

Bundle Strategy, Partnerships and Population Health Committee 9 June 2020

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

- 0 09:30 - SP20/19 Chair's welcome
- 1 SP20/20 Apologies for absence
- 2 SP20/21 Declarations of Interest
- 3 09:30 - SP20/22 Draft minutes of the meeting held on 5.3.20 for accuracy, matters arising and summary action plan
SP20.22a Minutes SPPH Public 5.3.20 V.04 draft.docx
SP20.22b Summary Action Log.docx
- 4 09:40 - SP20/23 Corporate risk register- risks assigned to Committee
Mr Mark Wilkinson
Justine Parry in attendance
SP20.23 Corporate Risk and Assurance Framework Report _Final_published 3.6.20.docx
- 5 10:00 - SP20/24 Committee COB 2020/21
Mr Mark Wilkinson
Recommendation:
The Committee is asked to approve the 2020/21 Committee Cycle of Business
SP20.24a SPPH COB 2020_21.docx
SP20.24b SPPH COB 2020_21 v.06 draft.doc
- 6 10:15 - SP20/25 Annual Operational Plan 2019/20
Mr Mark Wilkinson
Recommendation:
The Strategy, Planning and Population Health Committee is asked to note the report and the impact on end of year delivery and plans going forward of Covid-19.
SP20.25a APMR 201920 March 2020 Year end.docx
SP20.25b Annual Plan Progress Monitoring Report - March 2020 Final.pdf
- 7 10:35 - SP20/26 Phase 2 transition to sustainable service delivery
Mr Mark Wilkinson
Recommendation:
It is recommended that SPPH Committee:
1). Receive details around the Planning workstream and the draft Q1 plan \- Transition to Sustainable Service Delivery which has been submitted to both WG and BCU Cabinet\.
2). Review the approach set out within the paper to support the development of our plan into Q2 / Q3\.
SP20.26a Phase 2 Transition to sustainable service delivery .docx
SP20.26b Appendix 1 - BCUHB Q1 Plan v1.8.pptx
- 8 10:55 - SP20/27 Current agreed COVID 19 forecast position
Mr Mark Wilkinson
Recommendation:
It is recommended that the key planning assumptions outlined in this document are noted.
SP20.27a Current agreed COVID 19 forecast position.docx
SP20.27b Use of Modelling Projections to Inform Decision-Making.docx
- 9 11:15 - SP20/28 Update on COVID-19 communications and engagement activity
Mrs Marian Wyn Jones and Mrs Katie Sargent in attendance
Recommendation:
The Committee is asked to note the report
SP20.28a Communications and Engagement v2.0.docx
SP20.28b App1 Communication and Engagement Plan V2 - Updated 16.3.20.docx
SP20.28c App2 COVID-19 Daily Briefing - 27.04.2020.pdf.docx
SP20.28d App3 Message from the Chair and Chief Executive - 03.04.2020.docx
- 10 11:45 - SP20/29 Annual Equality Report 2019/20
Mrs Sue Green / Mrs Sally Thomas
Recommendations:
The Committee is asked to:
note progress and the Focus for the Future, including the revised Equality Objectives 2020-2024.
approve the report and formally inform the Board via the Committee Chair's assurance report

SP20.29a Equalities annual report.docx

SP20.29b Equality Annual Report 2019-20 V1.pdf

SP20.29c Equality Annual Report 2019-20 V1 CY.pdf

11 12:05 - SP20/30 International Health Group (IHG) Annual report 2019/20
The Committee is asked to note the report
SP20.30 Committee Chair's Assurance Report IHG 2019 20 v1.0.docx

12 SP20/31 Summary of private business to be reported in public
The Committee is asked to note the report
SP20.31 Private session items reported in public.docx

13 SP20/32 Issues of significance to inform the Chair's assurance report

14 12:05 - SP20/33 Date of next meeting 13.8.20

15 Exclusion of Press and Public

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



Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held in public on 5.3.20
in the Boardroom, Carlton Court

Present:

Mrs Lyn Meadows	Independent Member (Acting Chair)
Professor Nicky Callow	Independent Member
Mr John Cunliffe	Independent Member
Mrs Helen Wilkinson	Independent Member

In Attendance:

Mrs Sally Baxter	Assistant Director Health Strategy (<i>part meeting</i>)
Mrs Emma Binns	Head of Emergency Preparedness and Resilience (<i>part meeting</i>)
Mrs Bethan Jones	Area Director ~ Central (for Dr C Stockport)
Mrs Katie Sargent	Assistant Director ~ Communications (for Mrs S Green)
Miss Teresa Owen	Executive Director of Public Health
Mr Rod Taylor	Director Estates and Facilities (<i>part meeting</i>)
Mr Mark Wilkinson	Executive Director Planning and Performance
Ms Diane Davies	Corporate Governance Manager (Committee secretariat)

Agenda Item Discussed	Action By
<p>SP20/6a Chair's welcome</p> <p>SP20/6a.1 The Committee Chair welcomed those in attendance, following a changeover in Committee membership, it was noted that this was Mr John Cunliffe's first committee meeting and Prof Nicky Callow had attended the Committee workshop held on 14.1.20.</p> <p>SP20/6a.2 The Committee Chair shared that discussion would be held with the Chairman, following concerns that IM Helen Wilkinson had raised, in questioning whether the Committee was fully meeting all its Terms of Reference. It was also suggested that the Executive Medical Director be nominated in attendance as lead director of BCU's Clinical Services Strategy.</p>	LM / MW
SP20/6 Apologies for Absence	

<p>Apologies were noted from Dr Chris Stockport for whom Mrs Bethan Jones deputised, Mrs Sue Green for whom Mrs Katie Sargent deputised and Mr Rob Nolan.</p>	
<p>SP20/7 Declarations of Interest</p> <p>IM Helen Wilkinson reported her substantive appointment to be Chief Officer, Denbighshire Voluntary Services Council in relation to third sector and partnership matters and IM John Cunliffe reported he was a member of the North Wales Police and Crime Commissioner Joint Audit Committee re agenda item SP20/9.2.</p>	
<p>SP20/8 Draft minutes of the meeting held on 3.12.19 for accuracy, matters arising and summary action plan</p> <p>SP20/8.1 The minutes were agreed as an accurate record, and updates were provided to the summary action log.</p> <p>SP20/8.2 Matters arising</p> <p>SP20/8.2.1 Following discussion of SP19/116.5 it was agreed to include Healthier Wales update to the Cycle of Business (COB), as suggested by the Executive Director Public Health.</p> <p>SP20/8.2.2 The Committee requested regular updates on Improvement Group work, relevant to the Committee, to be included in the COB as the Committee wished to ensure it's role, as the engine room of strategy and transformation, was strong and robust. The current reporting arrangements advised by the Executive Director Planning and Performance were acknowledged.</p> <p>SP20/8.2.3 IM Nicky Callow questioned BCU's progress in relation to University status as the Director of Health and Care Research Wales understood that Health Boards had received letters in this regard. The Executive Director Planning and Performance confirmed this to be the case and undertook to share the correspondence in question. It was also agreed that the Executive Director of Therapies and Health Sciences provide an update on progress of BCU's Research and Innovation Strategy and action plan in due course as well as providing a briefing on University status.</p>	<p>MW</p> <p>MW</p> <p>MW > AT</p>
<p>SP20/9 Annual Plan 2019/20 progress monitoring report</p> <p>SP20/9.1 The Executive Director Planning and Performance presented this item. He drew the Committee's attendance to the positive progress achieved in the Health Improvement & Inequalities and Workforce programmes as well as the areas of significant concern in relation to planned care. He advised that at the recent Finance and Performance Committee meeting it was agreed that the actions AP021 'Implement preferred service model for acute Urology services' and APO24 'Rheumatology service review' to be at 'red' status.</p>	

<p>SP20/9.2 The Committee acknowledged the success in moving forward many actions from Green to Red, including AP08 ‘Partnership plan for children progressed with a strong focus on Adverse Childhood Experience (ACE)’ due to the ACES work undertaken. The Area Director Central reported that the Regional Partnership Board was also considering work to move forward a more holistic view within the area of Children and Young People. The Executive Director Public Health responded to the Committee’s query regarding the Police and Crime Commissioner’s perception that ACE focus had changed.</p> <p>SP20/9.3 In respect of the actions outlined in the report the Committee commented on the AP022 ‘Business case, implementation plan and commencement of enabling works for Orthopaedics’ – It was noted that progress was reported at Red. The Committee requested a need for Red actions to indicate whether they would be carried forward or provide an explanatory narrative if not. In response to the Committee Chair, the Executive Director Planning and Performance confirmed that lessons learned would be drawn together on completion.</p> <p>SP20/9.4 It was agreed that questions arising from the Estates Programme would be raised in discussion of the Estates Strategy item later in the agenda.</p> <p>It was resolved that the Committee noted the progress reported</p>	
<p><i>The order of items discussed was modified with the agreement of the Committee Chair to meet operational needs</i></p>	
<p>SP20/11 Environmental Sustainability and Decarbonisation in BCUHB</p> <p>SP20/11.1 The Executive Director Planning and Performance introduced this item, reminding the Committee of the presentation “Natural Resources Wales’s Carbon Positive Project: building our response to the ‘Climate Emergency’” provided by Mr Clive Walmsely, NRW at the Committee workshop held on 14.1.20. The Director of Estates and Facilities delivered a presentation in which the policy context was outlined. It was noted that addressing climate change impacts and decarbonisation was crucial to achieving the objectives of the Environment (Wales) Act 2016 and the Wellbeing of Future Generations Act (Wales) 2015. It was understood that Welsh Government (WG) was formulating an approach which BCU would fit into. The Director Estates and Facilities provided many excellent examples of existing work addressing areas such as annual emissions, sustainability, CO2 reduction, biodiversity plans and that BCU was already achieving 97% recycling targets. He also stated that BCU’s electricity energy contract was with a 100% renewable energy provider. It was noted that business cases were also being developed, taking into account this agenda. The Director Estates and Facilities reported on positive initiatives arising from BCU’s Plastic Free Group.</p> <p>SP20/11.2 In respect of carbon reduction the Director Estates and Facilities advised that further understanding was required in the areas of transportation and procurement, following which cultural change and senior leadership engagement would be needed to drive through changes. The Committee questioned how electric</p>	

<p>charging for vehicles would be managed for employees to ensure clarification on funding business and personal use, which the Director Estates and Facilities concurred needed to be addressed going forward as their numbers increased.</p> <p>SP20/11.3 The Committee debated the BCU position in respect of the Conwy and Denbighshire Public Service Board whom had sought sign up to a policy statement on a Community Green Pledge, as discussed at the SPPHC on 3.9.19. It was noted that the Area Director Central was required to report to a joint scrutiny meeting on 13.3.20 and sought confirmation of the direction of travel within 9 areas as the detail was not yet in place. In the discussion which followed the Committee was advised that BCU had an Environmental Policy in place, however a Strategy was under development. The importance of developing an action plan was advised, and the Executive Director of Public Health drew attention to a variety of projects that were in place across BCU – including improvement groups and bevan commission work - however there was no overarching narrative in place.</p> <p>SP20/11.4 The Assistant Director Communications was encouraged by the Committee to publicise the various good news areas highlighted, as they would be beneficial in connecting with the public and also be a positive workforce mobiliser for ‘Team Betsi’. It was suggested that social value should be factored into BCU’s procurement processes and community transport initiatives addressed.</p> <p>SP20/11.5 In discussion of the strategy development required, the Committee emphasised the need for a robust governance structure. It was agreed that BCU’s current Environment and Sustainability policy would be updated by the Director of Estates and Facilities and circulated to members within 2020/21 quarter 1. In addition the Area Director Central would arrange to circulate the Conwy and Denbighshire PSB Community Green Pledge to members. The Executive Director Planning and Performance stated that the Executive Team needed to refocus on the environmental agenda.</p> <p>It was resolved that the Committee agreed to recommend to the Board</p> <ul style="list-style-type: none"> • that BCU develop an Environmental Strategy with clarity on governance • support commitment to the Community Green Pledge, subject to member’s feedback on the circulated statement to the Executive Director Planning and Performance and Committee Chair <p><i>The Director Estates and Facilities left the meeting</i></p>	<p>RT BJ</p> <p>Committee Chair / Members</p>
<p>SP20/13 Civil contingency and business continuity progress</p> <p>SP20/13.1 The Head of Emergency Preparedness and Resilience joined the meeting to present this item. The Committee Chair provided feedback on the format of the report and it was agreed that the Executive Director of Planning and Performance would provide an exemplar format report for the preparation of future reports in order that progress and performance levels could be more easily evaluated by the Committee. The Committee Chair also stated the Committee needed to understand whether the department was under resourced.</p>	<p>MW / EB</p>

<p>SP20/13.2 The Committee questioned whether business continuity testing had been taking place, which had been highlighted at previous meetings. The Head of Emergency Preparedness and Resilience advised that other large scale issues had necessitated reprioritisation of this task, however this was now being moved forward and she undertook to make reference to the testing compliance log in future assurance reports which was now in place within the team. She also advised the Committee of Internal Audit work in this area. A discussion ensued on BCU's IT business continuity plans.</p> <p>SP20/13.3 The Head of Emergency Preparedness and Resilience advised that HAZMAT was being monitored. She also reported that a review of contingency planning needed to be undertaken.</p> <p>SP20/13.4 The Committee debated their concern regarding capacity and capability and need for a duty of care for colleagues working in this area. The Executives present acknowledged the lightly resourced team and the need for prioritisation of emergency preparedness. However, due to the current position on the Covid-19 epidemic the timing of repeating an audit of Emergency Planning and resilience might be affected.</p> <p>SP20/13.5 The Committee highlighted the risks in these gaps and the need to assure the Committee that effective mitigating plans were in place.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report • highlighted risks and the need to provide further assurance on emergency planning and preparedness • requested an update on Covid-19 to the next meeting <p><i>The Head of Emergency Preparedness and Resilience left the meeting</i></p>	<p>MW</p> <p>MW</p>
<p>SP20/10 Estates Strategy ~ One year on</p> <p>SP20/10.1 The Executive Director Planning and Performance introduced the Estates Strategy which was noted to have been developed at the instruction of the Health Board Chairman. In discussion of the document provided, the Committee noted that some of the detail was a little out of date.</p> <p>SP20/10.2 The next steps were noted to be :</p> <p>During 2020/21 BCU would continue to take forward the plans to deliver the following:</p> <ul style="list-style-type: none"> - Wrexham Maelor continuity programme - Ruthin hospital - North Denbighshire Community hospital - Ablett mental health unit - Llandudno Junction/Conwy Primary care resource centre - "Project paradise" - Waunfawr primary care centre - Bryn Beryl integrated dementia and adult mental health unit. 	

