chairman and Chief Executive's all user message, ensuring that all staff have access to the video and can learn a phrase of Welsh every week.



Lluniau Mewn Llefydd Lloerig!

As part of the Welsh Language Week celebrations, a Creative Cymraeg Photo Competition was held for our learners. They were encouraged to take photographs in unusual places wearing or holding a Welsh language resource e.g. wearing a 'Welsh' lanyard, reading/using the Welsh learners keyring. Many interesting and creative photographs were received and a montage of the pictures was posted on Facebook and on our intranet pages. The Health Board's Awyr Las charity awarded the winner with a hamper of local Welsh produce.

The winning photo showed a learner reading her Welsh language key ring whilst on a zip line. Activities such as this help to bring our learners together in a fun and informal manner, and it also helped to advertise the different Welsh language resources available to staff.

Betsi's Welsh Learner of the Year

The BCUHB's Welsh Language Learner of the Year ceremony, which was held on 1 March 2022 at the Oriel Hotel, St Asaph, was an opportunity to showcase the dedication of staff across the organisation, and to demonstrate the advantages of investing in internal Welsh language training provision.

The planning for the awards began in September 2021 with the Welsh Team providing an opportunity for staff to nominate their colleagues who had committed to learning Welsh to a high standard, and who had used their new skills to provide a better service to Welsh speaking patients and service users in North Wales.

In January 2022, the judges Linda Tomos, Independent Board Member, Teresa Owen, Executive Director of Public Health, BCUHB and the guest judge and key speaker, Bethan Gwanas, Author and TV personality had the task of whittling the twenty nominations down to a short list of five.

The top five nominees were:

- Anna MacKenzie, Junior Doctor, Ysbyty Gwynedd
- Charles Conway, Helpline Operator, Wrecsam Maelor
- Manuela Niemetscheck, Art Psychotherapist, Uned Hergest
- Mark Butler, Information Officer, Ysbyty Maelor Wrecsam
- Michelle Matthews, Radiology Administrator, Ysbyty Glan Clwyd

On the night, the top five went head to head to win the title of BCUHB's Welsh Learner of the Year award, with the worthy winner announced as Manuela Niemetscheck. The top five were all awarded with prizes that were generously donated by sponsors. The winner was also escorted to Ysbyty Glan Clwyd after the ceremony to light up the hospital in red, white and green, the colours of the Welsh, to celebrate St David's Day. During the ceremony, Teresa Owen, Executive Director of Public Health, Mark Polin, Chair of the Health Board and Jo Whitehead, Chief Executive of the Health Board all gave a short address, in Welsh.

During the ceremony, there was an opportunity for the audience to network with fellow learners over light refreshments. It was a great opportunity for learners to meet face to face, as many had only met virtually. The event also brought a number of external partners and organisations together, with Nant Gwrtheyrn, Mentrau Iaith Cymru and Siop Siswrn partaking in the event with stalls and providing information about opportunities available.

Following the ceremony, the Welsh Language Tutor and Welsh Language Support Officer received a number of queries from external organisations and the media. The event received attention from the S4C 'Heno' programme, Geraint Lloyd's Programme on Radio Cymru, and the Support Officer was interviewed on the eve of the ceremony and the winner, Manuela, following the ceremony. Bethan Gwanas also wrote a full-page article about the competition in the Herald (Daily Post). The event was therefore a success in drawing positive media coverage to the Health Board in celebrating its achievements.

BCUHB's Welsh Learner of the Year award and ceremony was a prestigious event, which gave all of our learners the praise, and attention they deserved. It was a great celebration of the Welsh Language Training team's successes over the last two years and the team hope to build on this event in 2024.

Primary Care Services

The Welsh Government's Welsh Language Regulations for Primary Care Contractors requires all contractors to undertake six duties in relation to the Welsh language. The Health Board has continued to be proactive in supporting contractors to carry out these duties as well as further develop the Welsh medium and bilingual provisions they can offer and provide to service users.

Services offered by the Welsh Language Team cover a range of areas that reflect the requirement of the six statutory duties:

- Access to the Health Board's Translation Service
- Provision of resources (badges, 'Speak Welsh' lanyards, resources and guidance for answering the telephone bilingually)
- Welsh lessons delivered by our in-house welsh Language tutor and access to online courses via our agreement with the National Centre for Learning Welsh
- Welsh language awareness sessions
- Recording answerphone messages

In late 2019, the Health Board's West and Central Area Welsh Language Officer worked with *Menter Iaith Môn* and Business Wales (now known as '*Helo Blod*') to initiate a scheme to provide basic Welsh language support for GP surgeries throughout Anglesey.

In practice, the support offered through this scheme equated to the provision of advice and elementary resources (such as orange 'Cymraeg: Working Welsh' pin badges and posters); assistance with translation (including the recording of bilingual answer-phone messages); providing access to Welsh language training and / or arranging Welsh language awareness training sessions for surgery staff.

In order to maximise the scheme's relevance and effectiveness, the level of support provided was specifically tailored to the needs of each individual participating practice and – following initial discussions with GPs and Practice Managers – a number of surgeries subsequently benefited from various aspects of the assistance on offer during the first months of 2020.

Unfortunately, however, this original Anglesey GP Cluster scheme was brought to an abrupt end by the onset of the COVID-19 pandemic in March 2020.

But as its initial stages had been successful – and a great deal of positive feedback had already been received from participating practices – it was decided that it would be beneficial to restart the project as soon as possible following the relaxing of COVID-19 restrictions (during the summer of 2021).

In order to formalise the newly revived scheme's aims and objectives, a specific target has been included within the *Fforwm Iaith Ynys Môn* (Anglesey Welsh Language Forum) work programme for 2022, which states that the collaborative project will 'provide basic Welsh language support for five GP practices' on the island.

Work is currently ongoing to identify which surgeries will be included within the scheme and to deliver it successfully.

Furthermore, due to the success of the initial Anglesey project (and a concurrent Welsh Government-driven pilot scheme, which provided similar assistance for seven surgeries in South Flintshire), steps have also now been taken to formalise the delivery of basic Welsh language support for GP practices in other areas of north Wales.

During 2021-22, the Welsh Language Team reignited its partnership with '*Helo Blod*', in order to provide tailored assistance for the Dwyfor / Eifionydd and Meirionnydd GP Clusters, which include the following practices:

Dwyfor / Eifionydd:

- Meddygfa Rhydbach, Botwnnog,
- Treflan Surgery, Pwllheli,
- Tŷ Doctor, Nefyn.

Meirionnydd:

- Canolfan Iechyd Bala,
- Minfor Surgery, Barmouth,
- Caerffynnon, Dolgellau,
- Bron Meirion, Penrhyndeudraeth,
- Tywyn Health Centre.

After representatives from the Meirionnydd Cluster received details about the available support during a meeting in November 2021, a member of the Welsh Language Team subsequently provided practice managers from surgeries that are a part of the Dwyfor and Eifionydd Cluster with the same information in March 2022.

Work with individual surgeries from both clusters is now ongoing and a similar structure of tailored Welsh language support can be provided to practices in other areas of the Health Board region during 2022-2023.

Independently from this scheme, the Welsh Language Team already works directly with both the Porthmadog and Criccieth Health Centres (Dwyfor / Eifionydd Cluster) and Canolfan Goffa Ffestiniog (Meirionnydd Cluster), as these practices are managed directly by the Health Board and their Welsh-medium provision is therefore surveyed on a periodical basis, through the Bilingual Services Monitoring Scheme.

The Translation Service

Since the onset of the pandemic, the translation team has continued to work remotely to provide a comprehensive and seamless service for staff and patients. During this time, the demand for urgent communications pertaining to COVID-19 briefings and vaccination information for staff, partners and patients has continued to increase at

pace due to the rapidly-evolving nature of the pandemic, and the requirement to communicate vital, time-sensitive information to patients and staff alike. Urgent requests for translations have also included press releases, patient letters, information leaflets and public health information for social media. An out of hours service is also available for urgent communications, and is a means to ensuring that bilingual information is issued in a timely manner.

Demand for translation services overall has also so continued to grow, across all directorates and clinical areas. The requests during the reporting period for job advertisements and descriptions has increased significantly, in part due to staff shortages across the organisation since the onset of the pandemic, and the creation of new posts as a result of organisational changes with the implementation of our new Operating Model, 'Stronger Together / Mewn Undod Mae Nerth'. These requests have increasingly been required at short notice, due to the urgent requirement to fill staff vacancies. With regard to simultaneous translation, the team has supported an increasing number of applicants who wish to have their interviews in Welsh and have supported simultaneous translation for stakeholder events and various forums.

The Translation Team has recruited some newer members to the team during the reporting period and is actively seeking to expand the team further with the view to optimise the service currently provided. The Health Board continues to provide a translation service to the Welsh Ambulance Service NHS Trust through a Service Level Agreement, which was initially established in April 2021. A new agreement to continue with this service provision was agreed as of 1 April 2022. The Team also continues to provide translation services to the primary care sector, both privately managed GP Practices, and independent contractors.

The total number of words received for translation during 2021-2022 was 4,948,310, an increase of 39.3 per cent from the 2020-2021 reporting year. This is a significant increase in demand, and demonstrates the Health Board's commitment to ensuring compliance with the Welsh Language Standards.

Partnership Working

North Wales *More than just words* Forum

BCUHB continues to lead the way in maintaining a broad compliance with the aims and principles that are advocated within *More than just words.* Much of the Health Board's work in this regard is either informed, guided or supported by the North Wales *More than just words* Forum, which meets on a quarterly basis to facilitate the continued regional implementation of the Welsh Government's strategic framework for Welsh language services in health, social services and social care.

The Health Board's Welsh Language Team was primarily responsible for the establishment of this multi-agency group, which first met in May 2016. Alongside the Health Board's Welsh Language Officers, the North Wales *More than just words* Forum also includes representatives from a number of other relevant organisations,

including all six local authorities, Social Care Wales, the Wales Ambulance Service NHS Trust and Bangor University's School of Healthcare Sciences.

The regional forum, chaired by the Corporate Director of Social Services at Gwynedd Council who is also an Associate Member of the Health Board, has now reverted to meeting on a much more regular basis following only meeting during 2020-2021 as a result of the pandemic. Following the pandemic, members have re-evaluated the Forum's priorities and reassessed its approach to delivering them. The group is now well positioned to address the aims and objectives of the next national *More than just words* work programme.

The North Wales *More than just words* Forum remains an important stage for sharing information and examples of good practice in relation to Welsh-medium health and social care services. Its work continues to demonstrate the benefits of following a collaborative approach, in order to secure the successful delivery of common objectives across the region.

Fforwm Iaith Ynys Môn **(Anglesey Welsh Language Forum)**

The BCUHB Welsh Language Team contributes to the work of *Fforwm Iaith Ynys Môn* (the Anglesey Welsh Language Forum). Arranged by *Menter Iaith Môn* (Anglesey Welsh Language Initiative), *Fforwm Iaith Ynys Môn* brings together a number of relevant bodies to promote and facilitate the use of the Welsh language on the island.

Currently chaired by Dr Haydn E. Edwards, the group includes councillors and officials from various Isle of Anglesey County Council departments, alongside representatives from organisations such as *Menter Môn*, *Menter Iaith Môn*, Anglesey Young Farmers Clubs*, Urdd Gobaith Cymru*, *Môn FM*, *Môn CF* (Communities Forward), *Medrwn Môn*, *Mudiad Meithrin / Cymraeg for Kids* and *Merched y Wawr*. Prominent local employers such as North Wales Police and Bangor University, are also represented on the Forum.

In its capacity as an influential member of the Forum, the Health Board submits a number of specific, measurable targets for inclusion within *Fforwm Iaith Ynys Môn*'s annual work programme.

In recent years, these objectives have focused primarily on the provision of Welsh language training for Health Board staff and this was reflected by the inclusion of the following targets within *Fforwm Iaith Ynys Môn*'s (Year 5) Work Programme for 2021:

- 100 members of Health Board staff to complete an online 'Work Welsh' course
- 50 members of Health Board staff to complete the Welsh Language Tutor's internal training course (which will be delivered virtually, via Microsoft Teams)

Both of these objectives were successfully achieved and similar targets were subsequently submitted for 2022.

Alongside specific annual work programme targets, members are also encouraged to work together to develop and realise additional collaborative projects, in order to promote and facilitate the use of the Welsh language in Anglesey. Providing basic

Welsh language support for five GP practices in Anglesey has been included as one of the Forum's targets for Year 6 (2022) work programme.

Two further collaborative projects were developed during 2021-2022 with Health board corporate and clinical staff informing the developments.

A bilingual app was created for prospective parents and parents with new-born babies and young children, named *OgiOgi*. The app offers a treasure trove of information, with more than 400 useful links to local and national resources, which cover everything from general information on pregnancy and related healthcare and wellbeing services, to a local events calendar. The resource also includes a section on child development and guidance on the benefits of bilingualism and using Welsh from birth, along with plenty of built-in fun activities and playlists for young children and parents to enjoy together.

Initial data showed that the *OgiOgi* app had already been downloaded on hundreds of occasions within the first few weeks after its release. Although the app was originally developed with the needs of Anglesey families in mind, its initial success has resulted in interest from other parts of Wales and the potential to expand the concept and develop it into an 'All-Wales' resource has consequently already been discussed with the Welsh Government.

The other project was the development of an online Welsh language awareness resource for Grŵp Llandrillo Menai students, launched in early 2022, entitled 'The Welsh language in the health, care and child care sector in Anglesey':

Y Gymraeg yn y sector iechyd, gofal a gofal plant ym Môn (google.com)

Along with general information about the Health Board and its Welsh language service provision, it also includes interviews with a physiotherapist at Ysbyty Glan Clwyd who discusses her experiences of working bilingually. It also includes a presentation entitled 'The Welsh Language: A vital skill for the workplace', which explains the importance of Welsh-medium healthcare service provision and the general advantages of bilingualism for young people, as they prepare to leave education and move into the workplace.

Working with Schools and Colleges

For a number of years, the Welsh Language Team have collaborated with schools, colleges and further and higher education to promote the importance of Welsh-medium healthcare service provision and to highlight that the language is a skill that will support careers going forward.

Careers Wales
The health board has contitued its partnership with Careers Wales following a number of successful events and initatives over the years. An online event was arranged by

Careers Wales for year 12 and 13 pupils at the Maelor School, Penley (near Wrexham) during the Health Board's Welsh Language Week in October 2021. A member of the Welsh Language Team also participated in two 'STEM Gogledd' events for groups of year 10 and year 11 pupils from Holyhead High School, Ysgol Godre'r Berwyn (Bala) and Ysgol y Moelwyn (Blaenau Ffestiniog). Both of these events were held shortly before Christmas 2021 with the Health Board taking advantage of the opportunities to promote the advantages of bilingualism as a vital employability skill for youngsters who may be considering careers within the health sector.

The Welsh Language Team also contributed to the Careers Wales Digital Career Discovery Week, which provided five days of online employer-focused careers and work-related activities for Year 8, 9 and 10 pupils throughout Wales, in early July 2021.

We worked with a Welsh-speaking physiotherapist at Ysbyty Glan Clwyd to create a short video package, which focuses on the importance of bilingualism within the health sector. Welsh and English versions of the video package were created for Careers Wales to use as a part of their 'Advantages of having another language' sessions on Thursday 9thth July. The short interviews were also included in a Facebook post created for Bangor University's second annual Online Welsh Jobs Fair held on 23 March 2022.

Grŵp Llandrillo Menai

As well as the online Welsh language awareness resource for Grŵp Llandrillo Menai, 'The Welsh language in the health, care and child care sector in Anglesey', the Health Board worked with Sgiliaith, to provide Welsh language awareness training for Grŵp Llandrillo Menai staff during 2021-22 to inform their teaching programmes. The college's health,care and childcare tutors and lecturers attended a session with one of the Health Board's Welsh Language Officers in June 2021 to gain information about the Health Board's Welsh language services work programme, the importance of being able to provide healthcare services bilingually, and how staff are supported to deliver this on a day to day basis.

Bangor University

Shortly after the onset of the COVID-19 pandemic compelled further and higher education institutions to move their teaching online, the Welsh Language Team created a Microsoft PowerPoint presentation, which included information about bilingual healthcare service provision and how the use of the Welsh language is promoted within the Health Board. This fully narrated presentation was utilised to support the teaching of two Bangor University modules – '*O'r Senedd i'r Swyddfa*' ('From the Parliament to the Office') and '*Cymdeithas, Iaith a Phrotest*' ('Society, Language and Protest') – during the first national lockdown. In March 2022, a member of the Welsh Language Team attended a face-to-face seminar at Bangor University's Wheldon Building, to give an updated version of the presentation to a group of '*O'r Senedd i'r Swyddfa*' students.

The presentation was followed by a question and answer session / discussion about the importance of bilingual services and how relevant statutory requirements (i.e. the Welsh Language Standards) are put into practice within the workplace.

Beyond this, the Health Board continued to work closely with Bangor University's School of Healthcare Sciences by providing nursing students with opportunities to utilise and develop their Welsh language skills during their clinical placements within the Health Board. A member of the Welsh Language Team also discussed the impact of the Health Board's Bilingual Skills Policy and Procedure with a tutor from the Open University in Wales in July 2021 to explore specific ways of supporting Welsh-speaking nursing students.

Promotion and Engagement

Defnyddiwch eich Cymraeg / Use Your Welsh Campaign
In June 2021 the Welsh Language Team relaunched the 'Use Your Welsh' campaign. The main focus of the campaign is to encourage staff to use whatever Welsh language skills they have at work, be it with colleagues, patients and / or visitors. The campaign encouraged all staff members to use their Welsh, whether they are only able to say a few words or are fluent but lacking in confidence. It provided an opportunity to emphasise that using the Welsh language at work is very important in the health sector, as research shows that patients feel more comfortable speaking Welsh, and if staff use the Welsh language, patients will feel more confident and are more likely to use their Welsh with staff.

One of the key messages of the campaign was that staff members should not be afraid to use any Welsh they have, and should never think that their Welsh language skills are not good enough. Patients appreciate any effort made to speak Welsh with them. Introducing this campaign has raised awareness of the Welsh language internally among staff and its importance within the health sector, and as a result, has increased the opportunities patients have to use the language.

A video was used to launch the campaign and was shared with staff and the public highlighting the campaign's main aims and objectives. The video followed the experience of a cancer patient receveing treatment in hospital during the COVID-19 pandemic. He shared his journey and emphasised that being able to speak Welsh in that environment was invaluable, and had provided reassurance during an uncertain time. The video was opened and closed with messages from the Chairman and Chief Executive, both endorsing the importance of speaking whatever Welsh language skills staff have, for the benefit of our patients. The bilingual subtitled video was developed by the Welsh Language Team and shared on social media platforms and received a total of 1,657 views

To coincide with the campaign the team also launched the fourth edition of our ‘Use your Welsh’ Newsletter. This was distributed via an all-users email alongside a joint message from the Chairman and Chief Executive and link to the updated Use Your Welsh intranet page.

The past two years have been particularly challenging for our patients, with ongoing restrictions meaning little or no visiting in our hospitals. With this in mind, the newsletter focused on patient stories and the positive impact that hearing only a few words in Welsh can have on them, and how it can positively influence their time in hospital. Four real life patient stories were gathered through staff members, friends and family, and ranged from a stroke patient from Anglesey who spent time recovering in Ysbyty Gwynedd. As his family were not allowed to visit him he was greatly appreciative of the opportunity to speak Welsh with staff not only as Welsh was his first language but as the stroke had left him unable to communicate effectively in English. Therefore at the time, speaking Welsh with staff was of the upmost importance to help him describe where the pain was and how he was feeling.

A new mum on the maternity ward also shared her delight at hearing the Welsh language whilst in hospital having just given birth to her new son, and we also learned of the benefits of how hearing a Welsh song bought relief and comfort to a dementia patient. We also spoke to a gentleman who had a phobia of hospitals, was rushed to the Emergency Department and was so thankful and comforted by hearing the Welsh language whilst in hospital as the doctor in charge of his care made sure he was looked after by Welsh speakers.

Although the reasons why these patients were in hospital differed significantly, the common thread was that all of their experiences were made better and more positive as a result of staff speaking Welsh with them.

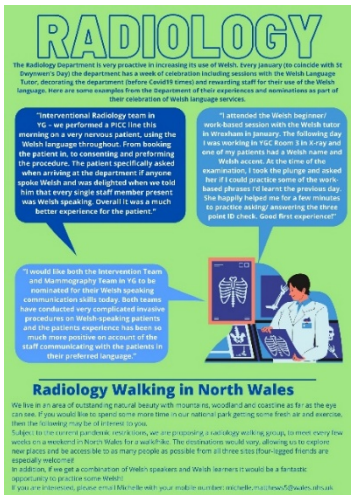
Another key part of the campaign was engaging with staff and learning about their experiences. Staff working with the Therapies Services spoke of their time working in one of the Enfys Hospitals at the peak of the pandemic, and the difference hearing the Welsh language had on a patient recovering from COVID-19:

"I recently worked with a lady on the ward in the Enfys Hospital in Deeside who was first language Welsh and she really appreciated being able to converse in Welsh, particularly as she was already feeling disorientated in the strange environment of a field hospital. At the same time, our Welsh-speaking Technical Instructor also started helping out on the ward, so she also chatted to the patient in Welsh, whilst supporting with nutrition and hydration. Hopefully we made her stay there a bit better."

The Radiology Department was highlighted as one area who are going above and beyond legislative duties to provide patients with the best possible care. The department is very proactive in increasing their use of the Welsh language, and to coincide with St Dwynwen's Day, every year they have a week of celebrations including sessions with the Welsh Language Tutor, adorning the department with Welsh language-themed decorations, and rewarding staff for their use of the Welsh language.

"We performed a PICC line this morning on a very nervous patient, using the Welsh language throughout. From booking the patient in, to consenting and performing the procedure. The patient specifically asked when arriving at the department if anyone spoke Welsh and was delighted when we told him that every single staff member present was Welsh speaking. Overall it was a much better experience for the patient."

Interventional Radiology Team, Ysbyty Gwynedd



Members of the Prosthetics Team noticed the positive impact speaking a little Welsh had on a patient:

"We were treating an elderly patient who was struggling to understand some instructions regarding the donning of her prosthesis. This was causing the patient to become distressed. Occasionally the patient would revert to Welsh and although I only possess basic fluency I was able to provide simple instructions and conversation in Welsh. The patient found this helpful, comforting and increased her understanding of the process."

As the main focus of the campaign was to encourage staff to speak more Welsh, an innovative model to aid this was the provision of Welsh taster lessons to help encourage staff to use their current skills. The Tutor arranged a variety of different taster lessons across four different levels – from complete beginners (ESR level 0 -1) to advanced / confidence building (ESR level 4). The lessons were a great opportunity for staff to have a taste of what Welsh lessons are like with the new Tutor as well as for some, being the first time they are experiencing having a lesson online. Some staff members also decided to attend two different lessons on different levels to see which level they felt suited them best.

A new resource was developed to support the core message of the campaign - a language keyring to help staff to learn and use key Welsh phrases and vocabulary in the workplace. The keyring consists of 20 cards with the aim of introducing basic Welsh phrases, and each card contains a unique QR code. When scanned with a smartphone the QR code links to the BCUHB Welsh Tutor's YouTube page with corresponding videos on how to pronounce each word on the card. They have proven very popular and to date, over 350 have been distributed.

The campaign has yet again proven useful, demonstrating that staff and patient engagement is crucial in planning and informing the work of the team for the next reporting year.

Welsh Language Week 2021

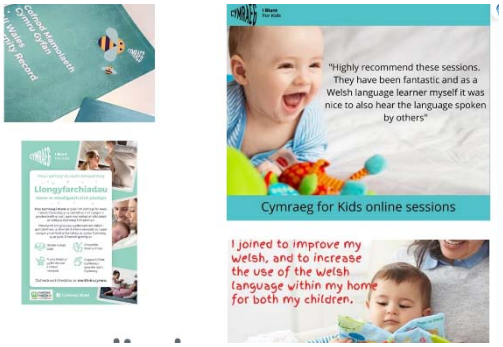
The fourth annual BCUHB Welsh Language Week was held between 11 and 15 October 2021. Although the ongoing COVID-19 pandemic prohibited the Welsh Language Team from arranging any face-to-face events, we were able to build on the success of the virtual Welsh Language Week 2020, by holding a variety of online events for Health Board staff and external stakeholders.

Whilst these events promoted the importance of Welsh-medium healthcare, they also celebrated the tireless work of employees, who continually ensure that the widest possible range of services are delivered bilingually.

Following-on from the success of the secondary school / higher education college visits that were held during the first two BCUHB Welsh Language Weeks (in 2018 and

2019), a number of online seminars for pupils and students were delivered via Microsoft Teams during our latest Welsh Language Week. These sessions were an opportunity to educate young people about the importance of Welsh-medium healthcare services, and also informed them about the benefits of bilingual skills, encouraging them to make the most of their existing language skills.

A number of events for Welsh learners were also arranged as a part of the week-long celebrations. After the BCUHB Welsh Learner of the Year 2022 competition was launched at the beginning of the week, the first in a new series of 'Welsh Phrase of the Week' videos were presented on the BetsiNet intranet site the following day. A special online 'Cinio Clebran' ('Lunchtime Chat') Quiz was held to mark the Health Board's designated 'Welsh Learners Day 2022', attended by the Chief Executive and Independent Board Members. A North Wales *More than just words* Forum meeting was arranged, coinciding with the designated Welsh Language Week's 'Working in Partnership Day'.

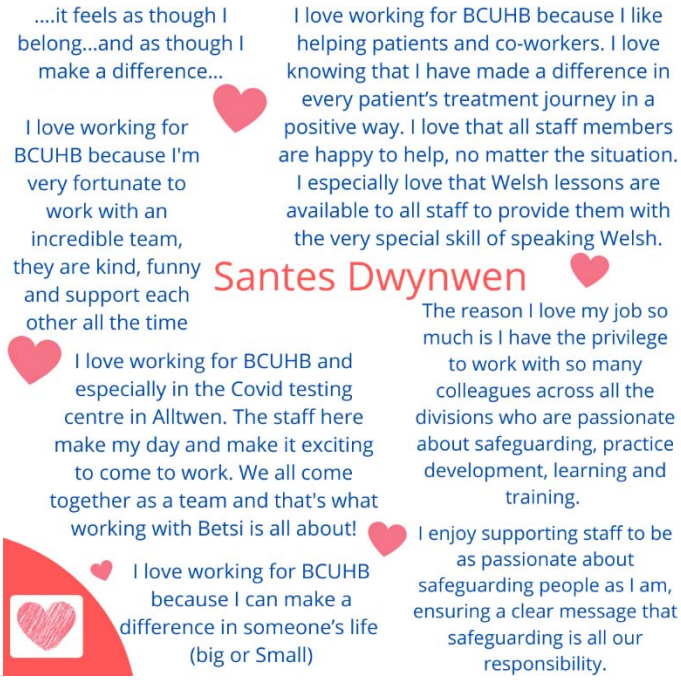


The importance of collaborating with other organisations to facilitate the delivery of bilingual services was further emphasised by the fact that the BCUHB Welsh Language Team also worked with Social Care Wales and Awyr Las, as well as progressing its support for 'Cymraeg i Blant' (*Cymraeg for Kids*). The Welsh Language Team have continued to work with the 'Cymraeg i Blant' officers, ensuring that information about online groups and the re-introduction of some face-to-face sessions were shared and targeted to staff and patients across north Wales. Information

The celebratory week was supported by the organisation's senior management, with the Chairman and Chief Executive emphasising the importance of Welsh-medium healthcare service provision in a written message sent to all staff.

Promotional Opportunities to Celebrate the Welsh language

St Dwynwen Day, which celebrates the Welsh Saint of love on 25 January, was marked this year by asking staff what they love about working for the Health Board and the NHS. Numerous responses and reactions came from all over the Health Board stating why they love their jobs and their passion for helping others. Here are some example of the message we received. The responses were shared on the Health Board's corporate Instagram and Twitter accounts to celebrate with the public, and was well received on both platforms.



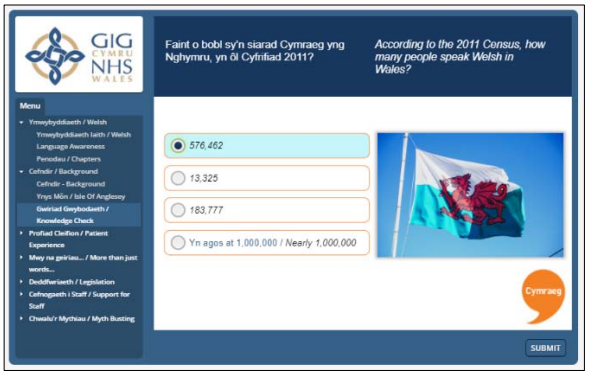
Whilst the main focus of our **St David's Day** celebrations this year was the Welsh Learner of the Year award ceremony social media posts were used to share good news stories and examples of best practice. An all-staff message on behalf of the Chairman and the Chief Executive highlighted the importance of the Welsh language every day across the health Board and the positive impact it can have on patients to hear some Welsh words whilst receiving care.

Additional Service Developments

All-Wales Online Welsh Language Awareness Training Pack

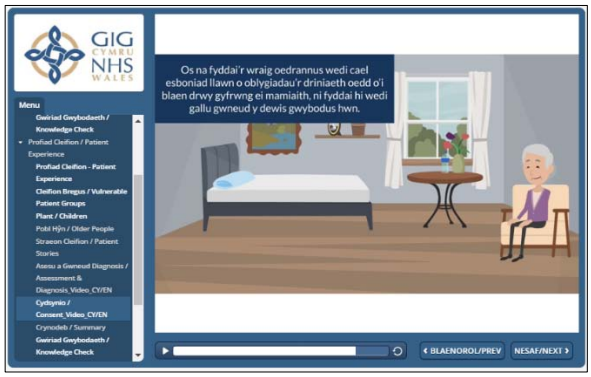
In accordance with Welsh Language Standards 102 and 103, all Health Boards in Wales have a legal obligation to provide Welsh language awareness training for their staff. Following discussions with the other members of the Welsh Government-chaired NHS Welsh Language Officers Group, the Welsh Language Team agreed to take primary responsibility for coordinating the development of an online Welsh language awareness training module, in order to facilitate the delivery of this statutory requirement.

The Welsh Language Team created the content before appointing an external company through a tendering process to convert the content into a fully functional and interactive training age. A finalised draft of the fully interactive training pack was agreed upon in early 2022 and work was undertaken with NHS Wales' Digital Learning Programme Manager to ensure that the new module could be uploaded onto the Electronic Staff Record platform.



The course includes sections on patient experience, *More than just words* and legislation.

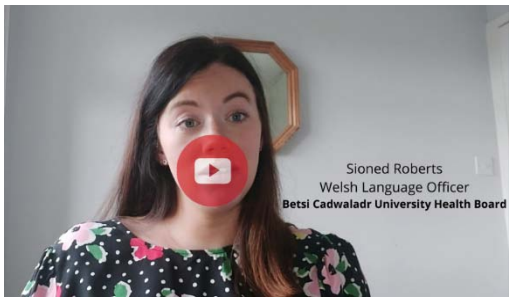
There are also sections featuring two animated stories, based on actual events and patient experiences that emphasise the importance of language choice in relation to assessment, diagnosis and consent.



The course ends with information-only 'Support for Staff' and 'Myth Busting' sections, which aim to provide NHS Wales employees with additional knowledge and confidence and to encourage them to use the Welsh language within the workplace, even if they don't consider themselves to be fluent speakers. It will be launched across wales in late summer 2022, and the fundamental message expressed throughout is that staff should try to find the confidence to 'do what they can', in order to facilitate the delivery of bilingual healthcare services.

Consent and Capacity

As part of its role with the Health Board's Consent and Capacity Group, the Welsh Language Team identified the need to refer to Welsh language legislation and its significance in the development of an all Wales training video by NHS Wales Shared Services Partnership for clinicians across Wales with regard to consent.

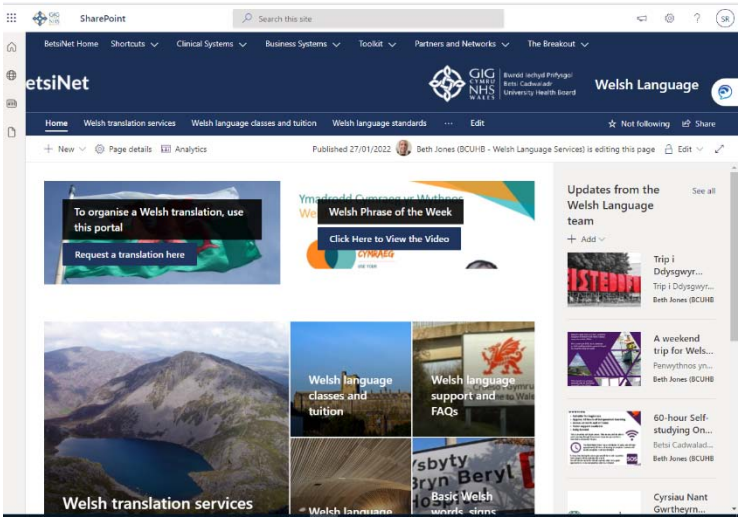


The video developed as part of the wider course, highlighted the need and the importance of considering the Welsh language as part of the consent process. The video refers to this as a legal requirement for every Health Board as part of the Welsh Language Standards, focusing on the premise that the Welsh language should not be treated less favourably than the English language. It is a legal obligation to offer to go through the consenting procedure in Welsh with every patient.

The content also makes reference to the particular importance of informed consent with patients from the seven vulnerable patient category groups as identified in *More than Just Words.* The video details that patients in these groups e.g. those living with dementia, the elderly and young children, not only have the same legal right or choice to consent in Welsh, that it is also a language need as some may be unable to communicate effectively in English.

BetsiNet

As part of the development of a new intranet site for the Health Board, the Welsh Language Team's intranet pages one of the first ones to moved over to the new BetsiNet platform. We worked with the Communications Team to re-vamp and move our information pages over to the new site that was launched to coincide with Welsh Language Week.



As one of the most visited sections on the welsh language site, the translation portal was given prominence to ensure easy access for all translation requests. A 'Welsh Phrase of the Week' section has been developed where staff can view weekly videos with hints and tips on learning Welsh. There is a dedicated section for Welsh learners, with information on various learning opportunities, and a section to request resources such as the language keyring, as well as a FAQs section. All these permanent sections are complemented by the news and updates section along the right hand side of the page with regular developments from the team. There is also a section on BetsiNet for Policies and Procedures, and all Welsh language-related documentation, such as the Welsh Language Standards and the *Bilingual Skills Policy and Procedure* has been uploaded for accessibility and consistency.

Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- ***Number and percentage of the organisation's employees:***
  - ***whose Welsh language skills have been assessed;***

Count of Employee Number	2019/20		2020/21		2021/22	
Individual Proficiency Level	**Total**	**%**	**Total**	**%**	**Total**	**%**
0 - No Skills / Dim Sgiliau	8031	42.4%	8158	41.6%	8324	41.7%
1 - Entry/ Mynediad	2443	13%	2601	13.3%	2652	13.3%
2 - Foundation / Sylfaen	1227	6.5%	1280	6.5%	1298	6.5%
3 - Intermediate / Canolradd	1254	6.6%	1307	7%	1307	6.6%
4 - Higher / Uwch	1525	8.1%	1568	8%	1596	8%
5 - Proficiency / Hyfedredd	2338	12.4%	2467	12.6%	2573	12.9%
Total	**16,818**	**89%**	**17,381**	**89%**	**17,750**	**89%**
Total number of staff	**18,922**		**19,610**		**19,955**	

2021 / 2022 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

2020 / 2021 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

Training to Improve Welsh Language Skills

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level***

2021 / 2022 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1,583

This total equates to 7.9 per cent of the Health Board's current workforce

2020 / 2021 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 752

This total equates to 3.8 per cent of the Health Board's current workforce

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

2021 / 2022 Data:

- **Welsh language skills are essential - 403 (6.4 per cent)**
- **Welsh language skills are desirable - 5828 (92.8 per cent)**
- **Welsh language skills to be learnt - 33 (0.5 per cent)**
- **Welsh not a required skill - 14 (0.2 per cent)**
- **Total number of vacancies advertised - 6278**

2020 / 2021 Data:

- **Welsh language skills are essential - 236 (6.1 per cent)**
- **Welsh language skills are desirable - 3595 (92.6 per cent)**
- **Welsh language skills to be learnt - 17 (0.4 per cent)**
- **Welsh not a required skill - 33 (0.9 per cent)**
- **Total number of vacancies advertised - 3881**

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

  The Health Board received seven complaints during the year in relation to compliance with the Welsh Language Standards, which were fully addressed under the *Putting Things Right* Regulations. In addition, the Welsh Language Commissioner initiated four investigations. Two investigations were discounted having found no evidence of non-compliance.

  The two other investigations and most of the complaints were in relation to the COVID-19 Vaccination Delivery Programme. The issues were predominantly focused on temporary signage and correspondence. The Vaccination Programme Team has been fully supportive in adopting any changes required with the implementation of a detailed action plan developed to address shortfalls. Lessons learned are being applied to inform the establishment of the vaccination programme for 2022-2023.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- improving the quality of care we provide through the language of choice
- increasing compliance with legal and statutory requirements
- identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care
- improving organisational development in terms of how we are able to support the workforce to be able to deliver services through the medium of Welsh

However, the Health Board is excited about the initiatives and opportunities in development for the next reporting year. Further site-based programmes are included within our annual work plan, such as the reintroduction of site visits in our mystery shopper surveys.

The Health Board is eagerly-awaiting the publication of the Welsh Government's *More than just words* five year plan. The Health Board has engaged with key individuals and stakeholders during the development stage to inform the final plan. It is anticipated that initiatives and actions already in operation within the Health Board will be included in the plan. However we aim to build on these during the next year, supported by key developments as part of the Welsh Language Standards.

As part of its Annual Plan for 2022-2023, Welsh language developments has been recognised as a key enabler. As a result, significant funding has been secured to strengthen capacity within specific areas of work, including translation provision, statutory compliance and both internal and external engagement. We are very enthusiastic as we approach this next phase of service delivery, and in some instances, phases of recovery following the pandemic. Our vision for the coming year

is to further increase our ability as a Health Board to deliver language appropriate care for patients, with the premise to always…Use your Welsh!

March 2022

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Adroddiad Monitro Blynyddol Gwasanaethau'r Gymraeg

2021-2022

Cynnwys

‘Cefais fy magu trwy gyfrwng y Gymraeg, felly mae’n llawer haws gen i siarad Cymraeg. Os oeddwn yn teimlo’n ofnus neu yn poeni tra’r oeddwn ar y ward, roedd gallu galw ar nyrs a oedd yn siarad Cymraeg yn gysur mawr imi: byddwn yn setlo a rhoi’r gorau i boeni yn llawer cynt, ar ôl trafod pethau yn fy mamiaith'.

Shauna Fish, o Borthmadog,
Claf yn Ysbyty Gwynedd yn ystod pandemig COVID-19.

Crynodeb Gweithredol

Mae'r adroddiad hwn yn cwrdd â dyletswydd statudol Bwrdd Iechyd Prifysgol Betsi Cadwaladr (y Bwrdd Iechyd) i ddarparu cofnod blynyddol i Gomisiynydd y Gymraeg o'u cydymffurfiaeth â Safonau'r Gymraeg a gyflwynwyd yn wreiddiol ar 30 Mai 2019.

Mae'r adroddiad yn adlewyrchu'r gofynion a chynnwys Safon 120 yn Safonau'r Gymraeg:

- Cwynion
- Cynllunio Gweithlu
- Recriwtio
- Sgiliau Iaith
- Hyfforddiant i wella sgiliau iaith Gymraeg

Mae'r adroddiad hefyd yn rhoi trosolwg o'r cynnydd a wnaed, gan gynnwys datblygiadau i wasanaethau a chyflawniadau allweddol rhwng Ebrill 2021 a Mawrth 2022.

Mae'r Bwrdd Iechyd yn parhau i deimlo effaith pandemig COVID-19, ac mae pwysau ar y gweithlu, ailgynllunio gwasanaethau ac adleoli staff i gyd yn effeithio ar swyddogaethau gweithredol y Bwrdd Iechyd. Fodd bynnag, mae'r dulliau gwahanol o weithio a gyflwynwyd gan Dîm yr Iaith Gymraeg ar anterth y pandemig yn parhau i gyflawni eu dibenion yn llwyddiannus. Mae hyn yn arbennig o wir am y Rhaglen Hyfforddiant Iaith Gymraeg. Mae modelau dysgu rhithiol wedi darparu cyfleoedd na fyddai fel arall wedi gallu cyrraedd cynulleidfa mor eang. Arwydd o'r llwyddiant hwn yw fod nifer y staff sy'n mynychu hyfforddiant iaith Gymraeg wedi dyblu dros y flwyddyn ddiwethaf. Maes arall lle rydym wedi gweld cynnydd sylweddol yn y galw yw ein Gwasanaethau Cyfieithu. Mae'r cynnydd hwn o flwyddyn i flwyddyn yn adlewyrchu'r ymdrech ar lefel uwch i gefnogi cyfeiriad strategol y sefydliad, ac yn adlewyrchu perchnogaeth y Bwrdd Iechyd o Safonau'r Gymraeg.

Mae'r adroddiad hwn hefyd yn adlewyrchu effaith gadarnhaol polisïau allweddol a ddatblygwyd yn ystod y flwyddyn adrodd ddiwethaf. Mae gweithredu'r Polisi a'r Weithdrefn ar gyfer Sgiliau Dwyieithog wedi cael effaith cadarnhaol ar y gweithlu, ac mae mwy o swyddi'n cael eu hysbysebu gyda'r gallu i siarad Cymraeg yn sgìl hanfodol. Wrth ddilyn y canllawiau, mae'r Bwrdd Iechyd yn gallu penodi mwy o siaradwyr Cymraeg i swyddi rheng flaen, yn ogystal â pharhau i ddarparu amrywiaeth o gyfleoedd hyfforddiant Cymraeg i dargedu staff sydd eisoes wedi bod mewn swyddi ers nifer o flynyddoedd. Parhawyd i gynnal y ddarpariaeth hon er mwyn cefnogi'r gwaith o gyflawni'r polisi.