<p>In addition the Estates Improvement Group (EIG) and Health Economy Estate groups would focus upon the following priority programmes, albeit that the priorities would, in all likelihood, require additional resources to drive them forward at pace:</p> <ul style="list-style-type: none"> - Ysbyty Gwynedd compliance - Health Economy programme business cases - Review of accommodation in Central Area. - Abergele hospital services** - Rationalisation of Bryn y Neuadd** - Office accommodation (linked to **above) - Residencies. <p>SP20/10.3 The Committee requested that the Executive Director Planning and Performance provide further detail on</p> <ul style="list-style-type: none"> - '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 <p>SP20/10.4 It was noted that the EIG would scrutinise and monitor the progress of the above and provide an update report as part of the Annual Plan monitoring report. The estate strategy would be refreshed to reflect the revised delivery framework and proposed next steps.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the report 	<p>MW</p>
<p>SP20/12 North Wales Regional Partnership Board (RPB) Update</p> <p>The Executive Director Planning and Performance drew attention to the update received by the RPB on Welsh Ambulance Service Trust's long term strategy and also BCU's Executive Director Public Health's update within the Building a Healthier Wales item which drew attention to potential funding opportunities and tight deadlines. He also advised that Mrs Marian Wyn Jones was continuing to attend the RPB representing BCU, although in a different role, and Mrs Lucy Reid, BCU Vice Chair, was not in attendance.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the minutes of the RPB held on 6.12.19 	
<p>SP20/14 Public Engagement and monitoring impact update</p> <p>SP20/14.1 The Assistant Director Communications presented the item, advising that the report provided an update on key public engagement activity undertaken and its impact since the previous report in October 2019 and also reported key findings of the annual partner and public perceptions survey work. It was noted that whilst there were a number of positive areas reported, the public perceived a decline in overall trust</p>	

<p>compared to the previous 2 years and there was concern with the future of the Health Service. She undertook to circulate the response reports and associated action plans being developed following discussion with Executives. The Assistant Director Communications drew attention to the brief headline interpretations provided in the partnership survey, however the findings would become clearer as the interviews were analysed in more detail.</p> <p>SP20/14.2 The Committee noted concern with the public response <i>rate</i> reported and questioned whether a more effective mechanism could be explored to provide a more reflective sample of the North Wales population. The Assistant Director Communications noted the suggestion, reflecting that correlation work with responses to AM/MP correspondence and concerns could also be taken into account.</p> <p>SP20/14.3 In respect of Reputation Management, the Committee suggested a more asset based management approach was required. The Committee stated that low trust in the Health Board was problematic for Board Members and questioned how Committees could be better appraised of public perceptions. It was suggested that there could be greater joined up involvement with the Board's Independent Members, for example in planning the Stakeholder Reference Group agenda (not from a risk perspective) and also drawing on their Board Champion roles.</p> <p>SP20/14.4 Members suggested shifting the dial on narrative towards positive news, and enabling a more proactive management approach to 'fire fighting', and ensuring that misinformation was addressed at the earliest opportunity. The Area Director Central emphasised the need for improved handling of negative news stories, and advocated more staff ambassadors on the basis that their positive enthusiasm would improve perceptions within their own communities of BCU.</p> <p>It was resolved that the Committee noted progress detailed within the report</p>	KS
<p>SP20/15 Integrated Care Fund (ICF) briefing</p> <p>SP20/15.1 The Assistant Director Health Strategy joined the meeting to present this briefing providing the Committee with an overview of the Integrated Care Funds and the financial management arrangements across the North Wales Regional Partnership Board which followed the Welsh Audit Office report recommendations of July 2019. She highlighted the North Wales Regional Partnership approach, especially in respect of governance arrangements and highlighting decision making issues. It was noted that there were challenges in timescales for reporting to the NWRPB.</p> <p>SP20/15.2 The Committee raised governance process concerns in relation to clarity on monitoring and also ensuring schemes matched with BCU priorities; non-recurrent funding and assurance on in-year progress monitoring. The Executive Director Public Health explained her role in submission sign offs and concurred on the need for sovereign organisations to understand their outcomes. The Area Director Central advised that there was significant monitoring in place by WG, she highlighted the project nature of the previous submissions, as opposed to Strategy and highlighted the need for a robust evaluation in order to ensure efficacy of the impacts of the</p>	

<p>investments made. Discussion also ensued on the issues arising for effective strategic transformational change potential, when funding available was divided by six.</p> <p>SP20/15.3 The Committee questioned whether the funding was in reality ‘innovation’ funding and drew attention to the findings of an Audit report which was critical of funding not being shared with the third sector, although this was understood to be improving.</p> <p>SP20/15.4 In conclusion it was noted that :</p> <ul style="list-style-type: none"> • There is a significant level of ICF Revenue and Capital Funding made available to the North Wales Region. • Health is used as the conduit for the flow of funds from Welsh Government, however Health does not solely own the ICF Allocations. • Welsh Government Policy and Legislation is clear that these allocations are to be managed across the Region and specifically by the Regional Partnership Board, with the relevant RPB deciding and agreeing on the allocations across partner organisations and across projects and programmes. • Welsh Government has clearly made The Regional Partnership Board responsible and accountable for managing the programmes and for reporting to Welsh Government, and therefore to each of its Stakeholder organisations. • The Regional Partnership Board is responsible for ensuring that the ICF is spent in line with the Guidance as issued by the Welsh Government. • Whilst the Capital Funding is all passed through the Health Board and the Health Board (Finance Executive) formally signs for the Capital Grant, the accountability and responsibility for the future management and security of any ICF Funded Asset is passed to the Local Authority through the Back to Back Agreement. <p>It was resolved that the Committee noted and commended the report <i>The Assistant Director Health Strategy left the meeting</i></p>	
<p>SP20/16 Corporate risks assigned to the Committee</p> <p>SP20/16.1 The Committee discussed the key progress advised on the corporate risks assigned to the Committee and agreed the following resolutions:</p> <p>CRR01 Population Health Key progress: Risk controls had been updated to include working with the Regional Partnership Board to ensure population prevention focus for Building a Healthier Wales (BAHW) funding across the North Wales Region.</p> <p>The Committee agreed no change to the current risk scoring, however Control 11 should be deleted</p> <p>CRR09 Primary Care Sustainability</p>	

<p>Key progress: Risk controls had been updated to reflect the current position and completion of risk assessments, inclusion of further managed practices, financial and future year investment and further development of the Primary & Community Care Academy. The current risk scoring reflected no change.</p>	
<p>The Committee discussed and challenged the risk rating applied, including the initial risk set, as the Assistant Area Director Central was of the opinion that the inherent risk was slightly higher than indicated. It was agreed that this would be discussed with the Executive Director of Primary & Community Services</p>	<p>MW>CS</p>
<p>SP20/16.2 A discussion ensued on the correct understanding and application of 'controls' within the current risk register. The Committee was advised that a revised format of the Risk Register would be in effect from 1.4.20, which the Committee supported, given their repeated questioning of risk and control interpretation at previous meetings. The Committee recommended providing definitions within future iterations</p>	<p>MW > JP</p>
<p>CRR14 Staff Engagement</p> <p>Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, key risk controls had been strengthened and updated to include implementation of all the 2016 Engagement Strategy requirements had been met, all the initiatives within the strategy had been mainstreamed into ongoing organisational development work, a Workforce & Organisational Development Strategy 2019-22 was in place and objectives to meet the strategy were in place and being monitored, mechanisms in place to measure staff engagement on a regular basis via the BeProud organisational survey, mechanisms were in place to measure team level staff engagement through the BeProud Pioneer programme, NHS Wales Staff Survey Organisational Improvement Plan and Divisional Improvement Plans monitored through the Workforce Improvement Group, retention Improvement plan was in place as also PADR Improvement plan in place. This risk had now achieved its target score with further emphasis currently being placed on sustaining and embedding its controls. The Committee was asked to consider the appropriateness to deescalate this risk for future management at Tier 2 level within the Workforce and Organisational Development governance arrangements.</p> <p>The Committee questioned how the evidence was articulated within the Risk Register entry itself and did not agree to consider the risk further pending inclusion of this information.</p>	
<p>CRR15 Recruitment and Retention</p> <p>Key progress: As part of the corporate risk review at the Audit Committee on the 12th December 2019, key risk controls had been strengthened and updated to include Medical and Dental recruitment panel being embedded to oversee fast tracking difficult to fill vacancies, continued promotion of the employment brand "Train Work Live North Wales" through digital media and marketing, organised calendar of</p>	

recruitment events, deeper analysis of the time to hire showing more specifically where the hot-spots and delays were in the process, leading to improvements, new process to review all posts to ensure that the BCUHB is compliant with the Welsh Language Standards and will be included in Annual Report for Welsh Language.

The Committee **agreed** that there was no change to the current risk rating

CRR17 Development of an IMTP

Whilst there had been no further updates to this risk, an updated paper would be presented to the Board to include next steps of the 3 year outlook and 2020/21. This risk would therefore be updated following further discussions at the Board and re-presented to the SPPH with the outcome of those discussions.

The Committee stated that the 'Further action to achieve the target risk score 1) Revised Plan to SPPHC on 5.3.20' had not been achieved. It was **agreed** that the risk score required further review, notwithstanding the re-casting of any risk rating being considered in the revised format being developed. The Executive Director of Planning and Performance clarified that the new format would review the scoring based on the 2020/21 operational plan which was being finalised.

CRR18 EU Exit – Transition Arrangements

Key progress: This risk had been significantly reviewed in line with the extension to the date of exit to the 31st January 2020 and progress of the Withdrawal Agreement Bill (WAB) through Parliament. Planning and preparations had been stood down by Welsh Government (WG) until further notice. The national leadership Group would continue to meet on a monthly basis but SRO meetings had been stood down. This position would be reviewed by WG in July 2020 and response arrangements might be stood up if required; however, currently the risk of leaving on 31 January 2020 without the passing of the WAB was significantly reduced.

The Committee **agreed** reduction of the current risk score from 12 to 8 and noted the change in the target risk score to a level 4. However, it was noted that the target risk graph should be addressed to align with the risk ratings.

SP20/16.3 The Executive Director of Public Health advised the Committee of the organisational response to date in mitigating against the Pandemic Covid19 risk which was a significant risk to the Health Board. She advised that the articulation of the Corporate risk was being developed and would include consulting other Health Boards on their mitigating actions. She reported it was yet to be decided which Committee would be allocated the risk.