Mae gweithredu *Mwy na geiriau* ac egwyddor y *"Cynnig Rhagweithiol"*, sy'n golygu darparu gwasanaeth cyfrwng Cymraeg heb i'r defnyddiwr gwasanaeth orfod gofyn amdano, wedi parhau. Mae'r Cynllun Dewis Iaith yn weithredol yn ein lleoliadau acíwt a chymunedol ac mae hyn wedi sicrhau bod sylfeini cadarn yn eu lle wrth i ni baratoi i groesawu cynllun pum mlynedd newydd Llywodraeth Cymru ar gyfer *Mwy na geiriau*.

Er mwyn parhau â'n blaenoriaethau ar gyfer 2022-2023, mae rhagolygon a dull gweithredu newydd wedi'u hamlinellu yng nghynllun blynyddol Gwasanaethau'r Gymraeg. Rydym hefyd bellach mewn sefyllfa i allu ailedrych ar ein lleoliadau gofal iechyd ac ar ein dulliau traddodiadol ar lawr gwlad sydd wedi bod yn ddull llwyddiannus o weithredu dros y blynyddoedd.

Cefndir a Sefyllfa Bresennol

Mae'r adroddiad hwn yn adlewyrchu cynnydd y Bwrdd Iechyd yn erbyn y gofynion a nodir yn Safon 120, ac yn dangos sut rydym yn cynllunio ein gwasanaethau i fynd i'r afael ag anghenion ein poblogaeth.

Deall anghenion ein poblogaeth

Mae deall anghenion y boblogaeth yn hanfodol er mwyn llywio'r gwaith o ddylunio a darparu gwasanaethau yng Ngogledd Cymru. Gwynedd sydd â'r gyfran uchaf o siaradwyr Cymraeg, sef 65 y cant, er ein bod yn gwybod y gall hyn fod yn llawer uwch mewn rhai ardaloedd o'r sir. Mewn mannau eraill yng Ngogledd Cymru, mae 57 y cant o drigolion Ynys Môn yn siarad Cymraeg, 27 y cant yng Nghonwy a 25 y cant yn Sir Ddinbych. Mae cyfran y siaradwyr Cymraeg yn Sir y Fflint (13.2 y cant) a Wrecsam (12.9 y cant) yn is o gymharu. Fodd bynnag, mae galw am wasanaethau cyfrwng Cymraeg yno hefyd, gan fod ardaloedd gwledig Cymraeg eu hiaith yn defnyddio gwasanaethau a ddarperir yn rhanbarth Dwyrain Gogledd Cymru yn ogystal.

O ran defnydd o'r iaith o ddydd i ddydd, mae *Asesiad Anghenion Poblogaeth Gogledd Cymru* [1]yn dangos bod ychydig dros hanner (53 y cant) o siaradwyr Cymraeg Gogledd Cymru yn rhugl yn yr iaith a 63 y cant yn siarad Cymraeg bob dydd. Yng Ngwynedd, mae 78 y cant o drigolion Cymraeg eu hiaith yn rhugl ac 85 y cant yn siarad Cymraeg bob dydd. Mae'r niferoedd sy'n siarad Cymraeg, yn enwedig yng ngogledd orllewin y rhanbarth, yn dylanwadu ar nifer y bobl sy'n dewis defnyddio gwasanaethau Cymraeg. Yng Ngwynedd, mae 37 y cant o bobl yn ceisio defnyddio'r Gymraeg bob amser wrth gysylltu â gwasanaethau cyhoeddus. Mae'r wybodaeth hon wedi cynorthwyo'r Bwrdd Iechyd i nodi'r angen am wasanaethau cyfrwng Cymraeg ac wedi ein galluogi i gynllunio i ateb y galw hwnnw.

Gwasanaethau Cymraeg y Bwrdd Iechyd

Mae Tîm Iaith Gymraeg y Bwrdd Iechyd yn cynnwys pedwar gwasanaeth sy'n cefnogi'r sefydliad i gyflawni ei ofynion deddfwriaethol ac i fynd i'r afael ag anghenion ein cleifion.

[1] https://www.gwynedd.llyw.cymru/cy/Cyngor/Dogfennau---Cyngor/Strategaethau-a-pholisïau/Iechyd-a-Gwasanaethau-Cymdeithasol/Asesiad-Poblogaeth-Gogledd-Cymru/Gogledd-Cymru-Asesiad-Poblogaeth- 1-Ebrill-2017.pdf

1. Cydymffurfiad Deddfwriaethol
   Sicrhau ein bod yn cefnogi'r sefydliad i gyflawni'r rhwymedigaethau o dan Fesur y Gymraeg (Cymru) 2011, a hwylusir gan ein Swyddog Cydymffurfiaeth Safonau'r Gymraeg.

2. Hyrwyddo ac Ymgysylltu
   Mae elfennau gweithredol cyflawni'r Fframwaith Strategol *Mwy na geiriau* yn nwylo'r Swyddogion Iaith. Rhoddir cefnogaeth frwd ganddynt i'r gwasanaethau, a nhw hefyd sy'n sefydlu prosiectau a chynlluniau newydd er mwyn darparu gwasanaeth cwsmeriaid effeithiol.

3. Darpariaeth Hyfforddiant
   Mae ein Tiwtor Iaith Gymraeg a Swyddog Cefnogi yn sicrhau datblygiad sefydliadol yn unol â'n *Polisi a Gweithdrefn Sgiliau Dwyieithog* a'r agenda iaith Gymraeg ehangach.

4. Gwasanaethau Cyfieithu
   Mae ein Rheolwr Cyfieithu a phum cyfieithydd yn sicrhau bod y sefydliad yn gallu darparu gwybodaeth i gleifion yn yr iaith o'u dewis. Maent hefyd yn darparu cyfieithu ar y pryd i ganiatáu i gleifion gyfathrebu yn eu dewis iaith yn ein lleoliadau clinigol a chorfforaethol.

Hunan-reoleiddio a Llywodraethu

Atebolrwydd Cyffredinol y Bwrdd
Mae ein hatebolrwydd strwythurol wedi parhau, gyda'r Fforwm Strategol Iaith Gymraeg, dan gadeiryddiaeth ein Cyfarwyddwr Gweithredol Iechyd y Cyhoedd, yn sefydlu ein trefniadau llywodraethu mewnol. Mae'r Cylch Gorchwyl yn llywio ein hymagwedd strategol, ac mae'r aelodaeth yn cynnwys uwch arweinwyr ac arweinwyr gweithredol sy'n gallu symud amcanion yn eu blaenau. Mae'r Fforwm yn adrodd i'r Pwyllgor Partneriaethau, Pobl ac Iechyd y Boblogaeth o fewn y Bwrdd Iechyd. Mae llwybr craffu clir yn ogystal â threfniadau ar gyfer uwch gyfeirio unrhyw faterion arwyddocaol.

Cofrestr Risg y Gwasanaethau Cymraeg
Mae'n hanfodol bod y Bwrdd Iechyd yn cydnabod meysydd risg posibl mewn perthynas â'r Gymraeg ac mae Cofrestr Risg benodol yn ei lle. Mae'r risgiau posibl presennol yn cynnwys bodloni gofynion Mesur y Gymraeg (Cymru) 2011, gweithredu'r egwyddor o Gynnig Rhagweithiol yn unol â Fframwaith Strategol *Mwy na geiriau* Llywodraeth Cymru, a chyflawni'r *Polisi a Gweithdrefn Sgiliau Dwyieithog*.

Cafodd yr holl risgiau eu hadolygu yn ystod 2021-2022, gyda phob un o'r tair sgôr risg ar hyn o bryd ar y lefel cymedrol neu'n isel. Wrth asesu'r risgiau, ystyriwyd effaith barhaus y pandemig, gan nad yw'r gwasanaeth wedi gallu bod mor rhagweithiol ag arfer yn ystod y flwyddyn adrodd. Fodd bynnag, ni uchafwyd unrhyw risgiau o ganlyniad.

Mae Cofrestr Risg y Gwasanaethau Cymraeg yn cael ei monitro'n chwarterol, ac adroddir arni ddwywaith y flwyddyn i Fforwm Strategol y Gymraeg.

Sicrwydd Perfformiad Mewnol
Cyflwynwyd Cynllun Siopwr Cudd ar gyfer y Gwasanaethau Dwyieithog am y tro cyntaf ym mis Mawrth 2018 fel ffordd o graffu ar argaeledd ac ansawdd gwasanaethau cyfrwng Cymraeg ar safleoedd a lleoliadau amrywiol y Bwrdd Iechyd. Ar ôl gorfod rhoi'r gorau dros dro am ddeunaw mis oherwydd pandemig COVID-19 ailddechreuodd Tîm y Gymraeg y cynllun ym mis Mehefin 2021.

Roedd y cynllun hwn yn wreiddiol yn ystyried arwyddion ac argaeledd gwasanaethau derbynfa dwyieithog ar wahanol safleoedd Byrddau Iechyd, ond oherwydd rheoliadau atal a rheoli heintiau, parhawyd i atal ymweliadau safle oherwydd bygythiad parhaus posibl COVID-19. Ers ailgychwyn yr haf diwethaf, mae ein harolygon 'siopwr cudd' felly wedi canolbwyntio'n gyfan gwbl ar ansawdd ac argaeledd gwasanaethau ffôn.

Mae nifer o ysbytai cymuned, meddygfeydd a reolir ac adrannau ysbytai acíwt yn dal i gael eu cynnwys ym mhob rownd o arolygon, a gaiff eu cynnal bob chwarter.

Ar ôl cwblhau pob rownd o arolygiadau, mae rheolwyr safle / meddygfeydd / gwasanaeth perthnasol wedyn yn cael adroddiadau pwrpasol sy'n cynnwys dadansoddiad o'r canfyddiadau a'r camau gweithredu sydd eu hangen. Fe'u gwahoddir wedyn i weithio law yn llaw ag aelodau o Dîm yr Iaith Gymraeg i sicrhau bod unrhyw newidiadau a / neu welliannau angenrheidiol yn gallu cael eu gwneud cyn gynted â phosibl.

Mae rheolwyr yn parhau i fod yn barod ac yn ymroddedig i sicrhau gwelliannau, er gwaethaf y pwysau a'r cymhlethdodau ychwanegol y bu'n rhaid iddynt eu hwynebu oherwydd y pandemig. Mae'r cynllun yn parhau i sicrhau bod diffygion yn cael eu nodi a'u hunioni'n gyflym mewn safleoedd ar draws gogledd Cymru.

Er gwaetha'r cyfyngiadau presennol, mae'r cynllun ar ei newydd wedd heb os wedi cyfrannu at ddatblygu a chyfoethogi darpariaethau cyfrwng Cymraeg y Bwrdd Iechyd yn gyffredinol yn ystod y misoedd diwethaf, wrth i wahanol safleoedd / meddygfeydd / gwasanaethau geisio dychwelyd i rywfaint o normalrwydd ar ôl dwy flynedd heriol.

Mae pob ysbyty cymuned a meddygfa a reolir bellach wedi'u cynnwys yn y cynllun ar o leiaf ddau achlysur. Mae ein harolygon 'siopwr cudd' diweddaraf felly wedi ein galluogi i fesur pa gynnydd a wnaed ar wahanol safleoedd mewn perthynas â darparu gwasanaethau dwyieithog, ac ers i'r cynllun gael ei gyflwyno gyntaf.

Ar yr un pryd, mae cymharu data sydd newydd ei gasglu â chanlyniadau gwaelodlin cychwynnol o arolygon a gynhaliwyd cyn mis Mawrth 2020 hefyd yn caniatáu inni fesur sut mae pandemig COVID-19 wedi dylanwadu ar ddarparu gwasanaethau cyfrwng Cymraeg o fewn y Bwrdd Iechyd.

Er gwaetha'r pandemig, mae canfyddiadau diweddar wedi cadarnhau bod safonau a gofnodwyd yn flaenorol yn dal i gael eu cynnal mewn sawl lleoliad Bwrdd Iechyd, tra bod rhai rheolwyr meddygfeydd / gwasanaeth hyd yn oed wedi gallu rhoi gwelliannau yn eu lle.

Mae'r arolygon 'siopwr cudd' yn parhau i ddatgelu enghreifftiau niferus o arfer dda sy'n bodoli eisoes mewn perthynas â'r Gymraeg. Rhennir y rhain wedyn â safleoedd / meddygfeydd / adrannau eraill, fel y bo'n briodol.

Er mwyn sicrhau mwy o atebolrwydd, mae canfyddiadau cyffredinol yn dal i gael eu rhannu gyda'r Timau Rheoli Ardal ac Ysbytai, a chyflwynir adroddiad manwl i Fforwm Strategol Iaith Gymraeg y Bwrdd Iechyd bob chwarter. Drwy wneud hyn, gellir parhau i ganfod a delio gyda thueddiadau ehangach, yn ogystal â materion mwy lleol.

Mae'r cynllun yn rhan hanfodol o Gynllun Blynyddol yr Iaith Gymraeg ar gyfer 2022-2023, a bydd ymweliadau safle yn cychwyn eto o'r ail chwarter ymlaen.

Safonau'r Gymraeg

Mae Safonau'r Gymraeg bellach wedi bod yn weithredol ers cael eu pennu'n wreiddiol ar 30 Mai 2019. Bu cynnydd sylweddol i symud y safonau yn eu blaenau o fewn y sefydliad. Mae Swyddog Cydymffurfiaeth Safonau'r Gymraeg yn parhau i ddarparu cyfarwyddyd ar draws y sefydliad ar weithredu'r Safonau, yn ogystal â chefnogi a hwyluso'r ddarpariaeth ar lawr gwlad.

Mae'r mecanweithiau i sicrhau cydymffurfiaeth dan ofal Grŵp Rheoli Prosiect Safonau'r Gymraeg (Project Management Group - PMG). Mae'r aelodaeth yn cynnwys arweinwyr enwebedig o bob rhan o'r Bwrdd Iechyd, sy'n cynrychioli meysydd gwasanaeth a chlinigol.

Dros y flwyddyn ddiwethaf, mae'r PMG wedi canolbwyntio ar adolygu Cydymffurfiaeth gan ddefnyddio dull hunanasesu er mwyn gweld a yw'r cynnydd a wnaed cyn y pandemig Covid-19 wedi'i gynnal, a pha gymorth ychwanegol sydd ei angen i gefnogi gwasanaethau i gyflawni eu gofynion a dyletswyddau.

Mae pob gwasanaeth wedi llunio adroddiad amlygu a fydd yn caniatáu iddynt fesur ac asesu eu cydymffurfiaeth yn erbyn pob Safon. Rydym ar hyn o bryd yn gweithio drwy'r canfyddiadau, a fydd yn ein galluogi i nodi unrhyw feysydd o ddiffyg cydymffurfio posibl a galluogi'r tîm i ganolbwyntio ar y materion hynny os oes angen.

Mae Swyddog Cydymffurfiaeth Safonau'r Gymraeg yn parhau i gyfarfod yn rheolaidd â chynrychiolwyr y PMG, naill ai fel grŵp neu'n unigol, ac mae hynny'n caniatáu i drafodaethau manylach ddigwydd am Safonau sy'n benodol i feysydd arbennig.

O ran Safonau penodol, mae cynnydd wedi parhau gyda Safonau 50-53 mewn perthynas â darparu gwasanaethau derbynfa yn y Gymraeg. Darperir cyrsiau wedi'u teilwra'n arbennig ar gyfer staff derbynfa gan ein Tiwtor Cymraeg mewnol fel y manylir ymhellach ymlaen yn yr adroddiad hwn. Cynhwyswyd enghraifft o arfer dda o fewn yr Adran Radioleg yn holiadur Hunanasesiad diweddar Comisiynydd y Gymraeg. Maent wedi mabwysiadu dull gweledol o adnabod staff sy'n siarad Cymraeg trwy arddangos

poster ym mhob derbynfa sy'n nodi pa aelodau o staff ar ddyletswydd sy'n gallu darparu gwasanaeth Cymraeg. Mae hyn wedi sicrhau bod gan yr adran broses yn ei lle sy'n eu helpu i gydymffurfio'n llawn â'r Safonau ac i ymateb i anghenion ieithyddol cleifion.

Yn ystod y flwyddyn adrodd, bu nifer o drafodaethau lefel uchel yng nghyfarfodydd y Bwrdd ynghylch Safon 37. Mae'r Safon yma'n ymwneud ag a ddylid llunio dogfen, sydd ar gael i un neu fwy o unigolion yn y Gymraeg:

(a) os yw'r testun yn awgrymu y dylid ei chynhyrchu yn Gymraeg, neu
(b) os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu dogfen yn y Gymraeg

Yn dilyn y penderfyniad yng nghyfarfod y Bwrdd Iechyd ym mis Tachwedd 2020 i gyfieithu'r holl Eitemau Sefydlog ar yr agenda, rhoddwyd ystyriaeth ychwanegol i gynnydd yn y gallu i gydymffurfio â Safon 37 yn ystod 2021-2022. Nid yw safon 37 yn amlinellu dull cyfieithu cyffredinol ar draws holl ddogfennau'r Bwrdd Iechyd. Yn hytrach, mae'n ei gwneud yn ofynnol i sefydliadau adolygu'r "testun" a'r "gynulleidfa a ragwelir" i benderfynu a oes "disgwyliad" neu "awgrym" y dylid cynhyrchu'r ddogfen yn y Gymraeg.

Cytunwyd felly yng nghyfarfod y Bwrdd ym mis Gorffennaf 2021 y byddai asesiad yn cael ei gynnal o dri chyfarfod nesaf y Bwrdd Iechyd (Medi 2021, Tachwedd 2021 ac Ionawr 2022) i benderfynu pa bapurau y byddai disgwyl iddynt fod wedi cael eu cyfieithu. Cynhyrchwyd yr asesiad yn unol â'r canllawiau a dderbyniwyd gan Swyddfa Comisiynydd y Gymraeg mewn perthynas â Safon 37, sy'n ymgorffori'r elfennau y dylid eu hystyried wrth benderfynu ar ofynion cyfieithu. Nid oes llawer o hyblygrwydd o ran yr ystyriaethau i'w cymhwyso oherwydd hynny.

Y prif ystyriaethau o fewn yr asesiad yw:

- a yw testun y ddogfen yn ymwneud â mater sy'n berthnasol i, yn effeithio, neu'n bwysig i nifer fawr o unigolion *(a ddiffinnir fel trigolion Cymru yn gweithredu yn eu capasiti personol)*
- a yw testun y ddogfen yn ymdrin â materion yn ymwneud â'r Gymraeg
- a yw'r ddogfen yn un a fydd yn cael ei harddangos yn gyhoeddus
- a yw'n hysbys bod canran neu nifer fawr o'r gynulleidfa a ragwelir yn siaradwyr Cymraeg, ac y mae'r Gymraeg yn ystyriaeth bwysig iddynt neu maent yn gweithredu yn y Gymraeg
- a ofynnodd mwy nag un person i'r ddogfen fod ar gael yn y Gymraeg
- a yw'r ddogfen yn debygol o ddenu ymateb a sylw'r cyhoedd (ee ar gyfryngau cymdeithasol)
- a yw'r ddogfen yn un y mae'n ofynnol i unigolion ymateb iddi

Yn ystod ymarfer asesu a dadansoddi, daeth yn amlwg y byddai hyn yn cael effaith sylweddol ar gapasiti, galw ac amserlenni. Darparwyd opsiynau ar gyfer y camau nesaf, a oedd yn cynnwys:

OPSIWN 1:
Parhau gyda'r broses gyfredol o gyfieithu agenda, cofnodion, cyflwyniad ac eitemau sefydlog.

OPSIWN 2:
Gweithredu'r asesiad yn achos **holl** bapurau'r Bwrdd, a allai ddileu'r angen i gyfieithu eitemau sefydlog (er na fyddai hyn yn cael effaith sylweddol ar gyfanswm nifer geiriau a'r cyfnod sydd ei angen ar gyfer cyfieithu).

OPSIWN 3:
Gweithredu'r broses asesu dros y tri chyfarfod Bwrdd nesaf gydag adolygiad ymhen chwe mis o'r hyn y gellir ei gyflawni a'i gynnal yn yr hirdymor.

Gan fod y Bwrdd yn awyddus i gryfhau ei ymrwymiad i'r Gymraeg, cytunwyd mai'r trydydd opsiwn fyddai'r dull mwyaf cadarn a theg. Mae hyn wedi bod yn arfer safonol dros y cyfarfodydd Bwrdd diwethaf, a bydd yn cael ei adolygu i weld a yw hynny'n gynaliadwy yn ystod y flwyddyn adrodd hon. Mae'r penderfyniad hwn yn dangos yr ymrwymiad a'r gefnogaeth ar lefel y Bwrdd i sefydlu hunaniaeth Bwrdd Iechyd dwyieithog.

Y "Cynnig Rhagweithiol"

Gan fod mis Mawrth 2019 yn nodi diwedd cyfnod tair blynedd rhaglen ddilynol Fframwaith Strategol Llywodraeth Cymru *'Mwy na geiriau...'* , datblygwyd Cynllun Gweithredu 2019-2020 sy'n parhau i fod yn weithredol hyd nes y cyhoeddir y cynllun nesaf yn 2022. Mae'r cynllun hwn yn rhoi fframwaith i'r Bwrdd Iechyd i ddatblygu ein strwythur ein hunain ar gyfer sicrhau gwelliant parhaus yn y ffordd yr ydym yn hyrwyddo a darparu gwasanaethau Cymraeg yn y sector iechyd.

Mae'r Bwrdd Iechyd yn parhau i wneud cynnydd yn erbyn y cynllun ac mae'n rhagweithiol yn yr holl feysydd thema:

Thema 1 – cynyddu nifer y siaradwyr Cymraeg
Thema 2 – cynyddu'r defnydd o'r Gymraeg
Thema 3 – Creu amodau ffafriol – seilwaith a chyd-destun

Un o brif egwyddorion *Mwy na geiriau* yw'r "Cynnig Rhagweithiol", gyda blaenoriaeth i ddod â'r "Cynnig Rhagweithiol" i'r gwasanaethau rheng flaen. Arweiniodd y Bwrdd Iechyd trwy ddatblygu dull allweddol o adnabod dewis iaith trwy ei Gynllun Dewis Iaith arobryn, sy'n darparu'r sail ar gyfer cyflwyno'r "Cynnig Rhagweithiol" yn llwyddiannus.

Er gwaethaf y cyfyngiadau parhaus a'r pwysau ychwanegol a grëwyd gan bandemig COVID-19, parhaodd Cynllun Dewis Iaith arobryn y Bwrdd Iechyd i weithredu yn wardiau ein ysbytai ledled Gogledd Cymru yn ystod 2021-22.

Mae'r magnedau 'Cymraeg' oren hawdd eu gweld bellach yn cael eu defnyddio i wneud darparu gwasanaethau dwyieithog a'r egwyddor "Cynnig Rhagweithiol" yn haws mewn nifer o leoliadau, o Ysbyty Tywyn yn ne Sir Feirionnydd i Ysbyty Cymunedol y Waun ar y ffin rhwng Wrecsam a Lloegr. Mae'r cynllun syml hwn wedi ffynnu ac mae'n parhau i fod yn boblogaidd iawn gyda chleifion a staff fel ei gilydd.

Treialwyd y cynllun yn wreiddiol ar wardiau dethol yn Ysbyty Gwynedd yn 2017, a chafodd ei ehangu'n sylweddol i gynnwys wardiau yn Ysbyty Glan Clwyd a nifer o safleoedd cymunedol ddwy flynedd yn ddiweddarach. Mae'r Cynllun Dewis Iaith yn annog wardiau i osod y magnedau oren ar fyrddau gwyn wrth ochr gwelyau a byrddau gwybodaeth staff, er mwyn gallu adnabod cleifion a gweithwyr y Bwrdd Iechyd sy'n siarad Cymraeg.

Mae'r cynllun yn cyflymu'r broses o baru defnyddwyr gwasanaeth Cymraeg â chlinigwyr Cymraeg eu hiaith megis meddygon, nyrsys a chynorthwywyr gofal iechyd sydd wedi'u lleoli'n bennaf ar y ward ei hun. Fodd bynnag, mae'r cynllun hefyd yn hwyluso gwaith cynllunio ar raddfa ehangach o fewn y Bwrdd Iechyd, gan fod aelodau o'r gweithlu clinigol ehangach megis ffisiotherapyddion a fferyllwyr sy'n ymweld â'r wardiau hefyd yn gallu adnabod a defnyddio'r magnedau oren i sicrhau bod eu gwasanaethau hwy hefyd yn cael eu defnyddio er mwyn rhoi gwasanaethau yn unol ag anghenion ieithyddol claf.

Ysbyty Glan Clwyd – Dadansoddiad o'r Gweithredu
Cyflwynwyd y Cynllun Dewis Iaith ar y rhan fwyaf o wardiau Ysbyty Glan Clwyd ym mis Mai 2019 ac mae wedi parhau i gael ei weithredu ledled yr ysbyty ers hynny. Tra bo'r cynllun yn cael ei weithredu mewn modd anffurfiol ar rai wardiau (h.y. heb gadw cofnod ysgrifenedig o'r gwaith), mae Ffurflen Awdit Misol wedi'i chreu i hwyluso'r broses o gasglu data perthnasol.

Mae pob Ffurflen Awdit Misol yn cynnwys y wybodaeth ganlynol mewn perthynas â ward / uned benodol:

- *Cyfanswm y cleifion sy'n cael / sydd wedi derbyn gofal;*
- *Nifer y cleifion Cymraeg eu hiaith sy'n cael / wedi derbyn gofal;*
- *Nifer y cleifion Cymraeg eu hiaith a ddewisodd gymryd rhan yn y Cynllun Dewis Iaith (h.y. trwy ganiatáu i fagnet logo oren 'Iaith Gwaith' gael ei arddangos ar y bwrdd gwyn uwchben / wrth ymyl eu gwely);*
- *Faint o staff y ward / uned sy'n siarad Cymraeg.*

Anogir Prif Nyrsys a/neu Lanhawyr, sy'n bennaf gyfrifol am weinyddu'r cynllun, i lenwi'r ffurflen hon fel rhan o archwiliadau ansawdd a diogelwch misol eu ward ac i anfon yr holl dystiolaeth a nodir am ddefnydd y magnedau oren ymlaen i Dîm y Gymraeg. Mae'r data a gesglir yn rhoi cipolwg cynhwysfawr o ddefnydd, llwyddiannau a phoblogrwydd y Cynllun Dewis Iaith ymhlith defnyddwyr gwasanaethau.

Mae'r dadansoddiad hwn yn canolbwyntio ar wybodaeth a dderbyniwyd gan chwe ward / uned benodol ar safle Bodelwyddan rhwng Ebrill 2021 a Mawrth 2022.

Rhyngddynt, darparodd y chwe ward / uned a gymerodd ran wasanaethau gofal iechyd amrywiol i gyfanswm o 819 o gleifion yn ystod y cyfnod dan sylw a oedd yn cynnwys ffurflenni archwilio 47 mis. Nododd cyfanswm o 101 (neu 12.33 y cant) o'r cleifion hyn eu bod yn siarad Cymraeg. Ar ôl cael gwybod am y Cynllun Dewis Iaith,

nododd 63 (neu bron i ddwy ran o dair) o'r cleifion Cymraeg hyn eu bod yn dymuno cael magned logo oren 'Iaith Gwaith' ar y bwrdd gwyn wrth ymyl / uwchben eu gwely i ddangos eu bod yn siarad Cymraeg. Yn y tabl isod darperir dadansoddiad manwl fesul ward / uned o'r niferoedd a gymerodd ran ar gyfer y flwyddyn adrodd gyfan.

	Ward / Uned	Nifer y cofnodion misol a ddarparwyd	Cyfanswm nifer y cleifion ar y ward yn ystod y cyfnod cofnodi	Nifer y cleifion oedd yn siarad Cymraeg	Nifer y cleifion Cymraeg eu hiaith a ddewisodd gymryd rhan yn y Cynllun Dewis Iaith	Canran y cleifion Cymraeg eu hiaith a ddewisodd gymryd rhan yn y Cynllun Dewis Iaith
1	Ward 1	7	169	20	19	95%
2	Ward 2 (Gofal yr Henoed)	6	135	14	2	14%
3	Ward 3 (Fasgwlaidd)	6	115	25	12	48%
4	Ward Enfys (NWCTC)	10	180	25	13	52%
5	Uned Newyddenedigol	10	99	11*	11*	100%
6	Wardiau 17 a 18 (Uned y Plant)	8	121	6	6	100%
	Cyfanswm:	**47**	**819**	**101**	**63**	**63.63%**

* *Gan fod pob un o'r cleifion yn yr uned fabanod newydd- anedig yn fabanod (nad ydynt yn siarad unrhyw iaith eto), y 'cleifion newyddenedigol Cymraeg eu hiaith' y cyfeirir atynt yn Nhabl 3 (uchod) yw rhieni'r babanod newydd-anedig .*

Mae'r data a dderbyniwyd am y defnydd o'r magnedau oren yn Ysbyty Glan Clwyd rhwng Ebrill 2021 a Mawrth 2022 yn awgrymu bod gweithredu'r Cynllun Dewis Iaith yn yr ysbyty yn parhau i fod yn llwyddiannus a phoblogaidd ymhlith cleifion, er gwaethaf y pwysau a'r cymhlethdodau ychwanegol a achoswyd gan bandemig COVID- 19.

Dewisodd mwyafrif y defnyddwyr gwasanaeth Cymraeg eu hiaith optio mewn i'r Cynllun Dewis Iaith ac adlewyrchir hyn yn glir gan y ffaith bod nifer fawr o'r ffurflenni archwilio a ddadansoddwyd yn nodi cyfraddau cyfranogiad misol o dros 80 y cant. Fel y dangosir gan y data a ddarparwyd gan yr Unedau Plant a Newydd-anedig, mae'r defnydd o'r cynllun magned oren yn parhau i fod yn uchel iawn ymhlith rhai grwpiau cleifion. Cofnododd y ddau wasanaeth yma gyfraddau optio mewn o 100 y cant yn ystod 2021-22.

Mae hyn yn arbennig o galonogol gan fod *Mwy na geiriau* yn nodi fod plant a phobl ifanc yn grŵp cleifion agored i niwed a bod ganddynt fwy o angen derbyn eu gwasanaethau yn eu mamiaith. Mae'n amlwg felly fod argaeledd y Cynllun Dewis Iaith yn parhau i fod yn eithriadol o bwysig o fewn rhai cyd-destunau gofal iechyd.

Y “Cynnig Rhagweithiol” - Betsi ar ei Gorau!

Mae Ward Hebog yn Ysbyty Gwynedd yn un o'r wardiau sydd wedi parhau i weithredu'r Cynllun Dewis Iaith drwy gydol y pandemig. Mae hyn wedi sicrhau bod cleifion yn cael cynnig gwasanaethau Cymraeg yn gyson. Bu Rheolwr Ward Hebog, Sian Roberts, yn gweithio gyda Thîm yr Iaith Gymraeg i gasglu adborth a gwerthuso bodlonrwydd cleifion gyda’r cynllun.

Defnyddiwyd holiadur byr i gasglu barn ac, ynghyd â rhoi adborth am y Cynllun Dewis Iaith ei hun, rhoddodd nifer o’r cleifion a gymerodd ran eu barn am argaeledd cyffredinol gwasanaethau dwyieithog yn Ysbyty Gwynedd.

Roedd yr ymateb yn hynod galonogol a mae rhai sylwadau gan y cyfranogwyr isod.

‘Mae digon o staff ar y ward yn siarad Cymraeg ac fe wnes i elwa o’u cael yno yn ystod fy arhosiad’.

Meddai Margaret Whale, claf o Faesgeirchen ym Mangor ***(llun ar y chwith)***

Wedi treulio tair wythnos fel claf ar Ward Hebog, dywedodd **Dewi Jones** o Gaernarfon:

> *‘Roeddwn i’n gallu siarad Cymraeg bob dydd a’r magned oren uwchben fy ngwely yn gadael i bawb wybod mai ‘Cymraeg’ yw fy iaith ddewisol. Mae hi gymaint yn haws i mi siarad yn fy mamiaith – yn enwedig pan dwi’n sâl, a dwi’n ei chael hi’n llawer haws deall a phrosesu gwybodaeth pan gaiff ei roi i mi yn y Gymraeg’.*

Dywedodd **Dewi Owen**, o Ddolgellau:

> ‘*Roedd yn braf iawn clywed cymaint o acenion Cymraeg gwahanol ar y ward. Mwynheais yn arbennig drafod tafodieithoedd Cymraeg rhanbarthol a bratiaith gyda rhai o’r staff… esboniais ein bod yn galw ‘rwdan’ yn ‘swêj’ yn Nolgellau! Mae’n brafiach gallu trafod pethau yn y Gymraeg’.*

Rhaglen Hyfforddiant Iaith Gymraeg

Mae Tîm Hyfforddiant yr Iaith Gymraeg yn dal i weld effaith yr heriau a wynebwyd yn ystod pandemig COVID-19 ac maent yn parhau i addasu eu hadnoddau addysgu, eu modelau a'u dulliau addysgu i sicrhau eu bod yn cefnogi ein staff hynod brysur ac ymroddedig. Mae'r Tîm yn gweithio mewn modd hyblyg er mwyn cynnig y model cymorth gorau posibl i staff, a chyd-fynd â'u hamserlenni gwaith a phatrymau sifft. Mae hyn yn dylanwadu ar y math o gyrsiau a fyddai'n gweddu orau i'w hanghenion. Oherwydd y cyfyngiadau ymweld o ganlyniad i'r pandemig, mae llawer o'n staff yn sylweddoli'n fwy nag erioed beth yw pwysigrwydd gallu siarad Cymraeg gyda chleifion a defnyddwyr gwasanaeth, ac mae hyd yn oed ychydig o eiriau Cymraeg gan staff yn gysur i'n cleifion Cymraeg.

Mae'r Tîm yn parhau i hyrwyddo a hysbysebu'r holl gyfleoedd hyfforddiant iaith Gymraeg trwy fewnrwyd newydd y Bwrdd Iechyd, ' BetsiNet '. Mae ' BetsiNet ' bellach yn weithredol ar draws y Bwrdd Iechyd, ac mae'r Tîm yn diweddaru'r tudalennau'n wythnosol. Mae'r wybodaeth wedi'i gosod yn glir er mwyn i'r holl staff allu chwilio am gyrsiau a gwybodaeth berthnasol. Ceir carwsél o bostiadau 'Newyddion' ar frig y dudalen gyntaf yn dwyn sylw at unrhyw wybodaeth newydd; mae hwn yn ddull newydd lle gall staff gael mynediad at wybodaeth am hyfforddiant iaith Gymraeg heb orfod chwilio drwy dudalennau'r fewnrwyd.

Darparu Hyfforddiant Iaith Gymraeg
Dros y flwyddyn adrodd ddiwethaf, cynigiwyd amrywiaeth o gyrsiau rhithiol ar lefelau gwahanol. Adnewyddwyd cytundeb deuddeg mis gyda'r 'Ganolfan Dysgu Cymraeg Genedlaethol' o dan y 'Cynllun Iaith Gwaith' a ariennir gan Lywodraeth Cymru. Sicrhaodd hyn fod cyfleoedd a chydweithio wedi gallu parhau a bod cyllid ar gyfer ein Swyddog Cefnogi Hyfforddiant Iaith Gymraeg. Mae'r Swyddog Cefnogi yn parhau i gynnig gwersi yn dilyn cyrsiau rhagflas, tiwtorialau, sesiynau sgwrsio a chefnogaeth barhaol i'n dysgwyr, yn ogystal â hwyluso a delio ag ymholiadau yn ddyddiol.

Mae 669 aelod o staff wedi cymryd rhan yn ein cyrsiau 'Cymraeg Gwaith' dros y flwyddyn ddiwethaf; mae hyn yn gynnydd o 58 y cant ers y llynedd.

Cofrestrodd 316 o ddysgwyr ar gwrs ar-lein deng awr a ddarparwyd gan 'Cymraeg Gwaith'. Roedd pum cwrs gwahanol ar gael, gyda dau gwrs wedi'u teilwra'n benodol ar gyfer y sector iechyd a gofal. Mae ein Swyddog Cefnogi yn parhau i gadw mewn cysylltiad rheolaidd, gan annog ac atgoffa staff i gwblhau'r cyrsiau 10 awr. Mae'r Tîm yn parhau i fanteisio ar bob cyfle i hyrwyddo'r cyrsiau 10-awr, ee pan ddaw ymholiad gan aelod o staff, a defnyddir y cyrsiau hefyd i ategu cyrsiau wyneb yn wyneb gyda thiwtor neu baratoi ar gyfer cwrs yn y dyfodol. Mae'r dolenni cofrestru hefyd yn eithaf amlwg ar ein tudalennau BetsiNet newydd , felly maent ar gael i unrhyw aelod o staff a fydd yn pori ein tudalennau dysgu Cymraeg.

Cofrestrodd 334 aelod o staff ar ein cyrsiau 60 awr Mynediad Rhan 1, Mynediad Rhan 2 neu Lefel Sylfaen Rhan 1 sef cyrsiau ar-lein Cymraeg hunan-astudio a ddarperir gan 'Cymraeg Gwaith'. Mae'r cyrsiau hyn wedi bod yn boblogaidd iawn gyda'n staff gan y

gellir cwblhau'r cyrsiau pan fo amser yn caniatáu a phan fydd hynny'n siwtio'r dysgwr. Er mai cyrsiau hunan-astudio yw'r rhain, mae cefnogaeth tiwtor ar gael a gwahoddir dysgwyr i sesiynau tiwtorial i ofyn cwestiynau ac i ymarfer eu Cymraeg gyda dysgwyr eraill BIPBC.

Mynychodd 17 aelod o staff gwrs rhithiol dwys gyda Nant Gwrtheyrn yn ystod y flwyddyn. Cynhaliwyd cwrs Sylfaen rhithiol yn benodol ar gyfer staff y Bwrdd Iechyd ym mis Gorffennaf 2021 a mynychodd wyth o'n staff y cwrs hwnnw. Fel arfer cyflwynir y cyrsiau hyn fel cwrs preswyl un wythnos, ond oherwydd y sefyllfa gyda COVID-19, fe'u cynhaliwyd yn rhithiol. Erbyn Gwanwyn 2022, roedd Nant Gwrtheyrn yn cynnig cyrsiau preswyl a bu dau ddysgwr yn y Nant am wythnos.

Roedd hyfforddiant ychwanegol yn cael ei ddarparu'n fewnol gan ein Tiwtor Iaith Gymraeg. Roedd hyn yn cynnwys:

- Wyth gwers bloc wythnosol (o Lefelau Mynediad Rhan 1 i Uwch)
- Sesiynau 1:1 gydag uwch staff, gan gynnwys y Prif Weithredwr a nifer o unigolion ar lefel y Bwrdd
- Gweithdy Bwrdd ar gyfer pob Cyfarwyddwr Gweithredol ac Aelodau Annibynnol
- Sesiynau blasu fel rhan o ymgyrch 'Defnyddiwch eich Cymraeg' y Bwrdd Iechyd*
- Cyrsiau wedi'u teilwra ar gyfer timau gydag arbenigeddau penodol
- Cwrs Sgiliau Cymraeg i Staff Derbynfeydd

Cafodd cyfanswm o 245 o staff gefnogaeth uniongyrchol gan ein Tiwtor.

Datblygwyd y sesiynau blasu uchod i gefnogi'r ymgyrch 'Defnyddiwch eich Cymraeg', gyda'r nod o annog staff i ddefnyddio pa bynnag sgiliau Cymraeg sydd ganddynt yn y gwaith, boed hynny gyda chydweithwyr, cleifion a /neu ymwelwyr . Roedd y gwersi yn gyfle gwych i staff gwrdd â'r Tiwtor Cymraeg newydd ac i ennyn diddordeb ymhlith dysgwyr sydd eisiau parhau i ddysgu a gwella eu Cymraeg. Roedd adborth o'r cyrsiau'n nodi bod 96 y cant o'r dysgwyr yn 'hapus iawn' gyda chynnwys y wers flasu. Dywedodd 76 y cant o'r dysgwyr eu bod yn teimlo eu bod wedi gwella eu sgiliau Cymraeg ac roedd 92 y cant eisiau parhau i ddysgu Cymraeg.

Yn dilyn llwyddiant y gwersi blasu ym mis Gorffennaf/Awst 2021, creodd y tiwtor Raglen Hyfforddiant Cymraeg newydd. Dyfeisiwyd y rhaglen yn strategol i ddarparu cyrsiau ar gyfer gwahanol feysydd o fewn y sector iechyd yn benodol, a llwyddodd y tiwtor i deilwra pob cwrs i gwrdd ag anghenion pob unigolyn. Cynigiwyd amrywiaeth o gyrsiau ar wahanol lefelau a lansiwyd y rhain ym mis Medi 2021. Braf oedd gweld bod nifer o unigolion o'r sesiynau blasu wedi cofrestru ar gyfer y gwersi wythnosol.

Ar ôl cwblhau eu bloc 10 wythnos o wersi wythnosol ym mis Medi anfonwyd ffurflen werthuso electronig, i'w dychwelyd yn ddienw, at bob dysgwr trwy Microsoft Forms. Roedd canfyddiadau'r ffurflen werthuso yn nodi bod 97 y cant o'r dysgwyr yn 'hapus iawn' gyda chynnwys y cwrs 10 wythnos , a dywedodd cant y cant o'r dysgwyr eu bod wedi mwynhau'r gwersi. Mae arddull addysgu'r tiwtoriaid, adnoddau, cefnogaeth a phroffesiynoldeb i gyd yn ffactorau sy'n sicrhau bod dysgwyr yn cwblhau'r cwrs ac yna'n parhau â'u taith ddysgu. Dywedodd naw deg saith y cant o'r dysgwyr eu bod yn teimlo eu bod wedi gwella eu sgiliau Cymraeg. Mae hyn yn galonogol gan fod y gallu i ddeall Cymraeg yn rhoi sylfaen dda iddynt ar gyfer cyfathrebu â phobl eraill. Mae hyn

yn rhywbeth y gall rheolwyr a darparwyr fod yn falch ohono ac adeiladu arno i sicrhau cynnydd yn y defnydd o'r Gymraeg yn y gweithle yn y dyfodol, yn enwedig gyda chleifion a chydweithwyr.

Roedd cant y cant o'r dysgwyr yn credu eu bod wedi cael digon o gefnogaeth gan y Tiwtor. Rhoddwyd canmoliaeth i'r tiwtoriaid a lefel gyffredinol y gefnogaeth a roddwyd gan y Bwrdd Iechyd.

Tystysgrif Sgiliau Iaith Gymraeg – Coleg Cymraeg Cenedlaethol
Mae'r Dystysgrif Sgiliau Iaith (TSI) yn gymhwyster cydnabyddedig ac achrededig gan y Coleg Cymraeg Cenedlaethol a Chyd Bwyllgor Addysg Cymru. Cafodd y dystysgrif ei datblygu i alluogi ymgeiswyr i ennill tystysgrif sy'n dystiolaeth o'u sgiliau Cymraeg a'u gallu i weithio drwy gyfrwng y Gymraeg. Y nod hefyd yw hybu'r gallu i gyfathrebu'n hyderus ac yn broffesiynol yn Gymraeg, yn ysgrifenedig ac ar lafar er mwyn ymateb i anghenion y boblogaeth leol a defnyddwyr gwasanaeth. Er gwaethaf blwyddyn anodd oherwydd COVID-19, mae'r Bwrdd Iechyd yn falch o gyhoeddi bod pedwar aelod o staff wedi llwyddo yn yr arholiad TSI ym mis Awst 2021. Yn dilyn llwyddiant y cynllun yn y blynyddoedd a fu, mae'r Bwrdd Iechyd wedi cael cynnig parhau â'r cynllun cydweithredol hwn. Byddwn felly'n parhau i weithio gyda'r Coleg Cymraeg Cenedlaethol, gan ymestyn y cytundeb ymhellach. Eleni safodd dau aelod o staff yr arholiad llafar ac ysgrifenedig a byddant yn cael eu canlyniadau ym mis Awst 2022.

Cefnogaeth Hyfforddiant Ychwanegol

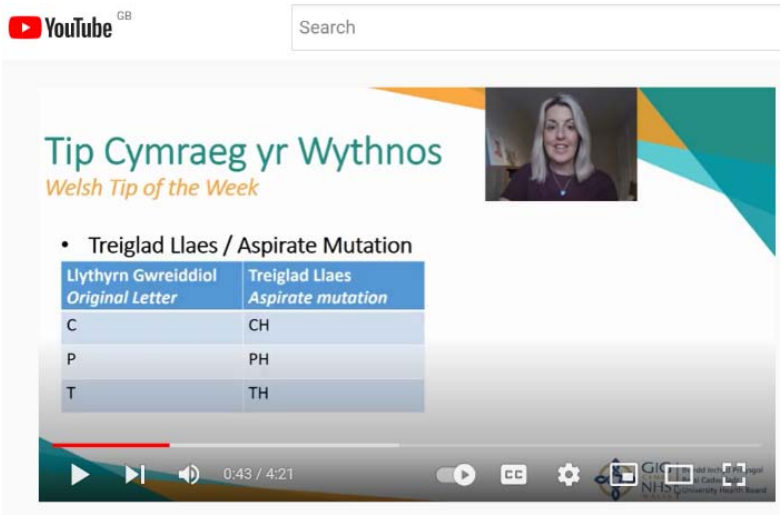
Cinio Clebran
Mae Cinio Clebran yn parhau i fynd o nerth i nerth, ond yn rhithiol, ac mae'n braf adrodd bod cyfranogwyr newydd a gwahanol yn mynychu bron bob sesiwn. Cynhelir y Cinio Clebran bob yn ail ddydd Mercher rhwng 12.30 a 1.30pm dros Teams. Penderfynwyd creu cyflwyniadau PowerPoint yn cynnwys geirfa ac ymadroddion allweddol yn y Gymraeg a chyfieithiadau er mwyn cefnogi'r dysgwyr a'u hannog i gymryd rhan yn sgyrsiau'r Cinio Clebran. Mae clywed dysgwyr yn sgwrsio ac yn cyfrannu'n naturiol yn wych, ac yn dangos llwyddiant i annog staff i ddefnyddio eu Cymraeg mewn sefyllfaoedd anffurfiol.

Nôl ym mis Hydref 2021, lansiodd Tîm y Gymraeg ei Wythnos Gymraeg flynyddol o fewn y Bwrdd Iechyd, sy'n cyd-fynd â'r Diwrnod Su'Mae cenedlaethol. I ddathlu 'Wythnos y Gymraeg' cynhaliodd tîm yr iaith Gymraeg Gwis Cinio Clebran arbennig. Braf oedd cael croesawu aelodau'r Bwrdd a'n swyddogion iaith i fod yn gapteiniaid a chynorthwywyr i'r timau, a chymerodd 12 o ddysgwyr ran yn y digwyddiad hwn.

Tudalen Facebook Dysgwyr Cymraeg BIPBC
Mae 'Ffrindiau Dysgwyr Cymraeg Betsi Welsh Learners Friends' yn grŵp preifat ar Facebook. Defnyddir y grŵp caeedig i roi cyhoeddusrwydd i ddigwyddiadau, cyrsiau a gweithgareddau; mae hefyd yn rhoi cyfle i ddysgwyr ryngweithio, trafod a gofyn cwestiynau mewn amgylchedd anffurfiol, ac mae 94 o aelodau ar hyn o bryd. Mae hyn yn gynnydd o 20 y cant ers mis Mawrth 2021. Mae grŵp Facebook cyhoeddus, 'Dysgwyr Cymraeg Betsi', yn parhau i gael ei ddefnyddio i roi enghreifftiau o arferion da a straeon am lwyddiant. Mae181 o ddilynwyr ar hyn o bryd ar y dudalen honno, sy'n gynnydd o 30 y cant ers mis Mawrth 2021.

udalen YouTube Tiwtor y Gymraeg

Fel rhan o ymgyrch 'Wythnos y Gymraeg' ym mis Hydref 2021, creodd y Tiwtor fideo o ymadroddion Cymraeg yr wythnos. Mae hyn yn sicrhau bod y dysgwyr yn gallu clywed yr ynganiad cywir yn ogystal â gweld y testun ar y sgrin. Ar ôl ei olygu mae'r fideo yn cael ei rhannu ar dudalen YouTube y Tiwtor , ac mae'r ddolen o'r dudalen YouTube yn cael ei rannu trwy dudalen Facebook y Dysgwyr Cymraeg a'i huwchlwytho i dudalennau BetsiNet . Rhennir dolen i'r fideo trwy neges gyffredinol wythnosol y Cadeirydd a'r Prif Weithredwr, gan sicrhau bod yr holl staff yn cael mynediad i'r fideo ac yn gallu dysgu brawddeg o Gymraeg bob wythnos.



Lluniau Mewn Llefydd Lloerig !

Fel rhan o ddathliadau Wythnos y Gymraeg, cynhaliwyd Cystadleuaeth Ffotograffau Creadigol Cymraeg ar gyfer ein dysgwyr. Cawsant eu hannog i dynnu lluniau mewn mannau anarferol gan wisgo neu ddal adnodd Cymraeg ee gwisgo cortyn gwddf 'Cymraeg', darllen/defnyddio'r cylch allweddi dysgwr Cymraeg ac ati. Derbyniwyd llawer o luniau diddorol a chreadigol a gosodwyd montage ohonynt ar Facebook ac ar ein tudalennau mewnrwyd. Rhoddodd elusen Awyr Las y Bwrdd Iechyd fasged o gynnyrch Cymreig lleol i'r enillydd.

Roedd y llun buddugol yn dangos dysgwr yn edrych ar ei chylch allweddi Cymraeg tra ar linell sip. Mae gweithgareddau fel hyn yn helpu i ddod â'n dysgwyr at ei gilydd mewn ffordd hwyliog ac anffurfiol, ac roedd hefyd yn gymorth i hysbysebu'r gwahanol adnoddau Cymraeg sydd ar gael i staff.

Dysgwr Cymraeg y Flwyddyn Betsi

Roedd seremoni Dysgwr Cymraeg y Flwyddyn BIPBC, a gynhaliwyd ar 1 Mawrth 2022 yng Ngwesty'r Oriel, Llanelwy, yn gyfle i ddathlu ymroddiad staff ar draws y sefydliad, a dangos manteision buddsoddi mewn hyfforddiant Cymraeg mewnol.

Dechreuodd y gwaith cynllunio ar gyfer y gwobrau ym mis Medi 2021 gyda Thîm y Gymraeg yn rhoi cyfle i staff enwebu eu cydweithwyr a oedd wedi ymrwymo i ddysgu Cymraeg i safon uchel, ac a oedd wedi defnyddio eu sgiliau newydd i ddarparu gwell gwasanaeth i gleifion a siaradwyr Cymraeg yng Ngogledd Cymru.

Ym mis Ionawr 2022, bu'r beirniaid Linda Tomos, Aelod Annibynnol o'r Bwrdd, Teresa Owen, Cyfarwyddwr Gweithredol Iechyd y Cyhoedd, BIPBC a'r beirniad gwadd a'r prif siaradwr, Bethan Gwanas, Awdur a seren deledu yn edrych ar yr ugain enwebiad i a thorri'r rhestr lawr i bump.

Y pum a gafodd eu henwebu oedd:

- Anna MacKenzie, Meddyg Iau, Ysbyty Gwynedd
- Charles Conway, Gweithredwr Llinell Gymorth, Wrecsam Maelor
- Manuela Niemetscheck, Seicotherapydd Celf, Uned Hergest
- Mark Butler, Swyddog Gwybodaeth, Ysbyty Maelor Wrecsam
- Michelle Matthews, Gweinyddwr Radioleg, Ysbyty Glan Clwyd

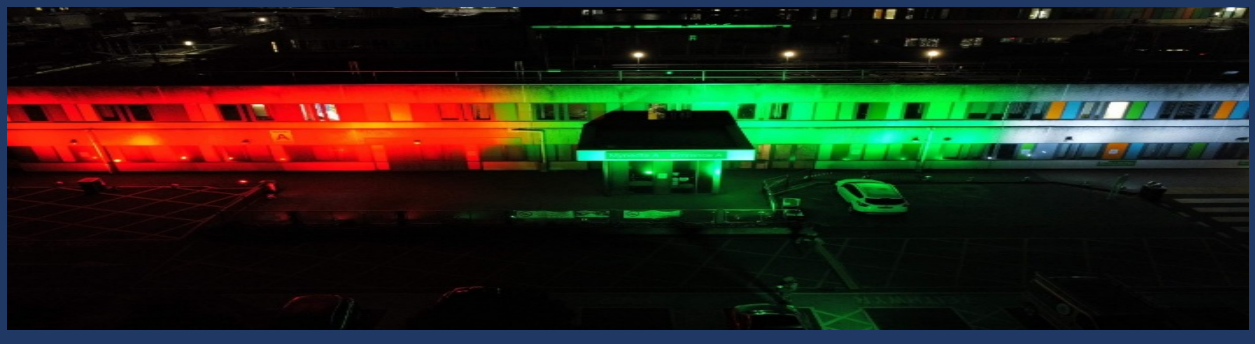
Ar y noson, aeth y pump uchaf benben â'i gilydd i ennill teitl gwobr Dysgwr y Flwyddyn BIPBC, a'r enillydd teilwng oedd Manuela Niemetscheck. Dyfarnwyd gwobrau i'r pump uchaf a roddwyd yn hael gan noddwyr. Cafodd yr enillydd hefyd ei hebrwng i Ysbyty Glan Clwyd ar ôl y seremoni i oleuo'r ysbyty mewn coch, gwyn a gwyrdd, lliwiau' Cymru, i ddathlu Dydd Gŵyl Dewi.

Yn ystod y seremoni cafwyd anerchiadau byr yn Gymraeg gan Teresa Owen, Cyfarwyddwr Gweithredol Iechyd Cyhoeddus, Mark Polin, Cadeirydd y Bwrdd Iechyd a Jo Whitehead, Prif Weithredwr y Bwrdd Iechyd.

Yn ystod y seremoni, roedd cyfle i'r gynulleidfa rwydweithio â chyd-ddysgwyr tra'n mwynhau lluniaeth ysgafn. Roedd yn gyfle gwych i ddysgwyr gyfarfod wyneb yn wyneb, gan fod llawer ond wedi cwrdd yn rhithiol cyn hynny. Daeth y digwyddiad hefyd â nifer o'n partneriaid a sefydliadau allanol ynghyd, gyda Nant Gwrtheyrn, Mentrau Iaith Cymru a Siop ySiswrn yn cymryd rhan yn y digwyddiad trwy osod stondinau a darparu gwybodaeth am y cyfleoedd sydd ar gael.

Yn dilyn y seremoni, derbyniodd Tiwtor y Gymraeg a Swyddog Cefnogi'r Gymraeg nifer o ymholiadau gan sefydliadau allanol a'r cyfryngau. Cafodd y digwyddiad sylw gan raglen 'Heno' S4C, Rhaglen Geraint Lloyd ar Radio Cymru, a chyfwelwyd y Swyddog Cefnogi ar drothwy'r seremoni a'r enillydd, Manuela, yn dilyn y seremoni. Ysgrifennodd Bethan Gwanas erthygl tudalen lawn am y gystadleuaeth yn yr Herald (Daily Post). Roedd y digwyddiad felly yn llwyddiant gan ddenu sylw cadarnhaol yn y cyfryngau i'r Bwrdd Iechyd wrth ddathlu'r llwyddiannau.

Roedd seremoni a gwobr Dysgwr Cymraeg y Flwyddyn BIPBC yn ddigwyddiad mawreddog, a roddodd y clod a'r sylw roedd pob un o'n dysgwyr yn ei haeddu. Roedd yn ddathliad gwych o lwyddiannau'r tîm Hyfforddiant Iaith Gymraeg dros y ddwy flynedd ddiwethaf ac mae'r tîm yn gobeithio adeiladu ar y digwyddiad hwn yn 2024.



Gwasanaethau Gofal Sylfaenol

Mae Rheoliadau'r Gymraeg ar gyfer Contractwyr Gofal Sylfaenol Llywodraeth Cymru yn ei gwneud yn ofynnol i bob contractwr gyflawni chwe dyletswydd mewn perthynas â'r Gymraeg. Mae'r Bwrdd Iechyd wedi parhau i fod yn rhagweithiol wrth gefnogi contractwyr i gyflawni'r dyletswyddau hyn, yn ogystal â datblygu ymhellach y darpariaethau cyfrwng Cymraeg a dwyieithog y gallant eu cynnig a'u darparu i ddefnyddwyr gwasanaeth.

Mae'r gwasanaethau a gynigir gan Dîm yr Iaith Gymraeg yn cwmpasu ystod o feysydd sy'n adlewyrchu gofynion y chwe dyletswydd statudol:

- Mynediad i Wasanaeth Cyfieithu'r Bwrdd Iechyd
- Darparu adnoddau (bathodynnau, cortynnau gwddf 'Siarad Cymraeg', adnoddau a chanllawiau ar gyfer ateb y ffôn yn ddwyieithog)
- Gwersi Cymraeg a ddarperir gan ein tiwtor Cymraeg mewnol, a mynediad i gyrsiau ar-lein trwy ein cytundeb gyda'r Ganolfan Dysgu Cymraeg Genedlaethol
- Sesiynau ymwybyddiaeth iaith Gymraeg
- Recordio negeseuon peiriant ateb

Ar ddiwedd 2019, bu Swyddog Iaith Gymraeg Rhanbarth y Gorllewin a'r Rhanbarth Canolog y Bwrdd Iechyd yn gweithio gyda *Menter Iaith Môn* a Busnes Cymru (a elwir erbyn hyn yn ' *Helo Blod* ') i gychwyn cynllun i ddarparu cefnogaeth gyda Chymraeg sylfaenol i feddygfeydd ledled Ynys Môn.

Yn ymarferol, roedd y gefnogaeth gan y cynllun hwn yn cynnwys darparu cyngor ac adnoddau elfennol (megis bathodynnau pin a phosteri oren 'Cymraeg: Working Welsh'); cymorth gyda chyfieithu (gan gynnwys recordio negeseuon peiriant ateb dwyieithog); darparu mynediad i hyfforddiant iaith Gymraeg a/neu drefnu sesiynau hyfforddiant ymwybyddiaeth o'r Gymraeg i staff meddygfeydd.

Er mwyn gwneud y cynllun mor berthnasol ac effeithiol â phosibl cafodd lefel y gefnogaeth a ddarparwyd ei theilwra'n benodol i anghenion pob practis unigol a gymerodd ran ac – yn dilyn trafodaethau cychwynnol gyda Meddygon Teulu a Rheolwyr Meddygfeydd – manteisiodd nifer o feddygfeydd wedyn ar agweddau gwahanol o gymorth yn ystod misoedd cyntaf 2020.

Yn anffodus, fodd bynnag, daeth y cynllun Clwstwr Meddygon Teulu Ynys Môn gwreiddiol hwn i ben yn ddisymwth oherwydd dechrau'r pandemig COVID-19 ym mis Mawrth 2020.

Gan fod y camau cychwynnol wedi bod yn llwyddiant – a llawer iawn o adborth cadarnhaol eisoes wedi'i dderbyn gan feddygfeydd a gymerodd ran – penderfynwyd y byddai'n fuddiol ailgychwyn y prosiect cyn gynted â phosibl ar ôl llacio'r cyfyngiadau COVID-19 (yn ystod haf 2021).

Er mwyn ffurfioli nodau ac amcanion y cynllun sydd bellach newydd ailddechrau, mae targed penodol wedi'i gynnwys o fewn rhaglen waith *Fforwm Iaith Ynys Môn* ar gyfer 2022, sy'n nodi y bydd y prosiect cydweithredol yn 'darparu cymorth iaith Gymraeg sylfaenol i bum meddygfa ar yr ynys.

Mae gwaith yn mynd rhagddo ar hyn o bryd i nodi pa feddygfeydd fydd yn cael eu cynnwys yn y cynllun er mwyn ei gyflwyno'n llwyddiannus.

Ymhellach, oherwydd llwyddiant prosiect cychwynnol Ynys Môn (a chynllun peilot ar yr un pryd dan arweiniad Llywodraeth Cymru, a roddodd gymorth tebyg ar gyfer saith meddygfa yn Ne Sir y Fflint), mae camau hefyd wedi'u cymryd bellach i ffurfioli'r ddarpariaeth i roi cymorth sylfaenol gyda'r iaith Gymraeg i Feddygfeydd mewn ardaloedd eraill yng ngogledd Cymru.

Yn ystod 2021-22, ailgychwynnodd Tîm yr Iaith Gymraeg y bartneriaeth gyda ' *Helo Blod* ', er mwyn darparu cymorth wedi'i deilwra ar gyfer Clystyrau Meddygon Teulu Dwyfor / Eifionydd a Meirionnydd, sy'n cynnwys y meddygfeydd canlynol:

Dwyfor / Eifionydd :

- Meddygfa Rhydbach, Botwnnog ,
- Treflan, Pwllheli,
- Tŷ Doctor, Nefyn .

Meirionnydd:

- Canolfan Iechyd Y Bala ,
- Meddygfa Minfor, Abermaw ,
- Caerffynnon , Dolgellau ,
- Bron Meirion , Penrhyndeudraeth ,
- Canolfan Iechyd Tywyn .

Wedi i gynrychiolwyr o Glwstwr Meirionnydd dderbyn manylion am y gefnogaeth sydd ar gael yn ystod cyfarfod ym mis Tachwedd 2021, fe wnaeth aelod o'r Tîm Iaith Gymraeg wedyn ddarparu'r un wybodaeth i reolwyr practis o feddygfeydd sy'n rhan o Glwstwr Dwyfor ac Eifionydd ym mis Mawrth 2022.

Mae gwaith gyda meddygfeydd unigol o'r ddau glwstwr bellach yn mynd rhagddo a byddwn yn darparu strwythur tebyg o gymorth iaith Gymraeg wedi'i deilwra i feddygfeydd mewn ardaloedd eraill o ranbarth y Bwrdd Iechyd yn ystod 2022-2023.

Mae'r Tîm Iaith hefyd, ac ar wahân i'r cynllun hwn, eisoes yn gweithio'n uniongyrchol gyda Chanolfannau Iechyd Porthmadog a Chricieth (Clwstwr Dwyfor / Eifionydd) a Chanolfan Goffa Ffestiniog (Clwstwr Meirionnydd), gan fod y meddygfeydd hyn yn cael eu rheoli'n uniongyrchol gan y Bwrdd Iechyd ac felly arolygir eu darpariaeth cyfrwng Cymraeg yn gyfnodol, trwy'r Cynllun Monitro'r Gwasanaethau Dwyieithog.

Y Gwasanaeth Cyfieithu

Ers y pandemig, mae'r tîm cyfieithu wedi parhau i weithio o bell i ddarparu gwasanaeth cynhwysfawr a di-dor i staff a chleifion. Yn ystod y cyfnod hwn, mae'r galw am negeseuon brys yn ymwneud â briffiau COVID-19 a gwybodaeth am frechu ar gyfer staff, partneriaid a chleifion wedi parhau i gynyddu'n ddirfawr wrth i natur y pandemig ddatblygu'n gyflym, a chan fod angen cyfathrebu gwybodaeth allweddol mewn da bryd i gleifion a staff fel ei gilydd. Mae ceisiadau brys am gyfieithiadau hefyd wedi cynnwys datganiadau i'r wasg, llythyrau cleifion, taflenni gwybodaeth a gwybodaeth iechyd cyhoeddus ar gyfer cyfryngau cymdeithasol. Mae gwasanaeth y tu allan i oriau hefyd ar gael ar gyfer cyfathrebiadau brys, ac mae'n fodd o sicrhau bod gwybodaeth ddwyieithog yn cael ei chyhoeddi mewn modd amserol.

Mae'r galw am wasanaethau cyfieithu yn gyffredinol hefyd wedi parhau i gynyddu'n sylweddol, ar draws pob cyfarwyddiaeth a maes clinigol. Mae'r ceisiadau yn ystod y cyfnod adrodd am hysbysebion a disgrifiadau swyddi wedi codi'n arw, yn rhannol oherwydd prinder staff ar draws y sefydliad ers dechrau'r pandemig, ac oherwydd bod swyddi newydd yn cael eu creu o ganlyniad i newidiadau sefydliadol gyda chyflwyno ein Gwasanaeth Gweithredu newydd - 'Stronger Together / Mewn Undod Mae Nerth'. Roedd y ceisiadau hyn yn fwyfwy ar fyr rybudd, oherwydd y gofyniad brys i lenwi swyddi gwag. Mae'r tîm wedi cefnogi nifer cynyddol o ymgeiswyr sy'n dymuno cael eu cyfweliadau yn y Gymraeg trwy ddarparu cyfieithu ar y pryd ac wedi cefnogi cyfieithu ar y pryd mewn digwyddiadau rhanddeiliaid a fforymau amrywiol.

Mae'r Tîm Cyfieithu wedi recriwtio rhai aelodau newydd yn ystod y cyfnod adrodd ac mae wrthi'n ceisio ehangu'r tîm ymhellach er mwyn optimeiddio'r gwasanaeth a ddarperir ar hyn o bryd. Mae'r Bwrdd Iechyd yn parhau i ddarparu gwasanaeth cyfieithu i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru drwy Gytundeb Lefel Gwasanaeth, a sefydlwyd yn wreiddiol ym mis Ebrill 2021. Cytunwyd i barhau â'r ddarpariaeth hon o 1 Ebrill 2022. Mae'r Tîm hefyd yn parhau i ddarparu gwasanaethau cyfieithu i'r sector gofal sylfaenol, y meddygfeydd preifat a reolir, a chontractwyr annibynnol.

Cyfanswm y geiriau a dderbyniwyd i'w cyfieithu yn ystod 2021-2022 oedd 4,948,310, sef cynnydd o 39.3 y cant ers blwyddyn adrodd 2020-2021. Mae hyn yn gynnydd sylweddol yn y galw, ac yn dangos ymrwymiad y Bwrdd Iechyd i sicrhau cydymffurfiaeth â Safonau'r Gymraeg.

Gweithio mewn Partneriaeth

Fforwm *Mwy na geiriau* Gogledd Cymru
Mae BIPBC yn parhau i arwain y ffordd o ran cydymffurfio'n eang â'r nodau a'r egwyddorion a hyrwyddir yn *Mwy na geiriau.* Mae llawer o waith y Bwrdd Iechyd yn

hyn o beth naill ai'n cael ei lywio, ei arwain neu ei gefnogi gan Fforwm *Mwy na geiriau* Gogledd Cymru*.* Mae'r fforwm yn cyfarfod bob chwarter i hwyluso gweithredu fframwaith strategol Llywodraeth Cymru ar draws y rhanbarth ar gyfer gwasanaethau Cymraeg yn y meysydd iechyd, gwasanaethau cymdeithasol a gofal cymdeithasol.

Tîm Iaith Gymraeg y Bwrdd Iechyd oedd yn bennaf gyfrifol am sefydlu'r grŵp aml-asiantaethol hwn. Roedd y cyfarfod cyntaf ym mis Mai 2016. Ynghyd â Swyddogion Iaith Gymraeg y Bwrdd Iechyd, mae Fforwm *Mwy na geiriau* Gogledd Cymru hefyd yn cynnwys cynrychiolwyr o nifer o sefydliadau eraill perthnasol, gan gynnwys y chwe awdurdod lleol, Gofal Cymdeithasol Cymru, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru ac Ysgol Gwyddorau Gofal Iechyd Prifysgol Bangor.

Mae'r fforwm rhanbarthol, a gadeirir gan Gyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol Cyngor Gwynedd, sydd hefyd yn Aelod Cyswllt o'r Bwrdd Iechyd, bellach wedi dechrau cyfarfod yn llawer mwy rheolaidd unwaith eto, gan mai dim ond un cyfarfod a fu yn 2020-2021 oherwydd y pandemig. Yn dilyn y pandemig, mae aelodau wedi ail-werthuso blaenoriaethau'r Fforwm ac wedi ailasesu'r dull o gyflawni ei amcanion. Mae'r grŵp bellach mewn sefyllfa dda i fynd i'r afael â nodau ac amcanion rhaglen waith genedlaethol nesaf *Mwy na geiriau*.

Mae Fforwm *Mwy na geiriau* Gogledd Cymru yn parhau i fod yn lle pwysig i rannu gwybodaeth ac enghreifftiau o arfer dda mewn perthynas â gwasanaethau iechyd a gofal cymdeithasol cyfrwng Cymraeg. Mae'r gwaith yn parhau i ddangos manteision dilyn dull cydweithredol, er mwyn sicrhau ein bod yn cyflawni'n amcanion cyffredin ar draws y rhanbarth yn llwyddiannus.

Fforwm Iaith Ynys Môn

Mae Tîm Iaith Gymraeg BIPBC yn cyfrannu at waith *Fforwm Iaith Ynys Môn* . Mae'n cael ei drefnu gan *Fenter Iaith Môn*, *ac* yn dod â nifer o gyrff perthnasol ynghyd i hyrwyddo a hwyluso'r defnydd o'r Gymraeg ar yr ynys.

Dr Haydn E. Edwards yw'r cadeirydd presennol, ac mae'r grŵp yn cynnwys cynghorwyr a swyddogion o sawl adran yng Nghyngor Sir Ynys Môn, ynghyd â chynrychiolwyr o sefydliadau megis *Menter Môn*, *Menter Iaith Môn*, Clybiau Ffermwyr Ifanc Ynys Môn*, Urdd Gobaith Cymru*, *Môn FM*, *Môn CF* (Cymunedau Ymlaen), *Medrwn Môn*, *Mudiad Meithrin / Cymraeg i Blant* a *Merched y Wawr*. Mae cyflogwyr lleol amlwg fel Heddlu Gogledd Cymru a Phrifysgol Bangor hefyd yn cael eu cynrychioli ar y Fforwm.

Fel aelod dylanwadol o'r Fforwm, mae'r Bwrdd Iechyd yn cyflwyno nifer o dargedau penodol, mesuradwy i'w cynnwys yn rhaglen waith flynyddol *Fforwm Iaith Ynys Môn.*

Yn ystod y blynyddoedd diwethaf, mae'r amcanion hyn wedi canolbwyntio'n bennaf ar ddarparu hyfforddiant iaith Gymraeg i staff y Bwrdd Iechyd a chafodd hyn ei gynnwys drwy roi'r targedau canlynol yn *Rhaglen Waith Fforwm Iaith Ynys Môn* (Blwyddyn 5) ar gyfer 2021:

- 100 aelod o staff y Bwrdd Iechyd i gwblhau cwrs 'Iaith Gwaith' ar-lein

- 50 aelod o staff y Bwrdd Iechyd i gwblhau cwrs hyfforddi mewnol y Tiwtor Iaith Gymraeg (a gyflwynir yn rhithiol, trwy Microsoft Teams)

Cyflawnwyd y ddau amcan yma'n llwyddiannus ac y dilyn hynny cyflwynwyd targedau tebyg ar gyfer 2022.

Ochr yn ochr â thargedau rhaglenni gwaith blynyddol penodol, anogir aelodau hefyd i gydweithio i ddatblygu a gwireddu prosiectau cydweithredol ychwanegol, er mwyn hyrwyddo a hwyluso'r defnydd o'r Gymraeg ym Môn. Mae darparu cefnogaeth Gymraeg sylfaenol i bum meddygfa yn Ynys Môn wedi ei gynnwys fel un o dargedau'r Fforwm ar gyfer rhaglen waith Blwyddyn 6 (2022).

Datblygwyd dau brosiect cydweithredol arall yn ystod 2021-2022 gyda staff corfforaethol a chlinigol y Bwrdd Iechyd yn cyfrannu tuag atynt.

Crëwyd ap dwyieithog o'r enw *OgiOgi* ar gyfer darpar rieni a rhieni babanod newydd-anedig a phlant ifanc. Mae'r ap yn cynnig llwyth o wybodaeth, gyda mwy na 400 o ddolenni defnyddiol i adnoddau lleol a chenedlaethol, sy'n cynnwys popeth o wybodaeth gyffredinol am feichiogrwydd a gwasanaethau gofal iechyd a lles cysylltiedig, i galendr digwyddiadau lleol. Mae'r adnodd hefyd yn cynnwys adran ar ddatblygiad plant ac arweiniad ar fanteision dwyieithrwydd a defnyddio'r Gymraeg o'u genedigaeth, ynghyd â digonedd o weithgareddau llawn hwyl a rhestrau chwarae i blant ifanc a rhieni eu mwynhau gyda'i gilydd.

Mae data cychwynnol yn dangos bod ap *OgiOgi* eisoes wedi'i lawrlwytho gannoedd o weithiau o fewn yr ychydig wythnosau cyntaf ar ôl cael ei ryddhau. Er i'r ap gael ei ddatblygu'n wreiddiol ar gyfer anghenion teuluoedd Ynys Môn, mae'r llwyddiant cychwynnol wedi creu diddordeb mewn rhannau eraill o Gymru ac o'r herwydd mae'r potensial i ehangu'r cysyniad a'i ddatblygu'n adnodd 'Cymru Gyfan' eisoes wedi ei drafod gyda Llywodraeth Cymru.

Y prosiect arall oedd datblygu adnodd ymwybyddiaeth iaith Gymraeg ar-lein ar gyfer Grŵp Myfyrwyr Llandrillo Menai, a lansiwyd yn gynnar yn 2022, dan y teitl 'Y Gymraeg yn y sector iechyd, gofal a gofal plant yn Ynys Môn':

Y Gymraeg yn y sector iechyd, gofal a gofal plant ym Môn (google.com)

Ceir gwybodaeth gyffredinol am y Bwrdd Iechyd a'i ddarpariaeth Gymraeg, ac mae cyfweliad gyda ffisiotherapydd yn Ysbyty Glan Clwyd sy'n trafod ei phrofiadau o weithio'n ddwyieithog. Mae hefyd yn cynnwys cyflwyniad o'r enw 'Y Gymraeg: Sgil hanfodol ar gyfer y gweithle', sy'n egluro pwysigrwydd darparu gwasanaeth gofal iechyd cyfrwng Cymraeg a manteision cyffredinol dwyieithrwydd i bobl ifanc, wrth iddynt baratoi i adael addysg a symud i fyd gwaith.

Gweithio gydag Ysgolion a Cholegau

Bu Tîm y Gymraeg yn cydweithio ag ysgolion, colegau, addysg bellach ac addysg uwch ers blynyddoedd bellach i hyrwyddo pwysigrwydd darparu gwasanaethau gofal iechyd trwy gyfrwng y Gymraeg, ac i amlygu bod yr iaith Gymraeg yn sgil a fydd yn cefnogi eu gyrfaoedd yn y dyfodol.

Gyrfa Cymru
Mae'r Bwrdd Iechyd wedi parhau â'r bartneriaeth gyda Gyrfa Cymru ac wedi bod yn rhan o nifer o ddigwyddiadau a mentrau llwyddiannus dros y blynyddoedd. Trefnwyd digwyddiad ar-lein gan Gyrfa Cymru ar gyfer disgyblion blwyddyn 12 ac 13 yn Ysgol Maelor, (Penley ger Wrecsam) yn ystod Wythnos Iaith Gymraeg y Bwrdd Iechyd ym mis Hydref 2021. Bu aelod o Dîm yr Iaith Gymraeg hefyd yn cymryd rhan mewn dau ddigwyddiad 'STEM Gogledd' ar gyfer grwpiau o ddisgyblion blwyddyn 10 a blwyddyn 11 o Ysgol Uwchradd Caergybi, Ysgol Godre'r Berwyn (Y Bala) ac Ysgol y Moelwyn (Blaenau Ffestiniog). Cynhaliwyd y ddau ddigwyddiad ychydig cyn Nadolig 2021 gyda'r Bwrdd Iechyd yn manteisio ar y cyfleoedd i hyrwyddo manteision dwyieithrwydd fel sgil hanfodol ar gyfer cyflogadwyedd i bobl ifanc a allai fod yn ystyried gyrfaoedd o fewn y sector iechyd.

Cyfrannodd Tîm y Gymraeg hefyd at yr Wythnos Ddigidol Canfod Gyrfa a drefnwyd gan Gyrfa Cymru yn gynnar ym mis Gorffennaf 2021. Yno rhoddwyd pum niwrnod o gyngor ar-lein am yrfaoedd gan ganolbwyntio ar gyflogwyr, a gweithgareddau cysylltiedig â gwaith ar gyfer disgyblion Blwyddyn 8, 9 a 10 ledled Cymru.

Buom yn gweithio gyda ffisiotherapydd sy'n siarad Cymraeg yn Ysbyty Glan Clwyd i greu pecyn fideo byr, sy'n canolbwyntio ar bwysigrwydd dwyieithrwydd o fewn y sector iechyd. Cafodd fersiynau Cymraeg a Saesneg o'r pecyn fideo eu creu i Gyrfa Cymru eu defnyddio fel rhan o'u sesiynau 'Manteision cael iaith arall' ar ddydd Iau 9 Gorffennaf . Cafodd y cyfweliadau byr eu cynnwys hefyd mewn post Facebook a grëwyd ar gyfer ail Ffair Flynyddol Swyddi Cymraeg Ar-lein Prifysgol Bangor a gynhaliwyd ar 23 Mawrth 2022.

Grŵp Llandrillo Menai
Yn ogystal â'r adnodd ymwybyddiaeth iaith Gymraeg ar-lein ar gyfer Grŵp Llandrillo Menai, 'Y Gymraeg yn y sector iechyd, gofal a gofal plant ym Môn', bu'r Bwrdd Iechyd yn gweithio gyda Sgiliaith i ddarparu hyfforddiant ymwybyddiaeth iaith i Grŵp Staff Llandrillo Menai yn ystod 2021-22 er mwyn llywio eu rhaglenni addysgu. Mynychodd tiwtoriaid a darlithwyr iechyd, gofal a gofal plant y coleg sesiwn gydag un o Swyddogion Iaith Gymraeg y Bwrdd Iechyd ym mis Mehefin 2021 i gael gwybodaeth am raglen waith gwasanaethau Cymraeg y Bwrdd Iechyd, pwysigrwydd gallu darparu gwasanaethau gofal iechyd yn ddwyieithog, a sut mae staff yn cael eu cefnogi i ddefnyddio'r iaith o ddydd i ddydd.

Prifysgol Bangor
Yn fuan ar ôl i bandemig COVID-19 orfodi sefydliadau addysg bellach ac uwch i symud i addysgu ar-lein, creodd Tîm y Gymraeg gyflwyniad Microsoft PowerPoint, a oedd yn cynnwys gwybodaeth am ddarparu gwasanaethau gofal iechyd dwyieithog a sut mae'r

defnydd o'r Gymraeg yn cael ei hyrwyddo o fewn y Bwrdd Iechyd. Defnyddiwyd y cyflwyniad llawn hwn i gefnogi dysgu dau fodiwl Prifysgol Bangor – '*O'r Senedd i'r Swyddfa*' a '*Cymdeithas , Iaith a Phrotest*' - yn ystod y cyfnod clo cyntaf. Ym mis Mawrth 2022, mynychodd aelod o Dîm y Gymraeg seminar wyneb yn wyneb yn Adeilad Wheldon, Prifysgol Bangor, i roi fersiwn wedi'i diweddaru o'r cyflwyniad i grŵp o fyfyrwyr '*O'r Senedd i 'r Swyddfa'.*

Dilynwyd y cyflwyniad gan sesiwn holi ac ateb / trafodaeth am bwysigrwydd gwasanaethau dwyieithog a sut mae gofynion statudol perthnasol (hy Safonau'r Gymraeg) yn cael eu rhoi ar waith yn y gweithle.

Parhaodd y Bwrdd Iechyd i gydweithio'n agos ag Ysgol Gwyddorau Gofal Iechyd Prifysgol Bangor drwy roi cyfleoedd i fyfyrwyr nyrsio ddefnyddio a datblygu eu sgiliau Cymraeg yn ystod eu cyfnodau gyda lleoliadau clinigol o fewn y Bwrdd Iechyd. Bu aelod o Dîm yr Iaith Gymraeg hefyd yn trafod effaith Polisi a Gweithdrefn Sgiliau Dwyieithog y Bwrdd Iechyd gyda thiwtor o'r Brifysgol Agored yng Nghymru ym mis Gorffennaf 2021 i ystyried ffyrdd penodol o gefnogi myfyrwyr nyrsio sy'n siarad Cymraeg.

Hyrwyddo ac Ymgysylltu

Ymgyrch Defnyddiwch eich Cymraeg / Use Your Welsh
Ym mis Mehefin 2021 ail-lansiodd Tîm y Gymraeg yr ymgyrch 'Defnyddiwch Eich Cymraeg'. Prif ffocws yr ymgyrch hon yw annog staff i ddefnyddio pa bynnag sgiliau Cymraeg sydd ganddynt yn y gwaith, boed hynny gyda chydweithwyr, cleifion a /neu ymwelwyr. Roedd yr ymgyrch yn annog pob aelod o staff i ddefnyddio eu Cymraeg, boed hynny'n ddim ond ychydig eiriau, neu os ydynt yn rhugl ond wedi colli hyder. Roedd yn gyfle i bwysleisio bod defnyddio'r Gymraeg yn y gwaith yn bwysig iawn yn y sector iechyd, gan fod ymchwil yn dangos bod cleifion Cymraeg eu hiaith yn teimlo'n fwy cyfforddus yn siarad Cymraeg. Os yw staff yn defnyddio'r Gymraeg, bydd cleifion yn teimlo'n fwy hyderus ac yn fwy tebygol o ddefnyddio eu Cymraeg gyda staff.

Un o negeseuon allweddol yr ymgyrch oedd na ddylai aelodau staff betruso cyn defnyddio unrhyw Gymraeg sydd ganddynt, ac na ddylent fyth deimlo nad yw eu sgiliau Cymraeg yn ddigon da. Mae cleifion yn gwerthfawrogi unrhyw ymdrech a wneir i siarad Cymraeg â nhw. Mae cyflwyno'r ymgyrch hon wedi codi ymwybyddiaeth o'r Gymraeg yn fewnol ymhlith staff, a phwysigrwydd defnyddio'r iaith o fewn y sector iechyd. O ganlyniad caiff cleifion fwy o gyfleoedd i ddefnyddio'r iaith.

Defnyddiwyd fideo i lansio'r ymgyrch ac fe'i rhannwyd gyda staff a'r cyhoedd yn amlygu prif nodau ac amcanion yr ymgyrch. Roedd y fideo yn dilyn profiad claf canser oedd yn derbyn triniaeth yn yr ysbyty yn ystod pandemig COVID-19. Rhannodd ei daith a phwysleisiodd fod gallu siarad Cymraeg yn yr amgylchfyd hwnnw wedi bod yn amhrisiadwy, ac wedi rhoi tawelwch meddwl iddo mewn cyfnod ansicr. Roedd y fideo yn agor a chloi gyda negeseuon gan y Cadeirydd a'r Prif Weithredwr, ill dau yn cadarnhau pwysigrwydd defnyddio pa bynnag sgiliau Cymraeg sydd gan staff, er budd ein cleifion. Datblygwyd y fideo ddwyieithog gydag is-deitlau gan Dîm yr Iaith Gymraeg a'i rhannu ar lwyfannau cyfryngau cymdeithasol. Edrychodd cyfanswm o 1,657 arni.

I gyd-fynd â'r ymgyrch, lansiodd y tîm y pedwerydd rhifyn o'n Newyddlen 'Defnyddiwch eich Cymraeg'. Fe'i dosbarthwyd trwy e-bost i bob defnyddiwr gyda neges gan y Cadeirydd a'r Prif Weithredwr a dolen i'r dudalen fewnrwyd Defnyddiwch Eich Cymraeg sydd wedi ei diweddaru.


Defnyddiwch eich CYMRAEG yn y gwaith

Use your WELSH at work

Edition 4

Dim ots faint o Gymraeg sydd gennych, gwnewch DDEFNYDD OHONI

Mae'n gwneud gwahaniaeth!

It doesn't matter how much Welsh you have, USE IT

It makes a difference!