It was resolved that the Committee

agreed the individual amendments as indicated above

noted the organisational risk in respect of Pandemic Covid 19 virus as advised

<p>SP20/17 Issues of significance to inform the Chair's assurance report</p> <p>The Chair undertook to highlight and escalate the following within her Chair's assurance report to the Board</p> <ul style="list-style-type: none"> • Contingency planning concerns • Corona Virus briefing request for next meeting • Escalation of the development of CV-19 to corporate risk register • that BCU develop an Environmental Strategy with clarity on governance • support commitment to the Community Green Pledge sought by the Conwy and Denbighshire PSB, subject to member's feedback on the circulated statement to the Executive Director Planning and Performance 	
<p>SP20/18 Date of next meeting</p> <p>16.4.20</p>	
<p>Exclusion of Press and Public</p> <p>It was resolved that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.</p>	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE				
Summary Action Plan				
Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
3.12.19				
Lawrence Osgood (for Sue Green)	SP19/109.5 Corporate Risk Register Follow up with Jackie Hughes the impact of changes to Trac system on CRR15 Recruitment and Retention	31.12.19	25.2.20 Steve Gregg-Rowbury is discussing the concern with Jackie Hughes. 5.3.20 - Committee requested update 18.5.20 Superseded	Action to be closed
Mark Wilkinson	SP19/109.7 Corporate Risk Register Clarify the contradictory presentation of data against CRR18 EU Exit in that the summary report indicated a reduction in risk score but the risk itself stated there had been no change since presentation to November Board.	31.12.19	Update to be provided to the meeting 5.3.20 Discussed at meeting	Action to be closed
David Fearnley Chris Stockport	SP19/110.3 Digitally Enabled Clinical Strategy Use the example of diabetes pathway as a 'case study' example at Board Workshop	5.12.19	Chris Stockport and the Exec team presented a pathway approach and used DM as an example the board workshop held on 6 February. 5.3.20 Digitally enabled Clinical services strategy is included within the Committee COB	Action to be closed
Teresa Owen	SP19/115.2 Regional Partnership Board Update Inform Committee members where the latest Carer's Strategy could be obtained from.	31.12.19	The Carers Strategy can be found at: https://www.northwalescollaborative.wales/carers/	

➤ Ffion Johnstone			<p>5.3.20 The Committee requested that the Area Director West provide an update on the Carer's Strategy at next SPPHC attendance</p> <p>18.5.20 verbal update to be provided when next in attendance</p>	<p>1.6.20</p> <p>13.10.20</p>
Lyn Meadows	<p>SP19/116.5 Transformation Fund Update Flag within Chair's Assurance Report the Committee's suggestion that transformation and community services would be useful topic for future board workshop</p>	15.1.20	<p>23.1.20 Chair's assurance report to Board advised:</p> <p>An update paper on the Transformation Fund and Community Services was considered and a suggestion made that the Executive Team develop a proposal for identifying a pathway with variation in practice (such as diabetes) to pilot the application of the social model. It was also suggested that this agenda would be a useful topic for discussion at a Board Workshop.</p> <p>5.3.20 Transferred to Board workshop rolling programme. The SPPHC advised that the future of all non-recurrent funded workstreams post March 2021 should be considered at Board workshop, taking into account evaluation for future planning.</p>	<p>Action to be closed</p>
Mark Wilkinson Diane Davies	<p>SP19/120 Terms of Reference Provide revised draft to next meeting to incorporate higher focus on primary/community services, and to note that Finance Director Commissioning & Strategy should be formally in attendance</p>	27.1.20	<p>11.2.20 ToR amendments to be discussed initially at next CBMG meeting on 26.3.20</p> <p>CBMG meeting deferred, next meeting to be held on 18.6.20</p>	<p>19.3.20</p> <p>5.8.20</p>

5.3.20				
Lyn Meadows / Helen Wilkinson	Discuss at CBMG <ul style="list-style-type: none"> Consider of Committee meeting all its Terms of Reference. suggest the Executive Medical Director be nominated in attendance as lead director of BCU's Clinical Services Strategy 	8.4.20	1.4.20 – TOR /COB awaiting consideration 18.5.20 – To be discussed at CBMG 18.6.20	5.8.20
MW	SP20/8.2 Matters arising Update COB with : <ul style="list-style-type: none"> Healthier Wales update regular updates on Improvement Group work relevant to the SPPH Committee 	8.4.20	Agenda item 9.6.20	Action to be closed
MW	SP20/8.2.3 Matters arising Executive Director Planning and Performance <ul style="list-style-type: none"> share the correspondence received re University status 	6.3.20	superseded	Action to be closed
MW > AT	SP20/8.2.3 Matters arising Executive Director Planning and Performance liaise with Executive Director Therapies and Health Sciences to: <ul style="list-style-type: none"> provide an update on progress of BCU's Research and Innovation Strategy and action plan providing a briefing on University status 	Date to be agreed		
Rod Taylor	SP20/11.5 Environmental sustainability and decarbonisation Update BCU's environment and sustainability policy and circulate within quarter 1 2020/21 to members	August meeting		

Bethan Jones	SP20/11.5 Environmental sustainability and decarbonisation Arrange to circulate C&D Green pledge to members	6.3.20		
Members	SP20/11.5 Environmental sustainability and decarbonisation Provide feedback to Committee Chair and Exec Lead on the statement to inform Chair's next assurance report at Board regarding support	24.4.20		
Mark Wilkinson / Emma Binns	SP20/13.1 Civil contingency and business continuity progress <ul style="list-style-type: none"> • Provide Emma B with exemplar report template for future reports • Ensure inclusion of risks and additional assurance in future reports as highlighted • Provide update on Covid19 to next meeting 	1.6.20	18.5.20 – Due to response to the Covid 19 pandemic, the updates would be rescheduled to a future meeting date to be agreed	
Mark Wilkinson	SP20/10 Estates Strategy Provide <ul style="list-style-type: none"> - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document 		Defer to August meeting	
Katie Sargent	SP20/14 Public engagement and monitoring impact update		Reports circulated 2.6.20	Action to be closed

	Circulate response reports and associated action plans of the public and partner surveys when available to members			
Mark Wilkinson > Chris Stockport	SP20/16 Corporate risks assigned to Committee CRR09 Primary Care Sustainability Discuss whether risk rating is higher with the Executive Director of Primary & Community Services		CRR is agenda item 9.6.20	Item to be closed
Mark Wilkinson > Justine Parry	SP20/16.2 Corporate risks assigned to Committee The Committee recommended providing definitions within future iterations	31.3.20	CRR is agenda item 9.6.20	Item to be closed

2.6.20



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Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee					
	9.6.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Strategy, Partnerships and Population Health Committee (SPPH) Corporate Risk and Assurance Framework Report					
Cyfarwyddwr Cyfrifol: Responsible Director:	CRR01 - Executive Director of Public Health CRR09 - Director of Primary and Community Care CRR14 - Executive Director of Workforce and Organisational Development CRR15 - Executive Director of Workforce and Organisational Development CRR17 - Executive Director of Planning and Performance CRR18 - Executive Director of Planning and Performance					
Awdur yr Adroddiad Report Author:	Justine Parry, Assistant Director of Information Governance & Risk. David Tita, Head of Risk Management					
Craffu blaenorol: Prior Scrutiny:	The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review. This report has been approved for submission to the Committee by the Deputy Chief Executive / Executive Director of Nursing and Midwifery.					
Atodiadau Appendices:	Appendix 1 – Details of Corporate Risk Register Report					
Argymhelliad / Recommendation:						
The Strategy, Partnerships and Population Health Committee (SPPH) is asked to:						
<ol style="list-style-type: none"> 1. Consider the relevance of the current controls in place. 2. Review the actions in place and consider whether the risk scores remain appropriate for the present risks in line with the Health Board's risk appetite. 3. Note and approve the actions that have been completed and turned green so that they could be archived and replaced with new ones as deemed appropriate. 4. Note, approve and recommend the Corporate Risk Register (CRR) to the Audit Committee for approval and to gain assurance that risks articulated on it are appropriately and robustly managed in line with the Health Board's risk management strategy and best practice. 						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion & Scrutiny	<input checked="" type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Sefyllfa / Situation:						



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The continuous negative impact on the Health Board's resources, strategy, tactics and operations triggered by the current prevailing Covid-19 situation underlines the need for strengthening and improving its risk management practice and ecosystem. This does not only thrust effective risk management at the heart of the Health Board's approach to managing Covid-19 in continuously ensuring the safe delivery of its operations, business sustainability and financial viability but underlines the need to tap into the 'upsides' or benefits of appropriate, comprehensive and dynamic risk management.

While this coversheet articulates the key highlights/progress and changes captured in each risks, Appendix 1 presents details of each of the risks on the CRR allocated to the Strategy, Partnerships and Population Health Committee (SPPH). Updates captured as a result of the review and scrutiny of this corporate risk register (CRR) report will be presented to the Audit Committee for further scrutiny and assurance.

Cefndir / Background:

As part of the Health Board's continuous drive to improve its risk management landscape including culture, system and processes, four very significant improvements have been made to this CRR report. These are:

1. A re-designed new template for capturing the Health Board's risks which are on its CRR.
2. Inclusion of the Health Board's Risk Appetite level for the type of risk captured.
3. Optimise the use of the Health Board's Risk Management action module on Datix by including a specific table in the CRR to facilitate the robust capturing of risk response plans or actions being implemented in attaining target risk score.
4. Some of the actions in the further action free text box on Datix have been transferred onto the risk response plan and re-phrased into SMART actions.

The re-designed template for capturing risks on the CRR gains much in a better layout, clarity, brevity and simplicity with a dedicated section for articulating actions from the risk management action module on Datix. The action section which comprises the actions that were in the further action section of Datix, now has due dates, action leads/owners, expected completion date and progress and comment sections included.

The use and optimisation of the Health Board's Risk Management action module on Datix will ensure that actions on risk response plans are more robustly articulated on Datix with clearly specified timescales and owners. This will also ensure that actions don't remain indefinitely on the CRR as well as improving accountability, scrutiny and invigorate our risk management governance culture. The second phase of this risk management improvement project will see all actions moved from the 'further actions' free text box on Datix onto the Risk Management action module.

Asesiad / Assessment & Analysis

The Strategy, Partnership and Population Health Committee (SPPH) which was held on 5th March 2020, reviewed and scrutinised their risks on the CRR and declined a request for CRR14 to be recommended for de-escalation. Members also noted the ongoing work by the Public Health team around COVID-19 which aligns with the wider national PHW Covid-19 response agenda.

In summary, the following updates present changes that have been made to risks since the last CRR report was received by the SPPH: -

- **CRR01 - Population Health**



Key progress: This risk has been updated and refreshed. Its actions have also been updated and strengthened to include assigned due dates and action owners. On the other hand, one of its controls (i.e. Control 11 – “BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP”) has been taken off the list of controls being implemented in mitigating this risk as advised by the SPPH which held on 5th March 2020.

However, it is worth noting that the target score for this risk has been set outside the Health Board’s agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.

- **CRR09 - Primary Care Sustainability**

Key progress: This risk has been refreshed and is up-to-date. All its actions have also been assigned due dates, action owners and progress notes added to demonstrate progress with their implementation. The actions have been comprehensively updated to take account of the negative impact of Covid-19 on their timely implementation while one of it has been completed.

However, it is worth noting that the target score for this risk has been set outside the Health Board’s agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.

- **CRR14 - Staff Engagement**

Key progress: This risk has been refreshed and updated while all its actions have also been assigned due dates, action owners and progress notes added to demonstrate progress with their implementation. One of the actions assigned to this risk has been completed while the remaining two actions are on course for delivery on time. All three actions have now been added onto the Risk Management Action Module on Datix.

However, it is worth noting that the target score for this risk has been achieved, but is set outside the Health Board’s agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.

- **CRR15 - Recruitment and Retention**

Key progress: This risk has been refreshed and updated while all its actions have also been assigned due dates, action owners and progress notes added to demonstrate progress with their implementation. Updates on this risk have noted the fact that some concerns have been raised around the introduction of Welsh TRAC, which requires translation of English text for Job Description, Person Specification and Advert into Welsh, might slow key recruitment leading to increased vacancies as Welsh TRAC went live in BCUHB on 27th November 2019. However, appropriate measures have been put in place to effectively mitigate and manage any potential delays in adverts going live.

It is also worth noting that three of the actions assigned to this risk have been completed while the remaining seven actions are on course for delivery on time. All ten actions have now been added onto the Risk Management Action Module on Datix.

However, it is worth noting that the target score for this risk has been set outside the Health Board’s agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.



• CRR17 - Development of IMTP (Integrated Medium Term Plan)

Key progress: This risk has been refreshed and updated while all its actions have also been assigned due dates, action owners and progress notes added to demonstrate progress with their implementation. More than 50% of the actions identified in further mitigating and managing this risk have been completed while one new action has been added. On the hand, updates reflect the fact that events have overtaken this risk as the IMTP planning has been paused following guidance from the WG. The Health Board is now working to developing a series of rolling 6 week plans in line with new guidance received from WG and have submitted the Q1 plan to the WG.

However, it is worth noting that the target score for this risk has been set outside the Health Board's agreed risk appetite as it should have been positioned anywhere ranging from 1-6. It is therefore advisable for the Committee to scrutinise and advise accordingly.

As the updates for this risk have raised the fact that it is already obsolete, it will be advisable for the committee to consider its wider future since the Health Board is now operating a series of 6 weekly plans. It will thus be helpful if the committee could amongst other things consider the wider future of CRR17 and make a decision on: -

- Its future
- If it should be completely closed/revamped to reflect current thinking.
- An extension of its target date to a more realistic one.

On a similar note it will also be advisable for the committee to consider if there are any risks involved with the operationalisation of a series of 6 weekly plans and whether these need to be risk assessed, articulated on our risk management system and managed appropriately.

• CRR18 - EU Exit - Transition Arrangements

Key progress: This risk has been refreshed and updated. Actions have also been updated and strengthened to include due dates and action owners. New expected completion dates have been assigned to all two actions to reflect the fact that the UK Government negotiation with the EU is underway.

NB: Details of the full CRR are captured in appendices 1 and 2.

Closed Risk:

No risks allocated to the Committee have been agreed to be closed since the last CRR report was presented to the Board.

New Risk added since the last report:

There are no new risks for the committee to review and recommend for inclusion onto the CRR.

Current Risk Level		Impact				
		Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5
Likelihood	Very Likely - 5				CRR17	



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	Likely - 4				CRR01 CRR09 CRR15	CRR29
	Possible - 3				CRR18	
	Unlikely - 2				CRR14	
	Rare - 1					

Strategy Implications

This CRR report is strategically important as it evidences, confirms and provides assurance to the Audit Committee that the Health Board is effectively and efficiently identifying, assessing, mitigating and managing high/extreme risk risks to the achievement of its Priority Areas and Objectives as defined in its 3 Year Plan in line with best practice and its risk management strategy.

Financial Implications

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

Risk Analysis

No risks have been identified from crafting this report as the risk of inaction is far greater than that of positive engagement with its content.