Welcome to the fourth edition of BCUHB's Welsh Language Team's Newsletter. The past few months have been challenging for us all but thank you all for your continuing hard work for the benefit of our patients. Your ongoing efforts to continue to provide bilingual services are greatly appreciated. Diolch! In this edition, we'll discuss how hearing the Welsh language can make a positive difference for patients as well as some examples from staff, enjoy!

Patients Appreciate the Welsh Language

"I'm Alwyn, I'm 60 years old and live in Anglesey with my family. Back in March, I was taken ill at home and rushed to Ysbyty Gwynedd in Bangor. There, I was told that I'd had a bleed on the brain (a stroke).

For the first five days I was quite ill and out of it. As I started to come around from the trauma I was extremely confused and anxious. Because of the stroke, I was having difficulty expressing myself in English. The first doctor I saw was very polite but I found it very difficult at the time trying to explain how I felt and where the pain was and so on because he didn't understand or speak Welsh.

I was then seen by two other doctors who were Welsh first language. At the time, having the opportunity to speak to them in Welsh made me feel much happier and at home. Although I was still a little confused, trying to find the words to describe how I felt in Welsh was a lot easier than trying to find the words in English. After the stroke I found it harder to speak English: it seemed to affect my ability to speak clearly in English. Although I can speak English, to some extent I found myself far more confused in this language. Welsh is my first language and that is what I spoke when I was a young boy, throughout my career as a teacher and of course now at home with my family. Welsh is my first language.

Adding to all this, my recent stay in hospital was during Covid-19 time, so I couldn't have any visitors to see me on the ward. So, conversing in Welsh with all the Welsh-speaking staff on the ward was an added comfort to me.

I would like to sincerely thank all the staff at Ysbyty Gwynedd who cared for me during this difficult time. "

"It was a great comfort for me to hear the Welsh language and to use the language while I was on the maternity ward. I spoke in Welsh with two midwives and with other staff members while baby Jimi was having his hearing and physical examination. It was lovely to be able to communicate in Welsh and I'm very grateful for the care Jimi and I received from all the staff at YGC. Jimi Lloyd Machin arrived on the 4th May 2021, weighing 8lb 2oz." Elin Machin

Mae'r ddwy flynedd ddiwethaf wedi bod yn arbennig o heriol i'n cleifion, ac mae'r cyfyngiadau parhaus yn golygu mai ychydig iawn o ymweliadau a ganiateir yn ein hysbytai, os o gwbl. Oherwydd hynny roedd y newyddlen yn canolbwyntio ar straeon cleifion a'r effaith gadarnhaol a gafodd clywed dim ond ychydig o eiriau Cymraeg ar eu hamser yn yr ysbyty. Casglwyd pedair stori go iawn gan gleifion, aelodau staff, ffrindiau a theulu, yn cynnwys claf strôc o Ynys Môn a dreuliodd amser yn gwella yn Ysbyty Gwynedd. Gan nad oedd ei deulu'n cael ymweld ag ef roedd yn gwerthfawrogi'r cyfle i siarad Cymraeg â'r staff nid yn unig gan mai Cymraeg oedd ei iaith gyntaf ond gan fod y strôc wedi arwain at drafferthion wrth gyfathrebu'n effeithiol yn Saesneg. Felly, bryd hynny, roedd siarad Cymraeg â staff mor bwysig er mwyn ei helpu i ddisgrifio ble'r oedd y boen a sut roedd yn teimlo.

Roedd mam newydd ar y ward famolaeth hefyd wrth ei bodd yn clywed y Gymraeg tra yn yr ysbyty wedi geni ei mab newydd, a chawsom wybod am fanteision clywed canu Cymraeg oedd yn rhoi rhyddhad a chysur i glaf dementia. Cawsom sgwrs gyda gŵr bonheddig oedd gan ffobia o ysbytai, ac a gafodd ei ruthro i'r Adran Achosion Brys. Roedd mor ddiolchgar ac wedi ei gysuro o glywed y Gymraeg tra yn yr ysbyty gan fod y meddyg oedd yn gofalu amdano wedi sicrhau ei fod yn derbyn gofal gan siaradwyr Cymraeg. .

Er bod rhesymau gwahanol iawn pam fod y cleifion hyn yn yr ysbyty, yr hyn oedd yn gyffredin yn yr holl esiamplau oedd bod eu holl brofiadau wedi'u gwella ac yn fwy cadarnhaol gan fod staff wedi siarad Cymraeg efo nhw.

Rhan allweddol arall o'r ymgyrch oedd y cyfle i ymgysylltu â staff a dysgu am eu profiadau. Soniodd staff oedd yn gweithio gyda'r Gwasanaethau Therapïau am eu hamser yn gweithio yn un o'r Ysbytai Enfys ar anterth y pandemig, a'r gwahaniaeth yr oedd clywed y Gymraeg wedi ei gael ar glaf oedd yn gwella o COVID-19:

"Yn ddiweddar bûm yn gweithio gyda gwraig ar ward Ysbyty Enfys yng Nglannau Dyfrdwy a oedd yn siarad Cymraeg fel iaith gyntaf ac roedd hi'n gwerthfawrogi'n fawr ei bod yn gallu sgwrsio yn y Gymraeg, yn enwedig gan ei bod eisoes yn teimlo'n ddryslyd yn amgylchedd rhyfedd yr ysbyty maes. Ar yr un pryd, dechreuodd ein Hyfforddwr Technegol Cymraeg ei iaith helpu ar y ward felly bu hithau'n sgwrsio â'r claf yn y Gymraeg hefyd, tra'n cefnogi'r claf i fwyta ac yfed. Gobeithio ein bod wedi gwneud yr arhosiad fymryn yn haws."

Mae'r Adran Radioleg yn adran sy'n mynd y tu hwnt i'r dyletswyddau deddfwriaethol er mwyn darparu'r gofal gorau posibl i gleifion. Bu'r adran yn rhagweithiol iawn wrth gynyddu eu defnydd o'r Gymraeg, ac yn ystod wythnos Santes Dwynwen maent yn cynnal wythnos o ddathliadau bob blwyddyn yn cynnwys sesiynau gyda'r Tiwtor Cymraeg, addurno'r adran ag addurniadau Cymreig, a gwobrwyo staff am eu defnydd o'r Gymraeg.

"Fe wnaethon ni berfformio llinell PICC bore ma ac roedd y claf yn nerfus iawn ac yn siarad Gymraeg trwy'r driniaeth. Cafodd y claf wasanaeth Cymraeg o'r amser y daeth i mewn hyd at gydsynio a pherfformio'r driniaeth. Gofynnodd y claf yn benodol wrth gyrraedd yr adran a oedd unrhyw un yn siarad Cymraeg ac roedd wrth ei fodd pan eglurwyd wrtho fod pob aelod o staff a oedd yn bresennol yn siarad Cymraeg. Drwyddi draw, roedd yn brofiad llawer gwell i'r claf."

Tîm Radioleg Ymyriadol, Ysbyty Gwynedd

Sylwodd aelodau'r Tîm Prostheteg ar yr effaith gadarnhaol y mae siarad ychydig o Gymraeg yn ei gael ar glaf:

"Roedden ni'n trin claf oedrannus oedd yn cael trafferth deall rhai cyfarwyddiadau ynglŷn â gwisgo ei phrosthesis. Roedd hyn yn achosi i'r claf fod yn anniddig. O bryd i'w gilydd byddai'r claf yn troi i'r Gymraeg ac er nad ydwi'n deall popeth, roeddwn i'n gallu dweud brawddegau a chyfarwyddiadau syml gan sgwrsio yn y Gymraeg. Roedd hyn yn ddefnyddiol ac yn gysur i'r claf, ac roedd yn gymorth iddi ddeall y broses yn well."

Prif ffocws yr ymgyrch oedd annog staff i siarad mwy o Gymraeg, ac un model arloesol i gynorthwyo hyn oedd darparu gwersi blasu Cymraeg i annog staff i ddefnyddio'r sgiliau oedd ganddynt eisoes. Trefnodd y Tiwtor amrywiaeth o wersi blasu amrywiol ar draws pedair lefel wahanol – o ddechreuwyr pur (lefel ESR 0 -1) i uwch / magu hyder (ESR lefel 4). Roedd y gwersi yn gyfle gwych i staff gael blas ar sut beth oedd cael gwersi Cymraeg gyda'r Tiwtor newydd ac roedd gwersi ar lein hefyd yn newydd i sawl un. Penderfynodd rhai staff hefyd fynychu dwy wers wahanol ar wahanol lefelau i weld pa lefel oedd fwyaf addas iddyn nhw.

Datblygwyd adnodd newydd i gefnogi neges graidd yr ymgyrch - cylch allweddi iaith i helpu staff i ddysgu a defnyddio ymadroddion a geirfa Gymraeg allweddol yn y gweithle. Mae'r cylch allweddi yn cynnwys 20 cerdyn gyda'r nod o gyflwyno ymadroddion Cymraeg sylfaenol, ac mae pob cerdyn yn cynnwys cod QR unigryw. Pan gaiff ei sganio gyda ffôn clyfar mae'r cod QR yn cysylltu â thudalen YouTube Tiwtor Cymraeg BIPBC gyda fideos cyfatebol yn egluro sut i ynganu pob gair ar y cerdyn. Maent wedi bod yn boblogaidd iawn a hyd yma, mae dros 350 wedi'u dosbarthu.

Bu hon yn ymgyrch arall lwyddiannus, gan ddangos bod ymgysylltu â staff a chleifion yn hollbwysig wrth gynllunio a llywio gwaith y tîm ar gyfer y flwyddyn adrodd nesaf.

Wythnos y Gymraeg 2021

Cynhaliwyd pedwaredd Wythnos Gymraeg flynyddol BIPBC rhwng 11 a 15 Hydref 2021. Er bod parhad pandemig COVID-19 wedi rhwystro'r Tîm y Gymraeg rhag trefnu unrhyw ddigwyddiadau wyneb yn wyneb, roeddem yn gallu adeiladu ar lwyddiant Wythnos y Gymraeg rithiol 2020, drwy gynnal amrywiaeth o ddigwyddiadau ar-lein ar gyfer staff y Bwrdd Iechyd a rhanddeiliaid allanol.

Tra bod y digwyddiadau hyn yn hyrwyddo pwysigrwydd gofal iechyd cyfrwng Cymraeg, roeddent hefyd yn dathlu gwaith diflino gweithwyr sydd bob amser yn sicrhau fod cymaint o wasanaethau a phosibl yn cael eu darparu'n ddwyieithog.

Yn dilyn llwyddiant yr ymweliadau ag ysgolion uwchradd / colegau addysg uwch a gynhaliwyd yn ystod dwy Wythnos y Gymraeg gyntaf BIPBC (yn 2018 a 2019), cyflwynwyd nifer o seminarau ar-lein i ddisgyblion a myfyrwyr trwy Microsoft Teams. Roedd y sesiynau hyn yn gyfle i addysgu pobl ifanc am bwysigrwydd gwasanaethau

gofal iechyd cyfrwng Cymraeg, a hefyd yn rhoi gwybod iddynt am fanteision sgiliau dwyieithog, a'u hannog i wneud y gorau o'u sgiliau iaith presennol.

Trefnwyd nifer o ddigwyddiadau i ddysgwyr Cymraeg fel rhan o'r dathliadau a barhaodd am wythnos. Yn dilyn lansio Dysgwr Cymraeg y Flwyddyn 2022 BIPBC ddechrau'r wythnos, cyflwynwyd y cyntaf mewn cyfres newydd o fideos 'Ymadrodd Cymraeg yr Wythnos' ar fewnrwyd BetsiNet, cafwyd cinio arbennig ar-lein yn y Clwb Clebran ' ('Sgwrs Amser Cinio'). Cynhaliwyd cwis i nodi 'Diwrnod Dysgwyr Cymraeg 2022' y Bwrdd Iechyd, a fynychwyd gan y Prif Weithredwr ac Aelodau Annibynnol y Bwrdd. Trefnwyd cyfarfod o Fforwm *Mwy na geiriau* Gogledd Cymru i gyd-fynd â 'Diwrnod Gweithio Mewn Partneriaeth' Wythnos y Gymraeg.

Mae'n bwysig iawn cydweithio gyda sefydliadau eraill i hyrwyddo gwasanaethau dwyieithog. I'r perwyl hwn mae Tîm y Gymraeg BIPBC yn gweithio gyda Gofal Cymdeithasol Cymru ac Awyr Las, ac yn datblygu ei gefnogaeth i 'Cymraeg i Blant'. Parhawyd i weithio gyda swyddogion 'Cymraeg i Blant', gan sicrhau bod gwybodaeth am grwpiau ar-lein, ac am ailddechrau rhai sesiynau gwybodaeth wyneb yn wyneb, yn cael ei rannu a'i dargedu at staff a chleifion ar draws gogledd Cymru.

Cefnogwyd yr wythnos o ddathlu gan uwch reolwyr y sefydliad, gyda'r Cadeirydd a'r Prif Weithredwr yn pwysleisio pwysigrwydd darparu gwasanaeth gofal iechyd cyfrwng Cymraeg trwy ysgrifennu at bob aelod staff.

Cyfleoedd Hyrwyddo i Ddathlu'r Gymraeg

Cafodd Diwrnod Santes Dwynwen, sy'n dathlu Santes Cariadon Cymru ar 25 Ionawr, ei nodi eleni drwy ofyn i staff beth oedden nhw'n ei garu am weithio i'r Bwrdd Iechyd a'r GIG. Daeth nifer o ymatebion a sylwadau o bob rhan o'r Bwrdd Iechyd yn nodi pam eu bod yn caru eu swyddi a'u hangerdd dros helpu eraill. Dyma rai enghreifftiau o'r negeseuon a gawsom. Rhannwyd yr ymatebion ar gyfrifon corfforaethol Instagram a Twitter y Bwrdd Iechyd i ddathlu gyda'r cyhoedd, ac roedd adborth da ar y ddau lwyfan.

Er mai prif ffocws ein dathliadau Dydd Gŵyl Dewi eleni oedd seremoni wobrwyo Dysgwr y Flwyddyn, defnyddiwyd negeseuon ar y cyfryngau cymdeithasol i rannu straeon newyddion da ac enghreifftiau o'r arferion gorau. Paratowyd neges gan y Cadeirydd a'r Prif Weithredwr yn pwysleisio pwysigrwydd y Gymraeg bob dydd ar draws y Bwrdd Iechyd ac effaith gadarnhaol clywed dim ond ambell air yn yr iaith ar gleifion.

Datblygiadau Gwasanaethau Ychwanegol

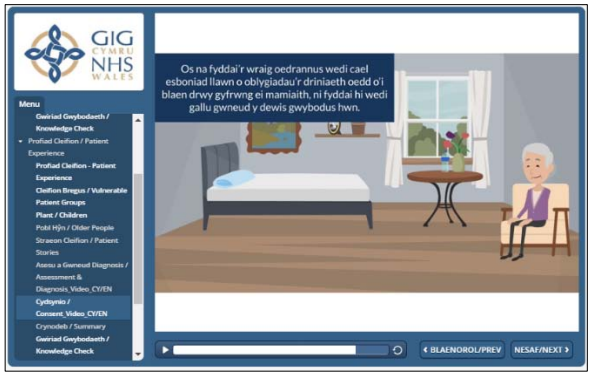
Pecyn Hyfforddiant Ar-lein Cymru Gyfan - Ymwybyddiaeth o'r Iaith Gymraeg

Yn unol â Safonau Iaith Gymraeg 102 a 103, mae rhwymedigaethau cyfreithiol ar bob Bwrdd Iechyd yng Nghymru i ddarparu hyfforddiant ymwybyddiaeth o'r Gymraeg i'w staff. Yn dilyn trafodaethau ag aelodau eraill Grŵp Swyddogion Iaith Gymraeg y GIG a gadeirir gan Lywodraeth Cymru, cytunodd Tîm yr Iaith Gymraeg i gymryd y prif gyfrifoldeb dros ddatblygu'r modiwl hyfforddiant ymwybyddiaeth o'r Gymraeg ar-lein, er mwyn hwyluso'r gwaith o gyflawni'r gofyniad statudol hwn.

Creodd Tîm yr Iaith Gymraeg y cynnwys cyn penodi cwmni allanol drwy broses dendro i drosi'r cynnwys yn adnodd hyfforddi gweithredol a rhyngweithiol. Cytunwyd ar ddrafft terfynol o'r pecyn hyfforddi cwbl ryngweithiol hwn yn gynnar yn 2022 a buom yn cydweithio gyda Rheolwr Rhaglen Dysgu Digidol GIG Cymru i sicrhau y gellid uwchlwytho'r modiwl newydd i'r platfform Cofnod Staff Electronig.

Mae'r cwrs yn cynnwys adrannau ar brofiad y claf, *Mwy na geiriau* a'r *d*deddfwriaeth berthnasol.

Mae adrannau sy'n cynnwys dwy stori wedi'u hanimeiddio, yn seiliedig ar ddigwyddiadau go iawn a phrofiadau cleifion sy'n pwysleisio pwysigrwydd dewis iaith mewn perthynas ag asesu, diagnosis a rhoi caniatâd.



Ar ddiwedd y cwrs ceir adran wybodaeth 'Cymorth i Staff' a 'Chwalu Chwedlau', er mwyn rhoi gwybodaeth a hyder ychwanegol i weithwyr GIG Cymru a'u hannog i ddefnyddio'r Gymraeg yn y gweithle, hyd yn oed os nad ydynt yn ystyried eu hunain yn siaradwyr rhugl. Bydd yn cael ei lansio ledled Cymru ddiwedd haf 2022, a'r prif neges yw y dylai staff geisio magu hyder i 'wneud yr hyn a allant', er mwyn hwyluso'r gwaith o ddarparu gwasanaethau gofal iechyd dwyieithog.

Cydsyniad a Chapasiti

Fel rhan o'i rôl gyda Grŵp Cydsyniad a Chapasiti'r Bwrdd Iechyd, nododd Tîm y Gymraeg yr angen i gyfeirio at ddeddfwriaeth yr iaith Gymraeg a'i arwyddocâd wrth ddatblygu fideo hyfforddi Cymru gyfan gan Bartneriaeth Cydwasanaethau GIG Cymru ar gyfer clinigwyr ledled Cymru mewn perthynas â chydsynio.

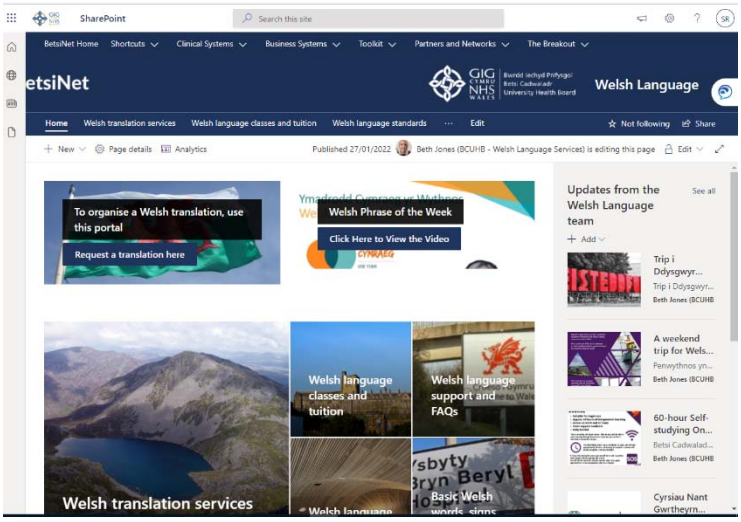
Roedd y fideo, a ddatblygwyd fel rhan o'r cwrs ehangach, yn pwysleisio'r angen a phwysigrwydd ystyried y Gymraeg fel rhan o'r broses gydsynio. Mae'r fideo yn cyfeirio at hyn fel gofyniad cyfreithiol i bob Bwrdd Iechyd fel rhan o Safonau'r Gymraeg, gan ganolbwyntio ar y rhagdybiaeth na ddylai'r Gymraeg gael ei thrin yn llai ffafriol na'r Saesneg.

Mae rhwymedigaeth gyfreithiol i gynnig i bob claf y dewis i fynd drwy'r drefn gydsynio yn y Gymraeg.

Mae'r fideo hefyd yn cyfeirio at bwysigrwydd arbennig cael cydsyniad gwybodus gan y saith grŵp categori cleifion a nodir fel rhai agored i niwed yn *Mwy na geiriau.* Mae'r fideo yn egluro bod gan y cleifion yn y grwpiau hyn, ee y rhai sy'n byw gyda dementia, yr henoed a phlant ifanc, nid yn unig yr un hawl neu ddewis cyfreithiol i gydsynio yn y Gymraeg, ond hefyd angen ieithyddol oherwydd efallai na fyddant yn gallu cyfathrebu'n effeithiol yn y Saesneg.

BetsiNet

Fel rhan o'r gwaith o ddatblygu safle mewnrwyd newydd i'r Bwrdd Iechyd, mae tudalennau mewnrwyd Tîm yr Iaith Gymraeg yn un o'r rhai cyntaf i symud drosodd i blatfform newydd BetsiNet . Buom yn gweithio gyda'r Tîm Cyfathrebu i ailwampio a symud ein tudalennau gwybodaeth drosodd i'r safle newydd a lansiwyd i gyd-fynd ag Wythnos y Gymraeg.



Mae'n un o'r adrannau yr ymwelwyd â hi fwyaf ar y wefan Gymraeg, a rhoddwyd amlygrwydd i'r porth cyfieithu er mwyn sicrhau mynediad hawdd i bob cais am gyfieithiad. Mae yno adran 'Ymadrodd Cymraeg yr Wythnos' lle gall staff wylio fideos wythnosol gydag awgrymiadau chyngor ar ddysgu Cymraeg. Mae adran bwrpasol ar gyfer dysgwyr Cymraeg, gyda gwybodaeth am gyfleoedd dysgu gwahanol, ac adran i wneud cais am adnoddau megis y cylch allweddi iaith, ac adran Cwestiynau Cyffredin. Ategir yr holl adrannau parhaol hyn gan yr adran newyddion a diweddariadau ar ochr dde'r dudalen sy'n cynnwys datblygiadau rheolaidd gan y tîm. Mae adran hefyd ar BetsiNet ar gyfer Polisïau a Gweithdrefnau, ac mae'r holl ddogfennaeth sy'n ymwneud â'r Gymraeg, megis Safonau'r Gymraeg a'r *Polisi a Gweithdrefn Sgiliau Dwyieithog* wedi'u huwchlwytho i sicrhau hygyrchedd a chysondeb.

Dangosyddion Perfformiad Allweddol

Mae'r data isod yn unol â Safon 120 y Gymraeg Safonau o dan Fesur y Gymraeg (Cymru) 2011.

Cynllunio'r Gweithlu

- ***Nifer a chanran gweithwyr y sefydliad:***
  - ***y mae eu sgiliau Cymraeg wedi'u hasesu;***

Nifer y Gweithiwyr	2019/20		2020/21		2021/22	
Lefel Hyfedredd Unigol	Cyfanswm	%	Cyfanswm	%	Cyfanswm	%
0 - No Skills / Dim Sgiliau	8031	42.4%	8158.	41.6%	8324.	41.7%
1 - Entry/ Mynediad	2443.	13%	2601	13.3%	2652	13.3%
2 - Foundation / Sylfaen	1227.	6.5%	1280.	6.5%	1298.	6.5%
3 - Intermediate / Canolradd	1254	6.6%	1307.	7%	1307.	6.6%
4 - Higher / Uwch	1525.	8.1%	1568.	8%	1596.	8%
5 - Proficiency / Hyfedredd	2338.	12.4%	2467.	12.6%	2573.	12.9%
Cyfanswm	**16,818**	**89%**	**17,381**	**89%**	**17,750**	**89%**
Cyfanswm y staff	**18,922**		**19,610**		**19,955**	

Data 2021 / 2022:

Roedd 89 y cant o'r holl weithlu wedi cofnodi eu sgiliau iaith Gymraeg ar y Cofnod Staff Electronig

Data 2020 / 2021:

Roedd 89 y cant o'r holl weithlu wedi cofnodi eu sgiliau iaith Gymraeg ar y Cofnod Staff Electronig

Hyfforddiant i Wella Sgiliau Iaith Gymraeg

- ***Nifer a chanran gweithlu'r sefydliad a dderbyniodd hyfforddiant i wella eu sgiliau Cymraeg i lefel cymhwyster penodol***

Data 2021 / 2022:

Nifer gweithlu'r sefydliad sydd wedi cael hyfforddiant i wella eu sgiliau Cymraeg i gymhwyster penodol: 1,583

Mae'r cyfanswm hwn yn cyfateb i 7.9 y cant o weithlu presennol y Bwrdd Iechyd

Data 2020 / 2021:

Nifer gweithlu'r sefydliad sydd wedi cael hyfforddiant i wella eu sgiliau Cymraeg i gymhwyster penodol: 752

Mae'r cyfanswm hwn yn cyfateb i 3.8 y cant o weithlu presennol y Bwrdd Iechyd

Recriwtio

- ***Nifer a chanran y swyddi newydd a gwag a hysbysebwyd gyda'r gofyniad bod:***

Data 2021 / 2022:

- **Sgiliau Cymraeg yn hanfodol - 403 (6.4 y cant)**
- **Sgiliau Cymraeg yn ddymunol - 5828 (92.8 y cant)**
- **Sgiliau Cymraeg i'w dysgu - 33 (0.5 y cant)**
- **Y Gymraeg ddim yn sgil gofynnol - 14 (0.2 y cant)**
- **Cyfanswm y swyddi gwag a hysbysebwyd - 6278**

Data 2020 / 2021:

- **Sgiliau Cymraeg yn hanfodol - 236 (6.1 y cant)**
- **Sgiliau Cymraeg yn ddymunol - 3595 (92.6 y cant)**
- **Sgiliau Cymraeg i'w dysgu - 17 (0.4 y cant)**
- **Y Gymraeg ddim yn sgil gofynnol - 33 (0.9 y cant)**
- **Cyfanswm y swyddi gwag a hysbysebwyd - 3881**

Cwynion

- ***Nifer y cwynion a dderbyniwyd am weithrediad y Cynllun Iaith Gymraeg***

  Derbyniodd y Bwrdd Iechyd saith cwyn yn ystod y flwyddyn mewn perthynas â chydymffurfio â Safonau'r Gymraeg, a deliwyd yn llawn â nhw o dan y Rheoliadau *Gweithio i Wella.* Yn ogystal, cychwynnodd Comisiynydd y Gymraeg bedwar ymchwiliad. Diystyrwyd dau ymchwiliad ar ôl methu canfod dim tystiolaeth o ddiffyg cydymffurfio.

  Roedd y ddau ymchwiliad arall, a'r rhan fwyaf o'r cwynion, yn ymwneud â'r Rhaglen Cyflenwi Brechiadau COVID-19. Roedd y materion yn canolbwyntio'n bennaf ar arwyddion a gohebiaeth dros dro. Mae Tîm y Rhaglen Frechu wedi bod yn gwbl gefnogol i fabwysiadu unrhyw newidiadau sydd eu hangen a rhoddwyd cynllun gweithredu manwl ar waith i fynd i'r afael â diffygion. Mae'r gwersi a ddysgwyd yn cael eu cymhwyso i lywio'r trefniadau ar gyfer rhaglen frechu 2022-2023.

Cyflawniadau a Gweledigaeth ar gyfer y Dyfodol

Mae'r adroddiad hwn wedi dangos cynnydd wrth wneud y pethau a ganlyn:

- gwella ansawdd y gofal a ddarparwn drwy gyfrwng yr iaith a ddewisir gan gleifion
- cynyddu cydymffurfiaeth â gofynion cyfreithiol a statudol
- adnabod camau sydd wedi'u gweithredu a'u lledaenu i ymateb i angen ieithyddol fel elfen annatod o ofal
- gwell cefnogaeth sefydliadol i'r gweithlu fedru darparu gwasanaethau drwy gyfrwng y Gymraeg

Yn ogystal â'r hyn a gyflawnwyd eisoes, mae'r Bwrdd Iechyd yn gyffrous am y mentrau a'r cyfleoedd sy'n cael eu datblygu ar gyfer y flwyddyn adrodd nesaf. Mae rhaglenni pellach wedi'u cynnwys yn ein cynllun gwaith blynyddol, megis ailgyflwyno ymweliadau safle yn ein harolygon siopwr cudd.

Mae'r Bwrdd Iechyd yn aros yn eiddgar am gyhoeddi cynllun pum mlynedd *Mwy na geiriau* Llywodraeth Cymru. Mae'r Bwrdd Iechyd wedi ymgysylltu ag unigolion a rhanddeiliaid allweddol yn ystod y cam datblygu i lywio'r cynllun terfynol. Rhagwelir y bydd cynlluniau a chamau gweithredu sydd eisoes ar waith yn y Bwrdd Iechyd yn cael eu cynnwys yn y cynllun. Ein nod yw datblygu'r rhain yn ystod y flwyddyn i ddod, gan gefnogi datblygiadau allweddol mewn perthynas â Safonau'r Gymraeg.

Fel rhan o'r Cynllun Tymor Canolig Integredig ar gyfer 2022-2025, mae datblygiadau'n ymwneud â'r Gymraeg wedi'u cydnabod fel galluogwr allweddol. O ganlyniad, mae cyllid sylweddol wedi'i addo i gryfhau capasiti o fewn meysydd gwaith penodol, gyn cynnwys y ddarpariaeth ar gyfer cyfieithu, cydymffurfiaeth statudol ac ymgysylltu mewnol ac allanol. Rydym yn frwdfrydig iawn wrth i ni agosáu at y cam nesaf hwn o ddarparu gwasanaethau, ac mewn rhai achosion, y camau adferol sydd eu hangen yn dilyn y pandemig. Ein gweledigaeth ar gyfer y flwyddyn i ddod yw cynyddu ymhellach

ein gallu fel Bwrdd Iechyd i ddarparu gofal addas i gleifion trwy gyfrwng y Cymraeg, gan gofio bob amser ein hanogaeth…*Defnyddiwch eich Cymraeg!*

Mawrth 2022

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

WELSH LANGUAGE STRATEGIC FORUM

1. INTRODUCTION

1.1 The Board shall establish a Strategic Forum to be known as the **Welsh Language Strategic Forum (WLSF).** The detailed terms of reference and operating arrangements in respect of this Strategic Forum are set out below.

2. PURPOSE

2.1 The purpose of the Welsh Language Strategic Forum, hereafter referred to as "the Strategic Forum", is to provide advice and assurance to the Partnerships, People and Population Health Committee and the Board in discharging its functions and meeting its responsibilities with regard to Welsh medium service provision for patients and service users. This will be implemented through informing its agenda, determining its priorities and carrying out tasks and duties in accordance with the agreed cycle of business.

2.2 The Strategic Forum, in respect of its provision of advice and assurance will and is authorised by the Board to:

- provide leadership, commitment and operational support to Welsh language service provision
- coordinate the development of progress in line with the Welsh Language Standards under the Welsh Language (Wales) Measure 2011
- coordinate the implementation of the Welsh Language in Health, Social Services and Social Care Strategic Framework 'More than just words'
- ensure systems are put in place to review and monitor Welsh language requirements within Divisions/Departments
- ensure partnership arrangements are maintained with public sector organisations, external contractors and voluntary and third sector organisations
- oversee ongoing development, review and language service provision
- coordinate the roll out of good practice across the organisation and throughout NHS Wales, in partnership with the Welsh Government NHS Wales Welsh Language Unit
- present an Annual Monitoring Report to the Board, providing assurance that the Strategic Forum has met its terms of reference and key duties

- present assurance reports to the Strategy, Partnership and Population Health Committee

3. DELEGATED POWERS

3.1 The Strategic Forum will, in respect of its provision of advice to the Board:

- oversee compliance of the implementation of the Welsh Language Standards
- ensure robust and timely action is executed in the delivery of the Welsh Language in Health, Social Services and Social Care Strategic Framework 'More than just words'

3.2 To achieve this, the Strategic Forum's programme of work will be designed to ensure:

- clear, consistent strategic direction, strong leadership and transparent lines of accountability
- an ethos of continual quality improvement
- good team working, collaboration and partnership working
- risks are actively identified and robustly managed and mitigated
- decisions are based upon valid, accurate, complete and timely data and information

4. AUTHORITY

4.1 The Strategic Forum is authorised via the Executive Director of Public Health to investigate any activity within its terms of reference.

4.2 It is authorised to seek any additional information it requires from any employee of the Health Board and all employees are directed to co-operate with any request made by the Strategic Forum.

4.3 The Executive Director of Public Health also reserves the right to request additional detail in relation to a Division/Department's performance, where a theme or concern has been identified.

5. SUB-GROUPS

5.1 The Strategic Forum may establish sub groups or task and finish groups to carry out on its behalf specific aspects of Strategic Forum business.

6. MEMBERSHIP

6.1 Members

Chair
Executive Director of Public Health

Vice Chair
Head of Welsh Language Services

Members
Independent Member of the Board
Welsh Language Standards Compliance Officer
Welsh Language Officer x 2
Translation Manager
Welsh Language Tutor
Director of Partnerships, Communications and Engagement
Chief Digital and Information Officer
Chief Pharmacist (and Chair of the Welsh Language Standards Project Management Group)
Assistant Director - Health Strategy, Planning
Assistant Director of Patient and Carer Experience
Head of Organisational & Employee Development
Workforce Systems Manager
Mental Health Division Lead Locality Nurse (Central)
Senior Cluster Co-ordinator (West)
Head of Equality And Human Rights
Chaplain Manager
Principal Radiographer
Director of Bilingualism and Lecturer, School of Healthcare Sciences, Bangor University
CHC Deputy Chief Officer
Staff Side Representative

The meetings will be facilitated by simultaneous translation. As such, a translator will be in attendance to provide this service.

6.2 Secretariat

Secretariat will be provided by the office of the Executive Director of Public Health.

6.3 Additional Attendees

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

7. STRATEGIC FORUM MEETINGS

7.1 Quorum

At least four individuals must be present to ensure the quorum of the Strategic Forum, including the Chair or Vice-chair, one member of the Welsh Language Team and one other member.

7.2 Frequency of Meetings

Meetings shall be held quarterly and otherwise as the Chair of the Strategic Forum deems necessary.

7.3 Conduct of Meetings

Meetings will be formally minuted, with names attached to allocated actions and collated in to a summary action plan. Minutes will be approved at the next meeting.

7.4 Attendance

Attendance at each meeting will be monitored so that the Chair can initiate action in the event that a member fails to attend more than three consecutive meetings without good reason and without providing an appropriate deputy.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Strategic Forum shall:

- report formally to the Partnerships, People and Population Health Committee
- report annually to the Board through its Welsh Language Services Monitoring Report
- bring to the Board's specific attention any significant matters in relation to the Strategic Forum

9. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES / GROUPS

9.1 The Strategic Forum shall report any issues of significance to the Partnerships, People and Population Health Committee.

10. REVIEW

10.1 These terms of reference and operating arrangements shall be reviewed annually by the Strategic Forum.

Date of Approval:
Approved by:

Teitl adroddiad: ***Report title:***	Travel Well			
Adrodd i: ***Report to:***	Partnerships, People and Public Health Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	This report provides an overview of the work being undertaken across north Wales in relation active and sustainable travel. The Committee is asked to note the content of the report and continue to provide support to the ongoing programme of work in this area.			
Argymhellion: ***Recommendations:***	The Committee is asked to note the content of the report.			
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen – Executive Director of Public Health			
Awdur yr Adroddiad: ***Report Author:***	Ceriann Tunnah – Consultant in Public Health			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	**Living Healthier Staying Well** • Improving health and reducing health inequalities **Decarbonisation Action Plan**			

	Initiative 16: Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	There are no regulatory or legal implications for Betsi Cadwaladr University Health Board (BCUHB).
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	No - an EqIA will be required for aspects of the Travel Well agenda such as a BCUHB Decarbonisation Action Plan and Healthy Travel Charter as specific plans and policies but there is no overall EqIA required for the Travel Well agenda, which incorporates multiple work programmes across the system.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	No - an SEIA will be required for aspects of the Travel Well agenda such as a BCUHB Decarbonisation Action Plan and Healthy Travel Charter as specific plans and policies but there is no overall SEIA required for the Travel Well agenda, which incorporates multiple work programmes across the system.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no financial implications relating to this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no workforce implications relating to this report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This paper has been written specifically for the Partnerships, People and Public Health Committee.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	There is one risk on Datix linked to this area which is risk ID 1638.

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations*** Work across this programme is ongoing within the public health team and wider partners. The next steps for this work in BCUHB, will be to secure organisational commitment to the North Wales Healthy Travel Charter.	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix a - North Wales Healthy Travel Charter	

Partnerships, People and Public Health Committee
13 September 2022
Travel Well

1. Introduction

How we travel can have major implications for our health and wellbeing and that of the wider population. In 2018, 58% of car journeys were under five miles, and in urban areas, more than 40% of journeys were under two miles. For many people, these journeys are perfectly suited to cycling and walking. Since 1952 we have seen a 207% increase in car traffic on the UK roads and a 90% decrease in cycling. These changes have resulted in an increase in risk factors for poor health and wellbeing, including:

- Lower levels of physical activity
- Increased levels of air pollution
- Reduction in green space
- Increase in loneliness and isolation
- Increase in road traffic injuries and deaths

2. Physical Activity and Health

Regular physical activity benefits long-term health, including mental health, and helps to prevent over 20 common health conditions. The UK Chief Medical Officers' (CMOs) guidance for adults includes 150 minutes of moderate intensity activity a week. In North Wales only 52% of the population aged 16 plus achieve the CMOs guidance of 150 minutes of moderate activity per week. One of the easiest ways to achieve this is through daily activity such as walking and cycling

Those living in our most deprived communities are less likely to achieve the recommended levels of physical activity increasing their risk of health conditions prevented by being physically active. Lower socio-economic groups also have a higher incidence of injury and death from traffic collisions; more than a quarter of child pedestrian casualties happen in the most deprived 10 per cent of wards. This is despite those living in more deprived communities being less likely to own a car and being more reliant on walking and cycling. Those living in our most deprived communities are also more likely to be living in areas with higher levels of air pollution often caused by those living in the most affluent areas.

3. North Wales Travel Well Projects

3.1 North Wales Healthy Travel Charter

Key partners across north Wales including the six local authorities, Betsi Cadwaladr University Health Board (BCUHB) Public Health Team, Transport for Wales and Sustrans have worked in partnership to develop the North Wales Healthy Travel Charter (NWHTC) (see appendix a). The NWHTC was taken to the North Wales

Regional Leadership Board (NWLB) in July 2022 to seek support from public sector senior leaders. This included a request for them to adopt the charter within their own organisations, as well as then encouraging wider public, private and third sector partners to also sign-up. A proposal for BCUHB to sign-up to the NWHTC will be presented to the Executive Team shortly to ensure we are implementing the recommendations made at the NWRLB.

3.2 Active Journeys

Across north Wales partners are working hard to support the population actively travel where appropriate. The Sustrans project 'Active Journeys' works in partnership with schools to encourage more staff and pupils to walk, cycle and scoot to school. In the north Wales schools that have taken part in the Active Journeys programme there is an average increase of 17.8% in walking, scooting and cycling to/from school and a decreases of 18.6% in car use.

3.3 Sports North Wales

Sport North Wales is a collaborative partnership across north Wales with a vision 'To empower our communities in North Wales to be more active, leading healthier and happier lives'. The public health team are working collaboratively with the Sport North Wales team to develop a long-term strategy that enables the population of north Wales to become more active in their everyday lives including through 'active travel'.

3.4 Whole System Approach to Healthy Weight

BCUHB Public Health Team have received funding to establish a Whole System Approach to Healthy Weight Team. This team have been in post for 12 months are currently completing a system mapping exercise to identify the causes of obesity in north Wales. This system mapping has identified key priority areas of participation in physical activity and active travel. The second stage of action mapping will be undertaken on the 29 September 2022 to agree priority areas or action across north Wales.

4. Budgetary / Financial Implications

There are no budgetary implications associated with this paper. Resources for delivering the BCUHB Decarbonisation Action Plan are overseen by the Facilities and Estates Department. Resources to increase physical activity are overseen by the Public Health Team.

5. Risk Management

There is one risk on Datix linked to this area which is risk ID 1638. This risk is partially mitigated by the programme of work described in this paper and the wider programme of physical activity work led by the Public Health Team.

6. Equality and Diversity Implications

There are currently no requirements to complete an EqIA or SEIA for this overall programme of work. Specific areas of work will require the health board and other partner organisations to complete an EqIA and SEIA in accordance with their organisations policies and procedures.

7. Conclusion

The Travel Well agenda encompasses a number of key priority areas including physical activity, active travel, decarbonisation and health inequalities. To ensure that the required level change is achieved, a systematic and coordinated approach to this work is required across organisations. As a key Anchor Institute in north Wales it is recognised that BCUHB has a significant role to play in leading this agenda.