Legal and Compliance

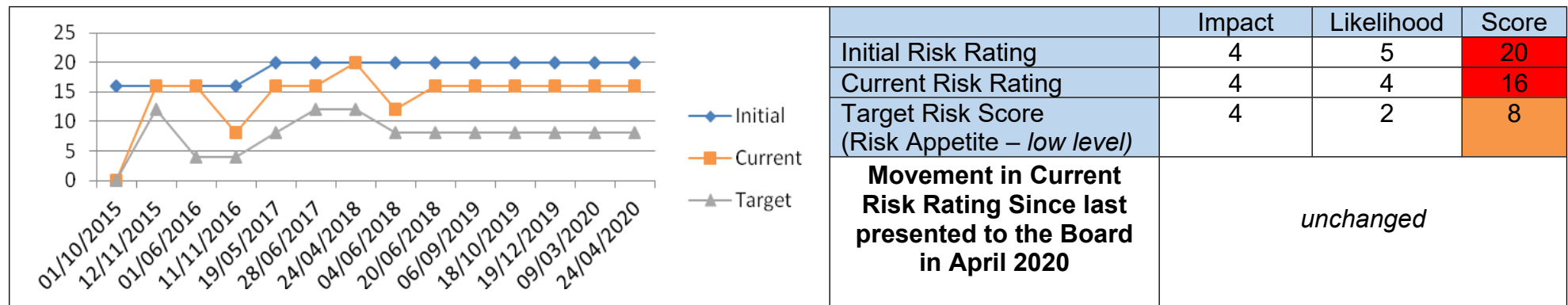
This CRR report which will be periodically shared with the Board is intended to provide assurance.

Impact Assessment

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

Appendix 1: Details of the Corporate Risk Register

CRR01	Director Lead: Executive Director of Public Health	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 24 April 2020
	Risk: Population Health	Date of Committee Review: 5 March 2020
		Target Risk Date: 31 March 2021
There is a risk that the Health Board fails to deliver improvements in population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This will lead to higher levels of non communicable diseases such as obesity, hypertension, coronary heart disease, stroke, diabetes, and some cancers. This will lead to an increase in demand on primary and secondary care, and increase levels of health inequalities between our most and least deprived communities.		



Controls in place	Assurances
<ol style="list-style-type: none"> Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023. 	<ol style="list-style-type: none"> Oversight by Public Service Boards and Local Authority Scrutiny Committees. WG Review Meetings (JET). Public Health Observatory reports and reviews.



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<p>3. Review of Board cycle of business completed to enable focus on population health issues.</p> <p>4. Wellbeing Assessments completed and approved.</p> <p>5. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs.</p> <p>6. Strategic Partnerships in place providing opportunities for advocacy for improving population health with partners.</p> <p>7. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention.</p> <p>8. Baseline Assessment informing LHSW completed, underpinned by WG Public Health Outcomes Framework.</p> <p>9. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website.</p> <p>10. Organisational objectives have now been revised and redefined as our Wellbeing Objectives.</p> <p>11. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda.</p> <p>12. Delivery of Public Health Team workplan is aligned with operational Area Teams.</p> <p>13. Public Service Boards Wellbeing Plans developed.</p> <p>14. Health Improvement and Reducing Inequalities Group (HIRIG) established and working to ensure that population health and prevention initiatives are developed in Health Board Planning.</p> <p>15. Continued engagement with the Live Lab work with Office of Future Generations Commissioner and Public Health Wales. Focusing on Healthy Weight in Pregnancy and Children.</p> <p>16. BCUHB working with Regional Partnership Board to ensure population prevention focus for Building a Healthier Wales (BAHW) funding across the North Wales Region.</p>	<p>4. WG Review and feedback on needs assessment.</p>
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Links to		
Strategic Goals	Principal Risks	Special Measures Theme



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1 2 5 6 7	PR8	Strategic and Service Planning
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Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due Date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards.	Rebecca Masters	31/12/2021	30/03/2021		
	2	Health Improvement and Inequalities Transformation (HIIT) Group lead the development of relevant section of 2019/22 IMTP submission, and ensure co-ordination with other aspects of the Plan which are interdependent.	Rebecca Masters	30/11/2021	30/03/2021		
	3	Identify substantive PMO support for this programme.	Rebecca Masters	31/12/2021	20/03/2021		
	4	Participate in Live Lab work with Office of Future Generations Commissioner and Public Health Wales to provide a new focus for prevention within the delivery of community services, and generate learning which can be shared across Wales.	Rebecca Masters	30/11/2021	30/03/2021		



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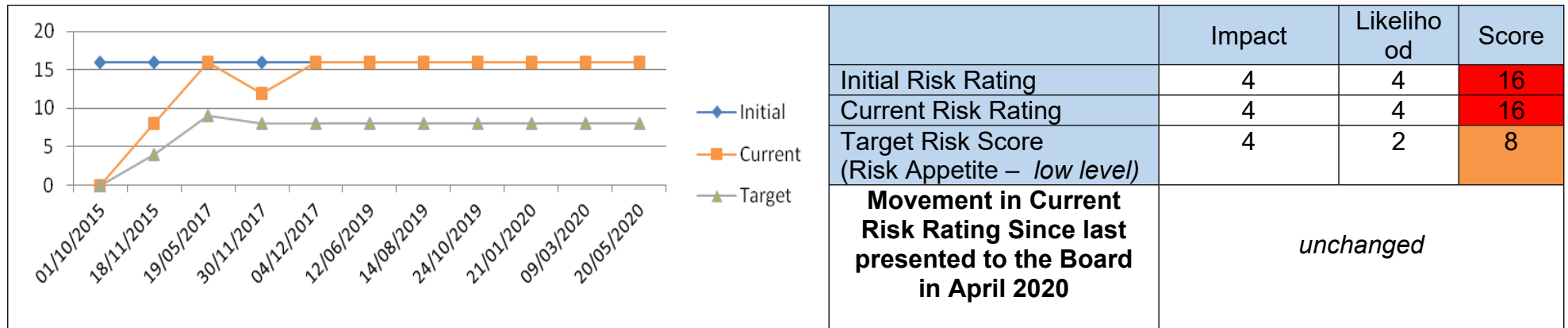
	5	Review of all other public health risks underway which will inform the existing risk mitigation measures for this overarching risk.	Rebecca Masters	31/12/2021	26/03/2021		
	6	Grant funding available for Prevention and Early Intervention from Welsh Government (Building a Healthier Wales) has been made available via Health Board and spend allocation over three years.	Rebecca Masters	30/11/2021	26/03/2021		



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CRR09	Director Lead: Director of Primary and Community Care	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 20 May 2020
	Risk: Primary Care Sustainability	Date of Committee Review: 5 March 2020
		Target Risk Date: 31 March 2021
There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.		



Controls in place	Assurances
<ol style="list-style-type: none"> 1. 5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken January 2020. 2. Each Area has developed a regular practice review process to prioritise support. 3. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability. 4. National Sustainability assessment process allows practices to request support from the Health Board. 	<ol style="list-style-type: none"> 1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care. 3. GP council Wales Reviews. 4. Progress reporting to Community Health Council Joint Services Planning Committee.



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5. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices.
6. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since August 2019.
7. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, Criccieth/Porthmadog, Cambria/Longford other practices progressing recruitment at present.
8. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales.
9. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place.
10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.
11. Developing new models of delivery of care within GP practices.
12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.
13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2019/20 continuing into 20/21.
14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.
15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.
16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.
17. Navigators working within GP practices signposting patients to the right healthcare.
18. Workflow optimisation training available to practices.
19. Intermediate care funded schemes supporting primary care.



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20. 16 BCUHB managed practices in place that are providing opportunities to trial new models of working and develop new areas of clinical care.

21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary care setting in the future. A CCtH transformation board has been established to oversee progress, with the first meeting held on 20 July 2018.

22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.

23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.

24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.

25. Programme for recruiting and training practice nurses funded by PC funds in place with 6 nurses being recruited per annum.

26. Director of Primary and Community Health Services appointed and in post.

27. Plans to progress CCtH built into IMTP 2019-20, identified leads for progressing 4 themes (CRTS, Clusters, Health and Workforce/service model) Centres.

28. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models. Project Manager appointed August 2019 and additional pacesetter proposal funding secured.

29. Changes to GP contract include partnership premium to support and encourage GPs becoming partners going forward.

Links to		
Strategic Goals	Principal Risks	Special Measures Theme



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1 2 3 4 5 6 7	PR6	Primary Care
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Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Evaluation and integration of new service models into primary care to ascertain their success.	Ffion Johnstone	31/03/2023	31/03/2023	<p>There are a number of programmes in place in primary care, 2 new schemes have been established under the umbrella of the Academy. The first a Welsh Government funded Pacesetter Project in partnership with WAST to test a rotational model for WAST Advance Practice Paramedics working in Primary Care.</p> <p>The second, a 12 month funded Internship Programme for newly qualified Physician Associates.</p> <p>In addition, to these new schemes there is a well-established Primary Care Trainee Practice Nurse scheme that to date has had over 20 Nurses progress through the programme and into permanent positions in Primary Care.</p> <p>Both the Pacesetter and the PA schemes have evaluation frameworks in</p>	



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						place, with a full time Lead Research Officer in post for the Pacesetter Project and an external provider appointed via tendering process.	
	4	Establish primary care academy and further develop primary care training, including mentorship.	Ffion Johnstone	31/03/2022	31/03/2022	The Academy was established with the appointment of the Academy Manager and Business Development Manager in September 2019, a Lead Research Officer joined the team in December 2019. Two Trainers are also in post providing onsite teaching and supervision in Healthy Prestatyn Iach for a cohort of ACP including Pharmacists, Paramedic and Nursing professionals, Our second GP Trainer is leading the development of the clinical and professional education programme for the Physician Associate programme.	
	5	Recruit to GP schemes being adopted by Areas and Clusters and supported by new project manager for recruitment and	Ffion Johnstone	31/03/2022	31/03/2022	The Academy Business Manager was appointed in September 2019, and re-established a number of social media platforms that had been lost during a hand over of responsibilities from the previous post holder. Both Facebook and Twitter accounts are active and are one tool to engage with a	



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		retention				<p>wider community of practitioners.</p> <p>Most recently, we have been able to follow active interest from 3 GPs because of attendance at the RCGP in Liverpool.</p>	
	6	Primary care workforce plan to be developed and fully implemented.	Ffion Johnstone	31/03/2021	31/03/2021	All Wales Workforce database in place for Wales to capture current staff position and support future modelling.	
	7	Further engagement with primary care and partner organisations.	Ffion Johnstone	31/03/2022	31/03/2022	The Academy developed a questionnaire that was circulated widely in late 2019 as part of a process of engagement to ensure delivery plans for the Academy were based on Primary Care needs. This will be evaluated and findings shared with PC for confirmation of findings and then taken forward as part of the Academy's work plan.	
	8	Demand management scheme – establishing ways to release GP capacity and shift	Ffion Johnstone	31/03/2022	31/03/2022	<p>Implementation of new model of primary care, response to Covid-19 emergency has accelerated use of technology and triage.</p> <p>There are a number of schemes funded by the PC Transformation funds that</p>	



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		services out of hospital settings – new roles, new models, and new services.				move services from hospital settings and into Primary Care and these include: Audiology and Physiotherapy services, in addition, increased numbers of Advance Practice Pharmacists working in Primary Care.	
	9	Work with Deanery to increase the number of GP training places in N Wales.	Ffion Johnstone	31/03/2022	31/03/2022	Some increase in GP training numbers have already happened in 2019.	
	10	Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.	Ffion Johnstone	31/03/2021	31/03/2021	No progress to report to date.	
	11	Accelerated role out of advanced practice	Ffion Johnstone	31/03/2022	31/03/2022	Business Case in development for supernumerary trainee posts – this is	



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		training.				ongoing.	
	12	Promote practice mergers and federating.	Ffion Johnstone	31/03/2022	31/03/2022	Three managed practices in Wrexham have been returned to independent status as merged. Plans in West to merge 4 managed practices into 2 entities.	
	13	Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models.	Ffion Johnstone	31/03/2020	31/03/2020	Completed	
	14	Further development of	Ffion Johnstone	31/03/2021	31/03/2021	Community transformation programme (includes health / LA / third sector) has	



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		clusters/localities with partners to strengthen primary/community/social care.				specific primary care work stream and associated funding to pilot cluster/locality development.	
	15	Accelerate estates improvements to ensure fit for purpose buildings for care in community settings.	Ffion Johnstone	31/03/2022	31/03/2022	Annual programme of improvement grants in place supported by WG allocation. Ruthin and Waunfawr practice developments progressing. Further pipeline of improvements being identified across the 3 Areas for Holyhead, Penygroes, Bangor, Kinnel Bay, Llandudno Junction, Queensferry Shotton, Llay/Rossett/Gresford.	