Appendix a

North Wales Healthy Travel Charter

Communications and leadership
Establish a network of proactive sustainable travel champions, including senior staff, managers and where relevant, elected members, who routinely promote and model active and sustainable travel behaviour, in line with the sustainable travel hierarchy
Agree and use regular and consistent communications messages with the public, visitors and staff on healthy travel and reducing unnecessary travel, including targeting people of different backgrounds, gender, age, abilities and disabilities
Promote and consider healthy travel options and benefits across wider functions, such as: procurement, conferences, and when advertising roles in our organisations
Review our travel expense policies and journey planning processes for staff, to align with the sustainable transport hierarchy
Collaborate with partners and provide strategic leadership and planning on healthy and sustainable travel, including infrastructure and services where relevant
Support staff driving fleet vehicles to be responsible and considerate road users (e.g. driving within speed limits and not parking in cycle lanes), to enable safe walking and cycling
Public transport
Explore discounts for staff on Transport for Wales rail services and with local transport providers
Walking, cycling and public transport
Make information easily available on how to get to our main site(s) by walking, cycling and public transport links, for example by contributing to an interactive map
Cycling and walking
Offer the cycle to work scheme to all staff, including e-bikes
Assess and provide secure and accessible cycle storage, showers and lockers at all suitable sites
Improve access to bicycles at work where appropriate, e.g. pool bikes, hire bikes and cargo bikes
Explore and promote cycle training and maintenance sessions where appropriate
Agile working
Provide flexible working options for staff wherever possible, including home and/or hub working, and promote a culture of agile working across public sector sites
Ultra low emission vehicles (battery electric or hydrogen)
Review the current and future need for electric vehicle (EV) and e-bike charging infrastructure on our sites
Review our fleet and procurement arrangements (where applicable) for introduction of ultra-low emission vehicles, including e-cargo and e-bikes where appropriate

Teitl adroddiad: ***Report title:***	Update on Test, Trace and Protect (TTP) in North Wales			
Adrodd i: ***Report to:***	Partnerships, People and Population Health Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide an update on the Test Trace Protect programme, with a specific focus on the services changes, and the services' ability to continue to meet the changing demands of the Covid response. As the governance route for TTP reporting, it is a standing item.			
Argymhellion: ***Recommendations:***	Note the changes to TTP in light of the revised Welsh Government's "Together for a Safer Future: Wales' Long-term Covid-19 Transition from Pandemic to Endemic" strategy and the associated reduced funding arrangements.			
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen, Executive Director of Public Health			
Awdur yr Adroddiad: ***Report Author:***	Sue Browne, Assistant Director North Wales TTP			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Covid-19 Response			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Infection Prevention Control			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Yes
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	Yes
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	4198 - Reduced national supply of Roche Liat Covid and flu PCR testing swabs. Risk matrix score: 4. 44470 - Insufficient TTP IPC Officers to support Care Homes. Risk matrix score: 9 4472 - Risk of sustainability of TTP Protect Hubs due to funding arrangements. Risk matrix score: 12 4473 – Recruit and retain sufficient staff to deliver services, particularly during periods of Covid Urgent due to the nature of funding and the short-term contracts. Risk matrix score:10
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	None at this stage
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF 21 04 BAF 21 09 BAF 21 14 BAF 21 18
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Continue to work with Welsh Government on winter planning.
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*

Partnerships, People and Population Health Committee
13/09/2022
Update on Test, Trace and Protect (TTP) in North Wales

1. Background

This paper provides an update on the Test Trace Protect programme, with a specific focus on the services changes, and the services' ability to continue to meet the changing demands of the Covid response.

The Welsh Government Test Trace and Protect (TTP) Strategy was initially published in May 2020 and updated in June 2020. The TTP Strategy aimed to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so.

Since the initial announcement, the Health Board, Public Health Wales and Local Authority partners across North Wales have worked collaboratively to establish and implement an integrated and resilient response, and have established a multi-partner, multi-layered tracing service. This has been underpinned by national guidance. The Covid response has also grown to include the 3rd sector.

"Together for a Safer Future: Wales' Long-term Covid-19 Transition from Pandemic to Endemic" strategy sets out the Welsh Government's transition plan for TTP from April 2022, and will see some of the most radical changes to the management of Covid-19 since their inception.

Welsh Government's current approach is that COVID-19 is not over, and the transition from pandemic to endemic needs to be determined by the public health conditions at the time. There are four main objectives;

- Protecting the vulnerable from severe disease by enabling access to vaccination, treatments; and safeguarding against the risk of infection.
- Maintaining capacity to respond to localised outbreaks and in high-risk settings.
- Retaining effective surveillance systems to identify any deterioration in the situation such as from harmful variants and mutations of concern; and
- Preparing for the possible resurgence of the virus.

The service was initially established in partnership with local autorities across North Wales, and working at a national level with Welsh Government and Public Health Wales. Throughout the initial phase of the programme, and going forward, the options for the future delivery of this comprehensive service are agreed at a regional level through the TTP Oversight Group, and reported to the PPPH Commitee.

2. Update

in line with the Welsh Government's objective to protect the vulnerable the following provision continues under TTP:

- LFD and PCR testing for those eligible for COVID-19 treatments.
- LFD testing for people visiting those eligible for COVID-19 treatments.
- LFD testing for people visiting care homes.
- PCR testing for COVID-19 and other respiratory viruses for symptomatic care home residents and prisoners.
- PCR and LFD testing in accordance with the patient testing framework and clinical judgement.
- LFD testing for symptomatic health and social care staff.
- LFD tests for regular asymptomatic testing for health and social care staff (This will be reviewed at lower prevalence).
- Extension of the COVID-19 Statutory Sick Pay Enhancement scheme until 31 August to support social care staff to stay away from work due to testing positive.

The table below refelcts how the service was most recently configured and the revised arrangements:

	Previous arrangement up to July 2022	Revised arrangement from July 2022
Testing	PCR tests were retained for asymptomatic patient testing, symptomatic health, social care, special school staff and care home residents, and for people eligible for anti-viral treatment in the four Community Testing Units (CTUs) (Alltwen, Bangor, Glan Clwyd, Wrexham), managed by the Health Board. Lateral flow tests for asymptomatic testing for health, social care and special school staff continued beyond April 1. Test to Find: Regional and local testing sites closed on 31 March. The four WAST mobile testing units were be maintained to support outbreaks and other activity. From 1 April lateral flow tests were available only for	Welsh Government Guidance "COVID-19 contacts: guidance for health and social care staff" published on 30th June introduced two significant changes: i) Symptomatic staff now only have access to LFD testing to establish whether ot not they have Covid ii) Staff who are a household contact of someone who has tested positive and do not have the main symptoms of COVID-19 requires patient facing staff to be redeployed to non-patient facing roles or stay at home where redeployment is not possible, for the first 48 hours, after a household member tested positive or showed symptoms. The introduction of this guidance coincided with a rise in infections and it was agreed to continue with PCR testing for patient-facing Health Board

	symptomatic individuals and those eligible for anti-viral treatments. Pharmacy collect ceased distribution of free lateral flow tests for the public. Test to Maintain: childcare and education settings ceased regular asymptomatic testing at end of term, 8 April 2022. Letters were issued on 4 March 2022 to both private and public organisations signed up to workplace testing advising them supply of tests ceased at the end of March. Test to Enable: There are no immediate changes anticipated to international travel testing.	staff who were household contacts due to the significant levels of abstraction that would be caused by the requirement to be redeployed or stay at home for 48 hours. A Point of Care Test pilot was launched at YGC CTU. As the Abbott ID Now device provides a covid test result within 15 minutes, there are clear benefits in being able to allow Covid negative staff to return to work immediately, subject to an assessment of risk with their line manager for other symptoms, rather than requiring them to isolate for 48 hours. The Executive team have agreed to extend the pilot to three of the four CTUs in order for staff to return to work earlier. The cohort of people eligible to access Covid-19 tests is currently restricted to: • Those eligible for COVID-19 treatments, • Symptomatic care home residents and prisoners, and patients in accordance with the patient testing framework and clinical judgement. In August, the access to free LFD's tests were halted.
Contact Tracing	From 28 March 22, individuals who tested positive for Covid-19 were not be legally required to self-isolate. Contact tracers moved to advising those who test positive to self-isolate, and tracing capacity l moved to be more targeted, including identifying those who work in vulnerable settings (healthcare, adult social care and special schools) in order to protect vulnerable people.	From 1st July 2022 the tracing service was downsized by approximately two thirds in line with WG requirements. The new tracing service focuses exclusively on tracing priority cases as defined by WG. These include vulnerable citizens and those working in health/social sectors, plus other closed settings The Regional Tracing Service has put in place an automated triage system to effectively identify priority cases in a timely manner

	Capability retained to support the response to local outbreaks and the possible threat from emerging variants. The hospital contact tracing service was maintained throughout this period, working with Infection Prevention Control (IPC) to ensure that all identified cases are dealt with in line with agreed procedures.	Tracing services from the 1st July 2022 are provided in partnership by Flintshire Local Authority and BCUHB across North Wales Service delivery has become increasingly integrated as the size and scope of the tracing service has changed The Hospital Contact Tracing Team continues to work closely with IPC and Local Authority colleagues to ensure BCUHB staff are effectively traced in line with national and local requirements During the month of July 2022 case numbers remained high in part due to the continuation of free LFD tests for the general public.
Protect	The Health Board has taken a co-ordinating role to establish a network of Community Support Hubs, linking in with local authority and third sector partners. The Self-isolation Support Scheme continued until the end of June 2022. Covid support Hubs: each of the hubs have continued to offer additional support for food, fuel, mental health services, financial advice and a range of other services. Funding has been secured to support the initial 6 North Wales hubs during 2022-23.	Each of the Hubs continue to offer a wide range of services, to include: distribution of lateral flow tests, emergency food to help people self-isolate and access to food initiatives to combat food poverty, immediate and longer-term support with fuel bills, mental health support, financial advice and digital training. Funding has been secured to support the initial 6 North Wales hubs during 2022-23. Access to free lateral flow tests for members of the public with symptoms of COVID-19 was originally intended to finish at the end of June but due to the surge in infections it was extended until 31st of July 2022. The offer has now been withdrawn. Few Hubs had exhausted their stock of lateral flew tests during July. With the new eligibility criteria, the Welsh Government is allowing Hubs to

		distribute any remaining stock they have.

Service Delivery Update

The service has now been aligned under a single operational lead for all three elements of TTP.

Testing

Wide-scale testing has reduced although following an increase in cases of BA.4 and BA.5 sub-variants during June, access to free lateral flow tests for members of the public with symptoms of COVID-19 was extended. This wave has now receded and from the 1st of August 2022, Welsh Government have paused the provision of free lateral flow tests to members of the public.

The emergence of Monkeypox and the requirement to vaccinate contacts of positive cases within 48 hours of identification and exposure, led the Health Board to establish an Operational Group to identify appropriate pathways. The Testing Results and Referrals Hub was identified as the most suitable point of contact for referrals from Primary Care, PHW and Health Board services, for arranging swabbing appointments, vaccination requests and for receiving notification of results out of hours. TTP Senior Nurses are responsible for notifying those results out of hours and CTUs provide drive through swabbing in appropriate cases. CTU staff also provide an outreach weekend clinic for more intimate swabbing when required.

The Welsh Government has become a ‘super sponsor’, committing to house 1000 people leaving conflict affected areas in Ukraine, in addition to the individual sponsors living in Wales. Initial plans are that the Welsh Government sponsored individuals will be housed in 3-4 suitable accommodation sites across the Country. Due to the Health challenges of the Ukrainian people extensive screening and support have been put in place to support them on their arrival in Wales. CTU staff have offered Covid testing and support for TB assessments, which have been carried out in one of the Welcome Centres within BCUHB. Additional support has been offered by the Antigen Service.

Tracing

Index cases regionally rose sharply during June 2022 due to the emergence of Omicron BA.54 & BA.5, which coincided with the transitional arrangements for contract tracing, not least the significant reduction in tracing staff. This affected performance against the Welsh Government’s targets for ‘successful follow up of eligible cases’. A number of levers were introduced to address the performance, including the introduction of Saturday working and automatic triage of non-eligible cases. Performance has recovered to 87% of all eligible cases being contacted.

The Office for National Statistics reported for the week ending 25 July 2022 for Wales the estimated number of people testing positive for COVID-19 was 108,800 (95% credible interval: 84,500 to 136,200), equating to 3.58% of the population. Part of the transitional arrangements saw Local Authority Environmental Health Officers return to their core functions, Local Authority dedicated staff have been introduced to work with care homes on

any Covid-19 specific issues. Of the six posts available, three have been successfully appointed.

Protect

Following on from the initial work to establish Covid Support Hubs in each county, the partnerships with local authorities and the third sector have resulted in a number of new Hubs being established, with a total of 19 now in place with varying degrees of functionality.

Funding for the original 6 Hubs has been extended for 2022-23.

A number of additional services are aligning with the Hubs, increasing the community offer, and enhancing the concept of the one-stop facility within the communities served. Across the region, over 100 voluntary organisations are engaged with the Hubs.
Individuals and families access the Hubs via different routes including referrers e.g. Local Authorities, Primary Care or Social Services. However, each Hub provides an individual service relative to their settings, capacities, and the communities they support.

Quantitative evaluation is being provided through a dedicated software system, Elemental, and a qualitative evaluation study is currently being undertaken by Wrexham Glyndwr University.

Conclusion

- Despite the rise in community transmission rates in the June 2022, there has not been a corresponding surge in hospital admissions, suggesting that the vaccination programme has been extremely effective.
- It is anticipated that there will be an additional focus on the Protect element of TTP, ensuring that our most disadvantaged communities are supported through what is likely to be a difficult period socially and economically. The Protect work will need to be absorbed into existing population health priorities to ensure that the needs of the most disadvantaged communities are prioritised.
- Discussions about how Testing will be integrated into Health Board business as usual have commenced, in anticipation of Welsh Government Covid-19 funding ending or being further reduced by April 2023 and the on-going requirements for a health protection service.

3. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications*

There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by TTP Oversight Group.

Welsh Government has agreed a budget for TTP until the end of March 2023.

From April 2022, contact tracing has been funded at 40% of the previous allocation, with £5.6m allocated to North Wales. The Contact Tracing service was reconfigured in consultation with the six local authority partners and the team have gone through a transitional period.

£3.1m funding was allocated for the Antigen service, which did not require any reduction in staffing and enabling the four CTUs and the hospital testing programme to continue.

During the Covid 19 pandemic, Welsh Government provided financial assistance to support the establishment of six Community Support Hubs (previously known as Covid Support Hubs).

Welsh Government funding for these Hubs officially ended in March 2022. However in light of the new Health and Social Care Hubs capital programme there is an opportunity that community hubs could support a hub and spoke model in the development of more comprehensive health and social care hubs. For that reason Ministers have agreed to make £1.5m available, across Wales, as transitional funding, for one year only, to allow, if appropriate, for these hubs to continue to operate while Regional Partnership Boards (RPBs) develop their wider hubs programme and consider if they might play a future role as Health and Social Care Hubs, or not.

RPBs, working with Local Authority and/or Local Health Board community hub project teams need to provide an overview of the transitional funds required for the Hubs they wish to retain during 2022/23. In order to secure the one off transitional funding Welsh Government has asked that a brief proposal is submitted for each Hub to be supported against specific criteria including the following:

- Overview of the key services delivered in the hubs
- Any outcomes or benefits realised to date
- Risk of not funding the hub for this year
- Early indication as to the longer term sustainability for the hub and whether or not this hub is likely to be further developed within the health and social care hubs programme
- Funding amount requested for 22/23
- A brief breakdown of what the funding will cover (e.g., people, services, overheads

Proposals were submitted prior to the deadline of 09/09/2022.

4. Rheoli Risg / Risk Management

Robust governance arrangements are in place for the TTP service, and an internal BCUHB governance group has been established to address issues that specifically affect the Health Board.

This group's work has been designed to ensure that:

- The Health Board delivers and maintains the expected outcomes for the services for which it has a responsibility. This may be working in isolation, or in partnership with others.
- Trends and forecasting are considered, to ensure responsiveness of the end-to-end service and that resourcing is appropriately allocated to match requirements.

- There is internal clarity in relation to human resources, the financial position, informatics and information governance.
- Risks are actively identified and robustly managed and mitigated.
- A proactive approach is taken, with surveillance to limit the spread of the virus.
- Any BCUHB specific decisions are reviewed and approved.

There are currently four risks on Datix linked to the TTP North Wales programme:

4198 - Reduced national supply of Roche Liat Covid and flu PCR testing swabs. This risk has been significantly reduced by improving global supply chains enabling providers to increas the availability of Roche Liat testing swabs. Risk matrix score: 4.

44470 - Insufficient TTP IPC Officers (employed by Flintshire County Council) in post to support Care Homes in respect of Covid infections. This risk is partially mitigated as there are now 3 staff in post with 3 vacant posts and 2 appointable candidates in the process of being recruited. Risk matrix score: 9

4472 - Risk of sustainability of TTP Protect Hubs due to uncertain WG funding arrangements, which could lead to access to support services and social prescribing being more difficult for some of the most vulnerable people in our communities. A bid to access £1.5m of Welsh Government funding was submitted on 9th September 2022. Risk matrix score: 12

4473 – Due to the nature of funding and the short term contracts there is a risk that TTP will struggle to recruit and retain sufficient staff to deliver services particularly, during periods of Covid Urgent. This risk has been partially mitigated by offering all relevant staff permanent contracts with the Health Board at Band 3, 5 or 6. Risk matrix score:10.

5. Goblygiadau Cydraddoldeb ac Amrywiaeth / Equality and Diversity Implications

5.1 All implications have been considered as part of the Health Board Covid response.

Teitl adroddiad: ***Report title:***	The TUPE transfer of the Local Public Health Team (LPHT) to the Health Board			
Adrodd i: ***Report to:***	Partnerships, People and Population Health (PPPH) Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	13th September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	The transfer of employment of Local Public Health Team staff from Public Health Wales (PHW) to Health Boards was supported by the Executive Director of NHS Wales via a letter to the CEO of PHW (Letter dated 18th October 2021). In October 2021 PHW communicated to staff about the plans to progress the transfer of Local Public Health Teams from Public Health Wales to Health Boards. The project restarted in April 2022, following a pause due to pressures relating to the Omicron variant (Covid). The project covers eight organisations, Public Health Wales and seven Local Health Boards, with the aim of increasing the focus on improving the health and well-being of the local population. This paper provides an update to the PPPH Committee.			
Argymhellion: ***Recommendations:***	The Committee is asked to NOTE the proposed transfer date (1 October 2022)) for the team from PHW to BCUHB.			
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen, Executive Director of Public Health, BCUHB			
Awdur yr Adroddiad: ***Report Author:***	Ms Jinette Hindmarsh, Business Support Manager, BCU Local PH team Mr Andy Furlong, Improvement & Business Support Manager, BCUHB			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***
• The plan is for the team to commence (as BCUHB employees) with the HB on 1st October 2022. (A TUPE transfer from PHW) • A Project Group has been established with support from corporate teams from across the HB. Both directly and indirectly affected team members are members of the project group. • The Project Group meets formally every week, with daily catch up meetings in place to ensure all operational issues are progressed in a timely manner. • BCUHB is represented on the National Programme Board • The Project Group have escalated risks (financial and other) to the Executive Team and have provided regular updates.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	• The transfer of the LPHT will strengthen the Health Board focus on Public and Population Health, (this is part of the rationale for the transfer). • This supports the HB strategy: 'Living Healthier, Staying Well'.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Public Health team supports the Health Board with its regulatory/legal requirements. In terms of this paper relating to the transfer, the Project Group are ensuring full compliance with regulatory requirements including TUPE transfer arrangements. Alongside this transfer, BCUHB have also been progressing the accommodation change for the team. (This is an 'additional measure' to the TUPE transfer). The LPHT members currently based in LLys Castan Bangor (PHW Leased offices) will be moving to BCUHB owned accommodation in Bryn Tirion, Bryn Y Neuadd.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	No This transfer is a TUPE transfer arrangement.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	No This transfer is a TUPE transfer arrangement.

Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	At the time of writing this paper the following risks remain: • The transfer may have the potential to leave the current structure underfunded in several areas, as the transfer and the proposed financial envelope does not provide additional monies for the support infrastructure. • The transfer may pose a financial risk for BCUHB (previously accepted by PHW), due to the significant number of grant funded posts which have been filled with permanent employees as opposed to fixed term.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	• Further work is required to understand the cost implications of the TUPE Transfer – we await the detail on the financial envelope from PHW. • There is a considerable evidence base demonstrating the effectiveness and cost effectiveness of public health and preventative interventions
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	• No immediate workforce issues have been identified. The Project Group are working diligently to ensure a successful transfer and support is being provided by the BCUHB WOD team. • Following the transfer, there will be an opportunity to review the overall structure of the team, as the Health Board Public Health Team members blend with the newer LPHT.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	**Strategic Aim 2**: Target our resources to people who have the greatest needs and reduce inequalities **Strategic Aim 3**: Working in partnership to support people to achieve their own wellbeing.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A

Camau Nesaf: **Gweithredu argymhellion** • The BCU Project Group will be in place until the safe and complete transfer of the team, as per TUPE requirements. • The finance discussions are ongoing. • The Project Group will escalate to the Executive Team as necessary.
Rhestr o Atodiadau **List of Appendices: None**

Partnerships, People and Population Health Committee

31 August 2022

The TUPE Transfer of the Local Public Health Team from Public Health Wales to BCUHB

1. Background

The TUPE Transfer of the Public Health Teams from Public Health Wales (PHW) to the individual Health Boards, was a Welsh Government directive that commenced in October 2021.

This followed a decision by PHW in April 2021 to undertake a range of organisational changes to enable the organisation to be fit for the future. These changes included an intention to re-organise two directorates involved in population health - one of these being responsible for the employment of the Local Public Health Team staff.

The local Public Health Team arrangements across Wales have been in place since 2009 and was the focus of earlier work by the Wales Audit Office. The WAO review (2017) into the Collaborative Arrangements for Managing Local Public Health Resources. This found "collaborative arrangements for managing local public health resources do not work as effectively as they should do".

Since then, work has been undertaken with Health Boards and Welsh Government in improving this position to strengthen and improve the current system. This has included discussions about where the Local Public Health Teams fit within the system.

As a result, a proposal to transfer the employment of Local Public Health Team (LPHT) staff from Public Health Wales to the Health Boards was put to Welsh Government by PHW for consideration and was agreed on 18 October 2021. These changes will:

- Enable Health Boards and, specifically, Executive Directors of Public Health to have full control of local health resources, so they can be optimally deployed in improving regional and local public health outcomes
- Clarify strategic and operational accountability for local public health delivery as part of strengthening the wider public health system.

2. Progress Update.

This directive was assigned to all the Health Boards in Wales to achieve the transfer of the local teams to the local HB employment. Therefore, for BCUHB this means that the BCU Public Health team (PHW Employees) will transfer to BCU employment. The Team is already managed by Teresa Owen, Executive Director of Public Health, BCUHB.

The project was put "on pause" in December 2021 due to several reasons, one of which was the arrival of the Omicron variant and the continued pressure on the Public Health system across Wales. The project was re-energised in Spring 2022, with a proposed transfer date of 1st October 2022. This remains the target transfer date.

Each Health Board has created their own team to interact with the Public Health Wales Project Management Team. The BCUHB Project Team consists of:

- Teresa Owen, Executive DPH, BCUHB
- Andrew Furlong (Improvement & Business Support Manager) BCUHB
- Carol Johnson (Information Governance, BCUHB)
- Claire Thomas – Hanna/ Ann Allanson (W&OD) BCUHB
- David Williams (Finance) BCUHB
- Gwyneth Page (Public Health Assurance & Development Manager – BCU Public Health Team), BCUHB
- Jackie Irwin (Principal Officer – BCU Local Public Health Team) – Transferring
- Jinette Hindmarsh (Business Manager – BCU Local Public Health Team) – Transferring
- Louise Woodfine (Consultant in Public Health – BCU Local Public Health Team) – Transferring
- Martin Woodcock (Estates) BCUHB
- Sonia Edwards (ITC) BCUHB

The PHW (National) Project Board meets fortnightly with representatives from all Health Boards, which the Executive DPH attends on behalf of BCUHB. The BCUHB internal Project Team meet weekly to keep the pace and focus on the delivery by 1st October 2022.

3. Key work undertaken

Planning work continues to ensure the safe TUPE transfer of the 37 team members of the team (31.60WTE) from PHW to BCUHB.

This work is underpinned by two Memorandums of Understanding (MOU).

- MOU Part 1 relates to the LPHT transfer. This will be used to demonstrate that all parties are committed to ensuring business as usual for all staff from 'day one', this has been agreed by the National Project Board and is being sent to HB CEOs alongside the financial envelope (for approval)
- MOU Part 2 relates to strengthening the PH system given the new arrangements in place. This is a longer term piece of work and has commenced, but will run beyond the TUPE transfer date.

Key highlights of the local programme work:

Programme Management: The Programme Manager has worked closely with the local PH team Business Manager to ensure as smooth as possible a transition as possible. Highlight reports are produced with a focus on programme delivery. As the project enters its final month of activity – the focus is on the delivery of a tight schedule of actions.

HR/WOD activity: A TUPE transfer consultation has been undertaken. This ran from 24th May to 31st July. Two post consultation feedback events have been held by PHW.
BCUHB HR/WOD colleagues have meet with the local PH team members on a number of occasions and 1:1 sessions have been offered to support individual members of staff.

Given the 'additional measure' to the TUPE transfer (i.e. the accommodation change from Llys Castan to Bryn Tirion, Bryn Y Neuadd site), WOD colleagues have also commenced the formal consultation on this change. The plan is that the team will be working from the BCUHB premises from Monday 3 October 2022.

IT activity: The work on IT elements has been a significant undertaking and will be a feature of the key milestones during September. BCUHB are replacing Laptops for the staff transferring due to the different IT infrastructure within BCU. This change is planned for the 19 September 2022. Docking stations and duo-tokens are being organised for the team as they transfer. Email accounts will remain the same with a BCU suffix as opposed to PHW, Mobile phones will be allocated to Team Members in line with BCU policy

Information Governance (IG): IG Colleagues have supported the work to ensure the PH team members can access their key information to undertake their business.

Estates: The BCUHB estates team are supporting the move from the Llys Castan Offices (PHW leased offices in Bangor) to the Bryn Tirion offices. No funds were available to lease new accommodation, and thanks to significant exploratory work, office space (Bryn Tirion) has been made available for the team based in the West. New signage on the site in Bryn y Neuadd is being organised to support the move. The PH team members based in Preswylfa, Mold will remain in their current space, and BCUHB is paying for 'works' in that area, to ensure the server cooling/air conditioning is adequate given the additional BCUHB switches which are required to ensure sufficient IT capacity for the team members based in Preswylfa.

Finance: Finance colleagues are also supporting the discussions to ensure the HB receives an appropriate financial envelope for the TUPE transfer. One to one meetings have been held between PHW and HB finance colleagues with DPH attendance. At the time of writing this report, BCUHB is not in a position to accept the financial offer from PHW. The HB expects correspondence from PHW on the envelope on offer, and this is now escalated to the Director Finance and CEO of BCU. The key two issues to be resolved are as follows:

- No supporting infrastructure funds are currently being transferred –i.e. funds for the corporate teams/overheads such as- Finance, WOD, Welsh language, communications, IT etc. All corporate teams will be further stretched by the transfer.
- Potential future cost pressures/financial risk given grant funded programmes which are due to transfer with staffing.

(*In essence, the transfer consists only of the staff costs and the non-pay budget of the team).*

BCUHB will need to ensure that its Public Health Team is not left disadvantaged following the transfer, that the corporate team has sufficient capacity to absorb the new team and its functions, and that business continuity and service delivery is maintained pre, during and post transfer.

4. Summary:

The BCUHB teams will continue to work with the PHW teams to ensure the safe TUPE transfer of staff. The transfer of the LPHT is a welcome step forward for the optimal delivery of Public Health and Population Health action across North Wales. This is a significant opportunity for the HB to strengthen its public health working at a local level, and thus support the Health Boards commitment to an improved focus on population health matters and system wide working. Whilst the team is small in number, their activity and influence is required to support the overall strategy of the Health Board.

Report title:	People (Workforce) Performance Report			
Report to:	Partnerships, People and Population Health Committee			
Date of Meeting:	Tuesday, 13 September 2022			
Executive Summary:	The purpose of this report is to outline the current workforce performance position in relation to the People Strategy 2022-2025 - Delivery Plan (Year 1 2022/2023) and the Workforce Plan 2022/2023 (recruitment & commissioning) respectively.			
Recommendations:	The Committee is asked to NOTE the current performance position provided and agree the ongoing reporting format from this point forward.			
Executive Lead:	Sue Green , Executive Director of Workforce & Organisational Development (OD)			
Report Author:	Nick Graham, Associate Director Workforce Planning & Performance			
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☒	
Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☒ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Partial assurance level is due to continued gaps in information against a number schemes.				
Link to Strategic Objective(s):	Living Healthier, Staying Well (LHSW)– Improve the safety and quality of all of our service Integrated Medium Term Plan (IMTP) Employer of Choice			
Regulatory and legal implications	Leadership is one of the domains for which the Health Board is subject to Targeted Intervention. The domains relating to Mental Health and Learning Disabilities, Glan Clwyd and Vascular Services are impacted by the workforce within these services.			
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	CRR21-13 Nurse Staffing CRR21-17 Children and Adolescent Mental Health Services (CAMHS) Out of Hours provision CRR22-18 Infection Prevention and Control (IPC) capacity CRR22-23 Unscheduled Care			

Financial implications as a result of implementing the recommendations	No direct implications arising from this report
Workforce implications as a result of implementing the recommendations	No direct implications arising from this report
Feedback, response, and follow up summary following consultation	An outline of the content and focus of this report has been discussed with Committee Chairs for PPPH and Performance, Finance and Information Governance Committee and agreement reached regarding the structure of the report to aid reporting to each committee. Agreement reached to review the effectiveness of this following three reporting cycles.
Links to BAF risks: (or links to the Corporate Risk Register)	BAF21-18 Effective Alignment of Our People
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: Workforce Performance reports to be provided in this format to the PPPH committee as per the reporting schedule outlined in the previous July 22 paper.	
List of Appendices: None	

Partnership, People and Population Health Committee
13 September 2022

Workforce Performance Report

1. Introduction/Background

The purpose of the report is to provide information and assurance to the committee on progress against all elements outlined in the sections below to ensure that the objectives for Year 1 of the People Strategy are delivered.

The report is set out into the following sections:

a) ***People Strategy 2022-2025 – Delivery Plan 2022/2023***: update against the year 1 deliverables laid out in the plan that outlines how the People Strategy programmes will be delivered across the organisation.

b) ***People Strategy 2022-2025– Workforce Plan 2022/2023***: update against the year 1 deliverables laid out in terms of recruitment and commissioning to support the organisation and the schemes laid out in the IMTP where workforce implications have been identified to successful delivery of the scheme.

c) ***Three Year Workforce Profile:*** update against the initial forecasts & trends seen across the organisation.

d) ***In depth reviews:*** a risk based approach to look at areas across workforce that hold significant risk to the organisation. The risks will be mitigated by taking a collaborative approach with workforce, clinical and operational teams working closely together and as a result each team being clear on their roles and responsibilities to ensure success across the relevant areas of the organisation. In this report the section focuses on the key highlights from the Recruitment Deep Dive workshop that was held on 18th August 2022.

2. People Strategy 2022 - 2025 – Delivery Plan 2022/2023

Delivery of the Strategy is being governed using Managing Successful Programmes (MSP) Methodology to ensure alignment and connectivity of work across our functions and services (i.e. delivered by and through the whole organisation, enabled and advised by the Workforce & OD (People) Service.

This Portfolio of work outlined in the delivery plan is split into five programmes of work under the banner of ‘Strategic Themes’. Each of these themes are led by an Executive Senior Responsible Officer (SRO).

Within each programme are specific areas of focus which form the basis of the projects which will deliver the work required. A full list of programmes and project areas is listed below:

Strategic Themes - Five Programmes

- **Our Way of Working**
  - Values & Behaviours
  - Just and Learning Culture
  - Staff Support & Wellbeing
  - Engagement & Communications
- **Strategic Deployment**
  - Organisation Goals
  - Business Planning Mechanism
  - Information & Performance
  - Course Correction
  - Team & Personal Contribution
- **How we Organise Ourselves (Operating Model)**
  - Clinical, Operational & Corporate Service Design Standards
  - Decision Making Architecture
  - Roles & Responsibilities
- **The Best of Our Abilities**
  - Education & Learning
  - Talent & Career Development Framework
  - Workforce Planning & Commissioning
  - High quality, reliable enabling services
  - Safe environment
  - Improving the way we manage large-scale change
- **How We Improve & Transform**
  - Leadership & Management
  - Continuous improving and coaching skills
  - Digital Skills Development

The programmes report into the Executive Delivery Group (EDG): People & Culture on a monthly basis and through highlight reports provides updates and exception reports against the identified project areas and the work streams that sit under them. Work against the programmes has commenced and an update of progress to date is highlighted below.

Programme Update:

Our Way of Working – SRO – Executive Medical Director (Reallocation of SRO to Director of Digital in process)

Achieved to date:

Further development of the overall programme scope has been carried out to ensure successful delivery of the other project areas within the programme. The identified projects are listed below:

- ***Behavioural Compact*** – The brief and scope has been outlined with the SRO and the planning and co-design of the development workshop has commenced with sign off by mid-September 22.
- ***Staff Wellbeing Support Service (SWSS)*** – Recruitment to substantive roles on track and current interventions reviewed as part of the ongoing improvement of the service, Key Performance Indicators (KPIs) agreed and baselines being set
- ***Team Brief*** – The discovery exercise to inform content underway alongside a review of current communication channels, engagement metrics and content creation to measure effectiveness and impact. This is supported by the identification and assessment of current toolkits and resources utilised across the organisation. This will allow a full project brief and plan to be pulled together for rollout across Q3-Q4.
- ***Just Learning*** – Links have been established across wales to identify and harness best practice, key focus areas are being identified and built into the project brief, this will be linked to wider culture change work and the behavioural compact.

Strategic Deployment – SRO – Executive Director of Finance

Achieved to date:

- The new performance dashboard has been developed and tested. This is part of the integrated performance reporting mechanism for the organisation going forward.
- A revised business planning mechanism is under development and draft timelines for delivery have been agreed and are awaiting discussion and final sign off with the SRO. This has been delayed due annual leave and sickness with the relevant teams.
- Work is ongoing on the further development of the overall programme scope to ensure successful delivery of the other project areas within the programme. This work has been delayed due to the need to rearrange the SRO workshop due in July to September.

How We Organise Ourselves (Operating Model) – SRO - Deputy CEO/Executive Director of Integrated Clinical Delivery

Achieved to date:

- Implementation of the new Operating Model commenced from the 1st August 2022.
- A number of the senior management roles have been appointed to across Integrated Health Care (IHC) Directors (1 of 3). The Medical Organisational Change Process is still ongoing.
- Expressions of interest have been sought to cover the following posts on a temporary basis whilst permanent arrangements are confirmed.
    - IHC Director East and Centre – Appointed to Centre starting September
    - Deputy Director Integrated Clinical Delivery – Primary care – appointed starting September
    - IHC Director Nursing Centre and West – Appointed – Started August
- Operational Governance & Assurance Framework agreed.
- Scheme of Reservation & Delegation is completed and was approved by Board July.
- The external coaching support tender process has been completed with the chosen supplier to be confirmed September.

- A network event for the new senior leadership teams led by the CEO has been scheduled for 30th September 2022 with save the date invites issued – specific event details are being finalised.

The Best of Our Abilities – SRO - Executive Director of Workforce & OD

Achieved to date:
Detailed development of the overall programme has been carried out to ensure successful delivery of the project areas within the programme. The identified projects are listed below:

- ***Education & Learning*** – The Discovery phase for the project has been completed and the project brief and plan are being developed to ensure mobilisation across Q3-Q4. Areas of focus include increased student placement numbers, increased apprentice appointments and increased staff capability and capacity to deliver services in the medium of Welsh.
- ***Talent Management & Career Framework*** – The project scope has been defined project plan now in development. The Talent Management Steering group has been setup and a communications plan for Talent Management Diagnostic tool is being developed to be shared with wider organisation by mid-September alongside the completed project plan.
- ***Workforce Planning & Commissioning*** – Membership identification for workforce planning and workforce commissioning groups has been completed and the Terms of Reference (ToR) are being developed for the groups with the first meetings being scheduled from mid-September onwards. The draft project scope and brief will be presented and finalised and next steps identified as part of the plan development.
- ***Safe Environment*** – The project lead has been identified and the stakeholder group engaged. The ToR are being finalised and will be shared with stakeholders at the first group meeting which is being scheduled with dates to be confirmed.
- ***Recruitment Process Review*** – The project group has been working actively with internal teams and stakeholders to implement a number of key improvements to the recruitment process. A deep dive event was also held with a wide stakeholder group from across and outside of the Health Board to share existing improvements and to look at next steps and take feedback from stakeholders. Feedback from the deep dive will be outlined later in the report. Improvements that have been made across the last period include:
    - The changes to the Establishment Control Authorisation process to ensure concurrent sign off can be completed by workforce and finance has been completed and rolled out. Also the removal of the Divisional Management Team approval stage for agreed vacancies is completed.
    - Removal of manual inputs from the DBS process is now complete.
    - Automatic extension of job adverts has been completed.
    - Standardised Job Description Templates for Medical Consultant roles is currently in user acceptance testing and will go live mid-September 2022.
    - The removal of the conditional offer stage is currently in user acceptance testing with the plan for candidates to be given a job offer with a provisional start date one acceptance of the role is due to go live September 2022
    - Streamlining of pre-employment checks for internal applicants is in user acceptance testing with a provisional go live date of early September 2022
    - Establishment control resolution process has been completed and is live on BETSI.net

The improvements made to date are having a positive impact on KPIs as can be seen below when you compare the December 21 to July 22. Also included in the table are the all Wales averages across the same period of which BCU is now performing better than the all Wales average across all the KPIs listed below.

Recruitment KPI Metrics Average Times in Working Days	BCU Dec 21	BCU July 22	All Wales Average July 22
T0a - Notice date to authorisation start date	51.6	42.8	44.0
T1a - Time to approve vacancy request	11.0	3.1	8.0
T4 – Time to shortlist	8.8	6.0	6.1
T12e – Checks ok to start date	27.6	20.1	25.2
T13 – Vacancy creation to offer	47.9	36.8	40.9

How We Improve & Transform – SRO - Executive Director Transformation and Planning

Achieved to date:

- The Leaving Well product is now in place to support staff leaving the organisation and after the initial trial and feedback the team are refining the product and draft plans are in place to roll out across the organisation going forward. The plans are currently being confirmed with the SRO.
- Work is ongoing on the further development of the overall programme scope to ensure successful delivery of the other project areas within the programme. This has been delayed due to the unforeseen cancellation of the SRO workshop on the 7th July. This workshop is being reconvened in September2022.

The portfolio is progressing and ongoing refinement of the tracking and reporting mechanisms will be presented in future reports to the committee as it evolves. Further prioritisation of work across all programmes is under review and is being aligned with the current priorities across the Health Board, due to the ongoing operational and clinical pressures.

3. People Strategy – People (Workforce Plan) 2022/2023

The Workforce Plan supports both the People Strategy & Plan and the Integrated Medium Term Plan (IMTP) in terms of both recruitment and commissioning across all staff groups and the priority schemes identified with the IMTP that have workforce implications. This section of the report provides progress against the relevant plans on a quarterly basis and cover 3 areas; Bridging the Gap, IMTP Priorities and Primary Care Resilience.

Bridging the Gap

The tables below outlines the initial position included in the plan for February 22 alongside June 22 actuals and a forecast for the end of quarter 2 which is to the end of September 22.

Table 1: Bridging the Gap – Actuals & Forecast

Staff Group	Febuary 2022 FTE Actual	June 2022 FTE Actual	Q1 (June) Net Gain/Loss FTE Actual	Q2 Net Gain/Loss FTE Forecast	22/23 Recruitment Trajectory Profile	22/23 Risk Stratified Recruitment Target
Add Prof Scientific and Technical	672.7	673.1	0.4	11.0	22.1	23.2
Additional Clinical Services	3534.5	3614.6	80.1	106.8	124.8	131.1
Administrative and Clerical	3335.5	3400.7	65.2	117.7	129.4	135.9
Allied Health Professionals	1109.4	1099.0	-10.4	19.9	68.4	71.8
Estates and Ancillary	1263.5	1304.5	41.0	52.4	-57.2	85.8
Healthcare Scientists	253.0	255.8	2.8	3.7	24.5	29.4
Medical and Dental	1524.9	1526.2	1.3	55.7	63.6	89.0
Nursing and Midwifery Registered	5265.0	5271.5	6.5	113.2	284.2	397.9
	16958.4	**17145.4**	**187.0**	**480.5**	**659.9**	**964.1**

Table 1 shows the position across all staff groups in terms of actual staff in post for February and June 22 and the net gain/loss between the two points. This allows a position to be determined as to when all factors are considered such as starters, leavers and what is in the recruitment pipeline, if there has been an improvement in the actual number of Full Time Equivalents (FTEs) recruited to the Health Board.

The table shows that there has been an actual net gain across all staff groups except Allied Health Professionals (AHPs) and only a small gain across all other clinical staff groups. This is in large part due to the reduced numbers of students coming through in March 22 as a result of them either delaying their start date or not gaining enough clinical hours as they were working as Health Care Assistants (HCAs) across the Covid period to support the pandemic response. This can be seen in the forecast for Nursing and Midwifery as there have been a number of delayed starts and we are now seeing them coming through in the recruitment pipeline for a start by the end of Q2. Where students have not captured enough clinical hours their start date has been pushed back to September 22 or January 23 and so we should see the overall trajectory met as shown in table 2 by the end 22/23.
The forecast column has been RAG rated based on the position in the first quarter and on the assumption we will be able to recruit at the same rate across each quarter.
On this basis those in green would hit the March 23 target if we recruited at the same rate across each quarter going forward.
Those in amber are where we are off track but based on the current information regarding students forecasts are confident the targets can be met.
The only red at this time is across the AHP staff group and this is based on the fact that the student numbers expected through the new Student Streamlining Process are lower than

expected at this time. This is being looked at in more detail with the development of a targeted recruitment plan across the AHP staff group being planned.

Table 2: Bridging the Gap – Monthly Profiles

Staff Group	Monthly Workforce Profile as per Plan												Monthly Workforce Profile
	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	
Add Prof Scientific and Technical	3	5	7	9	10	12	14	15	17	19	20	23	
Additional Clinical Services	43	64	85	107	128	131	131	131	131	131	131	131	
Administrative and Clerical	28	43	57	71	85	99	114	128	136	136	136	136	
Allied Health Professionals	35	55	72	72	72	72	72	72	72	72	72	72	
Estates and Ancillary	12	24	36	48	60	72	84	96	108	120	132	144	
Healthcare Scientists	4	6	8	9	11	15	17	19	21	23	24	29	
Medical and Dental	4	8	12	16	60	64	68	72	76	80	84	89	
Nursing and Midwifery Registered	96	104	111	119	127	154	162	170	177	185	193	398	

The monthly recruitment profiles shown in Table 2 are RAG rated against the Q1 actual and the Q2 forecast shown in Table 1 and against the original monthly profile shown in Table 2.
As can be seen the main area of concern are AHPs. The AHPs can be explained by the previous information above.
The areas highlighted in amber are behind plan but either have capacity in year to move back on trajectory or have intended recruitment in place to ensure they will get back on trajectory.