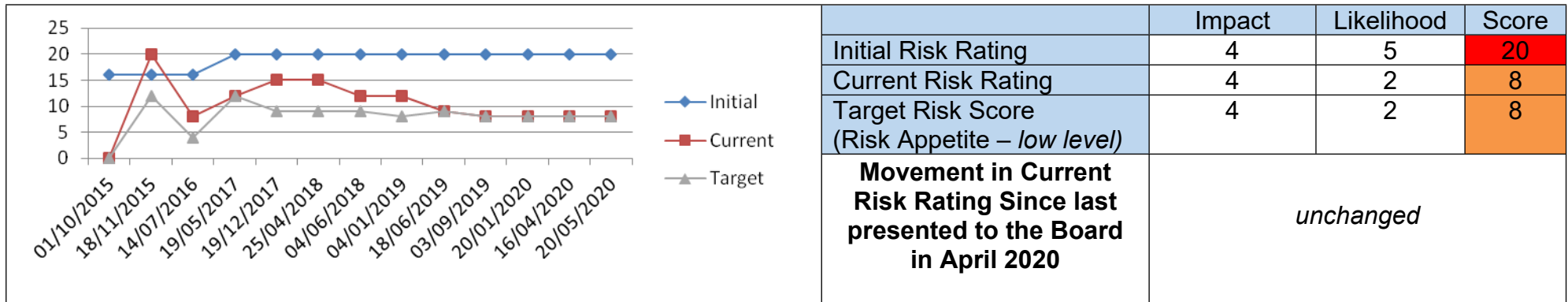
CRR14	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 20 May 2020
	Risk: Staff Engagement	Date of Committee Review: 5 March 2020
		Target Risk Date: 31 December 2020



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There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.



Controls in place	Assurances
<ol style="list-style-type: none"> 1. All the requirements of the Engagement Strategy 2016 have been met. All the initiatives within the strategy have been mainstreamed into ongoing organisational development work. 2. Workforce & Organisational Development Strategy 2019-22 in place. 3. Workforce Objectives 2019-20 to meet the Workforce Strategy in place and monitored through the Annual Plan Progress Monitoring mechanism. 4. Mechanism in place to measure staff engagement on a regular basis via the BeProud organisational survey. 5. Mechanism in place to measure team level staff engagement through the BeProud Pioneer programme. 6. NHS Wales Staff Survey Organisational Improvement Plan and Divisional Improvement Plans monitored through the Workforce Improvement Group. 7. Retention Improvement plan in place. 8. PADR Improvement plan in place. 	<ol style="list-style-type: none"> 1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3. Corporate Health Award. 4. Implementation of I Want Great Care.



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9. Implement Pay Progression Policy to drive improvements in PADR.

Links to		
Strategic Goals	Principal Risks	Special Measures Theme
1 2 3 4 5 6 7	PR9	Engagement

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Implement HEIW talent management framework to retain and develop staff at Tiers 1-3.	Nia Thomas	30/03/2020	30/03/2020		
	2	Develop Workforce Objectives 2020-21 to continue to meet the Workforce Strategy.	Nia Thomas	30/09/2020	30/09/2020		
	3	Implement Pay Progression Policy to drive improvements in PADR.	Nia Thomas	Completed		Completed – Awaiting confirmation of completion date.	

CRR15	Director Lead: Executive Director of Workforce and Organisational Development	Date Opened: 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 20 May 2020
	Risk: Recruitment and Retention	Date of Committee Review: 5 March 2020

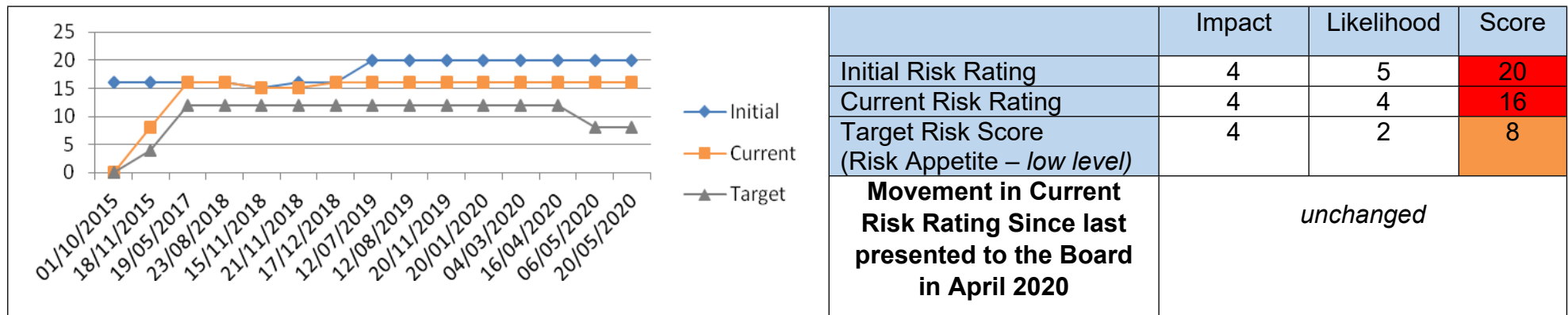


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Target Risk Date: 31 December 2020

There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.



Controls in place

1. Embedded Medical & Dental (M&D) recruitment panel that oversees the fast tracking of medical vacancies from authorisation to offer accepted. This is having a positive effect on M&D vacancy rates and time to hire (TTH) .
2. This also includes fast tracking the EC posts for hard to fill vacancies, reports submitted to the Board.
3. WOD currently reviewing options to increase admin support for M&D recruitment by placing adverts on Trac on behalf of the lead recruiters. This is anticipated to further reduce TTH KPIs by ensuring adverts are ready to go live as soon as EC has been approved.
4. Promotion of the employment brand "Train Work Live North Wales" through digital media and marketing through key publications such as RCN careers brochures, BMJ on line and hard copy. The Tender for international nursing recruitment is nearing completion; bidder presentations took place in February with anticipated contract award in March. First cohort of Nurses could be arriving in July 2020 with planned numbers of circa 25 per month.

Assurances

1. Staff surveys.
2. WG reporting (e.g. sickness absence and long term disciplinary cases).
3. NMC Royal College and Deanery Reviews and Reports.
4. Review of NWSSP recruitment timescales



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5. New calendar of recruitment events being organised for 2020. This will include planning and attendance at local and national job fairs for nurses in particular.
6. Deeper analysis of the time to hire showing more specifically where the hot-spots and delays are in the process, leading to improvements.
Implemented a new process to review all posts to ensure that the BCUHB is compliant with the Welsh Language Standards - work led by the Workforce Information Systems Manager, compliance of existing process reported to the Welsh Language Forum on a quarterly basis, and will be included in Annual Report for Welsh Language.
7. Identification of top 10 priority areas for nurse recruitment is in place, the team are focusing on adverts out versus vacancies and then using enabling techniques to improve the time to hire. Streamlined process for internal vacancies in place, which also allows a focus to be placed on these.
8. Recruitment lead for BCUHB working with Corporate Nursing on a number of recruitment pipelines such as fast track of HCA band 4 to adult nurse course at Bangor University (2 year course will provide 12 nurses in 2020).
Positive changes to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS.
9. A focus on retention with appraisal compliance and mandatory training monitored.
10. National KPI's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP.
11. TRAC system in place which ensures standardised processes, this is monitored through the Workforce Monthly Reports including time to hire which enables Managers, HR and the Board to understand on a monthly basis where the recruitment difficulties are. Summary of monthly dashboard reported to F&P Committee Quarterly.
12. Implementation and promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks, personalised annual leave etc.
13. Staff benefits such as cycle to work schemes and other non-pay benefits in place.
14. HR and Recruitment Team continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.
15. An agency cap for medical and dental staff in place, with tight controls in place to reduce



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agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.

16. BCU HB contributes to the All-Wales Recruitment campaigns - 'train, work, live' brand. BCU Recruitment Team now has the SPOC which is promoted nationally and locally. Student nurse recruitment is the most successful pipeline and BCU have worked with WG/SSP to introduce a more robust method of recruiting our nurse graduates resulting in 130 nurses joining in September 2019 and a further 75 planned to join in March 2020. Resource implications

17. Improved digital media marketing via social media the train work live north wales brand now has its own Facebook.

18. Contribution to Medical Training Initiatives (MTI) Bapio Scheme completed but no ceased within BCUHB.

19. Finalised and implemented the all Wales approach to Student Streamlining Process which ensures that the HB complies with the national agreed process and manage the Bursary Schemes in conjunction with NWSSP.

Links to							
Strategic Goals				Principal Risks		Special Measures Theme	
1 2 3 4 5 6 7				PR4		Leadership	
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve	1	Improve digital media marketing via social media the train work live north wales brand now has its own facebook.	Steven Gregg-Rowbury	Completed		Completed. Awaiting conf. of completion date from SGR.	



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target risk score	2	Identification of recruitment co-ordinators in each secondary care high vacancy areas. Continue with student recruitment and promotion of nurse vacancies to Manchester, Chester and Staffordshire Universities.	Steven Gregg-Rowbury	31/10/2020	31/10/2020		
	3	Contribution to Medical Training Initiatives (MTI) Bapio Scheme.	Steven Gregg-Rowbury	Completed		Work completed and practice ceased in BCU. Awaiting conf. of completion date from SGR.	
	4	Source recruitment marketing funding to support further digital marketing. Further work on recruitment pipelines such as trainees, graduates return to practice, cadet scheme and overseas candidates.	Steven Gregg-Rowbury	31/01/2021	31/01/2021		
	5	Finalise and implement the all Wales approach to Student Streamlining Process which will ensure that the HB complies with the national agreed process and manage the Bursary Schemes in conjunction with NWSSP.	Steven Gregg-Rowbury	Completed		Completed - Awaiting conf. of completion date from SGR.	



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	6	Finalise tendering process for an international recruitment campaign to bring 200+ RN into BCU form overseas, this is due to complete in March 2021.	Steven Gregg-Rowbury	31/03/2021	31/03/2021		
	7	Implement a new process to embed Welsh Language Standards as part of the Establishment Control process. This will be achieved by reviewing the Portal, the aim is to enable the HB to report on all posts and triangulate data back to appointees in the HB.	Clair Tipton	31/10/2020	31/10/2020	Implement a new process to embed Welsh Language Standards as part of the Establishment Control process - Completed.	
	8	Work is currently underway to review the Exit Questionnaire process to encourage further feedback on our leavers.	Steven Gregg-Rowbury	30/11/2020	30/11/2020		
	9	Further work to develop our retention strategy being led by the Head of OD.	Nia Thomas	31/10/2020	31/10/2020		
	10	Implement a return to practice campaign later in 2019 - although challenges raised in November 2018 to Bangor University on lack of places for BCU RTP nurses. Corporate Nursing taking forward.	Steven Gregg-Rowbury	30/11/2020	30/11/2020	Initial complete – ongoing post c19: Nov 2020.	



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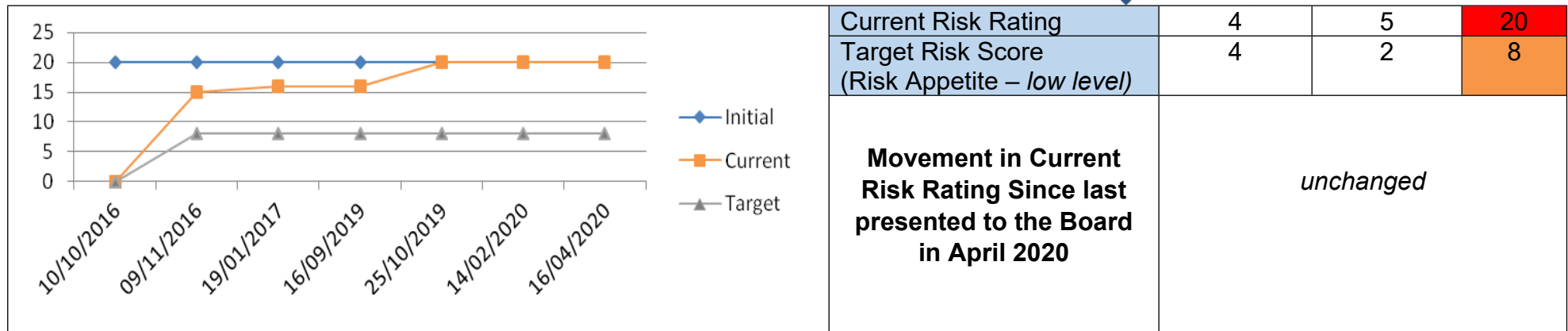
CRR17	Director Lead: Executive Director of Planning and Performance	Date Opened: 10 October 2016
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 16 April 2020
	Risk: Development of IMTP (Integrated Medium Term Plan)	Date of Committee Review: 5 March 2020
		Target Risk Date: 31 December 2020
There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services.		

		Impact	Likelihood	Score
	Initial Risk Rating	4	5	20



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Controls in place	Assurances
<ol style="list-style-type: none"> 1. The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018. 2. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018. 3. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP for 2018/19. 4. Transformation fund proposals developed with RPB partners Proposals for Community Services, children, mental health and learning disabilities submitted to Welsh Government. 5. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops held on 4th October, 8th November and 13th December 2018. 6. Care closer to home service transformation plan and approach reviewed and re-profiled under the leadership of the Director of Primary and Community Services. 7. Board resolved to develop a 3 year plan for 2019/22 and WG notified. 8. Board received draft 2019/22 3 year plan in January 2019. 9. Planned care delivery group established in January 2019. Work programme under development including; RTT, diagnostics, cancer and outpatient plans, infrastructure/support, Strategic/tactical change - Acute hospital care programme schemes, Policy/national programmes - National delivery plans, Enablers - PMO turnaround schemes with a focus short term productivity and efficiency 	<ol style="list-style-type: none"> 1. Board and WG oversight as part of Special Measures. 2. Oversight of plan development through the SPPH Committee. 3. All Wales peer review system in place. 4. Joint Services Planning Committee of Community Health Council. 5. Regular links to advisory for a - LPF, SRG, HPF.