The only amber area being looked at more closely is Medical and Dental but with existing and new initiatives such as the BAPIO programme there is capacity in the plan to achieve the profile outlined by year end 22/23.

The ongoing realignment of Health Board priorities as we continue to move through the year will also mean further realignment of the Bridging the Gap recruitment trajectories as required.

The commissioning picture has been described in the narrative above. Due to the previous and ongoing Covid and other pressures it is looking likely that there is a delay across a number of commissioned areas as to projected start dates, these as described above are mainly AHPs and Nursing and Midwifery. Due the complexity of the situation across a number of staff groups and specialities this is being monitored and reviewed on a monthly basis.

IMTP Priorities

The reporting covers the 3 areas in the IMTP which are, Consolidated Schemes for 22/23, Schemes Commencing in 22/23 and Planned Care Recovery Initiatives in 22/23.
There is now a reporting structure in place to monitor progress across the schemes held within the IMTP with identified leads reporting progress on a quarterly basis through the IMTP reporting structures aligned to Performance reporting across the Health Board. The more detailed tracking system linked to the EC system has been implemented and all schemes leads have been notified of the process going forward. This will allow us to track progress against the schemes at a more granular level and provide the intelligence required to align with the

refresh of the IMTP priorities across the organisation in light of in-year priorities arising specifically in relation to the targeted intervention at YGC and Vascular Services and the development of the IMTP for 23/24. It also takes into account the steady rise in sickness/absence from 6.3% in March 22 to 6.7% as of July 22 and the increase in turnover from 9.9% in March 22 to 10.2% as of July 22.

Appendix 1 sets out the current position in terms of schemes and progress to date as at the end of Q1.

As shown in the attached, there are a number of schemes that have either not been commenced at the end of quarter 1 or and delayed in terms of the level of detailed plans available.

The workforce teams have been working with scheme leads where possible and have been fully engaged across the period with the primary focus on recruitment against the plans to support delivery around the consolidated schemes. Work is also ongoing with supporting the Operating Model recruitment plans to ensure continuity in the transition to the new operating model that commenced on 1st August 2022.

There has been a more detailed review of recruitment against the Emergency Department (ED) and Same Day Emergency Care (SDEC) business cases of the emergency departments across the Health Board in light of the ongoing pressures. Targeted interventions are being looked at where posts have been advertised but where recruitment to date has been unsuccessful.

Appendix 1 outlines the current position across all EDs against the business case. Recruitment against all posts currently sits at 88% but as the table shows there are a number of critical posts that are still to be recruited to.

At Wrexham there are gaps in consultant recruitment of 1 WTE and a across the Advanced Nurse Practitioners (ANPs) of 3 WTEs. At Bangor it is again across the consultant line of 1.7 WTEs and also a nurse consultant post of 1 WTE. With Glan Clwyd the picture is similar in terms of roles but there is a 5 WTE gap across consultants and a 1 WTE gap across Middle Grade/ANP line. Workforce teams are working with the departments to see what other recruitment initiatives can be utilised to address these gaps going forward.

The activity to support the IMTP has seen an overall increase in non-core pay spend from £12.2m in May 22 to £12.5m in July 22. This increase can be linked to ongoing transformation and improvement work being developed and delivered across the services alongside the transition resource brought in to support successful delivery of the new operating model.

Also with work commencing across the planned care recovery element of the IMTP and ongoing Covid pressures on unscheduled care work we have seen a rise in non-core spend across Medical & Dental from £4.5m in May 22 to £5.2m in July 22 with Nursing & Midwifery staying static but high at £3.2m. As recruitment moves forward across the IMTP schemes it is expected that this spend will reduce against the identified priorities with the IMTP.

Primary Care Resilience

Work has started on developing a GP Salary Scale for Health Board Managed Practices and other GP Health Board roles. The team are fully engaged with this work with Primary care colleagues and are developing the plan to come to the EDG: People & Culture towards the end of Q2 beginning of Q3. Primary Care colleagues continue to work on the development of the portfolio roles for GPs and are working with trainees who are qualified but require Tier 2 visa sponsorship to stay working in the UK. Teams are in contact with deaneries across the UK to highlight the programme and to offer support to trainees with any applications for Tier 2 Certificate of Sponsorship.

The GP Workforce Recruitment & Retention Strategy is delivering at pace with work having just been completed around GP demographics in North Wales highlighting areas of risk due to factors such as the ageing GP population. This is being led by the Area Medical Director, Gareth Bowdler on behalf of the Executive Medical Director - Nick Lyons.

4. Three Year Workforce Profile

The three-year workforce profile is submitted as part of the Minimum Data Set alongside the IMTP. It profiles both Core Workforce which consists of permanent and fixed term staff, Variable Workforce which consists of bank workers, additional hours and overtime worked, and Agency and Locum workforce which consists of temporary workers outside the Health Board's direct employment.

High-level indicators across the profile as outlined in the report show current trends that highlight against the original forecasts made that we are currently behind with our recruitment projections as at the end of Q1 but with current indicators showing that progress will be made across Q2 and the rest of the year against the majority of staff groups.

The current position can be explained by a number of factors already outlined in the report, and is predominantly linked to delays in student numbers coming into the Health Board. In addition, there are ongoing delays in recruitment activity against new IMTP schemes due to changing priorities across the Health Board such as the targeted intervention at Ysbyty Glan Clwyd (YGC) and across the vascular services.

As a result of the reduced recruitment activity in Core Workforce, the Variable Workforce and Agency and Locum workforce has not reduced as expected with Variable Workforce and Agency and Locum actuals being higher than originally projected. This gives a forecast net positive position in resource being available to be utilised over the Q2 period.

Whilst this provides some reassurance that the workforce whether core of variable is available and being utilised it emphasises the challenges faced to deliver a sustainable workforce without significant transformation across clinical services. The workforce team are working with transformation and service teams across the Health Board to look at new initiatives to enable the Health Board's current reliance on temporary staff be reduced over the next three years.

5. In Depth Reviews/Deep Dives – Recruitment Process Improvement

The first Rapid Improvement Deep Dive Workshop took place on 18th August and focused on the Recruitment Process.

The background and scope of the Deep Dive was developed in collaboration and support from Transformation and Improvement team and is attached at Appendix 2.

The session was facilitated by the Director of Improvement and the external consultant involved in the original review in 2021/22.

Over 60 colleagues from across the organisation participated in the session and the overriding view during the day was that colleagues felt that this was an effective way of collaborative review and co design of solutions.

Some quotes from the day include

- *"Far better than expected, a clear desire for improvement, building on what has already been achieved"*

- *"Good content and structure. Great so see so many colleagues come together to bring about improvements."*

- *"Really helpful, nice to have an event where I felt we have been heard"*

- *"It was a good session to gain understanding of current volumes of work, issues and areas for improvement"*

  "The session was well facilitated and flowed well. With a healthy honest discussion and realistic solutions
- *The session was designed in a way to enable participants to understand the work undertaken as part of the review and improvement to date and to be part of the work to secure the improvement required now and moving forwards."*

A fundamental element of the workshop was for participants to review the current processes, improvements and to either identify additional improvements or, as agreed in the session, to start again and set out what the process should look like.

The output of this work is set out in Appendix 3. Unequivocally, the first priority for change/improvement was identified as being the requirement and process for establishment control as part of the recruitment process. Whilst acknowledging that this isn't the phase of the recruitment process with the highest delay in working days, it is the element that was flagged as being the most complex, with the most waste and/or duplication and the change that would derive greatest benefit in terms of confidence of key recruiters.

As a result, a solutions assessment and options appraisal has been undertaken and a proposal developed for testing with a number of the participants in the session before being

submitted to the People & Culture EDG at its meeting on 4th October as part of the full improvement plan (updated following the workshop). It is critical that as part of this submission, there are clear improvement delivery standards and trajectories for reduction in lead time together with clear metrics for the measurement of the experience and confidence in the process. Data gathered as part of the review undertaken in late December 2021, together with updated data from a survey completed by participants on the question below, together with targeted user acceptance data will support this assessment.

"*How would you rate the recruitment process from your most recent experience in using it out of 10?"*

The scope of this workshop was clear, however, recognising that improving the process is not the only solution to the challenges the Health Board faces, there was a facility for participants to flag areas that they believe we should focus on next in the Rapid Improvement Series. At the end of the session, the priorities for the next session were agreed with participants.

As a result, the next two Rapid Improvement Deep Dive Workshops were agreed as:

- Attraction and Retention
- Workforce Data and Planning

Given the interdependency between the two topics, it was agreed that these two workshops would be planned in parallel to avoid delay. The proposed plan for these workshops will be considered at the EDG as above.

Finally, one of the aims of this workshop was to test this methodology was one that could be used to support improvement on issues linked to the Health Board's highest risks and in doing so, provide an additional opportunity for Board members to seek or test assurance being given.

A number of the participants in the workshop fed back during the session to suggest that this format could be applied to other areas of risk and as part of the debrief following the session, a number of areas of learning were identified to further enhance the experience and output e.g. using a method tested with pathway improvement session, include a short pre brief session before the day to enable participants to review the data etc. and in doing so release more time in the actual session to work on solutions.

The surveys following the session are still being received as this report is being written and as such, the final evaluation of the session will be submitted to the EDG in October.
A formal debrief and pre planning session is being planned for October and a further specific update and improvement report will be submitted to the next meeting of the Committee.

6. Budgetary / Financial Implications

There are no direct budgetary implications associated with this paper. Resources for maintaining compliance oversight are built into the workforce teams where collaborative working with finance, planning and transformation alongside service and scheme leads for the relevant areas of the People Strategy Delivery Plan and Workforce Plan is taking place.

7. Risk Management

Direct risks to the organisation are linked to the deep dive areas highlighted above. All programme risks are monitored through the programme risk logs and reported directly through to the EDG- People & Culture and to the Risk Management Group dependant on where the risk lies.

8. Equality and Diversity Implications

There are no direct equality and diversity implications associated with this paper. All implications associated to the Delivery Plan and the Workforce Plan are covered directly by EQIAs carried out on each of the plans.

IMTP Priorities Update Report

Schemes being consolidated during 22/23

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments as required
a.2022.1	Care Home support		3.0		No update provided by the scheme
a.2022.3	Continuing Healthcare infrastructure		32.0		Not due to report in Q1
a.2022.5	Digitisation of Welsh Nursing Care Record		5.0		
a.2022.6	Eye Care		9.7		No update provided by the scheme
a.2022.7	Further development of the Academy		26.8		Not due to report in Q1
a.2022.8	Health & Safety Statutory Compliance		24.0		
a.2022.9	Home First Bureaus		25.6		No update provided by the scheme
a.2022.10	Implementation of Audiology pathway		14.8		There are some delays in recruitment due to unforeseen under delivery of the national streamlining scheme. Mitigating steps are being put in place including: strengthening of shared posts with secondary care audiology to provide more resilience in workforce and improved recruitment/retention; exploration of development posts for some B5 vacancies recruiting staff at band 3/4 and providing training and development to B5. Service delivery models will be adapted in some areas to accommodate this to ensure delivery of services during those training periods and to ensure appropriate clinical supervision.
a.2022.11	Improving minimal access surgery in gynaecology and north Wales specialist endometriosis care		4.6		Not due to report in Q1
a.2022.14	Mental Health Improvement scheme - AISB Joint Commissioning				No Workforce Implications
a.2022.15	Mental Health Improvement scheme - CAMHS Training and Recruitment		3.0		Not due to report in Q1
a.2022.16	Mental Health Improvement scheme - CAMHS Transition and Joint working		5.0		No update provided by the scheme
a.2022.17	Mental Health Improvement scheme - Early Intervention in Psychosis		12.0		Not due to report in Q1
a.2022.18	Mental Health Improvement scheme - Eating Disorders Service development		9.2		Not due to report in Q1
a.2022.19	Mental Health Improvement scheme - ICAN Primary Care		33.0		Not due to report in Q1
a.2022.20	Mental Health Improvement scheme - Medicines Management support		9.0		Not due to report in Q1

a.2022.21	Mental Health Improvement scheme - Neurodevelopment recovery				No Worforce Implications
a.2022.22	Mental Health Improvement scheme - Occupational Therapy		9.0		Not due to report in Q1
a.2022.23	Mental Health Improvement scheme - Older Persons Crisis Care		30.0		Not due to report in Q1
a.2022.24	Mental Health Improvement scheme - Perinatal Mental Health Services		5.5		Not due to report in Q1
a.2022.25	Mental Health Improvement scheme - Psychiatric Liaison Services		10.5		Not due to report in Q1
a.2022.27	North Wales Medical & Health Sciences School				No Workforce Implications
a.2022.28	Operating Model		9.0		
a.2022.29	People & OD Strategy – Stronger Together		8.0		
a.2022.30	Radiology sustainable plan				No Workforce Implications
a.2022.31	Regional Treatment Centres		9.0		
a.2022.32	Speak Out Safely		1.6		
a.2022.33	Staff Support and Wellbeing		7.0		
a.2022.34	Strengthening emergency department (ED) & SDEC workforce to improve patient flow.		117.8		No update provided by the scheme
a.2022.35	Stroke services		29.1		No update provided by the scheme
a.2022.36	Suspected cancer pathway improvement		6.9		No update provided by the scheme
a.2022.37	Urgent Primary Care Centres		12.5		Queries raised re current staffing position alignment and the elements of the plan, this is being clarified with programme lead
a.2022.38	Urology - Robot Assisted Surgery				No Workforce Implications
a.2022.39	Vascular		53.2		No update provided by the scheme
a.2022.40	Video consultations				No Workforce Implications
a.2022.41	Welsh Community Care Information System (WCCIS)		28.9		Implementation has been delayed from April to September to to various issues. Recruitment of staff to now coincide with revised roll out date
a.2022.42	Welsh Language		3.5		
a.2022.43	Welsh Patient Administration System		9.0		
a.2022.44	Widening of Primary Care workforce		27.0		Not due to report in Q1
a.2022.45	Workforce Operating Model – (inc. recruitment etc)		10.0		This scheme has been delayed slightly and will now go live in Q2

Schemes being commenced during 22/23

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments if Amber or Red
b2022.1	3rd sector strategy				No Workforce Implications
b2022.2	Accelerated Cluster Development				No Workforce Implications
b2022.3	Atlas of Variation		1.0		Not due to report in Q1
b2022.4	BCUPathways				No Workforce Implications
b2022.5	Building a Healthier Wales (BAHW)				No Workforce Implications
b2022.6	Commissioning unit		1.0		Not due to report in Q1
b2022.7	Community Pharmacy Enhanced Services - Alcohol and Blood Borne Viruses				No Workforce Implications
b2022.8	Diabetic Foot pathway		42.4		No update provided by the scheme
b2022.9	Foundational Economy Strategy/Policy				No Workforce Implications
b2022.10	Golden Value Metrics				No Workforce Implications
b2022.11	Implementing the Quality Act				No Workforce Implications
b2022.12	Inverse Care Law work		1.0		Not due to report in Q1
b2022.13	LEAN Healthcare system				No Workforce Implications
b2022.14	Recovery of Primary Care chronic disease monitoring				No Workforce Implications
b2022.15	Results management		5.0		

Planned Care Recovery Schemes during 22/23

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments if Amber or Red
Capacity – core and additional	Outsourcing				No Workforce Implications
	Insourcing		0.0		Not due to report in Q1
	Partnerships		34.4		No update provided by the scheme
Lean, value-focused support infrastucture - clinical	Radiology sustainability - scheme a.2022.30 in Consolidated schemes plan		0.0		Not due to report in Q1
	Oncology capacity		25.1		No update provided by the scheme
	Pathology		16.0		No update provided by the scheme
Lean, value-focused support infrastucture - administrative	Validation programme				No Workforce Implications
Pathway redesign	BetsiPathways e.g. Audiology - scheme a.2022.10 referenced in Consolidated schemes plan		0.0		Not due to report in Q1
	GIRFT / National Programme in 5 specialities				No Workforce Implications
	Patient Initiated Follow-up (PIFU) , See on Symptoms (SOS) , Advice & Guidance (A&G)				No Workforce Implications
	Pre-habilitation		22.6		No update provided by the scheme
	'Attend Anywhere'		0.0		Not due to report in Q1
Modernisation	Urology Robot		0.0		Not due to report in Q1
Building for the future	RTC project - a.2022.31 referenced in Consolidated schemes plan		0.0		Not due to report in Q1
Communication	Launch a Communication Strategy		0.0		Not due to report in Q1

Additional Schemes

Ref	Title	Initial Rating	Total (WTE)	Q1	Comments if Amber or Red
a.2022.2	Colwyn Bay Integrated services facility				No Workforce Implications
a.2022.4	COVID-19 vaccination and Test, Trace and Protect (TTP)				No Workforce Implications
a.2022.12	Long Covid		**32.4**		Project on track but not fully recruited due to lack of applicants.
a.2022.13	Lymphoedema				No Workforce Implications

Rapid Improvement Deep Dive – 18th August 2022

Focus: Recruitment Process Improvement

1. Situation

Following the independent review of the recruitment processes in operation within the Health Board conducted in late 2021 and early 2022, a significant amount of work has occurred to engage colleagues from across the organisation in a series of improvement cycles.

The aim of these improvement cycles has, and continues to be, to improve the efficiency of the recruitment process and pathway in line with best practice.

Despite the work undertaken to date, there remains the view, supported by numerous examples, that the process remains inefficient and is adversely impacting upon the ability of the Health Board to fill the vacancies it has. This situation has a consequential impact upon the quality and safety of service provision, inefficient use of public funds, through over reliance upon temporary premium staff, and reputational implications for the organisation.

The purpose of the proposed Rapid Improvement Deep Dive session on 18th August is to review the current ?situation? against the outputs of the independent recruitment review, improvement actions in place and planned, together with relevant benchmarking information to determine what additional actions are required to secure the level of improvement required at pace.

2. Background

2.1 Deep Dive

[1]Definition “an in-depth examination or analysis of a topic”

[2]A Deep Dive should be able to demonstrate that:

- we know what is wrong,
- we have a solution,
- we have a robust and effective plan in place to achieve improvement and
- we have instigated a regime of assurance that is consistent with our current risk appetite and tolerance levels for the issue identified

In addition, Deep Dives can be used by the Board when there is a lack of capacity or independent assurance that management and/or clinical actions have been

[1] Source Oxford English Dictionary

[2] Good Governance Institute – “What is a Deep Dive” July 2016

sufficient, timely or widespread, and/or to identify potential additional issues and solutions.

As part of our commitment to deploying evidence-based improvement, we are proposing to test the use of a methodology designed to:

- Enable and enhance engagement of clinical and operational teams in establishing a greater understanding and ownership of the issues; and
- Enable and enhance individual/team responsibility and accountability for the agreed actions required through the organisation; and
- Provide an opportunity for Independent Members of the Board to contribute and assess first-hand the issues, evidence and plans in place to secure the improvement required and in doing so, determine the level and type of assurance that can be taken from this.

2.2 Recruitment Improvement Review

In September 2021, an external independent organisation - Arana was commissioned by the service to conduct an Organisational Recruitment Process Improvement Review.

The focus of the review was to identify a current state map of the entire process along with the identification of any easily implemented improvements “quick wins” that could be implemented immediately. (It is important to note that this review was undertaken immediately after Stronger Together Discovery phase and concurrently with an operating model review.)

The purpose of this review was then to inform a comprehensive improvement plan for the department, organisation and partners in the NHS Wales Shared Service Partnership (NWSSP).

There was a level of recognition across the organisation at the start that the improvement required would not all be focussed on the recruitment team, but instead a wider collaboration with recruiting managers to describe the “pain points” across the process to enable improvement at all points to be achieved.

Using process improvement methodology, it was agreed that each stage of the review would result in 30, 60 and 90 day improvement cycles.

The review followed the three-stage methodology already embedded within BCUHB – discovery, design and delivery. In early discussions with the project team, it was agreed that the review needed to be collaborative, inclusive and co-designed with key individuals across the organisation. The level of engagement required would be critical, as any decisions made around changes in the process should empower people to deliver collectively. It is important to note that this review has not focussed on culture and people, but just process only at this stage.

2.2.1 Discovery – phase 1: Current State

The approach used was to obtain views from all perspectives by listening to different elements based on six sigma principles of voice of the customer (VoC), voice of the business (VoB), and voice of the process (VoP).

For clarity:

VoC – any touch points where an organisation connects with the customer. It is an opportunity to collect data to understand and influence behaviour.

VoB –summarises all the needs related to the business and its stakeholders.

VoP –understanding the current process to find out what happens over a certain period of time as well as the performance and capability of a process to perform.

For this review, we engaged with the following:

- The voice of the workforce teams/staff (VoB)
- The voice of the recruiting managers and service recipients (VoC)
- The voice of the organisation (VoB)
- The voice of the process itself (VoP)

By hearing all of these voices, we could identify and prioritise issues within the process.

2.2.2 Discovery – phase 2:

A number of engagement sessions and interventions were identified and carried out in order to understand the different voices so that a current state picture could be created.

Stakeholders were invited to attend separate working groups related to key parts of the process and to get involved in the co-design phase:

- Process mapping - advert to conditional offer and conditional offer to unconditional offer
- It was identified at this point that the medical recruitment and consultant post process needed to be examined separately. This is part of phase 2 and is was reported out in May for review through the Executive Delivery Group.
- In depth surveys were carried out with 225 responses, and presented in the co-design sessions.
- Current state maps were developed by working through the “role journey” from start to finish. These were also presented in the co-design sessions.

Customer surveys from NWSSP – a) Applicant advert to interview survey, b) Applicant – on boarding survey, c) Manager – advert to interview survey, and d) Manager – on boarding survey. These were all presented in the co-design sessions.

2.2.3 Discovery – findings:

From the surveys undertaken that elicited 225 responses, a summary of the feedback is described below:

- By a significant margin, the biggest concern was around delays and an underlying trend throughout almost every answer linked to around delays and staff experience in the recruitment process.
- Concerns were raised relating to outgoing workers not being replaced before they had left, and there being delays while the new incoming member of staff have to learn the role without any handover, and this was affecting the service they provide.
- Further concerns were raised with TRAC and the inability to use it properly, either because of lack of training, or due to not using it regularly. This resulted in the system not being populated properly and incurring further delays.
- When the mapping of the current state recruitment process for AfC roles took place, it identified a number of issues with the process as it stood at the time. These are listed below:
- A consecutive and duplicated process loop in the vacancy authorisation process which was leading to it taking on average 19 days to process a vacancy authorisation
- Certain authorisations such as a change of hours currently went through the same authorisation process, adding to work volumes and creating delays in the authorisation of real vacancies
- There was significant duplication of work between finance and the establishment control team in relation to the checks both teams carry out
- There is duplication in quality checks carried out between establishment control team and NWSSP
- There is inconsistency in job description and person specification for similar roles leading to extra checks being carried out and delays in processing vacancies
- Varied and non-systematic staff role checks carried out by Establishment Control (EC) team leading to delays in processing high volume vacancies
- Lack of visibility of what roles require what level of DBS check in the TRAC system leading to lengthy delays in DBS check stage of hiring process
- Managers felt they did not have the autonomy to recruit within their own budget, owing to excessive approval stages in the system
- An excessive amount of duplicate manual input into ECR and TRAC
- Excessive approvals required to re-advertise roles
- Having to go back through the whole vacancy process once an advert had expired after 6 months even when there were multiple rolling vacancies in that area such as band 5 nurses
- Welsh Language essential criteria restricting the number of applicants to certain posts
- Delays in Occupational Health checks causing delay in appointing to roles
- A lack of clarity in the qualifications and experience required when checks are being made is delaying the appointment process

- A lack of clarity in the candidate guidance on the importance of the identity check and the link to DBS processing is causing delay in candidates start dates

2.2.4 Design phase

The design phase involved a number of engagement sessions with stakeholders to support the analysis of the current state process map and to suggest areas for improvement within the current processes.

From the co design engagement, sub-groups of stakeholders from each session worked with Ararna and the recruitment team to determine improvements that could be practically implemented in 30, 60 and 90 day improvement cycles.

These improvement cycles form the focus of this review. The improvement cycles are enablers for the organisation, clearly defining areas where processes can be streamlined and made more efficient through the stages of the recruitment role journey.

Theme	Improvement Cycle	Owner
Theme 1 (4 improvement cycles)	Remove the need for Divisional Management Team approval from specific vacancies	Finance Team
	Streamlining of the process for Heads of Service (HoS), who initiate an Establishment Control (EC) form	EC Team
	HoS inputting check to ensure correct and unblock unnecessary delays	Recruiting Managers
	Shift Finance, EC Team and HoS to work concurrently rather than consecutively including software updates to unlock fields	EC Team
Theme 2 (6 improvement cycles)	Eliminate system duplication and EC Team to carry out granting checks	EC & Recruitment Teams
	Standardised Job Description and Person Specification	Recruitment Team & Recruiting Managers
	Introduce Staff Group/Role Grouping	EC Team
	Test Staff Group Focus Days	Recruitment team and Recruiting Managers
	Official Job Evaluation reference numbers will be encouraged and also access to the JE main library will be granted to all recruiting managers	EC Team & Recruiting Managers
	Removing manual inputs for DBS	Recruitment Team
Theme 3 (3 improvement cycles)	Remove HR approval for approving adverts for (3-6 months) and review all thresholds around re-advertising for permanent posts	NWSSP
	Extend adverts where appropriate rather than re-advertise them from scratch	NWSSP
	Expand pool by exploring Welsh Essential to Welsh to be learned posts	Recruitment Team
Theme 4 (3 improvement cycles)	Widen Occupational Health (OH) self-declaration list to remove delays in hiring process	Recruitment Team, OH Team and NWSSP
	Equivalent qualification vs equivalent experience mapping document developed to allow easier checks against roles	NWSSP
	Improve applicant experience and give clear explanation that ID check is needed to progress the DBS check, as	NWSSP

	well as completed DBS forms –improvement to conditional offer letter	

In addition, following a number of sessions it was agreed that the recruitment process for medical and dental roles would be separated out and additional co design would be undertaken.

Process area	Improvement cycles
Theme 1 = Initial four approval stages, a) finance b) EC Team c) Head of Service (HoS) d) DMT approval (19 days set standard)	1 improvement cycle
Theme 2 = Creation of vacancy and verification through to granting checks (14 days set standard)	4 improvement cycles
Theme 3 = Advert to offer letter (16 days set standard)	4 improvement cycles
Theme 4 = PECs (27 days set standard)	4 improvement cycles

Baselines together with target Key Performance Indicators were established for each of the improvement cycles. Work has continued against each of the improvement cycles and some progress has been made, however this has not been at the level and pace required.

Alongside these themes, a number of additional 'getting the basics right' initiatives have been identified by the workforce teams where additional improvements can be made to reduce flow and workload across the teams. These are listed below and are owned by the workforce teams:

- New Appointment form to be automated
- Develop New Starter dashboard for early mandatory training access prior start date
- Stream-line Pre-Employment Checks process across the recruitment team
- Develop and implement revised internal moves process
- Automate social media publishing process

2.2.5 NHS Wales Shared Services Partnership (NWSSP) – Recruitment Modernisation Programme

NWSSP presented a proposal to all Wales Workforce Directors Peer Group meeting in May 2022 for the establishment of an all Wales Recruitment Modernisation Programme. This was in response to significant feedback from Health Boards across Wales regarding the need to achieve significant improvement in the efficiency of the

recruitment and on boarding processes. The programme is split into 3 key areas of focus:

- Process
- Technology
- Education

Under each of these areas there are changes to be made to the current processes with a timetable against them. A number of these changes have previously been built into the improvement cycles for BCUHB but with the requirement for “workarounds” to be put in place. Ensuring these changes are made on time at national level will reduce/remove the need for workarounds but in doing so have delayed some of the changes in BCUHB.

2.2.6 How does BCUHB compare across Wales

2.2.6.1 Recruitment Performance

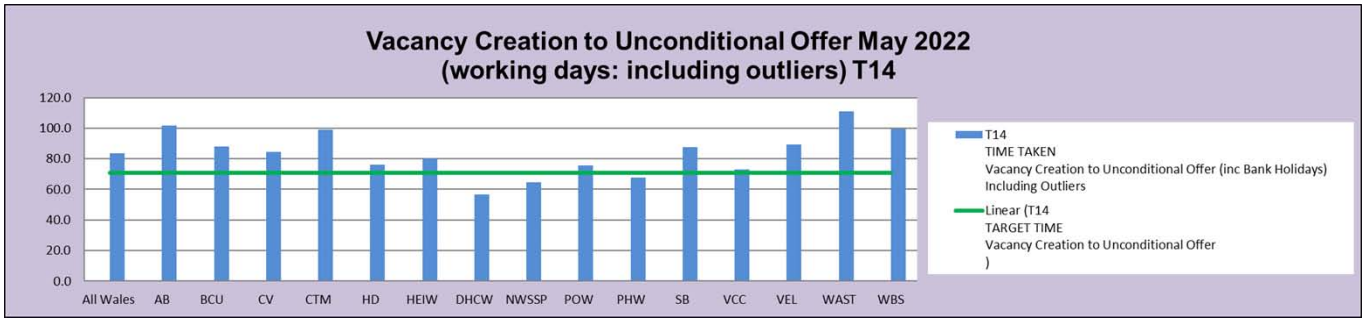
We receive a recruitment performance report on a monthly basis from NWSSP. This report includes both volumes and performance against the KPIs for each stage of the process and compares each Health Board to the All Wales performance and individual Health Boards.

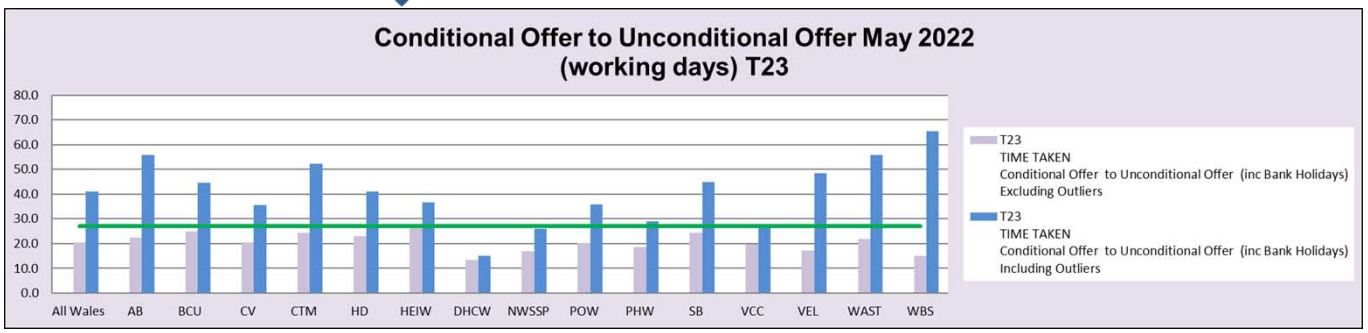
This information is shared as part of the workforce performance reports to PPPH and PFIG and as part of the overall NWSSP report to PFIG and Board.

The information is also used to triangulate progress against the internal improvement cycles.

BCUHB has by far the highest volume of vacancies raised (average 500 per month) and FTE (750 per month) being raised per month and accounts for approximately one third of activity for NWSSP.

BCUHB performance against vacancy creation to unconditional offer KPI of 71 days is 48.1% for May 2022 and for vacancy creation to conditional offer KPI of 44 days is 63.1%





Of note is the data included and excluded in the second table above. This excludes outliers and we know from the information we have that there are significant backlogs in processing pre-employment checks.

Clearly there is significantly more detail beneath this against each of the stages of recruitment and on boarding which will be used as part of the Rapid Deep Dive.

2.2.6.2 Vacancy Levels

Information on vacancy levels across Wales is less easily or frequently available. However, there is a programme of work underway, led by the All Wales Workforce Directors Peer group and supported by the All Wales Chief Executive management Team CEMT to develop a standardised workforce reporting framework enabled by agreed planning and recording principles and alignment of systems and functionality across all health boards e.g. establishment control – not all health boards have establishments or establishment control and as such cannot report funded establishment to actuals in post (i.e. vacancies) reliably.

An example of the information that will be available includes work done to date re registered nursing vacancies as part of the nursing workforce modelling.

The data below was up to date as of April 2022 and is accurate with exception of Aneurin Bevan where the vacancy level has been updated subsequently to 450 and a vacancy rate of 11%

Organisation	Establishment	In Post	Vacancies	Vac %
Aneurin Bevan UHB	3974	3779	195	4.9
Betsi Cadwaladr UHB	5864	5265	599	10.2
Cardiff and Vale UHB	4563.27	4141.86	421.41	9.2
Cwm Taf Morgannwg UHB	3802	3593	209	5.5
Hywel Dda UHB	3175.9	2759.7	416.2	13.1
Powys tHB	638.77	546.65	92.12	14.4
Swansea Bay UHB	3947.77	3540.98	406.79	10.6
Public Health Wales	112	97	15	13.4
Velindre NHS Trust	245.05	207.31	37.74	15.4
Welsh Ambulance Service NHS Trust	246.66	220.53	26.14	10.6
Digital Health and Care Wales	14	14	0	0
TOTAL	26583.42	24165.03	2418.4	9.1

3. Assessment

3.1 Focus for this Rapid Deep Dive Session

The amount of information provided in section 2, and the amount of information not included e.g.

- international recruitment performance, are we moving at the pace and scale required?,
- retention – are we recruiting more people than we are losing?,
- are there enough people being trained nationally and locally?
- are there sufficient bank and agency to fill the gaps?
- if we are never going to fill all of the vacancies how do we redesign services?
- the list goes on….

This illustrates that the actions required to address the risks associated with resourcing delivery of our plans are multifaceted and not all solely in the gift or direct control of the organisation.

It is therefore important that the scope of the first Rapid Deep Dive Session is focussed upon getting the basics right i.e. the efficiency of the process and in doing so, identifying the focus for future Deep Dives as part of a series.

Using the [3]Kipling Method to define the problem statement, the proposed overarching statement for this session is:

“The complexity and inefficiency of the recruitment process is reducing the ability of recruiting managers to fill posts in a timely way resulting in:

[3] Source Betsi Way Improvement Toolkit

- Gaps in teams with increased risk of overload for staff and/or poor-quality care/service;
- Reliance on premium rate temporary staff/spend;
- Reduction in confidence in the health board for candidates and NWSSP and recruitment service for recruiting managers”

It is important that this session is not used to repeat or rework the work done to date. However, it is also critical that those joining this session are able to review the outputs of the review to date in order to then be able to focus on whether all of the issues have been identified and captured, whether the current improvement cycles are comprehensive and robust enough, and what needs to be done to accelerate the improvements required.

3.2 Leadership of and participation in the Rapid Deep Dive Session

The session will be led by the Director of Transformation and Improvement with co facilitation from Ararna (external partner).

Using the same principle as the review we have invited representatives from the following groups:

- ✓ Voice of the Customer – recruiting managers, clinical and operational team members, new recruits (all levels)
- ✓ Voice of the Business – service managers and team members (all levels), HR managers, Trade Union representatives, Board Committee colleagues (Independent Members and Executives/senior leaders)
- ✓ Voice of the process – recruitment team members, job evaluation team members, Welsh language team members, NWSSP team members

The session is currently scheduled to be held in Venue Cymru but can be moved to TEAMs if the Covid Risk assessment indicates this is necessary. .

3.3 Data Gathering

As part of the planning for this session the following data is being collated and through the process of pre-planning, we will confirm the data to be provided in advance and data to be used and available to be used during the session.

Source	Detail	Data Reference No.
Independent review	Baseline process maps and performance	1
	Recommendations	2
	Improvement cycle detail	3
	Improvement cycle progress against plan	4
NWSSP Recruitment Modernisation Programme	Improvement plan and timetable	5
Workforce dashboard	Establishment – actuals in post	6

	Vacancy detail by patch and staff group	7
	Pipeline of live recruitment	8
	Vacancy with no active recruitment	9
	Agency profile by patch and staff group	10
	Bank profile by patch and staff group	11
	Overtime/additional activity profile by patch and staff group	12
Extract from Health Boards annual Plans	Vacancy comparison	13
Recruitment performance	Volume of activity	14
	Performance against national KPIs)(inc external benchmarking)	15
	Performance against internal stretch KPIs (including internal benchmarking)	16
	International recruitment performance and plans	17
	Bespoke campaign performance and plans	18
Exemplar and Outliers	Case studies/live examples to work through	19
Job Evaluation	Job Library content	20
	Performance against KPIs	21
Welsh Language	Process and performance against KPIs	22

3.4 Output from Session

The primary purpose of this session is to identify ways to improve the efficiency of the recruitment process at pace and scale. Therefore, the first priority output needs to confirm the additional or enhanced changes to the current process, what is expected to be delivered as an outcome and timescale from these changes, how they will be managed to ensure delivery and where will this be overseen.

The second priority output is to confirm problem statements identified through the course of the session to enable planning for the next in the series of Deep Dives.

Finally, an assessment of the level and type of assurance that can be derived from both the information and discussion/work during the session will be undertaken. This, together with the outputs and forward plan will then be submitted to PPPH and PFIG Committees.

4. Recommendation

It is recommended that the proposed scope and plan for this session is noted and that the format for evaluation of the method, content and output from the session is agreed with Chairs of PPPH and PFIG prior to be reported in the next Committee cycle in September.

TRAWSNEWID & GWELLIANT
TRANSFORMATION & IMPROVEMENT

Recruitment Deep Dive Workshop Feedback

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

Key Highlights

1. We had 54 delegates in attendance at the Venue and 8 delegate in the virtual room
2. The Session feedback and the engagement was solutions driven
3. We went through the recruitment process in detail
4. We know what the next steps are and how to resolve key organisational frustrations
5. Mutual Consensus that the next deep dive workshop will be focused on Candidate Attraction and Employer Branding

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

TRAWSNEWID & GWELLIANT
TRANSFORMATION & IMPROVEMENT

What's missing from the current 4 improvement themes?

Theme 1 – **Establishment control**

Theme 2 – **Creation and verification of vacancy**

Theme 3 – **Advert to offer**

Theme 4 – **Offer stage to on-boarding**

- The ask:-
  - Assess the information you have been provided with from this morning alongside the process maps.
    - Agenda for Change
    - Medical Recruitment
    - Consultant Posts
  - Focus on
    - Improvement vs redesign
    - Delays/waste/risks/touchpoints/handoffs (swim lanes)
    - Reduce variability/explore standardisation
    - End to end means that as you explore the next theme you may realise that by changing something earlier in the process it improves or minimises delays/errors in this theme.
    - What improvements will have the most impact on the whole process?