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improvements and processes i.e. transactional rather than transformational.

10. Feedback from WG received around ensuring a clear work programme for 2019/20 to deliver improvements in RTT and Unscheduled care.

11. Three Year outlook and 2019/20 Annual plan presented to Board in March 2019. Plan approved with further work identified and agreed around elective care in the specialties set out on page 40 of the paper.

12. The Board received an updated plan in July 2019 and recommended that further work be undertaken led by F&P Committee to scrutinise underpinning planning profiles, specifically RTT, (including diagnostics), unscheduled care alongside the financial plan for 2019/20.

13. Completed profiles at BCU level and submitted to F&P Committee on 22nd August 2019.

14. Site and speciality core activity profiles developed.

15. Draft 2020/23 Cluster plans developed to feed into health economy plans.

16. Key deliverables for 2020/23 developed in September 2019.

17. Health economy planning arrangements established to support development of 2020/23 plan with linked support from corporate planning team.

18. 2020/23 Planning principles and timetable prepared and presented to EMG, F&P and SPPH Committees. Identified plan development actions to be implemented September - December.

19. Plan updates provided to SPPH Committee meetings and workshops from October. Following our financial review, our aim is to develop a refreshed Three Year Outlook for 2020/23 alongside a Work Programme for 2020/21 in the context of our statutory duty to produce a three-year IMTP.

20. Draft health economy plans for 2020/23 developed in November 2019 for initial review by Improvement Groups.

21. F&P Committee received on 19th December 2019 the draft Three Year Outlook and Annual Plan for 2020/21 (v.0.02) together with draft 2020/21 Work Programme incorporating North Wales wide actions and specific health Economy Actions.

22. Draft 2020/23 plan presented to Board in committee in January 2020. Principles to further inform strategy and plan development identified. The annual plan guidance for 2020/21 provided by WG was presented together with our local assessment of progress and where further work is required and the route map and timetable to complete the outstanding work, specifically around Planned Care and our Financial Plan.



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Links to		
Strategic Goals	Principal Risks	Special Measures Theme
1 2 3 4 5 6 7 8	PR5	Strategic and Service Planning

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Revised Plan to SPPH Committee on 5th March 2020.	John Darlington	05/03/2020		Completed	Green
	2	On 12th March, there will be a full board workshop. The intention is to make the focus of the day the plan, and associated aspects.	John Darlington	12/03/2020	20/12/2020	Board workshop did not hold due to Covid-19.	Yellow
	3	Final version of the plan to the executive team on 18th March 2020.	John Darlington	18/03/2020		Completed	Green
	4	Plan presented to Board on 26th March 2020.	John Darlington	26/03/2020	Plan not presented to Board in March.	IMTP Planning paused across NHS Wales due to Covid-19. NHS Wales Covid-19 operating framework developed for Quarter 1.	Black



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	5	2020 Quarter 1 Plan developed and submitted to WG by 18 th May in response to operating framework	John Darlington	18/05/2020		completed	
	6	Planning timetable / arrangements for development of Quarter 2 plan established, led by planning workstream. Quarter 2 plan developed by 30 th June 2020	John Darlington	30/06/2020	30/06/2020		

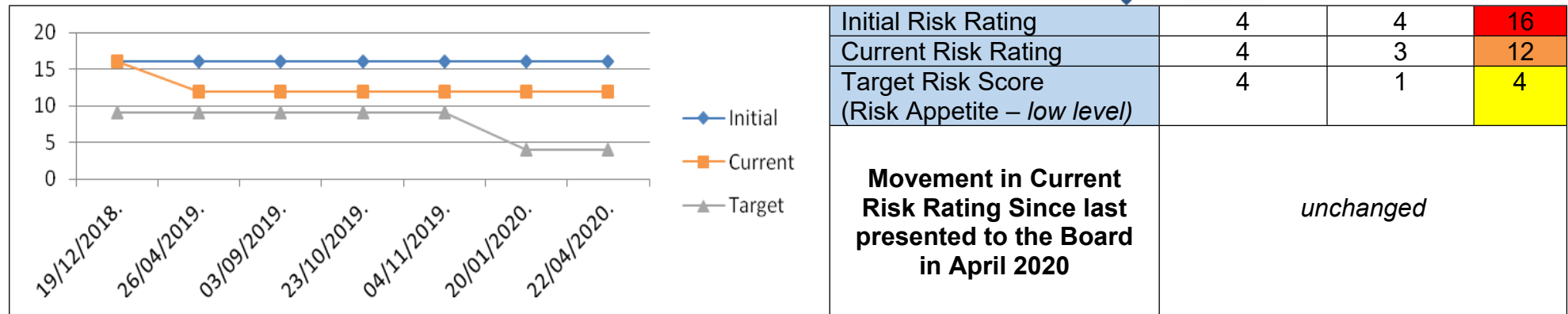
CRR18	Director Lead: Executive Director of Planning and Performance	Date Opened: 19 December 2018
	Assuring Committee: Strategy, Partnerships and Population Health Committee	Date Last Reviewed: 22 April 2020
	Risk: EU Exit - Transition Arrangements	Date of Committee Review: 5 March 2020
		Target Risk Date: 31 December 2020
There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.		

			Impact	Likelihood	Score
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Controls in place		Assurances
1. BCUHB Task & Finish Group established, currently paused. 2. Potential risks and issues identified for no deal Brexit, will be further updated as implementation period progresses. 3. Participation with regional and national co-ordinating groups will re-commence as required. 4. Engagement with Executive Team will continue as required to ensure cascade of any necessary actions. 5. Update briefings will continue to staff via Bulletin, and webpages will be updated, as the situation develops. 6. Lower level risks entered onto Datix and linked to CRR18 will be updated as required.		1. Reporting to Executive Team and SPPH Committee. 2. WAO audit of preparedness. 3. WG oversight through national work streams.
Links to		
Strategic Goals	Principal Risks	Special Measures Theme
1 2 3 4 5 6 7	PR1	Not Applicable



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Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	Expected Completion date	Progress & Comments	RAG Status
Actions being implemented to achieve target risk score	1	Following extension to date of exit to 31 Jan 2020 and progress of the Withdrawal Agreement Bill through parliament, planning and preparations have been stood down by WG until further notice. The national leadership Group will continue to meet on a monthly basis but SRO meetings have been stood down.	Sally Baxter	01/07/2020	31/12/2020	UK Government negotiation underway with EU.	
	2	Position will be reviewed by WG in July 2020 and response arrangements may be stood up if required, dependent on evaluation of political situation; however, currently the risk of leaving on 31 January 2020 without the passing of the WAB is significantly reduced.	Sally Baxter	01/07/2020	31/12/2020	UK Government negotiation underway with EU.	



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 9.6.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	SPPHC Cycle of Business 2020/21						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson Executive Director Planning and Performance						
Awdur yr Adroddiad Report Author:	Diane Davies Corporate Governance Manager						
Craffu blaenorol: Prior Scrutiny:	Mark Wilkinson Executive Director Planning and Performance						
Atodiadau Appendices:	COB v.06 draft for consideration						
Argymhelliaid / Recommendation:							
The Committee is asked to approve the SPPHC Annual Cycle of Business 2020/21							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
Each Committee of the Board is required to agree an annual cycle of business, however due to the response to the Covid19 pandemic, the cycle has been altered due to deferment of various business as usual activities and re-aligned where possible to an amended timetable.							
Cefndir / Background:							
Each Committee of the Board is required to agree an annual cycle of business							
Asesiad / Assessment & Analysis							

Strategy Implications

Committees of the Board are required to provide a cycle of business aligned to its Terms of Reference

Financial Implications

Appropriate reports are scrutinised at the Committee

Risk Analysis

Corporate risks assigned to the Committee are timetabled twice per year, prior to consideration at the Board.

Agenda Item	Lead officer	Apr 16 CNX	June 9	Aug 13	Sep 3 work shop	Oct 13	Nov 5 work shop	Dec 10	Jan 7 work shop	Feb 18	Mar 4 work shop
NB Consent items to be determined on a meeting by meeting basis											
Opening Business (Standing Items)											
Apologies for Absence		x	x	x		x		x		x	
Previous Minutes and Action Plan		x	x	x		x		x		x	
Governance Matters											
Committee annual report (A) (inc annual review of ToR and Cycle of Business)	Mark Wilkinson	A									
Cycle of Business review	Mark Wilkinson	x	x	x		x		x		x	
Corporate Risk Register – Review of allocated risks	Mark Wilkinson / David Tita		x					x			
Public Health and Partnership Matters											
Partnership Arrangements Mid Wales Health Collaborative 111 <i>Public Health : To be scheduled following C19 response</i> 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups	WNW- Glynne Roberts					x					

Agenda Item		Apr 16 CNX	June 9	Aug 13	Sep 3 work shop	Oct 13	Nov 5 work shop	Dec 10	Jan 7 work shop	Feb 18	Mar 4 work shop
Public Service Boards – Area Director updates	Area Directors	FfJ BJ	RS Limited PSB meetings	BJ		FfJ		RS		TBA	
NW Regional Partnership Board - Minutes as available – Including update on Transformation funding	Mark Wilkinson	X	X One brief meeting only	X		X		x		x	
Mid Wales Collaborative meeting update - To be advised	Mark Wilkinson										
Transformation Fund Updates: Community Services Children Young People/ CAMHS Mental Health / Learning Disability	Chris Stockport Chris Stockport / BJ Andy Roach / LS			x x x		x		x		x	
Planning Board – Substance Misuse	John Darlington										
International Health Group annual report	Liz Jones		x								
Strategic Matters											
3 year Plan – refresh	Mark Wilkinson	x	x	x		x		x		x	
Annual Plan Progress Monitoring Report (APPMR)	Mark Wilkinson	x	x	x		x		x		x	
3 year Plan - Development	Mark Wilkinson	x	x	x	x	x	x	x	x	x	x
Digitally enabled Clinical Services strategy	Mark Wilkinson David Fearnley	x	x	x		x		x		x	


Improvement Groups				x				x		x	
Agenda Item		Apr 16 CNX	June 9	Aug 13	Sep 3 work shop	Oct 13	Nov 5 work shop	Dec 10	Jan 7 work shop	Feb 18	Mar 4 work shop
Key enabler Strategy updates: Workforce [W] Digital [i] - Estates [E] Quality Improvement [Q]	Sue Green Chief Information Officer Neil Bradshaw Deborah Carter	W	Q	E		D		Q		E	
A Healthier Wales update				X				X		X	
Staff Survey _ (Quarterly Pulse results)	<i>Sue Green</i>					X		X		X	
Engagement - updates	Katie Sargent		X			X		X		X	
Civil contingency and business continuity progress and end of year update (E)	John Darlington	Plan	End of year Update	?		Mid Year monitor		X			
Winter Resilience Planning	TBC					X					
Equalities: Strategic Equalities plan (each 4 years) and Annual Report (A)	Sally Thomas		A								
Major Strategic Projects (to be advised as required)											
Third Sector Strategy	Mark Wilkinson / Sally Baxter -			x							
Welsh Language Strategic Reports (A) Annual Monitoring report (M)Welsh Language Standards compliance monitoring report	Teresa Owen			A		M					

Closing Business (Standing Items)											
Summary of In Committee business to be reported in public (as appropriate)		X	X	X		X		X		X	
Agenda Item		Apr 16 CNX	June 9	Aug 13	Sep 3 work shop	Oct 13	Nov 5 work shop	Dec 10	Jan 7 work shop	Feb 18	Mar 4 work shop
Issues of Significance to Inform Chair's Report to Board		X	X	X		X		X		X	
Date of Next Meeting		X	X	X		X		X		X	
Exclusion of press and public (as appropriate)		X	X	X		X		X		X	
In Committee Items and Minutes (as appropriate)											
As appropriate		X	X	X		X		X		X	
Workshop Sessions											
Health Economy and Cluster plans							West	Central	East		
Ad hoc items for consideration (as appropriate)											
Consultation responses (as appropriate)		X	X	X		X		X		X	
Legislation & National Policy (as required)		X	X	X		X		X		X	
Policy approval as appropriate		X	X	X		X		X		X	
Social Services and Well-being Act (as appropriate)		X	X	X		X		X		X	

Well-being of Future Generations Act (as appropriate)		x	x	x		x		x		x	
Corporate Health at Work	Sue Green			x						x	
Workforce Strategic Developments (as arise)	Sue Green										

Meeting date	Submission deadline
9.6.20	1.6.20
13.8.20	5.8.20
3.9.20 - workshop	26.9.20
13.10.20	5.10.20
5.11.20 – workshop	28.10.20
10.12.20	2.12.20
7.1.21 - workshop	30.12.20
18.2.21	9.2.21
4.3.21	24.2.21



Cyfarfod a dyddiad: Meeting and date:		Strategy, Partnerships and Population Health Committee					
		9.6.20					
Cyhoeddus neu Breifat: Public or Private:		Public					
Teitl yr Adroddiad Report Title:		Annual Plan 2019/20 Monitoring Report (APMR)					
Cyfarwyddwr Cyfrifol: Responsible Director:		Mark Wilkinson Executive Director of Planning & Performance					
Awdur yr Adroddiad Report Author:		Dr Jill Newman Director of Performance					
Craffu blaenorol: Prior Scrutiny:		The returns included have been provided via Executive Leads for the actions					
Atodiadau Appendices:		None					
Argymhelliad / Recommendation:							
The Strategy. Planning and Population Health Committee is asked to note the report and the impact on end of year delivery and plans going forward of Covid-19.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *		Ar gyfer Trafodaeth For Discussion*		Ar gyfer sicrwydd For Assurance*		Er gwybodaeth For Information*	
Sefyllfa / Situation:							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2019/20 Operational plan.							
Cefndir / Background:							
The operational plan has a number of key actions required to be delivered during 2019/20. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Given the declaration of the pandemic, reporting was stood down at the end of March and subsequent developments demonstrate that some of the work undertaken on prior to year-end need revisiting based on the operational constraints and learning from new ways of working at this time.							
Future planning horizons are reduced at present and so reporting going forward is against the quarterly action plans.							
Asesiad / Assessment							

Strategy Implications

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

Financial Implications

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

Risk Analysis

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

Impact Assessment

The operational plan has been Equality Impact Assessed.



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Betsi Cadwaladr
University Health Board



March 2020

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This report presents performance as at the end of March 2020 against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital, estates and finance.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the lead executive.

Where a red or amber rating is applied in any month, a short narrative is provided to explain the reasons for this and actions being taken to address.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk. Future milestone markers are included as M in the matrix to indicate when elements of actions contained in the report were due for completion. Many of the actions have multiple milestones to support delivery of the year end position. Only when all milestones are complete can the action be achieved.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

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

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP001	Smoking cessation opportunities increased through Help Me Quit programmes	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G	G	M
AP002	Healthy weight services increased	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	A	A	A	R
AP003	Explore community pharmacy to deliver new lifestyle change opportunities	Executive Director of Public Health	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G	G	M
AP004	Delivery of ICAN campaign promoting mental well-being across North Wales communities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	G	G	G	G	G	G	G	G	G	M
AP005	Implement the Together for Children and Young People Change Programme	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G	G	M
AP006	Improve outcomes in first 1000 days programmes	Executive Director of Primary and Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G	G	M
AP007	Further develop strong internal and external partnerships with focus on tackling inequalities	Executive Director of Public Health.	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	M	G	G	M
AP008	Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	Executive Director Primary and Community Care	Quality, Safety & Experience		R	A	A	A	A	A	A	A	G	G	M

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AP002 - We had secured funding to undertake some insight work around this, however it has had to be paused due to the Covid-19 pandemic.

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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP009	Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	A	A	A	M	G	G	G	G	G	M
AP010	Put in place Community Resource Team maturity matrix and support to progress each CRT	Executive Director Primary & Community Care	Quality, Safety & Experience	G	G	G	G	G	G	G	G	M	G	G	M
AP011	Work through the RPB to deliver Transformational Fund bid	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G	G	M
AP012	Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	Executive Director of Primary and Community Care	Quality, Safety & Experience	A	A	G	G	G	M	G	G	G	G	G	M
AP013	Develop and implement plans to support Primary care sustainability	Executive Director of Primary and Community Care	Strategic Partnership & Population Health		G	G	G	G	G	A	G	M	A	A	M
AP014	Model for health & well-being centres created with partners, based around a 'home first' ethos	Executive Director of Primary and Community Care	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A	A	M
AP015	Implementation of RPB Learning Disability strategy	Executive Director of MH & LD	Strategic Partnership & Population Health		G	G	G	G	G	G	G	G	G	G	M
AP016	Plan and deliver digitally enabled transformation of community care	Executive Director of Primary & Community Care	Digital & Information Governance	G	G	A	A	A	A	A	A	G	A	A	M
AP017	Develop and Implement a Social prescribing model for North Wales	Executive Director of Primary & Community Care	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G	G	M
AP018	Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	Executive Director of MH & LD	Quality, Safety & Experience	G	G	P									M
AP019	Establish a local Gender Identity Team	Executive Director of Primary & Community Care	Quality, Safety & Experience	A	A	A	A	A	A	G	G	M	P		

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AP016 - Malinko rolled out to DN teams accelerated due to COVID, work to roll out to wider CRT will need to be reviewed. Very nearly there. Requirement for more devices (e.g. smart phones etc.). No further movement on WCCIS and unclear if this will re-emerge. Capabilities need to be improved across the partners highlighted by COVID remote working requirements. Pilots also planned for Nefyn, Llyn and YPS CRTs.

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Programme Planned Care Matrix

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Planned Care

Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	Submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP020	Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	Executive Director of Nursing & Midwifery	Finance & Performance	P											
AP021	Implement preferred service model for acute urology services	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	R	R	M	R	R	R	A	A	M
AP022	Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	Executive Director of Nursing & Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	R	R	R
AP023	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Executive Director of Nursing & Midwifery	Finance & Performance	A	A	A	R	R	M	R	A	A	A	A	R
AP024	Rheumatology service review	Executive Director of Primary & Community Care	Finance & Performance	G	G	A	A	A	A	A	A	M	G	G	G
AP025	Systematic review and plans developed to address service sustainability for all planned care specialties (RTT).	Executive Director of Nursing and Midwifery	Finance & Performance	G	G	A	A	A	M	A	A	A	A	A	R
AP025	Implement year one plans for Endoscopy	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	R	R	A	A	A	A	R
AP025	Systematic review and plans developed to address diagnostic service sustainability	Executive Director of Therapies & Health Sciences	Finance & Performance	G	G	A	R	R	A	A	A	A	R	R	M
AP025	Systematic review and plans developed to address service sustainability	Executive Director of Nursing & Midwifery	Strategic Partnership & Population Health	G	G	A	A	A	A	A	G	A	A	A	M
AP026	Fully realise the benefits of the newly established SURNICC service	Executive Director Primary and Community Care	Finance & Performance		G	A	G	G	G	G	G	M	P		
AP027	Implement the new Single cancer pathway across North Wales	Executive Director of Therapies & Health Sciences	Finance & Performance	A	R	A	G	G	G	G	G	G	G	G	G
AP028	Develop Rehabilitation model for people with Mental Health or Learning Disability	Executive Director of Mental Health & Learning Disabilities	Quality, Safety & Experience		G	G	G	A	A	G	G	G	P	P	M

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Overall the delivery of the planned care programme has been impacted by Covid-19 pandemic and some of the work completed in 2019-20 will need revisiting in the light of ensuring safe clinical care for patients and staff

AP021 – The development of the Urology model has been revisited and work undertaken on the overall business case. This has been interrupted by the pandemic and requires further work to complete this in light of recent learning and developments.

AP022 – This business case is being reviewed during 2020-21 to ensure option appraisal remains valid.

AP023- Contract with Primary Care Optometric Diagnostic and Treatment Centres issued post tendering process in January 2020. However the business case to sustain this model is not yet signed off and process for fully implementing was interrupted by the pandemic. While overall the action of working in partnership with optometrists has been completed the full implementation is part of a three year programme of work and hence showing as red.

AP025 –The internal available capacity plan for RTT in 2020-21 was completed at the end of March, this requires additional capacity to be invested in. The pandemic is requiring this plan to be reviewed and assumptions of available capacity to be reconsidered in light of current essential service guidelines and available resources and therefore can not be implemented at present. Endoscopy improvement at the end of March was significant, however the guidelines for managing diagnostics during Covid-19 has resulted in need to postpone non essential procedures and therefore the diagnostic backlog has increased and new pathways are being developed for implementation from June 2020. The capacity for endoscopy and key diagnostic services is likely to remained constrained.

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Unscheduled Care															
Plan Ref	Actions	Executive Strategic Lead	Scrutiny Committee of the Board	submitted to Committees			Self Assessment and milestone due indicator (M) from revised outlook report July 2019								
				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP029	Demand Improved Urgent care out of hours / 111 service	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	G	G	G	G	G	M	G	G	G
AP030	Demand Enhanced care closer to home / pathways	Executive Director Primary and Community Care	Finance & Performance	G	G	G	A	A	M	A	A	M	A	A	M
AP031	Demand Workforce shift to improve care closer to home	Executive Director Nursing and Midwifery	Finance & Performance	G	G	G	A	R	M	R	R	A	A	A	A
AP032	Demand Improved Mental Health crisis response	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	M	G	G	G	G	G	M
AP033	Demand Improved Crisis intervention services for children	Executive Director Primary and Community Care	Finance & Performance	A	A	G	A	A	A	A	A	A	G	G	M
AP034	Flow Emergency Medical Model	Executive Director Nursing and Midwifery	Finance & Performance	G	G	A	G	A	M	A	A	A	A	A	R
AP034	Flow Management of Outliers	Executive Director Nursing and Midwifery	Finance & Performance	Grey	Grey	Grey	G	A	M	A	A	A	A	R	R
AP035	Flow SAFER implementation	Executive Director Nursing and Midwifery	Finance & Performance	G	A	A	A	A	M	A	G	M	P		
AP036	Flow PICU for Mental Health	Executive Director of MH & LD	Finance & Performance	G	A	A	A	A	G	G	G	G	A	A	M
AP037	Flow Early Pregnancy Service (emergency Gynaecology)	Executive Director of Public Health	Finance & Performance	G	G	G	G	G	M	G	G	M	G	G	G
AP038	Discharge Integrated health and social care	Executive Director Nursing and Midwifery	Finance & Performance	A	A	A	A	A	M	A	A	A	A	A	M
AP039	Stroke Services	Executive Medical Director	Finance & Performance	A	A	R	A	R	R	R	R	R	R	R	R

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AP036 - PICU Programme is currently under consultation and implementation will be dependent on the outcome.

AP031 and AP034 - The Covid outbreak has delayed the workforce review and implementation that was being taken forward by workforce as part of the Kendall Bluck work.

AP038 – new discharge arrangements have been introduced during the time of Covid-19. There are learning from these which will be taken forward in reshaping and completing this work.

AP039 – This action remains red rated as it has not been possible to find a route to resource the business case in 2019/20. However, progress has been made in implementing aspects of year 1 of the business case. The thrombectomy service (clot retrieval) has been expanded to provide a seven day per week service from November 2019. The health board has been successful in its bid for rehabilitation assistants and is moving forward to recruit 2 whole time equivalent assistants for each acute site, to increase the acute therapeutic time patients receive and support optimal recovery and early discharge. The consultants' home-based technology has been improved to support prompt decision-making in relation to opportunities for thrombolysis. Work is continuing to include the implementation of the early supportive discharge and rehabilitation model within the health community plans for 2020/2021. In addition, the stroke pathway is a priority for the 20/21 plan, and will include adopting a value based health care approach to redesign the pathway.

AP030 - COVID response coordinated as one service; other changes paused due to pandemic priorities.

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Workforce															
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				Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
AP041	Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	Executive Director Workforce & Organisational Development	Finance & Performance	G	G	G	G	G	M	G	G	G	G	G	G
AP042	Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	G	G	G	G	M	G	G	G	G	G	M
AP043	Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	Executive Director Workforce & Organisational Development	Finance & Performance	A	A	A	A	A	M	A	A	A	A	A	M
AP044	Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	Executive Director Workforce & Organisational Development	Quality, Safety & Experience	G	A	A	A	A	M	A	A	M	A	A	M
AP045	Develop an integrated multi professional education and learning Improvement Programme in liaison with HEM	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G	G	G
AP046	Develop a Strategic Equality Plan for 2020-2024	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	A	G	G	M	G	G	G	G	G	G
AP047	Deliver Year One Leadership Development programme to priority triumvirates	Executive Director Workforce & Organisational Development	Finance & Performance	G	A	A	A	A	M	G	G	M	G	G	M
AP048	Develop an integrated workforce development model for key staff groups with health and social care partners	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	G	G	G	A	A	G	G	G	M	G	G	M
AP049	Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	A	A	A	A	M	A	A	A	A	A	M
AP050	Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCNUHB reputation	Executive Director Workforce & Organisational Development	Strategic Partnership & Population Health	A	G	G	G	G	M	G	G	M	G	G	M
AP081	Staff (Clinical Rostering)	Executive Director Workforce & Organisational Development	Finance & Performance	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	A	A	G

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AP043 - Progress has been achieved in areas such as Retention Improvement Plan in place and actions progressing, N&M bank capacity increased through revised rates and auto-enrolment and weekly pay pilot, Multi professional Temporary staffing service has been developed with A4C bank now incorporating staff groups such as A&C, Estates and Facilities, AHP etc. and by the introduction and growth of the medical staff bank, Establishment Control (EC) system is now via electronic portal enabling effective establishment control. Workforce Optimisation Programmes and associated PIDs are in place and overseen by the Workforce Improvement Group (WIG). However this objective remains Red as whilst work programmes were all being vigorously pursued and some schemes are green there are still programmes which have not been progressed due to urgent Covid activity taking precedence. Next Steps: Renewed oversight and delivery of all Workforce Optimisation programmes including: Medical Productivity & Efficiency, Nursing; Midwifery and AHP Productivity & Efficiency, Non Clinical Productivity & Efficiency and Overarching / T&Cs Application.

AP044 - The Covid 19 work including building 3 field hospitals, has reduced the capacity of the H&S Team to provide assurance that gaps in compliance in H&S legislation have been progressed as planned, the risk therefore is red. The action plan is being reviewed and a workshop to be arranged end of June, to identify the 'must do work' while Covid continues to reduce the capacity of the H&S Team to deliver business as usual. The most significant risks are on tier 1 risk register with dates and actions amended. These include security, asbestos, legionella, contractor management and control, fire safety and electrical safety. The Strategic Occupational Health & Safety Group has not met for 2 months and Occupational Health Service have been focusing on testing. The Safe Effective Occupational Health Standards (SEQOSH) have suspended applications and therefore the OH Team will not be implementing SEQOSH as planned in July 2020. A number of policies are being reviewed with external support from IOSH volunteers. A review of Security within BCUHB has been undertaken and implementation of the business case is required to provide assurance that security is being effectively managed.