Breakout Theme 1: Establishment Control

Baseline KPI 19 calendar days	Current KPI 12 calendar days (7 calendar fast track process)	Stretch KPI 7 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Taking established budgeted posts out of the approval process. Drop down for all funded position numbers whereby managers are able to pick the position that they are recruiting to from the position numbers and can then automatically go onto TRAC. Having a single system instead of multiple.	Possibility of going over budget. System may not be linked to ESR and Finance a link will need to be made between finance and ESR.	Time and duplication of effort for hiring managers, not losing staff due to long turn over times. Staff can be released to do their day job.	Workforce – Systems
Automation of TRAC, Finance and ESR and system interoperability	Linking systems and how they work together	Eliminating waste, saving managers time on duplication	Workforce to lead and IT and national team to support – Systems
No space for innovation in roles	No integrated budget/service/professional risks – cross boundary responsibility	Freedom for role design. Different in ways of working / supporting clinical pathways / transformation / efficiencies Value added outcome Link service, workplace / budget and most important quality	Service team – empowered to influence change/improvement Supported by workplace/enabler
Trust managers and give them autonomy to manage their own budgets Increase and decrease in levels should be made at local level	Financial control measures	Managers will feel trusted and that they have autonomy for their recruitment and process	EC team and workforce
Clarity on when recruiting managers (RM's) can commence establishment control (EC) process? Do they have to wait for resignations	If notice is not received, request can be withdrawn	Reduction in delays potential 4-8 weeks	EC Team

Breakout Theme 2: Creation and verification of vacancy

Baseline KPI 14 calendar days	Current KPI 14 calendar days	Stretch KPI 7 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Singular job descriptions for roles and for welsh translation. To have variants of roles that have specific requirements that lie outside of the norm. Adopting national role profiles and job descriptions. Getting managers to use standardised process for all new hires and add the career frameworks to be added to the JD.	Trade unions may have issues with national profiles. They can be used for all new vacancies that go out. May lose potential flexibility for specialised roles.	Save manager time and eliminate frustration. Release manager time Largest Impact	Partnership forum for the strategy to go forward • Workforce Teams • Hiring Mangers • Job Evaluation Team • Welsh language
Making TRAC easier and auto populating information for standard roles. Having an agreed pre-population for each speciality.	Technological and system constraints	Quick Wins	• Workforce Team • NWSSP • IT
The TRAC dropdown for Welsh is currently blank. Having prepopulated Welsh selections for managers to choose from to speed up administration time.	Technological and system constraints	Quick Wins	• Workforce • Shared Service • Welsh Language Team
Have a in-depth look at the job evaluation process. How can we make incremental improvements to the process.			Centrally co-ordinated function consisting of Hiring Managers, Workforce and JE Team.
Having a more engaged process for managers not just having TRAC, managers engaging with candidates about interview dates, start dates	Manager time constraints	Keep in touch with candidate How? Important Hiring manager to engage their new employee. - Build relationships - Quickly as possible - Want to join us? ……. - Engage to our EES	Recruitment Managers having more ownership Rec Team
Marketing – Facebook, LinkedIn, BCUHB template social media – corporate branding standardise		Better and easier candidate attraction and advertising for managers	Workforce for templates Managers for posting
Recruitment bureau – experts within BCUHB – 1 in each health board economy – overview in that locality	Costing and budgets	Better overall support for managers in the recruitment process, less silo working between sites and divisions overall more joined up approach	Workforce Finance Execs

Breakout Theme 2: Creation and verification of vacancy

Baseline KPI 14 calenar days	Current KPI 14 calendar days	Stretch KPI 78calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Retention of core supporting documents in addition to adverts e.g. occupational health forms on new vacancies			
Technical issues with shortlisting on TRAC when passing on applications	Frustration and technology, the system is very clunky	Less time repeating tasks	Workforce NWSSP
Decision needed on what is a vacancy i.e. 37.5, 15 hours	Risk of challenge Equal opportunity	Manager autonomy	WOD
Additional detail needed on working patterns when advertising PT posts			Recruiting managers (RM's)
Location needed on TRAC		Less Manual inputting	Workforce NWSSP

Breakout Theme 3: Advert live to offer

Baseline KPI 196 calendar days	Current KPI 16 calendar days	Stretch KPI 12 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this?
Standardised Shortlisting criteria for each advert and having prepopulated fields for roles.	Process and Technology Constraints	Quicker Process and less frustration for managers	Hiring Teams, WL Teams and NWSSP
Use of a talent Pool, have candidates that came as a runner up in an interview in a talent pool accessible to managers	Technology and time Communications to managers about the candidate and communications to the candidate about the possibility of other positions	A pool of candidates that are a possible good fit for the position that you are recruiting to	Workforce Team NWSSP Hiring Managers
Value based Interviews and Debias recruitment panels	Managers knowledge and understanding of value based interviews	More inclusive process, hiring candidates that match the values of the organisation as well as being the right fit for the job. More positive interview process for candidates	Workforce Team
The need for continues recruitment i.e. rolling ads	Systems		TRAC
Availability of recruiting managers (RM's) for applicants to contact whilst job is live		Better communications with applicants and better engagement	Workforce Hiring managers
Better communications to applicants	Time constraints	Candidates will not be left in the dark about positions that they have been successful for. IA more positive experience for candidates, managers will be able to build key relationships and candidates should move through the system faster	Workforce Team NWSSP Managers
Mandate Provisional Start Dates and Mandating shortlist and interview date	System and process constraints	Candidates will know when they are starting so that they can resign from current position instead of waiting for all PEC's to be completed	Workforce Team NWSSP Managers

Breakout Theme 3: Advert live to offer

Baseline KPI 196 calendar days	Current KPI 16 calendar days	Stretch KPI 12 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this? o Workforce team o NWSSP o Key recruiting managers o Job Evaluation Team o Welsh Language Team o Other (i.e. Organisational Approval Exec)
Electronic ID checks	Technology for those who do not have access	Quicker PEC's	Candidate NWSSP
Replacing other advertising options online websites/publications, Decent advert – BCU as attractive option – team presentation	Cost? Is this a lack of awareness/understanding What options are available		WOD/NWSSP/RM'S
Independent panel bureau – arrange interviews – one panel – nurse recruitment days	Finance	Central Control eliminating manager delays	Workforce
Recruitment days	Communication Location Facilities and staff	May have better opportunity for recruiting HCA's	
Interview as applications come in for large vacancy roles, not waiting for closing date, you can clone the vacancy and continue to advertise	Remuneration package/include in advertising	Over recruit, based on turnover rate	Workforce Managers

Breakout Theme 4: Breakout Theme 4: Offer stage to on-boarding

Baseline KPI 27 calendar days	Current KPI 27 calendar days (7 calendar fast track process)	Stretch KPI 22 calendar days

What do you feel is missing from the improvements identified to date?	What are the barriers and risks to your suggestion?	What will be the impact/benefit of your suggestion?	Please indication who is accountable for this? o Workforce team o NWSSP o Key recruiting managers o Job Evaluation Team o Welsh Language Team o Other (i.e. Organisational Approval Exec)
ID checks – electronic instructions not always understood and support for external candidates who are not IT literate		Recruitment support roles – keep in touch with candidates Keep their interest	Senior teams meet with new employees once a month – understand any issues Know all of the team
Separation of checks from internal and external candidates		Speedier move of internal candidates	Separation of checks from internal and external candidates
Management involvement and ownership of the process	Educate recruiting managers on what is available The role they can play in applicant experience and reduce time to hire	Reduces time	Management involvement and ownership of the process
Do we really need conditional and unconditional offers		Faster recruitment process with a single starting letter. Candidates will be able to hand in resignation letter earlier	Workforce NWSSP
Communication/engagement with TRAC team need to chase	Delays in process to recruit	Dashboard – to review progress/stage	NWSSP

Improving our Communications

- We will be providing regular assurance to the Board on improvements made, and will provide monthly updates to the People & Culture EDG.

- A new page for the recruitment improvement work is being added to BESTI net dedicated to the Improvement Programme, we will be posting regular updates on this channel regarding our progress throughout the improvement work

- We will be circulating a monthly communication to all hiring managers with updates from the recruitment improvement work starting from September 2022

- We will be hosting staff engagement sessions for any upcoming changes and user acceptance testing

- We will involve staff networks and send regular updates on the recruitment improvement programme

- We will improve our feedback loop, collecting staff feedback and monitoring where changes have been made have had an impact on improving the recruitment process, manager and candidate experience.

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

TRAWSNEWID & GWELLIANT
TRANSFORMATION & IMPROVEMENT

Next Steps, where do we go from here?

- Reviewing the role, branding and application of establishment control and a new proposed process based on the feedback given at the deep dive workshop will be completed by 5th September 2020 along with proposed implementation plan. Once agreed we will be communicating the planned changes through stakeholder engagement groups and user acceptance testing groups. The overarching plan will be published on the BESTI.net improvement page

- Develop current Recruitment Improvement plan to include the additional theme actions working with Arana to prioritise the actions in line with current plan, this will be published on the BESTI.net improvement page and included in the monthly Recruitment Improvement communication.

- Agree date for the next Rapid Deep Dive Workshop on Candidate Attraction and Employer Branding, collate data packs and agree session themes based on Recruitment Deep Dive Workshop feedback.

Teitl adroddiad: ***Report title:***	Corporate Health Standard up-date			
Adrodd i: ***Report to:***	Strategy, Partnership and Population Health Committee.			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	The paper provides an update on the current position of the Corporate Health Standards.			
Argymhellion: ***Recommendations:***	Note the contents of the report.			
Arweinydd Gweithredol: ***Executive Lead:***	Sue Green Executive Director of Workforce and Organisational Development.			
Awdur yr Adroddiad: ***Report Author:***	Gavin Jones Lead Health And Wellbeing Intervention Co-ordinator, Occupational Health.			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	All			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Best practice requirements, not directly linked to legislative compliance.			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	An EqiA has been undertaken for the implementation of the Corprate Health standrads.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	A Socio-economic impact assessment has not been identified as being necessary for the preparation of the update to the corporate health standards.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The risks associated with this paper are identified as having limited time to complete the new standards. Formal discussions are being held to identify a more realistic timeframe and reduce the risk identified.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	None specifically identified.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Improved staff wellbeing and healthier workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Awaiting response from Welsh Government and Public Health Wales	
Rhestr o Atodiadau: **List of Appendices:** None	

Partnership, People and Population Health Committee
13.9.22
Corporate Health Standard up-date

1. Introduction

The purpose of this report is to provide an up-date on the progress of the BCUHB Corporate Health Standard award and re-validation assessment.

1.1 Background

Since achieving both Gold and Platinum awards in June 2018, the health board has been up-dating and reviewing its Corporate Health Standard (CHS) action plan in line with the re-validation requirements as set out by Public Health Wales (PHW). The health board was due to re-validate its awards in June 2021 following on from the success of achieving the 3 year awards. However, due to the on going pandemic, the programme was given a 6 month extension to allow for additional planning and support in light of the on going COVID-19 work. The title 're-validation' was also changed to 'status check', given the challenging situation the health board was working through. Meaning the health board would not formally go through a full re-validation but rather a 'status check' to understand the current state of play and work being carried out. The status check meeting took place in December 2021 where assessors and the CHS lead met virtually to discuss the current state of play, review of the action plan and discuss future plans and work around the CHS programme.

The Health Board was successful at this 'status check' meeting and was given a further 12 month extension for both Gold and Platinum awards, taking the new date for re-validation to December 10th, 2022.

2. Corporate Health Standrads

A review of the standards during the past 12 months by Public Health Wales (PHW) and Welsh Government has led to a refresh of its approach to how they would support future CHS of small and large scale organisations across Wales. As a result, the programme has been going through significant criteria changes and consultation to change the way it assesses organisations who are working through the CHS accreditation programme.

The details of the changes to the CHS are still unknown and we are currently waiting for an up-date from PHW on what the new criteria for assessment will look like and when this will come into effect. Given the tight time frame left until December 10th 2022 and the work required to gather evidence for the re-validation assessment, the CHS lead has escalated to PHW that the health board will not have the required time to meet the December 10th 2022 re-validation date and has requested a deferral into 2023. This is pending the arrival of the new CHS criteria and assessment programme. The health board is now awaiting confirmation of a revised date for assessment and a review of the new look CHS awards criteria structure.

Current actions in place:

- Review and refresh of the CHS action plan.

- Up-dating and gathering evidence of best practice and effective health and wellbeing programmes.
- Identification of a new case study to support the Platinum portfolio.
- Reviewing group memberships and up-dating the CHS leads for the required areas.
- Awaiting discussion with PHW colleagues on next steps for assessment.

Currently, BCUHB still holds the awards for Gold and Platinum level award for the CHS across Wales and intends to submit for re-validation of both awards in 2023.

3. Financial Implications

There is no financial implication.

4. Risk Management

Due to the delays in the re-design of the corporate health standards assessment criteria, it is unikely BCUHB will be able to re-validate their awards in December 2022. This has been escalated to PHW and we are waiting for further information on th next steps for re-validation.

5. Equality and Diversity Implications

This is a voluntary standard and non-compliance will have limited impact. However, the standard promotes best practice on health and wellbeing activity for BCUHB, by providing a framework that improves staff health and wellbeing at work. This includes both physical and mental health.

PPPH
13 September 2022

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Population Health EDG - Chair's Report

Name of EDG:	**Population Health Executive Delivery Group**
Meeting date(s):	**19/07/22, 11/08/22, 23/08/22**
Name of Chair:	**Teresa Owen, Executive Director of Public Health**
Responsible Director:	**Teresa Owen, Executive Director of Public Health**
Summary of business discussed:	The Population Health Executive Delivery Group (PHEDG) is still in its early stages of formation. The group is building on the previous meetings of the population health group, HIRIG (Health Improvement and reducing inequalities group), HIIT (Health Improvement and Inequalities Team) and HI;HI (Health Improvement and Health Inequalities) – which have all focussed on health improvement and population health matters – with a special focus on cross HB working. The EDG focus on population is welcomed, as is the decision for a sole focus on this arena of work. In recent PHEDG meetings, the focus has been agreeing draft Terms of Reference – whilst we await further detail on wider EDG governance and interconnectedness arrangements. Given the changes to the operating model, membership will need reviewing in due course however, at this stage the loyal and enthusiastic membership from across the HB are maintaining the focus on population health. PHEDG activity is aligned to the work of the planning team, in order that population health can be a focus of the next IMTP submission. During July, PHEDG held a dedicated session to review, challenge and prioritise business cases. During August, commission intentions for 23/24, 24/25 and 25 onwards were developed which will guide the operational and corporate teams (Integrated health communities, pan North Wales functions and MHLD) to focus their actions in response. The PHEDG maintains a schedule of deep dive sessions – most recently in relation to oral care – adults and children, which highlighted the challenges across North wales in relation to oral care issues.

	The use and development of essential data has been a constant theme in these initial PHEDG meetings and something to be further explored. The right data will help to progress planning across North Wales through a whole system approach, as the Health Board and our partners develop greater understanding of the impact of health promotion, preventative and early intervention work.
Key assurances provided at this meeting:	• Progress updates on population health related projects • Corporate planning timescales are met. • Business cases are subject to review and challenge • Project Initiation Documents (PIDs) in place and shared – for the key work-plans. • The PHEDG continues to benefit from the established Building a Healthier North Wales Partner Network which was established through HIRIG.
Key risks including mitigating actions and milestones	• The TUPE Transfer of the PH team is currently underway. The team are pivotal for the discussions of the EDG. The main mitigation is that there is a Project group is in place to ensure the transfer work is on track and prioritised. • Capacity given ongoing COVID-19 work. At present the numbers are in decline once more, however there is an expectation that the HB will need to escalate support if a surge is seen. The TTP team and vaccinations teams are key mitigating services/ actions at this time. • The operating model changes are currently ongoing. The voice of the operational teams (all – IHCs, MHLD and Pan North Wales services) are key for the PHEDG to be successful. We have not yet changed any membership form the previous population health group, and will use the expertise at the table until the operating model staffing arrangements strengthen. • Current funding streams are non-recurrent post 24/25. We are actively prioritising the continuation of current services and projects in our plans. • Our plans do not reflect true scale of requirement for population need. This is a continuing risk which is reported at the corporate Risk Management Group.
Targeted Intervention Improvement Framework Domain addressed	The Population Health EDG supports all the TI domains listed below: • Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	None.

Matters requiring escalation to the Board:	None.
Well-being of Future Generations Act Sustainable Development Principle	The business of the EDG aligns well with the sustainable development principles – especially: 1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse.
Planned business for the next meeting:	• Finalising commission intentions. • Reviewing Draft Terms of Reference – in line with EDG governance work.
Date of next meeting:	19/9/22

PPPH

13 September 2022

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	North Wales Together for Mental Health Partnership Board T4MHPB)
Meeting date:	1 July 2022
Name of Chair:	Lucy Reid, Vice – Chair, BCUHB This meeting was chaired by the new T4MHPB Vice Chair: Mr Alwyn Jones, Director of Social Services, Wrexham County Council.
Responsible Director:	Teresa Owen, Executive Director of Public Health.
Summary of business discussed:	• A powerful young person's patient story was shared – the focus being on transition arrangements. • An update on the T4MH strategy renewal was provided. • The CAMHS No Wrong Door Report was discussed and the RPB endorsement was noted. • The governance arrangements going forward for the emotional health and wellbeing model of care were noted. • A helpful update was received on the work of the North Wales Suicide and self-harm group. • A crisis care briefing was provided, including an update on the benchmarking exercise against the HIW standards for crisis care.
Key assurances provided at this meeting:	• The progress on T4MH strategy - workshops are planned for Autumn 2022.
Key risks including mitigating actions and milestones	• No specific risks identified – Capacity is a constant theme given the volumes of mental health issues/presentations.
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None

Well-being of Future Generations Act Sustainable Development Principle	The Committee is focussed on a partnership approach to improving mental health and wellbeing. This aligns with the SD principle of 'working together with partners to deliver objectives'. The conversations at the committee relate to both short term and longer term approaches, with both a prevention and early intervention focus.
Planned business for the next meeting:	• T4MH strategy work – workshops being planned now. • Crisis Care update – including update on 111*2
Date of next meeting:	7 October 2022

Partnerships, People and Public Health Committee

13th September 2022

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

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Executive Delivery Group - Transformation
Meeting date:	14th July 2022
Name of Chair:	Chris Stockport, Executive Director of Transformation, Strategic Planning and Commissioning
Responsible Director:	Paolo Tardivel, Director of Transformation
Summary of business discussed:	Monthly programme highlight reports are received from each of the sub-Groups and any issues are noted for progression / escalation, either to the Executive Team or to relevant individuals. The sub-Groups that report to the EDG are: • Unscheduled Care • Planned Care • RTC • CAMHS • Cancer • Mental Health • Planning Strategy Oversight • Digital • Betsi Pathways • GIRFT (Getting It Right First Time)
Key assurances provided at this meeting:	The EDG format is maturing, in true improvement style, testing things out, learning and evolving. There is good progress being seen in a number of areas of work. Things to be aware of: • This EDG is becoming Transformation only, with Finance and Performance to be set up as a separate EDG – capital investment moving to separate EDG • Welsh translation issue delaying recruitment. Two pronged approach of us escalating specific hold ups with Exec lead for Welsh Language and W&OD offer to work with specific recruitment drives to put in place short term measures to help

	• Offline /online CEG (Clinical Effectiveness Governance) approval routes needed to be explored and agreed to not delay the final sign off of Betsi Pathways • Replacements being recruited for Unscheduled Care programme lead, ops lead and programme support • RTC (Regional Treatment Centres) gateway review planned (now complete) which will help inform approach going forward • Mental Health and Learning Disabilities update at next EDG will align to the emerging MHLD divisional plan • GIRFT (Getting it right first time) and Betsi Pathways updates added to EDG reporting and will continue going forward
Key risks including mitigating actions and milestones	N/A
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	N/A
Matters requiring escalation to the PPPH Committee:	N/A
Well-being of Future Generations Act Sustainable Development Principle	The highlight reports received from the sub-Groups address the development of proposals considered by the Committee and give adequate consideration to the sustainable development principles, including: 1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	The usual range of regular sub-Group highlight reports will be submitted and discussed. A rolling table of actions will also be discussed to ensure progress of actions in a timely manner.
Date of next meeting:	20th September 2022

Partnerships, People and Public Health Committee
13.9.22

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

To improve health and provide excellent care

EDG – People & Culture - Chair's Assurance Report

Name of Committee:	**People and Culture Executive Delivery Group (EDG)**
Meeting date of EDG:	**21st July 22**
Name of Chair:	**Sue Green, Executive Director of Workforce & Organisation**
Responsible Director(s):	**Sue Green, Executive Director of Workforce & Organisation** **Chris Stockport, Executive Director of Executive Director Transformation, Strategic Planning, And Commissioning**
Summary of business discussed:	Progress of delivery against the outcomes to be delivered by the five programmes of work as described in the People Strategy & Plan.
Key assurances provided at this meeting:	• Update provided on the progress of the programme; How We Organise Ourselves which is delivering our new Operating Model • Update provided on the progress of the mobilisation of the programme: The Way We Work which will deliver a number of new products/change including our new behavioural compact and deliver on the goal of increasing face to face two-way team briefing. • Update provided on the progress of the mobilisation of the programme: The Best of Our Abilities which will deliver a number of new products/change including recruitment, workforce planning and commissioning and Safe Environment. The following documents within this programme architecture received consent: o Recruitment Review update o Service & Workforce Review update o Recruitment Forward Plan o Business Case for Security o SBAR – Anti Racist Wales Action Plan o Recruitment Deep Dive o Safe Employment Compliance Report o Workforce Policies o Mandatory Training Review Group Report The following assurance reports were also submitted: • Performance Report • Nursing Recruitment & Review Group • Medical Workforce Board • TSCP Evaluation

Key risks including mitigating actions and milestones	• The cancellation of the Senior Responsible Officer (SRO) event (07.07.2022) has delayed the mobilisation of the portfolio in terms of agreement on scope, outcomes, programmes board membership and project leadership. This will have an impact on the ability to deliver the year 1 outcomes as defined in the People Strategy & plan. As a mitigation a series of smaller collaborative workshops/discussions are in the process of being scheduled. Timescales are therefore dependent upon availability, which in August is challenging due to a number of key stakeholders on annual leave. • Since this meeting, a series of individual Programme meetings are now scheduled with the SRO and associated project/programme leads to complete the detail required as described above. The outcome of these sessions will be discussed at the next scheduled EDG on 04.09.22)
Targeted Intervention Improvement Framework Domain addressed	• Leadership • Strategy, Planning and Performance • Engagement
Issues to be referred to another Committee	The need to develop a way of working to manage the interdependencies between Transformation EDG (What) and the Programme entitled How we Improvement and Transform (How).
Matters requiring escalation to the Board:	• None
Well-being of Future Generations Act Sustainable Development Principle	*Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.* *1.Balancing short term need with long term planning for the future;* *2.Working together with other partners to deliver objectives;* *3. Involving those with an interest and seeking their views;* *4.Putting resources into preventing problems occurring or getting worse; and* *5.Considering impact on all well-being goals together and on other bodies)*
Planned business for the next meeting:	Update on the progress of setting up the individual programme groups, mobilisation of project leadership, agreement on the outcomes to be delivered by each programme and the mapping of the interdependencies between these programmes and initiatives with where the scope of the work is closely aligned • How We Organise Ourselves • Our Way of Working • The Best of Our Abilities • Strategic Deployment • How we Improve & Transform The two new SROs will be in attendance. Angela Wood will be replacing Nick Lyons (Our Way of Working), and Dylan Roberts will be replacing Chris Stockport (How we Improve & Transform).

Date of next meeting:	24th August 2022. This meeting was stood down and has been rescheduled for 4th October 2022.

Report title:	**Regional Partnership Board update**			
Report to:	Partnerships, People and Population Health Committee			
Date of Meeting:	Tuesday, 13 September 2022			
Executive Summary:	The purpose of this paper is to provide an update to the Committee on the work programme of the Regional Partnership Board and to share the notes of recent meetings. A brief update on the Regional Integration Fund is included. A further update will be given at the PPPH Committee after consideration by the RPB.			
Recommendations:	The Committee is asked to receive the paper, note the update provided and offer any comments on the updates provided.			
Executive Lead:	Dr Chris Stockport, Executive Director of Transformation, Strategic Planning and Commissioning			
Report Author:	Catrin Roberts, Head of Regional Collaboration Sally Baxter, Assistant Director – Health Strategy			
Purpose of report:	For Noting ☒	For Decision ☐	For Assurance ☐	
Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☒ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☐ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
N/A				
Link to Strategic Objective(s):	The RPB supports the delivery of national and regional shared objectives for the Health Board and partners, to further progress the delivery of A Healthier Wales. The commitment to partnership working through the RPB is clearly set out in the HB strategy Living Healthier, Staying Well and in the Integrated Medium Term Plan (IMTP).			
Regulatory and legal implications	The HB as a public sector body has statutory duties under the Social Services and Well-being (Wales) Act 2014 to work in partnership through the RPB			
In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N - this paper provides an update on the RPB work. EqIA will be undertaken on specific p[programmes and initiatives within the RPB as required			
In accordance with WP68 has an SEIA identified as necessary been undertaken?	N - this paper provides an update on the RPB work. SEIA will be undertaken on specific p[programmes and initiatives within the RPB as required			
Details of risks associated with the subject and scope of this paper, including new	There is a risk that the HB may fail to comply with the requirements of the SSWB Act			

risks(cross reference to the BAF and CRR)	
Financial implications as a result of implementing the recommendations	No specific financial requirements arising from this paper. An update will be given to the Committee meeting on the Regional Integration Fund and any implications arising from this.
Workforce implications as a result of implementing the recommendations	No specific workforce implications arising from this paper.
Feedback, response, and follow up summary following consultation	This paper provides an update for assurance purposes and has not been reviewed formally prior to submission to the Committee. RPB minutes are published and the work programme and reports are scrutinised by the HB members on the RPB.
Links to BAF risks: (or links to the Corporate Risk Register)	N/A
Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps: **Implementation of recommendations** - Provide further updates on the development of initiatives under the Regional Integration Fund - Contribute to the ongoing work programme within the RPB	
List of Appendices: Minutes of RPB meeting: - 8th July 2022	

MEETING IN PUBLIC
Tuesday 13th September

Regional Partnership Board update

1. Introduction/Background

The Health Board has a statutory duty to work in partnership through the Regional Partnership Board (RPB) to progress the duties under the Social Services and Well-being Act (Wales) 2014 (the SSWB Act.) There is an increasing emphasis on the role of the RPB in delivery of **A Healthier Wales** and developing integrated well-being and support services for the population. Regular updates on the work of the RPB are brought to the PPPH Committee to ensure a shared commitment to delivery of objectives for the population health, care and well-being needs and to provide appropriate scrutiny and reporting into the HB governance processes.

2. Body of report

The notes of the RPB meeting of July 2022 (attached) provide an update on progress within the RPB partnership work programme. Key issues discussed at the meeting include the following:

8th July meeting

- Key messages from the Population Needs Assessment (PNA) and Market Stability Report (MSR.) The MSR is submitted to the Committee for approval as a separate item.
- Accelerated Cluster Development update
- Regional Integration Fund (RIF) programme plan
- Intermediate Care Fund (ICF) report q4 2021/22
- BCU HB update

Regional Integration Fund

As reported in the last meeting, The Models of Care required for the Regional Integration Fund were approved by the Regional Partnership Board on the 10th June 2022. The next stage is to finalise the Programme of Schemes to support the models of care.

The programme has been developed in line with the allocated funding to each model of care which was agreed at the Regional Partnership Board on the 11th February 2022.

Work has been ongoing for a number of months to develop the programme of schemes and a draft programme was presented to the RPB in July. There was still some information to be added mainly around Partner match funding and resources. This has now been completed and will be presented to the RPB in September for final approval. Once approved, the programme will be shared with this Committee. BCU HB representatives are involved

in both the Leadership Group and Regional Partnership Board which will sign off the programme.

Capital Funding

There are two main capital funds managed by the Regional Collaboration Team.

Housing with Care Fund (HCF)

The Housing with Care fund is intended to support innovative housing development to meet care needs. There are 3 types of schemes allowed under the HCF criteria.

Objective 1 and 2 schemes are main capital schemes. For objective 1 schemes service users must hold tenancies. Objective 2 schemes must be accommodation based but service users will not hold tenancies in these settings. Objective 3 schemes are minor projects (discretionary).

Integration and Rebalancing Capital Fund (IRCF)

The Integration and Rebalancing Capital fund is intended to support the development of integrated health and social care hubs and centres and to support rebalancing of the social care market. It has two distinct priority areas of investment to support implementation of A Healthier Wales and deliver against some of the current Programme for Government commitments. The overall value of this capital fund amounts to £50m in 2022/23 growing to £60m the following year and £70m in 2024/25. There have not been any indicative allocations between the two priorities for this fund. Investment decisions will be based on a robust and rigorous assessment process by WG officials.

We are working with Partners to identify suitable schemes that can be submitted to Welsh Government for consideration under both funds.

3. Budgetary / Financial Implications

No specific financial implications arising from this update paper. Implications arising from the RIF consideration will be noted at the PPPH Committee.

4. Risk Management

Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio..

5. Equality and Diversity Implications

5.1 Equality Impact Assessment and SocioEconomic Duty Impact Assessment will be udnertaken for specific programmes and schemes as required.

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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

	22 July 2022. The outcome of the ballot will be announced via e-mail by the chair. • The Vice Chair will commence their duties at the September NWRPB meeting. • Discussion around nominating a second vice-chair will be included in the workshop planning September/October.	Include on the agenda - RW
3.	<u>Planning workshop – Catrin Roberts</u> Unfortunately, due to Covid, today's meeting is being conducted virtually and the planned workshop will be scheduled in September and or October meeting(s). The workshop will provide an opportunity to explore key aspects of the RPB: • NWRPB Terms of Reference, • NWRPB vision, • Explore urgent and longer term strategic issues and • NWRPB priorities to start the process of developing the Regional Area Plan, which will be informed from the outcomes and results from the PNA and MSR, taking into account the wider strategic priorities from across all partner organisations and the consideration of national policy initiatives. In order to plan ahead for the workshop exercise, a summary of all key strategies to be taken into consideration will be circulated to RPB members to review and feedback, to draw a summary of the key messages, and form the basis to the workshop activity.	Workshop planning to be circulated - CR
4.	<u>Key Messages from PNA/MSR</u> The board received an in-depth presentation from SB on the approach taken to compete the PNA/MSR, and the key messages in preparation to the autumn workshop. The exercise, carried out every 5 years, took an engagement led approach, starting with topics important to people and the data available, the findings from consultations and engagement with young people. To attain further insight from those who commission, provide and use the service, the report was coproduced, rather than a single author approach presenting the data. Due to time constraints and capacity due to Covid pressures, the work focused on meeting the WG deadline of 1.4.2022. The document will be regularly updated in the next phase of the project to include the 2021 census data, the results of which is starting to be released. The PNA studied the following population groups, and incorporated a number of cross cutting themes and priorities to address each group: • Children and young people – the priorities for the Children's group will be undertaken by the NWRPB children's sub-group • Older people – further information on OP can be found in the MSR • Health, physical impairment and sensory loss	

- Learning disabilities
- Autism
- Mental health (adults)
- Unpaid carers
- Veterans
- Refugees and asylum seekers

To support work developing preventative services public health produced an evidence map of the interventions we commonly use and the evidence for them.

PNA 2022 Summary 8.7.22.pptx

The PNA conclusion highlighted:

- Population changes increasing care needs, complexity of needs and support needs of carers,
- Impact of poverty and deprivation on health and well-being,
- Recruitment and retention of health and social care staff an ongoing issue.

The following emerging issues; Brexit, Covid, climate change and cost of living were also highlighted to affect the population.

As well as updating the PNA with the census 2021 results, SB and team would welcome any other information which would be useful and to support the work of the NWRPB.

TO acknowledged the work completed by SB and the team, and although welcoming the focus on Children and Young People, felt the area on OP and Dementia could be strengthened further.

AJ suggested attention is given to the positive steps arising from the PNA, to counter the numerous challenges and SB noted the following positive notes arising from the PNA:

- The projected expected rise in dementia did not happen due to improvement in research, health and being more active,
- a reduction in smoking,
- improvement in life expectancy

Feedback from RPB members included:

- The huge future financial obligation on public bodies to tackle the priorities of all population groups.
- Challenges to build infrastructure and workforce to achieve outcomes
- Cost of living crisis and covid will bring significant challenges to recovery work across system.
- The Homeless have not been included in the population groups. *SB clarified the homeless were included in the first PNA, and agreed to feature this population group in more detail as homelessness continues to be a challenging issue.*

	• Agree the importance of the preventative work and welcome initiatives such as the RIF in which a certain percentage of funding is ring fenced for the Third Sector • The importance of considering the whole service, the demand, patient requirements and the evidence of what works well • Consider innovative and new ways of working, supported by strong evidence The PNA highlights the issues to be addressed over the next 5 years, the challenge for the region is how this is achieved, finding the solutions, prioritizing local need and funding accordingly.	
5.	<u>Overview of the NWRPB Annual Report</u> (Presentation) This item has been deferred to the September meeting – a draft copy of the NWRPB Annual Report will be circulated to members for review and comments and the final Annul Report will be presented to the September NWRPB for agreement.	September agenda - RW
6.	<u>Accelerated Cluster Development update</u> – Jo Flannery The board received an update by JF on the Accelerated Cluster Development (ACD). The programme has been developed by the Strategic Programme of Primary Care to enhance the role and function of clusters and to give Primary Care a clear role in the strategic partnership discussions and agenda, as well as support the move towards place based care and support. The ACD programme builds on the work from the Community Services Transformation Programme, and the development of integrated health and social care localities. WG Minister for Health & Social Care has set clear expectation for the ACD Programme, the partnership and local delivery, and clear milestones for 2022-23 as a transition year into ACD arrangements. Given the Ministerial priority to the ACD programme, partners are required to provide evidence of progress against the milestone in the form of a readiness self-assessment check sheets as of 31.5.2022. The self-assessment was completed with full input form colleagues across H&SC, and submitted to WG at the end of June, following endorsement from the LG. The endorsement of the NWRPB is required today for the final formal sign-off by the RPB. JF noted positive progress made against each of the actions, the highlights include: Action 3 – *Confirm the geographical boundary to inform the development of the map of Pan Cluster Planning Groups (PCPG) and associated Clusters for the Health Board / Regional Partnership Board region* – amber rated. Initial discussion at LG indicated a strong preference to build on existing structure rather than create additional meetings, with the proposal to further develop and enhance the Area ISB's to function	

	as shadow PCPG during the transition year. Following the workshops held in each area, the result of the footprint confirms 5 Pan Cluster Planning Groups (PCPG) across North Wales, 2 x East and 2 x Central at county level and 1 West at Area level. The AISB's will run concurrently and provide a safety net whilst the PCPG are establishing. Action 8 – *Set out a project plan to begin establishing the comparable arrangements for establishing Professional Collaboratives for other professions such as nursing, allied health professionals, and potentially social services* - amber rated. Whilst a detailed project plan has been developed within the broader programme implementation plan, the development for professional collaboratives represent a challenge for partners across Wales, not least due to the practitioner's capacity to become involved, but also in terms of ensuring benefits to cluster working that they seek to achieve by becoming a part of the collaborative. Therefore, implementation of the project plan will take time and partners will need to support ongoing engagement with independent primary care practitioners and others who want to formalize links, in order to fully engage and appraise with the aims of the programme and the benefits of participation. CS informed referring to legislative and contracting issues relating to Primary Care within the ACD context, the programme refers to the broader Primary Care landscape to include social services and social care as well as GP's, dentistry, optometrists, community pharmacy etc. (health components). TO enquired how the Public Service Boards (PSB) are linked into the ACD work. *JF clarified further work is required to the connection with the PSB's and how they are fully linked into the ACD work, taking into account the overlaps and to avoid duplication of work.* The NWRPB were in agreement to: • note the progress made as part of the Accelerated Cluster Development programme, and • endorse the retrospective sign-off, following sign-off at Leadership Group on the 24th June 2022, and subsequent submission to the Strategic Programme for Primary Care on 27th June.	JF to circulate workshop findings once completed
7.	<u>Revenue Investment Fund (RIF) Programme Plan</u> CR informed the RIF MoC agreed at the last RPB were submitted to WG following the meeting and initial feedback has been positive. WG are eager to see the next stage of work detailing the programme of schemes to support the MoC and how the funding will be allocated. This significant piece of work has ongoing with partners for a few months and CR thanked all partners for their involvement. A copy of the programme is provided in the pack, developed in line with the allocated funding for each MoC, agreed in the RPB February 2022.	

	In terms of the schemes listed, no further schemes are anticipated. However, some further work is required to finalise the financial information in relation to the match-funding and match resource. The Programme does not list the schemes relating to MoC - *Supporting families to stay together safely, and therapeutic support for care experienced Children*. The schemes under this MoC will be considered by the NWRPB Children's sub-group, and will be presented to the NWRPB for endorsement at a later date. Appreciating a huge amount of detail in the report for members to digest, agreement is not sought today. NWRPB members are requested to provide comments and feedback by 22.7.2022 so that a final version can be presented to the Leadership Group (LG) meeting 29.7.22. In the meantime, CR is happy to meet with members as a group or individually to discuss in more detail, is required. Following the LG meeting, a final copy will be circulated to the RPB members for consideration, and final agreement at the September NWRPB.	RPB members to advise if further detail is required.
8.	<u>ICF Quarter 4 2021-22 Report – Catrin Roberts</u> CR presented an overview of the Q4 ICF report 2021-22, with highlights of the 7 funding programmes: <u>Revenue Investment Programme</u> - Funding was fully spent with £6.4m spent directly supporting carers and £2.54m investment went to 3rd sector projects. At year end, 122 of the 125 projects had a green BRAG status with 3 having an amber status. Funding was flexed to projects which needed additional resource. <u>Capital Investment Programme</u> - Capital funding for 2021/22 was £10.54m, includes an additional £1,123,245 to North Wales as a result of other regions not fully allocating their funding. Year-end spend was £6.28m (59.6%) with £4.25m programme managed into 2022/23 due to delays with some schemes. A number of schemes slipped due to issues with availability and delivery of materials and equipment as well as workforce pressures Planning issues caused a delay with 2 schemes, which are now resolved. <u>Integrated Autism Service</u> (IAS) - The IAS funding in 2021/22 was £652,000 and was fully spent. During the year 1,206 referrals were received of which 1,072 were accepted; 227 individuals had a diagnostic assessment; 299 individuals with autism received interventions and 22 support group sessions took place and were accessed by 176 individuals <u>Therapeutic Intervention Pilot</u> (TIP) - £200K funding for 2021-22 was fully spent. Part of the funding was utilised to commission the development of the regional 'No Wrong Door' Strategy. <u>Memory Assessment Service</u> (MAS) – (new funding stream in 2021/22)	

	• Funding utilised to provide additional hours and overtime in Nursing, OT and Audiology and delivered reductions in waiting times for memory clinics • A successful regional commissioning exercise was completed in January 2022 with a number of third sector partners submitting bids to deliver parts of the pathway. Alzheimer's Society, Carers Trust, Carers Outreach and NEWCIS have been commissioned and started to deliver pre-assessment and post diagnostic support on 1st April 2022 - covering Pathway 1 and Pathway 3 • Partners are working with Carers Trust to identify locations for 6 Dementia centres across the region as part of the post diagnosis support. • A dedicated Memory Assessment Pathway Manager is being recruited along with dementia pathway trackers. <u>Safe accommodation for children with complex, high end emotional and behavioral needs</u> (SACCN) – (new funding stream in 2021/22) Pump priming funding of £450,000 was confirmed at the end of May 2021 and was fully spent during 2021/22 by partners on a number of different approaches. Evaluation report currently being written and will be available for partners. <u>Winter Plan</u> Regional funding of £2.21m was made available as part of winter planning and supported 8 schemes across the region. It was agreed that the Local Authorities be given the full allocation to support social care. The funding was used flexibly to support people in a placement or to return home. High level outcome measures were recorded on the following to provide the impact of the funding: 1. Number of outstanding domiciliary care packages 2. Number of uncovered domiciliary care hours 3. Number of patients in acute or community hospitals awaiting discharge The NWRPB were in agreement to note the 2021/22 year-end position of the ICF funding streams and approve the 2021/22 Q4 year-end report. TO enquired if the figures provided for Children were for different children or those who attended more than once and CR agreed to provide a response outside of the meeting. TO enquired if a more comprehensive report was available providing the outcomes and longer term conclusions and CR informed of the ICF national evaluation and the regional evaluation; and both reports will be presented to a future RPB meeting.	CR to contact TO Future agenda - RW
9.	<u>BCUHB update</u> TO and CS provided the board with the BCUHB update. <u>YGC improvements:</u>	

	Following a number of concerns raised, the Minister for Health and Social Care has extended the targeted intervention arrangement to include a focus on YGC. Consequently, BCUHB and YCG will receive additional support from WG and Improvement Cymru. A high level improvement plan has been shared with members at the recent Quality Safely and Experience Committee, which demonstrated the focus of the work around the following 5 key themes: • Back to basics – focusing on site documentation and management • Leadership Empowerment and Culture - specific work on emerging from the pandemic • Flow within the hospital, linking to all elements of the hospital, not only ED • Vascular and theatres – Vascular Services is currently hosted out of YGC. • Audit, outcomes and assurance – embedding activities to demonstrate improvements made are being maintained Contribution is welcomed from everyone, and will underpin the significant improvement process at YGC. The Health Board will monitor progress across the 5 main themes via the cabinet meeting led by cabinet members and chair, with the first meeting scheduled 11.7.22. Thereafter weekly oversight processes will be put in place with the Director of Clinical Services, Medical Director and Interim Director of Nursing having a full focus on YGC. Arrangements have also been made for enhanced executive presence on site with Improvement Cymru supporting. The improvement work will also link closely to the transformation work and the national unscheduled care work. <u>BCUHB Structure</u> TO informed the new BCUHB operating plan next phase will commence from August, ensuring key leadership roles are in place and the senior operational management structure is completed. Work continues on the outstanding design work ensuring commissioning functions are being worked through. Key appointments include: • Executive Director of Nursing and Midwifery 1.8.22 – Angela Wood • Interim Executive Director of Nursing - Gaynor Thompson will remaining with the organisation for a period supporting the nursing and quality activity. • Acting Acute Site Director (West) – Barry Williams • Acting Deputy Director of Primary Care – Jo Flannery Work continues on the Clinical Services Strategy. BCU expressed being grateful to all partners who were involved in this significant piece of work undertaken with partners, with a good response to the recent questionnaire. A summary engagement report will be shared with colleagues.	

	1000 Beds – BCUHB welcome the engagement work on the 1000 additional care home beds. It is understood WG have initiated a 1000 bed programme to secure additional beds across Wales, also including facilitating domiciliary care beds – driven with clinical risk and handover delays. NWRPB members highlighted: • Flow through the hospital is very much the business of the NWRPB, the new RIF, future planning in relation to the NWRPB Area Plan. All NWRPB partners require to work together on this theme. • The importance of ensuring consistent communication is circulated to all partners • Respond to the workforce issue collectively to address the flow through the hospital, and have a considered approach to a short, medium and long term solution. • Also recognising individuals who need care in the community, and focus on the whole system	
10.	Minutes and actions of last meeting – June 2022 The minutes of meeting 10.6.2022 were agreed as an accurate record of the meeting with all actions completed.	
11.	Any Other Business Survey Results - CR informed a full analysis is currently being undertaken of the recent NWRPB survey and the results will be shared at the September NWRPB meeting.	
12.	The following document was included in the pack for information: • Transformation Programme Evaluation Summary	
	Date of next meeting: Friday 9th September 2022	

Teitl adroddiad: ***Report title:***	Corporate Risk Register Report			
Adrodd i: ***Report to:***	Partnerships, People and Population Health (PPPH) Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Tuesday, 13 September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this standing agenda item is to highlight the discussions which took place during the Risk Management Group meeting on the 2nd August 2022 and to note the progress on the management of the Corporate Risk Register and the new escalated risks aligned to the Committee.			
Argymhellion: ***Recommendations:***	The Committee is asked to: Review and discuss the report.			
Arweinydd Gweithredol: ***Executive Lead:***	Nick Lyons, Executive Medical Director			
Awdur yr Adroddiad: ***Report Author:***	Justine Parry, Assistant Director of Information Governance and Risk			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Individual risks detail the related links to Strategic Objectives.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	No
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	No
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Individual risks detail the related links to the Board Assurance Framework.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	The Risk Management Group met on the 2nd August 2022 and scrutinised each risk requiring appropriate updates to be undertaken before future submission to each Committee.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Individual risks detail the related links to the Board Assurance Framework.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: ***Next Steps:*** The Risk Management Group will be meeting on the 4th October 2022, therefore any escalated risk will be presented during the Partnerships, People and Population Health (PPPH) Committee on the 8th November 2022.	

Rhestr o Atodiadau:
List of Appendices:
Appendix 1 - Partnerships, People and Population Health (PPPH) Committee Corporate Risk Register Report.
Appendix 2 - Full List of All Corporate Risk Register Risks, including Executive Lead and Current Risk Score.
Appendix 3 - Corporate Risk Register Key Field Guidance/Definitions of Assurance Levels.

Partnerships, People and Population Health (PPPH) Committee
13th September 2022
Corporate Risk Register Report

1. Introduction/Background

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

(NB Work is underway to redesign Committee Risk and Board Assurance Framework reports as part of the new, incoming Once for Wales RL Datix Cloud IQ Risk Module developments)

2. Body of report

2.1 The Risk Management Group met on the 2nd August 2022 to review the Corporate Risk Register which included a "deep dive" into the below risks as a tool for driving learning, sharing best practice and enhancing the Health Board's risk management footprint.

- CRR20-05 – Timely Access to Care Homes.
- CRR20-06 – Management of Patient Records.
  It was noted that the biggest gap is the lack of overall governance, and also the national shortage of technical skills impacts upon recruitment that is needed to move forward with the digitisation programme.
  During the deep dive discussion into the risk it was highlighted that there may be a requirement to review the overall risk with a recommendation to look at dividing the risk into 3 possible risks: timely and consistent patient care; digitisation, workforce and transition; storage of records. The service will link in with colleagues to support in reworking the risk.

Meetings will be arranged with the risk leads to update the risks in line with the next Risk Management Group meeting scheduled for the 4th October 2022.

2.2 The following risks have been incorporated onto the Health Board's risk register and following Executive approval work is ongoing to further develop the risk descriptors, mitigating factors and action plans to include the risks onto the Corporate Risk Register. These will be incorporated into the next reporting arrangements for the Board and Committees from the 13th September 2022 onwards.

- CRR22-25 – Risk of failure to provide full vascular services due to lack of available consultant workforce.
- CRR22-26 – Risk of significant patient harm as a consequence of sustainability of the acute vascular service.

- CRR22-27 - Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.
- CRR22-28 – Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.
- CRR22-29 - Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model,
- CRR22-30 - Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns.
- CRR22-31 - Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model.

It is anticipated that CRR22-28 through to CRR22-31 risks will fall under the remit of the Partnership, People and Population Health Committee.

2.3 The following table highlights the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:

Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score)	Total number of live risks on registers	Number of risks held as 'Being Developed' (not yet live)	Number of live risks added in the last 6 months (not via escalation)	Number of risks closed in the last 6 months (not via de-escalation)
Tier 1 (15-25)	27	0	5	1
Tier 2 (9-12)	400	56	45	85
Tier 3 (1-8)	228	57	14	109

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by the Risk Management Group.

4. Risk Management

4.1 See the details of individual risks in Appendix 1.

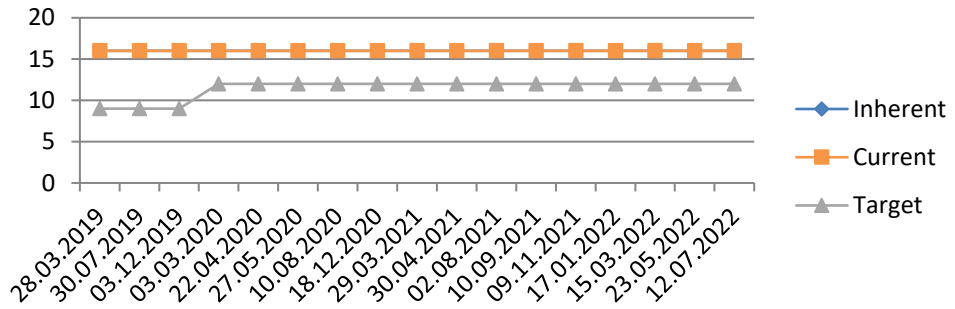
5. Equality and Diversity Implications

5.1 A full Equality Impact Assessment has been completed in relation to the new Risk Management Strategy to which CRR reports are aligned.

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

Appendix 1 - Partnership, People and Population Health Committee Corporate Risk Register

CRR20-06	**Director Lead:** Chief Digital and Information Officer	**Date Opened:** 28 March 2019
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 12 July 2022
	Risk: Informatics - Patient Records pan BCUHB	**Date of Committee Review:** 12 July 2022
		Target Risk Date: 30 September 2024
There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.		



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	Moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	**Assurances**
1. Informatics Strategy in place, with regular reporting to, Partnership, People and Population Health Committee. 2. Corporate and Health Records Management policies and procedures are in place pan-BCUHB, monitored by the Patient Records Group. 3. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place at acute sites to govern the management and movement of patient records.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee.

4. Key Performance Indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 5. Centralised Team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established, monitoring compliance with the legislation, monitoring compliance with legislation and supporting the rectification of commingling within patients clinical notes. 6. Standard Operating Procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the Infected Blood Inquiry. 7. Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures.	3. Information Commissioners Office Audit.

Gaps in Controls/mitigations
1. Delayed implementation and recruitment, to be able to digitalise all specialties within 4 years. Improved relationship with supplier and recruitment to take place with a phased approach for digital implementation. 2. Fit for purpose on site estate to hold physical records with the lack of current plans to scan records. The estate to hold physical records requires upkeep, current off site storage in place. 3. Lack of attendance at the Patient Records Group. Not all records custodians in attendance, monitoring and contacting leads within areas to implement change. 4. Lack of central oversight of records sent out by other departments. Urgent meeting to support standardisation and consistency of processes. Reporting of compliance to Patient Records Group to be implemented. 5. Compliance check for information sent out not robust. Band 4 staff currently quality checking information sent. 6. Local site improvement plans being developed in a silo manner without standardised approach across the Health Board. Health Records representation on improvement boards to be established.

Progress since last submission
1. Controls in place reviewed and updated to ensure relevance with current status of the risk. Further work is underway to revisit this risk in light of feedback received. 2. Gaps in controls reviewed and updated to ensure relevance with current risk position. 3. Action ID 12429 – Action remains on hold until the Mental Health Business Case is progressed with the Welsh Government. 4. Identification of new action ID 23746 to establish a new all-encompassing Patient Records Programme that pulls all streams of work under one overall governance arrangement. 5. Identification of new action ID 23747 for the identification of recruitment for a Programme Manager to bring all strands of the patient records programme together. 6. Identification of new action ID 23748 for the Acting Executive Director of Therapies and Health Sciences to become the Senior Responsible Officer for the Clinical Records Standards element and The Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System elements. 7. Identification of new action ID 23749 to ensure that the DHR Programme is re-scoped into an Electronic Document Record Management System. 8. Identification of new action ID 23750 for the immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness, to improve integrity and quality of information in clinical records as they are now in paper form.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-21

Risk Response Plan Actions being implemented to achieve target risk score	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
	12423	Development of a local Digital Health Records system.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	July 2022 progress update – An SBAR will be presented to the Executive Board during August, requesting a re-scope of the project. However the early adopter work is still ongoing with both vascular and rheumatology. Full update and agreed recommendations to be provided after the Executive Board.	On track
	12425	Digitise the clinic letters for outpatients.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/12/2022	July 2022 progress update - Action remains delayed due to a delay in the start of the Medical Transcribing Electronic Discharge project, resources now in place.	On track
	12426	Digitise nursing documentation through engaging in the Welsh Nursing Care Record.	Brady, Mrs Jane, Senior Lead Nursing Informatics Specialist	30/09/2024	July 2022 progress update - Business case approved February 2022. Welsh Nursing Care Record now live across East community hospitals and all East medical and surgical wards in secondary care. This concludes the Welsh Nursing Care Record rollout in East. Planning for Central implementation has	On track

					commenced with a proposed go live of mid-September 2022, starting in Ysbyty Glan Clwyd.	
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	31/01/2023	ON HOLD until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases) – break ground circa 2023, we will not be able to start the work to explore if the Ablett can be retained and redesigned for health records until the business cases are signed off. The date for the Mental Health Full Business Case is September 2022.	On Hold
	23746	A new all-encompassing Patient Records Programme is established that pulls all streams of work under one overall governance arrangement.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	A programme in place that will support the mitigation of the risk with the central management and oversight of the individual elements.	On track
	23747	The identification or recruitment of a Programme Manager established for the overall programme and management to ensure all three elements are scoped and re-costed.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	The action will provide support in the mitigation of the risk with the central management and oversight of the individual elements.	On track
	23748	The Acting Executive Director of Therapies and	Aspinall, Mrs Nia, Head of	30/09/2024	These programmes require their scopes clearly being	On track

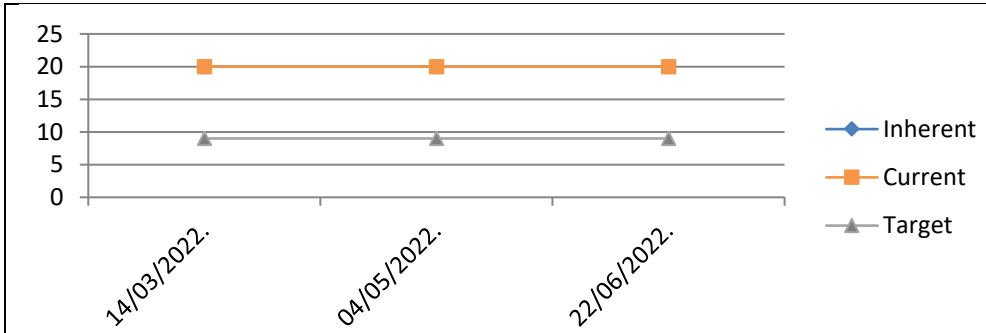
		Health Science become the Senior Responsible Officer for the Clinical Records Standards element and the Chief Digital and Information Officer the Senior Responsible Officer for the Paper Records Management and CITO Electronic Document Record Management System (EDRMS) elements.	Patient Records and Digital Integration		defined so that all are clear what they aspire to deliver and how to support the reduction in the risk score and reduce the volume of incidents, complaints and claims regarding inappropriate record keeping.	
	23749	The Digital Health Record Programme is re-scoped into an Electronic Document Records Management System.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	To focus on addressing the more immediate patient records management challenges facing the Health Board utilising the proven capabilities of the CITO product.	On track
	23750	Immediate review of the patient record policies, standard operating procedures and the associated delivery of training and awareness and to improve integrity and quality of information in clinical records as they are now in paper form.	Aspinall, Mrs Nia, Head of Patient Records and Digital Integration	30/09/2024	Part of this work is currently underway as part of the Ysbyty Glan Clwyd improvement plan and when fully implemented will support the reduction in the risk score.	On track

CRR22-20	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnerships, People and Population Health Committee	**Date Last Reviewed:** 22 June 2022
	Risk: There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants	**Date of Committee Review:** 10 May 2022
		Target Risk Date: 31 December 2025

There is a risk that residents in North Wales may be unable to achieve a healthy weight and may become overweight and obese.

This may be caused by behaviours involving food intake, current circumstances, lack of physical activities, the living environment, food production and consumption, socio-economic factors and a lack of engagement with health professionals.

This may have an impact on or lead to unhealthy weight and obesity and place them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	3	3	9
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	**Assurances**
1. Continue to take a life course approach to implementing prevention based healthy weight initiatives which will report progress via a number of routes including the Healthy Weight Healthy Wales National Group, the BCU Population Health Group, and the Regional Partnership Group.	1. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded).

2. The continuation and further targeted development of 'Healthy Start' which provides vouchers for pregnant women and eligible families to buy milk, fruit, vegetables and pulses in local shops. 3. Continuation and further development of Maternity and Healthy Visiting Services supporting breastfeeding and weaning to support the Infant feeding Strategy, monitored via the North Wales Strategic Infant Feeding Group. 4. Community Dietetics Services will work with childcare provision embedding 'Tiny Tums' programme across all Early Years settings to encourage healthy, nutritious eating habits from early years. 5. Further supporting schools to take a 'whole schools' approach to health and wellbeing with a particular focus on diet through initiatives such as Come and Cook with your child and considerations regarding developing healthy eating habits and increased physical activity. 6. Lets Get Moving North Wales - a continuing programme encouraging residents of North Wales to move more often will operate alongside Sport North Wales, physical literacy development in schools and communities. 7. Continue to support the workforce to make healthy choices such as a balanced diet, active travel and moving more often through targeted campaigns and supportive services/infrastructure. Working with catering, dieticians, estates and occupational health colleagues to contribute to planning which considers these factors. 8. Further develop the whole system partnership approach to tackle risk factors through influencing priorities such as environmental planning and design, access to healthy food and active travel. 9. Further develop the links and access to Social Prescribing that encourages physical activity through partnership working with Primary Care, Local Authorities and Third Sector. Developing North Wales planned approaches and accessing intelligence regarding access and uptake via the Elemental software. Progress will be reported via the Population Health Group, Primary Care groups and via the Well North Wales Programme (including Partner organisations).	2. Reporting progress to National Team (Public Health Wales/Welsh Government/Regional Partnership Board). 3. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH). 4. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations
1. The risk requires System-wide approach to tackling the wider determinants of health. 2. The current Health Board provision is not operating at scale to meet the current and forecast needs of the population. 3. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years as is well documented through evidence and research. As a Health Board we will work with partners to implement the approaches (many of which are long term approaches) which support the strongest evidence base for success.

Progress since last submission
1. Controls in place reviewed to ensure relevance with current risk position. 2. Gaps in controls reviewed to ensure relevance with current risk position. 3. Performance & Risk Management Group set up and implemented within Public Health Team which will have oversight of the risk.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus.	BAF21-02

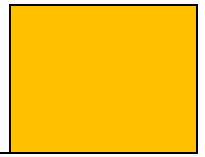
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22372	Whole system approach to healthy weight.	Teresa Ann Owen, Executive Director of Public Health	31/03/2025	Taking a whole system approach to healthy weight will ensure that all partners are prioritising the issue of healthy weight and considering the impact of their decision-making on the population's ability to achieve a healthy weight. Obesity is	On track

					a complex multi-factorial problem that requires a whole system approach. Key partners that are crucial to this work include spatial planners, transport providers, education providers, food providers, leisure providers etc. **Progress update June 2022** - Full time public health team member working on whole system approach along with secured funding.	
	22373	Healthy Choices in the workplace.	Teresa Ann Owen, Executive Director of Public Health	31/03/2023	The working age adult population spend a significant amount of their time in the workplace. As a result it is crucial that we support workplaces to be health promoting. This means ensuring staff have access to healthy food choices, equipment to make healthy meals, enough time away from work to prepare and eat a healthy meal. It is also crucial that the workplace supports their staff to remain active while at work as both diet and physical activity are	On track

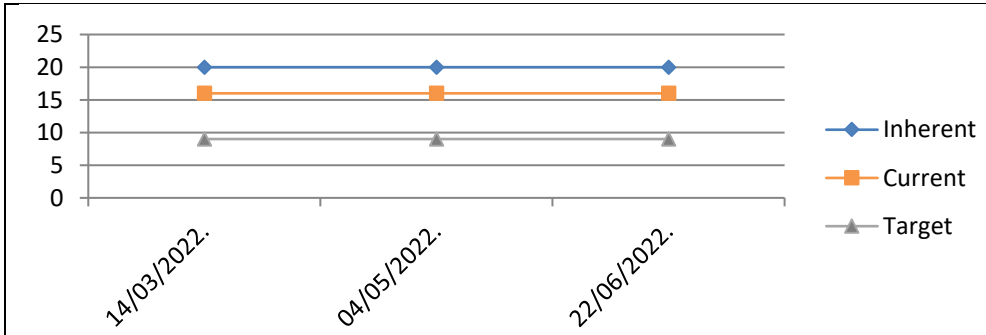
					crucial to achieving a healthy weight. **Progress update June 2022** - Plan for delivery in place along with secured national funding.	
	22374	Spatial planning and public health.	Teresa Ann Owen, Executive Director of Public Health	01/09/2022	The environment that we live in has a significant impact on our health and wellbeing. A range of factors that impact on obesity are within the control of spatial planners including, the number of food outlets in an area, the design of homes we live in, the design of roads to enable active travel (pavements for walkers and cycle paths for cyclists). Having access to green spaces and play environments are crucial to ensuring people are given opportunities to remain active. Working with spatial planners to understand this and their role in taking a public health perspective across their work is crucial to reducing obesity. **Progress update June 2022**	On track

					- Draft process drawn up for responding to applications to open outlets.	
	22375	Social prescribing.	Teresa Ann Owen, Executive Director of Public Health	01/11/2022	Increasing physical activity levels is crucial in supporting people to achieve and maintain a healthy weight. One way that we can support people to do this for free is by promoting access to the natural environment. By doing this will also improve people's mental health as well as their physical health. This approach will also develop people's appreciation for nature and the need to protect it. One way of doing this is to optimise access through social prescribing. **Progress update June 2022** - Project Initiation document in development.	On track
	22376	Pre-diabetes programme.	Teresa Ann Owen, Executive Director of Public Health	31/03/2025	By identifying patients who are at risk of developing diabetes and supporting them to access specialist weight management services we are taking a teachable moment opportunity and ensuring the patient is supported to	On track

					improve their health and wellbeing. Primary care brief interventions are crucial in motivating people to change by implementing this programme across North Wales it is hoped more of the population who are overweight or obese will seek support to achieve and maintain a healthy weight.	
	22377	Weight management services.	Teresa Ann Owen, Executive Director of Public Health	31/03/2023	By ensuring those residents in North Wales who are overweight or obese can effectively access and engage with specialist weight management services working alongside the remaining whole system approach we will start to reduce the overall prevalence of overweight and obesity in North Wales. **Progress update June 2022** - Commenced Tier 3 children's obesity service with Tier 2 adult's in place and looking to expand the service. Range of ongoing projects within Tier 1 funded through National funding streams as	On track

					part of healthy weight, Healthy Wales and prevention and early years programme.	

CRR22-21	**Director Lead:** Executive Director of Public Health	**Date Opened:** 26 November 2021
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 22 June 2022
	Risk: There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors	**Date of Committee Review:** 10 May 2022
		Target Risk Date: 31 December 2025
There is a risk that adults who are overweight or obese will not achieve a healthy weight. This could be caused by non-engagement with services or demand for services exceeding capacity. This could impact on the health outcomes for these individuals by placing them at increased risk of Type 2 Diabetes, Cardiovascular disease, Cancer, Musculoskeletal conditions and low self-esteem and depression.		



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	3	3	9
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	**Assurances**
1. Healthy Weight Healthy Wales funding to support with the implementation of the All Wales Adults Weight Management Pathway. 2. Additional investment in Foodwise for life for those residents with a BMI of 25-35. 3. The establishment of Level 2 weight management services through Foodwise for residents with a BMI of 25-35 and Slimming World vouchers for residents with a BMI of 30-35 with certain health conditions.	1. The risk is linked to Corporate Risk register entry CRR22-20 in respect of wider determinants. 2. Building a Healthier Wales Programme and Healthy Weight Healthy Wales Programme (both nationally funded).

4. The establishment of a Level 3 weight management service KindEating programme for residents with a BMI of between 35-45. 5. Investment in dedicated obesity leads within each of the Local Authorities National Exercise Referral programmes. 6. The establishment of a BCU Healthy Weight Healthy North Wales Group to oversee the delivery of specialist weight management services.	3. Reporting progress to National team (Public Health Wales/Welsh Government/Regional Partnership Board). 4. Progress on mitigating and managing risks reviewed locally via the Public Health Team and Health Improvement and Reducing inequalities Group (chaired by DoPH). 5. Work plans are reflected in Health Board Annual Operating Plan, Living Healthier staying well strategy and draft Integrated Medium Term Plan (22-25).

Gaps in Controls/mitigations
1. The current provision does not meet the scale required to address current or forecast North Wales population requirements. 2. It is acknowledged that this is a long term risk which cannot be mitigated within 1-3 years based on evidence and research. As a Health Board we will work with partners to implement the approaches which support the strongest evidence base for success. 3. Provision currently through national 2 year funding agreement, would become cost pressures for the Health Board if the national funding were withdrawn.

Progress since last submission
1. Controls in place reviewed to ensure relevance with current risk position. 2. Assurance reviewed and updated to reflect current risk position. 3. Gaps in controls updated to reflect current position. 4. Actions reviewed and progress updates provided. 5. Infant feeding business case under development to be presented for Executive approval. 6. Agreement reached to include the risk on separate Executive Delivery Group to review the risk.

Links to	
Strategic Priorities	**Principal Risks**
Strengthen our wellbeing focus	BAF21-02

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	22357	Insight work.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2023	Insight work will enable us to improve outcomes for patients who were identified as overweight or obese. Factors that will be considered will include how patients access services, the intervention they receive and the factors that led to then disengaging. This information will allow us to design our weight management services to meet the needs of patients achieve better outcomes i.e. patients achieving a healthy weight and adopting healthy behaviours **Progress update June 2022** - There is an approved plan in place for the development of this work.	On track

	22358	Pregnancy weight management service.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/12/2023	Providing a weight management service during pregnancy will ensure that women are able to achieve a healthy weight during and after pregnancy and maintain their healthy behaviour postnatally. **Progress update June 2022** - In the process of delivering the plan.	On track
	22359	Performance management dashboard.	Steven Grayston, Assistant Area Director of Therapies (Central)	31/03/2023	Developing a performance management dashboard will ensure that we are able to monitor the uptake of the service by population groups that are at increased risk of adverse outcomes from obesity. The dashboard will enable us to monitor both uptakes and outcomes by ethnicity, gender and deprivation decile **Progress update June 2022** - Under development, linking in with the National Team at Public Health Wales.	On track
	22943	Implement Healthy Weight Healthy Wales Programme Plan.	Steven Grayston, Assistant	31/03/2024	Funded activity targeted at improving healthy eating habits and tackling obesity.	On track

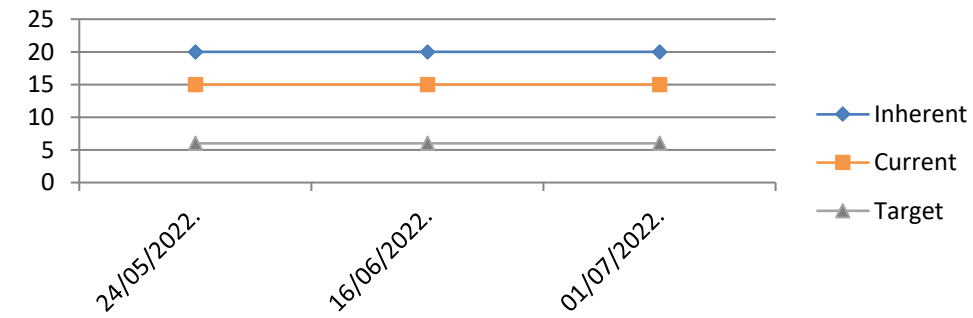
			Area Director of Therapies (Central)		**Progress update June 2022** - Approved by Welsh Government and funding identified to support the work.	

CRR22-24	**Director Lead:** Executive Director of Workforce and Organisational Development	**Date Opened:** 04 April 2022
	Assuring Committee: Partnership, People and Population Health Committee	**Date Last Reviewed:** 01 July 2022
	Risk: Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	**Date of Committee Review:** 12 July 2022
		Target Risk Date: 31 October 2022

There is a risk of senior leadership capacity & capability gaps during the transition to the new Operating Model as people depart the organisation through the VERS process and the challenges recruiting people to new posts (internally and externally)in readiness for the yet to be agreed go-live date.

This has been caused by the delay to the organisational change process resulting in a divergence of parallel actions relating to those individuals leaving the organisation via VERS, the subsequent vacant posts and the recruitment to the new posts. The default position is to use the mechanism of internal backfill. Where a suitable individual cannot be identified then the posts will need to fill by external subject matter experts on an interim basis.

This may lead to a slowdown in the decision making processes as decision and action delivery defaults up to the next level in the responsibility and accountability framework.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	3	5	15
Target Risk Score	3	2	6
Risk Appetite	low level		1-8
Movement in Current Risk Rating Since last presented to the Board in July 2022	Unchanged		

Controls in place	Assurances
1. For the small number of posts which will become vacant the default option will be to look internally for people who can step-up on a short-term interim basis. Acting arrangements being agreed with Executives as a mitigation. Where this is not possible will look to use experienced external interims. 2. The management oversight of the transition for those and induction of new teams members is a critical role of the programme of work called: How We Organise Ourselves and the project group called the roles and the people. Arrangements have developed for these leaving the Health Board including the Operational Transition Plan and Leaving Well Handover Guide & Repository. These products along with a suite of induction and network products will support new people and emerging teams with knowledge transfer. 3. The transition of affected departments will be overseen by Executive Directors between April and September 2022. There will be additional management oversight of the How We Organise Ourselves programme, as well as the 'Roles and People' project team.	1. Risks are reviewed every 4 weeks by the Risk Management Group (Board and Director level).

Gaps in Controls/mitigations
1. Capacity of Executive Directors to respond to rapid decision making requirements. How We Organise Ourselves now has a regular weekly slot on the Executive Team agenda. 2. The management of the East, Central and West Integrated Health Community Operational Transition project plans through weekly status meetings and the connectivity to the Programme Leader Group provides a route for rapid escalation of possible gaps. 3. Demand for interim roles across the UK health sector could out-strip supply. 4. An early go-live date could result in vacant new posts where backfill arrangements are not appropriate as those who are acting up into existing posts will have been appointed to their new role and the interim contract period could be too short to attract interested parties.

Progress since last submission
1. Controls in place reviewed to ensure relevance with current risk position. 2. Gaps in controls reviewed to ensure relevance with current risk position. 3. Risk Handler updated to reflect current risk position. 4. Action ID 23233, 23234, 23236, 23332, 23334 and 23319 – Actions closed as completed. 5. Action ID, 23333, 23335 and 23336 – Actions delayed as the Health Board continue through the Organisational Change Process.

Links to	
Strategic Priorities	**Principal Risks**
Effective alignment of our people (key enabler)	BAF21-18

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	23233	Inform relevant groups of interim backfill arrangement opportunities - current structure.	Gill Harris, Deputy CEO/Executive Director of Integrated Clinical Services	03/06/2022	Action Closed 20/06/2022. No gaps in senior leadership roles.	Completed
	23234	Equitable backfill selection process.	Lesley Hall, Assistant Director – Employment Strategies & Practices	03/06/2022	Action Closed 31/05/2022. No gaps in senior leadership roles.	Completed

	23236	Recruitment agencies on standby if required.	Mr Steven Gregg-Rowbury, Head of Resourcing	03/06/2022	Action Closed 16/06/2022. No gaps in senior leadership roles.	Completed
	23319	Search and selection agencies on standby once the outcome of the preference processes are complete.	Mr Steven Gregg-Rowbury, Head of Resourcing	03/06/2022	Action Closed 16/06/2022. No gaps in senior leadership roles.	Completed
	23332	Set-up internal selection process for Senior Management posts (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	27/06/2022	Action Closed 30/06/2022 No gaps in senior leadership roles.	Completed
	23333	Set-up external selection process for Senior Management posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	25/07/2022	No gaps in senior leadership roles **June 2022 progress update** - Process delayed as the Health Board continue through the Organisational Change Process.	Delay
	23334	Set-up internal selection process for Senior Nursing posts (format, panel representation).	Lesley Hall, Assistant Director – Employment Strategies & Practices	27/06/2022	Action Closed 20/06/2022 No gaps in senior leadership roles	Completed
	23335	Set-up internal selection process for Senior	Lesley Hall, Assistant Director –	18/07/2022	No gaps in senior leadership roles	Delay

		Medical posts (format, panel representation).	Employment Strategies & Practices		**June 2022 progress update** - Process delayed as the Health Board continue through the Organisational Change Process.	
	23336	Set-up external selection process for Senior Nursing posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	01/08/2022	No gaps in senior leadership roles **June 2022 progress update** - Process delayed as the Health Board continue through the Organisational Change Process.	Delay
	23337	Set-up external selection process for Senior Medical posts (format, panel representation) (If required).	Lesley Hall, Assistant Director – Employment Strategies & Practices	22/08/2022	No gaps in senior leadership roles.	On track

Appendix 2 - Full list of all Corporate Risk Register (CRR) Risks including Current Risk Score

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-02	Contractor Management and Control.	Executive Director of Finance	Quality, Safety and Experience	15
CRR20-03	Legionella Management and Control.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-04	Non-Compliance of Fire Safety Systems.	Executive Director of Finance	Quality, Safety and Experience	16
CRR20-05	Timely access to care homes.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	20
CRR20-06	Informatics - Patient Records pan BCU.	Chief Digital and Information Officer	Partnerships, People and Population Health	16
CRR20-07	Informatics infrastructure capacity, resource and demand – Risk entry closed by Partnerships, People and Population Health Committee			
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-11	Potential Exposure to RansomWare and Zero-day Cyber Risks Attacks.	Chief Digital and Information Officer	Partnerships, People and Population Health	20
CRR21-12	National Infrastructure and Products	De-escalated by Partnerships, People and Population Health Committee, risk being managed at Tier 2		
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce).	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Mental Health and Capacity Compliance	20
CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services	Quality, Safety and Experience	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients.	Executive Director of Workforce and Organisational Development	Quality, Safety and Experience	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours.	Executive Director Transformation, Strategic Planning, And Commissioning	Quality, Safety and Experience	16
CRR21-18	Inability to deliver timely Infection Prevention & Control services due to limited capacity.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	15
CRR21-19	Potential that medical devices are not decontaminated effectively so patients may be harmed.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	16

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR21-20	There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinents.	Executive Director of Public Health	Partnerships, People and Population Health	20
CRR21-21	There is a risk that adults who are a overweight or obese will not achieve a healthy weight due to engagement & capacity factors	Executive Director of Public Health	Partnerships, People and Population Health	16
CRR21-22	Delivery of safe & effective resuscitation may be compromised due to training capacity issues.	Executive Medical Director	Quality, Safety and Experience	20
CRR22-23	Inability to deliver safe, timely and effective care.	Executive Director of Nursing and Midwifery	Quality, Safety and Experience	20
CRR22-24	Potential gap in senior leadership capacity/capability during transition to the new Operating Model.	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health	15
CRR22-25	Risk of failure to provide full vascular services due to lack of available consultant workforce.	Executive Medical Director	Quality, Safety and Experience	15
CRR22-26	Risk of significant patient harm as a consequence of sustainability of the acute vascular service	Executive Medical Director	Quality, Safety and Experience	
CRR22-27	Risk of potential non-compliance with regulatory standards for documentation due to poor record keeping – Vascular services.	Executive Medical Director	Quality, Safety and Experience	15

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR22-28	Risk that a significant delay in implementing and embedding the new operating model, resulting in a lack of focus and productivity.	Executive Director of Workforce and Organisational Development		
CRR22-29	Risk that a loss of corporate memory as a result of the departure of key staff during the transition to the Operating Model.	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-30	Risk that a lack of robust and consistent leadership can contribute to safety and quality concerns	Deputy Chief Executive Officer/Executive Director of Integrated Clinical Services		
CRR22-31	Risk of a capacity & capability gap during the transition of staff departing the organisation through the VERS process and the recruitment of people both internally and externally to posts within the new Operating Model	Executive Director of Workforce and Organisational Development		

Risk Key Field Guidance / Definitions of Assurance Levels V2

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

Risk Key Field Guidance / Definitions of Assurance Levels V2

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
Controls	Definition	These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen. A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - 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, checklists in place and being implemented which ensure the delivery of an objective - Training in place, monitored, and reported for assurance - Compliance audits - Business Continuity Plans in place, up to date, tested, and effectively monitored - Contracts in place, up to date, managed and regularly and routinely monitored
Mitigation	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer, or take opportunity).
	Examples include, but are not limited to	- A redesigned and implemented service or redesigned and implemented pathway - Business Case agreed and implemented - Using a different product or service - Insurance procured.
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the compliance data that is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified that data, for example quality, finance, and human resources assurance.
	3	The third level of assurance comes from outside the Health Board, for example the Welsh Government, Health Inspectorate Wales, Health and Safety Executive, and Internal/External Audit, etc.

Report title:	2022/23 Board Assurance Framework (BAF)			
Report to:	Partnerships, People & Population Health Committee			
Date of Meeting:	Tuesday, 13 September 2022			
Executive Summary:	The purpose of this report is to enable the Committee to review and monitor the updated BAF following its adoption at the August Board meeting. This report incorporates an extract of the BAF for the committee to monitor, which is incorporated in sections 1 and 4 under the strategic aims: *Strategic Aim 2: Target our resources to people who have the greatest needs and reduce inequalities* *Strategic Aim 4: Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being* It is recognised that further work is required to strengthen the controls, assurances and action plans, with some of the BAF risk areas incorporated within the PPPH agenda for this meeting. At the last PFIG meeting, an action was agreed that the IMTP risk allocation would be reviewed to determine what scope would fall within the PPPH Committee's remit. To this end, a meeting is being scheduled with the chairs of the PPPH and PFIG committees in advance of the next cycle of meetings in November 2022. This work is also aligned to the tasks currently being undertaken to strengthen the Corporate risk register, which is incorporated separately on this agenda.			
Recommendations:	The Committee is asked to: • Note and review the BAF risks that fall within the remit of the Partnerships, People & Population Health Committee			
Executive Lead:	Board Secretary			
Report Author:	Molly Marcu, Interim Board Secretary			
Purpose of report:	For Noting ☐	For Decision ☐	For Assurance ☒	
Assurance level:	Significant ☐ High level of confidence/evidence in delivery of existing mechanisms / objectives	Acceptable ☐ General confidence/evidence in delivery of existing mechanisms / objectives	Partial ☒ Some confidence/evidence in delivery of existing mechanisms / objectives	No Assurance ☐ No confidence/evidence in delivery
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
The BAF includes the risks deemed most significant to the delivery of the strategic objectives of the Health Board. Of those risks, some are outside of the risk appetite /and have significant gaps in controls and assurance				

Link to Strategic Objective(s):	ALL
Regulatory and legal implications	Alignment to regulatory requirements associated with delivery of patient care as well as a safe working environment under the Health and Safety at Work Act
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol **Y/N to indicate whether the Equality/SED duty is applicable and provide an explanation below**	**Y**
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	(summarise risks here and provide further detail) (crynodeb o'r risgiau a rhagor o fanylion yma)
Financial implications as a result of implementing the recommendations	Risk Management training will be required as part of the process of enhancing the risk maturity of the organisation
Workforce implications as a result of implementing the recommendations	Not applicable
Feedback, response, and follow up summary following consultation	Feedback received from Executive team, Board
Links to BAF risks: (or links to the Corporate Risk Register)	All
Reason for submission of report to confidential board (where relevant)	Not applicable Amherthnasol
Next Steps: • The BAF will be subject to a further in-depth review ahead of the next meeting of the committee, taking into account discussions at this meeting and Board feedback	
List of Appendices: 2022/23 Board Assurance Framework Appendix 1	

BETSI CADWALADAR UNIVERSITY HEALTH BOARD

2022/23 BOARD ASSURANCE FRAMEWORK - SEPTEMBER 2022

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance I.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
2. Strategic Objective: Target our resources to people who have the greatest needs and reduce inequalities													
2.1	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health Committee	Failure to 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 adversely impact on the Board's ability to deliver safe and sustainable services.	Establishment Control Policy and system in place. Implementation of Roster management Policy. Implementation of Recruitment Policy. Review of Vacancy control process underway to establish a system for proactive recruitment against key staff groups/roles. Implementation of People strategy and plan 2. Review of delivery group structure underway to ensure regional over view and leadership of planning, recruitment and retention. Workforce Service Review programme commissioned and commenced. Implementation of Safe Employment Policy.	Partnerships, People and Population Health Committee oversight. Monthly monitoring by People Executive Delivery Group	Pipeline reports produced monthly for review and action by managers across the organisation	National shortages in certain roles	Staff turnover rates	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
2.5	Chief Digital Information Officer	Partnerships, People and Population Health Committee	Failure to implement necessary transformation of the current Informatics Service and operating model to be fit for purpose and to effectively implement essential infrastructure and digital solutions to underpin the delivery of BCUHB strategy and IMTP due to lack of available finances, resources and capabilities. This could impact on the safety of our patients, service efficiency and the reputation of the Health Board, or impact on compliance with legislation resulting in significant financial penalties.	New CDIO reviewing the current operating model and developing proposals and plans for its transformation into a minimum viable Digital, Data and Technology operation for the Health Board in the 2020s. Implementation of digital plan with progress updates in place and monitored internally via the PPPH Committee Development of a resource structure, revenue and capital requirements for corporate planning.	Annual Plan delivery assurance report to PPPH Committee	none identified	Some aspects of the digital delivery plans were not implemented in the 2021/22 period due to resourcing gaps and new requirements emerging from recent discovery work	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
3. Strategic Objective: . Work in partnership to support people (individuals, families, carers, communities) to achieve their own well-being													
3.1	Executive Director of Finance	Partnerships, People and Population Health Committee	Failure to provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.	Annual Capital Programme in place, based on priorities as identified by divisions, Core Areas (Estates, Informatics and medical devices) feeding into the Capital Investment Group and onward to the Finance and Performance Committee. 1.Development for business case for key projects identified in key strategies.	Performance, Finance and Information Governance Committee oversight of capital programme delivery	none identified	Delays in the completion of the new Estates Strategy and its consequent alignment to enabling strategies such as the clinical services strategy and quality improvement strategy	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	
3.2	Executive Director of Workforce and Organisational Development	Partnerships, People and Population Health Committee	Failure to implement and embed learning from experience in order to improve services, resulting in poor staff morale and a lack of trust and confidence in senior management, leading to poor outcomes impacting on the delivery of safe and sustainable services and the reputation of the Health Board. This could be caused by a lack of clear mechanisms for raising concerns at any and every level.	Implementation of revised Speak out safely process as agreed by the Health Board in July 2021. Implementation of Speak out Safely Guardians report directly to CEO, with an independent board member to support and scrutinise Guardians' role Implementation of Raising Concerns Policy Implementation of SOP which includes agreed role outlines for Guardians, Speak out Safely Champions and independent member and terms of reference for MDT	Partnerships, People and Population Health Committee oversight.	none identified	Health inspectorate Wales review of YGC ED , highlighting concerns from staff about raising concerns arrangements	None identified	16 (4x4)	16 (4x4)	12 (4x3)	currently under review	

BETSI CADWALADAR UNIVERSITY HEALTH BOARD

2022/23 BOARD ASSURANCE FRAMEWORK - SEPTEMBER 2022

Risk Number	Responsible Director	Assurance Committee	Principal Risk	Controls in place to manage risk (mitigation)	Internal assurances	External Assurances on controls	Gaps in control (where the controls are not working or further controls required)	Gaps in assurance I.e. negative/limited or no assurance (where assurance has not been gained)	Initial Risk Score (impact x likelihood)	Current Risk Score (impact x likelihood	Tolerable Risk Score (target by year end)	Action plan description	Action plan due date
3.3	Executive Director of Integrated Health Care	Partnerships, People and Population Health Committee	Risk of significant delays to access to Primary Care Services for the population due to growing demand and complexity, an ageing workforce and a shift of more services out of hospital, resulting in an deterioration in the population health, impacting on other health & care services and the wellbeing of the primary care workforce.	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. Development of Urgent Primary Care Centre (UPCCs) pathfinders. Delivery of digital solutions (accelerated in response to C-19) Commissioning of community pharmacy enhanced services. Primary Care Transformation Fund in place across the clusters to support local innovation in addressing planned care backlog in primary care	Partnerships, People and Population Health Committee oversight.		Primary care capacity remains a significant area of concern with: 213 GPs anticipated to retire in North Wales in next 5 years Number of practices identified as being 'at risk' of handing back contract Managed Practice costs pressures (circa £2.79m)		16 (4x4)	16 (4x4)	16 (4x4)	currently under review	
3.4	Executive Director of Public Health	Partnerships, People and Population Health Committee	Failure to effectively promote wellbeing and reduce health inequalities across the North Wales population, due to service model restrictions, resulting in demand exceeding capacity	Health Improvement & Reducing Inequalities Group (HIRIG) provides strategic direction and monitors delivery of the Population Health Services. Health Board commitment to establishing priority services including: Programme management and recruitment to posts. Contribution to national delivery programmes and the Public Health Outcomes Framework with monitoring of key indicators in place. Fully integrated Smoking Cessation Service Delivery of Immunisation strategy (2018-2022) Delivery of Infant Feeding Strategy (2019-2022)	HIRIG provide reports nationally regarding expenditure and performance. regional evidence based priorities are developed to meet the needs of the population in North Wales and deliver the greatest impact. Recent appointments of Consultants in Public Health have increased expertise and support across the region [3, one part time] Population Needs Assessment	1) Embed Public Health Outcomes approach into local planning through local partners and Health Board. 2) The Recovery Co-ordination Group (RCG) is focussing on Public Health actions as part of the recovery plan for North Wales. 3) Population Needs Assessment will provide local analysis for informing plans			15 (5X3)	15 (5X3)	12 (4x3)	Embed BCUHB North Wales population health priorities within its operational and strategic plans.	Dec-23

1	2	3	4	5
Insignificant	**Minor**	**Moderate**	**Major**	**Extreme**
No effect	External standards being met. Minor impact on achieving objectives	Adverse effect on delivery of secondary objective	Major adverse effect on delivery of key objective. Affects Care Quality Commission rating.	Does not meet key objectives. Prevents achievement of a significant amount of external standards
No harm/near miss	Any patient safety incident requiring extra observation or minor treatment and causes minimal harm.	Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm.	Any patient safety incident that appears to have resulted in permanent harm.	Any patient safety incident that directly resulted in one or more deaths.
Minor injury not requiring first aid	Minor injury or illness, first aid treatment needed	Lost time injury or RIDDOR /Agency reportable > 3 days absence	Fractures, amputation, extensive injury or long term incapacity/ RIDDOR reportable	Death or major permanent incapacity
Loss / interruption more than 1 hour	Loss / interruption more than 8 hours	Loss / interruption more than 1 day	Loss / interruption more than 1 week	Permanent loss of service or facility
local management tolerance level	Loss less than 0.25% of budgeted operating income	Loss less than 0.5% of budgeted operating income. Improvement notice	Loss less than 1% of budgeted operating income. Significant claim. Prosecution or Prohibition Notice	Loss more than 1% of budgeted operating income. Multiple claims.
Minor non-compliance with internal standards	Single failure to meet internal standards or follow protocol	Repeated failures to meet internal standards or follow protocols	Failure to meet national standards. Failure to comply with IR(ME)R	Gross failure to meet professional standards
Rumours	Local media – Short term. Minor effect on staff morale	Local media – Long term. Significant effect on staff morale	National Media less than 3 days. Major loss of confidence in organisation.	National media more than 3 days. MP Concern (Questions in House). Severe loss of public confidence.

1	2	3	4	5
Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Less than 1%	1 – 5%	6 – 20%	21 – 50%	Greater than 50%
Will only occur in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

	Consequence (C)			
1	2	3	4	5
Insignificant	Minor	Moderate	Major	Extreme
1	2	3	4	5
2	4	6	8	10
3	6	9	12	15
4	8	12	16	20
5	10	15	20	25