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AP049 - A number of aspects of this objective have been achieved (e.g. further developing guidance to assist managers to take ownership of actions, increasing organisational capacity in regards to Equality Impact Assessment knowledge and understanding). However whilst teams across W&OD have deployed a multi team intervention model in support reconfiguration/ workforce redesign in areas such as sickness management and in support of various workforce PIDS this model has not been formalised and publicised. Next Steps: W&OD will continued multi team support to Workforce Optimisation programmes and will document this approach in order to develop this into an 'offer' which can be publicised to areas planning significant change.

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AP051	Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G	G	M
AP052	Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	Executive Medical Director	Digital & Information Governance	A	A	R	R	R	M	R	R	Moved to 2021/22			
AP053	Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G	G	M
AP054	Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	M	G	G	G	G	G	G
AP055	Support the identification of storage solution for Central Library	Executive Medical Director	Digital & Information Governance	A	A	A	A	A	M	G	G	G	G	G	G
AP056	Transition program to review the management arrangements for ensuring good record keeping across all patient record types	Executive Medical Director	Digital & Information Governance	G	G	A	A	A	A	A	A	A	A	A	M
AP057	Delivery of information content to support flow/efficiency	Executive Medical Director	Digital & Information Governance	A	A	G	G	G	M	G	G	G	G	G	M
AP058	Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	Executive Medical Director	Digital & Information Governance	G	G	A	A	A	A	A	A	A	A	A	M
AP059	Provision of infrastructure and access to support care closer to home	Executive Medical Director	Digital & Information Governance	A	A	A	A	A	A	A	A	A	A	A	M
AP060	Support Eye Care Transformation	Executive Medical Director	Digital & Information Governance	G	G	G	G	G	G	G	G	G	P	M	

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Estates Strategy															
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AP062	Statutory Compliance / Estate Maintenance	Executive Director Planning and Performance	Finance & Performance	G	G	G	G	G	G	G	G	G	G	G	M
AP063	Primary Care Project Pipeline	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	G	G	G	G	G	M
AP064	Well-being Hubs	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	A	A	A	A	A	A	A	A	A	M
AP066	Ruthin Hospital	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	P							M
AP067	Vale of Clwyd	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	R	Removed				
AP068	Orthopaedic Services	Executive Director Planning and Performance	Finance & Performance	G	G	G	G	G	G	G	G	G	G	G	M
AP069	Ablett Mental Health Unit	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	R	R	G	G	Moved to 2021/22		
AP070	Wrexham Maelor Infrastructure	Executive Director Planning and Performance	Strategic Partnership & Population Health	R	R	R	R	P	M						
AP071	Hospital Redevelopments	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	A	A	A	A	G	G	M
AP072	Central Medical Records	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	A	R	G	G	R	R	M
AP073	Residencies	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	G	G	A	A	R	R	R	M
AP074	Integrated Care Fund (ICF) Schemes	Executive Director Planning and Performance	Strategic Partnership & Population Health	G	G	G	G	A	G	G	G	G	G	G	G

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AP064 - As reported to February's committee, A well-being hub will not be completed in 2019/20 despite some progress being made. Different schemes have encountered different challenges including identifying a suitable cost-effective site and the complexity of delivering through a third party

AP068 - The Board approved the orthopaedics programme business case in January, after which it was submitted to Welsh Government. Initial feedback raised concerns about the case however written feedback has not been received. The financial implications of the case were included in the revenue funding 'ask' of Welsh Government. In September 20 it will be three years since the option appraisal was carried out. This fact, combined with concerns from Welsh Government, and the recent innovations in orthopaedics outpatient service delivery mean that it is necessary to revisit the option appraisal to make sure that the outcome remains valid.

AP072 - This scheme to re-provide medical records storage was originally prioritised as a result of the proposed redevelopment of the Ablett unit. The change to the likely preferred option for the applicant business case to a new build elsewhere on the YGC site has reduced some of the urgency.

AP073 - Good progress has been made with the development of a draft business case. Further meetings with partners scheduled for March were cancelled, and discussions are still required with Welsh government on the potential availability of public sector capital.

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AP075	Governance	EDN&M & Deputy CEO	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A	G	G
AP076	Grip and Control	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A	A	G
AP077	Planning	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	A	M	A	A	A	A	G	R
AP078	Procurement	Executive Director of Finance	Finance & Performance	Grey	Grey	M	A	G	M	A	A	A	A	G	G
AP079	Risk Management	Deputy CEO	Audit Committee	Grey	Grey	Grey	Grey	Grey	M	G	G	G	G	G	G

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AP077 - The Health Board's response to the Covid-19 pandemic stopped any further progress towards identifying the full Savings target for 20/21.

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The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>

Three Year Outlook and 2019./20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

March 2020



Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 9.6.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Phase 2 - Transition to Sustainable Service Delivery.						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Mr John Darlington, Assistant Director - Corporate Planning.						
Craffu blaenorol: Prior Scrutiny:	BCU Gold Command have supported the Terms of Reference to establish a Planning Workstream tasked with developing a single service and activity plan. The Planning Workstream considered the draft plan on 20 th May. Cabinet meeting received the draft plan on 28 th May						
Atodiadau Appendices:	Appendix 1: Draft Quarter 1 Plan						
Argymhelliad / Recommendation:							
It is recommended that SPPH Committee: 1. Receive details around the Planning workstream and the draft Q1 plan - Transition to Sustainable Service Delivery which has been submitted to both WG and BCU Cabinet. 2. Review the approach set out within the paper to support the development of our plan into Q2 / Q3.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval *	√	Ar gyfer Trafodaeth For Discussion*	√	Ar gyfer sicrwydd For Assurance*	√	Er gwybodaeth For Information*	√
Sefyllfa / Situation:							
The purposes of the work stream are to drive the development of a single service and activity plan, and to provide intelligence and advice to Gold Command to inform decision making regarding service delivery and the balance between COVID-19 and Non COVID-19 activity.							
Cefndir / Background:							
Our strategic approach is to work with our partners both in the statutory and voluntary sector to manage COVID 19 through the following three broad phases:							

- Phase 1 – Mobilisation and initial response
- Phase 2 – Transition to Sustaining Service Delivery
- Phase 3 – Recovery, Learning & Transformation

The phases are not discrete and serve to provide a broad indication of progress through pandemic management.

The purposes of the plan are to ensure a single service plan exists across the Health Board which will begin to support Phase 2 and balance the demand for balance between COVID 19 and Non COVID 19 activity.

The initial modelling of demand for the pandemic suggested an intense period of activity requiring significantly enhanced capacity; the emerging picture is that of a less intense, but prolonged period of activity with potential peaks which will require surge capacity. We will therefore continually review our planning assumptions throughout the year working with our partners.

We need to provide treatment for an increasing number of patients who are waiting for diagnosis and treatment, recognising that demand for primary and secondary care services will further increase in the future as the population begin to recognise the need to present with non COVID symptoms.

The current pandemic and its impact on the care sector reinforces the need for system wide partnership working. There are still significant pressures in care homes and we do not have absolute certainty about the future profile of COVID 19 demand. We will continue to work closely with our partners, to strengthen our collective intelligence and improve our understanding of capacity across health and social care system.

In this context there is a need to re-assess how responding to the pandemic can be balanced with non COVID 19 activity to ensure optimal access to a range of services for the population in the prevailing circumstances.

We have therefore augmented the command structure for pandemic response with capacity to continually assess the balance of workload and advise Gold Command accordingly. A Chief Executive led integrated planning work stream was established and held its first meeting on 29th April. Since then, it has continued to meet weekly to bring together an overview of all aspects of business in order to drive a single service and activity plan. The aim of the workstream is to optimise the use of all our resources and capacity, ensuring quality, safety and beneficial impact for the population. The scope of the work stream is to:

- Monitor current and future COVID-19 demand, its impact on capacity
- and the implications for other services;
- Make recommendations regarding the scope and level of delivery of
- other services, reflecting the changing COVID-19 situation;
- Consider the options for deploying surge capacity and make
- recommendations as to scope and timing of deployment;
- Monitor the impact of changes within our services upon key
- performance measures e.g. screening programmes, cancer standards,
- access to primary and secondary care etc. and review service delivery
- recommendations accordingly;

- Monitor the quality and safety impacts of services and associated risks,
- and recommend changes to Executives as required;
- Maintain a dynamic organisational service delivery, activity and
- performance plan for the Health Board;
- Capture and collate pathway changes and new ways of working to ensure these are optimised.

In terms of accountability and mode of working, the planning work stream is one element of the COVID 19 response command structure. The planning work stream will advise on the balance of COVID-19 and non COVID-19 activity. The COVID-19 response continues to be led through the command structure.

Business as usual systems will be utilised for governance and assurance including quality and safety. Performance monitoring systems utilised for assessing impacts.

The work stream is supported by an intelligence cell to support the modelling and technical aspects of planning across the organisation, ensuring relevant lessons are learned.

Asesiad / Assessment

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

On 6th May, we received the NHS Wales COVID 19 Operating Framework – Quarter 1 framework reflecting the continued need to maintain our essential services and start to scale up normal business in an environment that still needs to respond to COVID.

A draft plan covering the initial period 18th May - 30th June 2020 (attached in Appendix 1) was submitted to Welsh Government on 18th May in response to the NHS Wales operating framework. This represents a dynamic and rolling plan which will be continually reviewed and refreshed alongside our continued response to Covid-19.

The plan was further reviewed by the Planning Workstream on 20th where it was supported with the caveat that the action in the test trace and protect section relating to the establishment of a North Wales wide testing laboratory should be excluded from the BCU plan as this forms part of Public Health Wales plan and responsibility. The plan was submitted to cabinet meeting on 28th May.

Within the Welsh Government Planning and Response system an Essential Services Cell has been established to support work to consider what services are the most essential and which need to be maintained, albeit in possibly different ways, particularly in needing to continue to protect both patients and staff. An assessment of our essential services has been undertaken and summarised within the Q1 plan.

Development of Q2 Plan

Following the development of our Q1 plan – “Transition to Sustainable Service Delivery”, (18 May to 30 June 2020), the next task is to develop our plan into Q2 and Q3 as we move to balance the care of Covid patients, unscheduled care and planned care.

Our Q2 plan is being developed by the end of June 2020 to provide a clear service blueprint, setting out how we use the capacity within our hospitals, private hospital beds and our temporary hospitals, all within the context of new models of care and the restrictions placed on hospitals, staff and patients by necessary safety practices.

It will also need to set out our response to the national primary care recovery plans, as well as how we continue to work in partnership in supporting the care home and domiciliary care sectors.

Importantly, we will continue to engage and re-establish mechanisms with all our partners at a local and national level to improve all our planning work.

Our plan will build on achievements in Q1, taking into account local feedback alongside the rapid feedback provided by WG on our Q1 plan. Early key areas of feedback are around ensuring resilience in respect to our cancer services, diagnostics, mental health services, surge capacity and social care resilience.

A revised quarterly framework for Q2 is also expected to be issued by WG in support of this work. In addition, we will undertake work to identify emerging themes and opportunities identified within other Health Board plans across Wales and share good practice.

The plan will also need to clearly set out our preparatory ahead of Q3 to ensure robust arrangements are in place over the winter period.

Milestones for delivery will be continually refined in Q1 and into Q2 through discussion with lead directors.

The following areas of work are identified in our Q1 plan for taking forward into our Q2 planning work including:-

- Develop our modelling work to plot the future profile of COVID 19 demand. Working with partners to explore how current NHS modelling could be developed into a forward look of potential capacity needed across the entire health and care sector, sharing intelligence, and joint analytical work to support ‘rounded’ decision-making.
- Establish clear timescales to restart all our normal partnership governance and mechanisms for joint working.
- Joint service planning with our partners to ensure appropriate decision-making to protect the most vulnerable members of our society.
- Continue to align local communication activities with our partners to ensure consistent messages for the public and our staff during this period.

- Further develop early warning/trigger systems E.g. R value, 111, primary care, WAST and local authority intelligence
- Further develop our escalation plans to flex and scale down services in preparation for any future increase in COVID activity.
- Work will continue on scenario planning to ensure that we have agreed planning parameters in place for the remainder of 2020/21
- Capture new ways of working - Supporting the research and innovation hub to capture examples of good practice and ensure these are not lost. Optimising Digital and innovative approaches to delivery of health services to maintain social distancing and essential travel requirements and to ensure that we can embed new ways of working for the future.
- Review of our governance, structure, capacity and capability to match the longer term plan

*Tick as appropriate

Board and Committee coversheet V11.0 wef 1.12.19

Phase 2 - Transition to Sustainable Service Delivery

Our Plan for Service Delivery During the Pandemic

18 May to 30 June 2020

Updated at: 18th May 2020 Version 1.8



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

2020 Roadmap

Promoting Health

- Public support for behavioural and social interventions
- Appropriate access to health and care when needed

Balance COVID 19 with other services

- Agile COVID 19 response
- Risk based approach to full range of services

Test Trace and Protect (TTP)

- Expanded and timely testing
- Understand rate of infection
- Tracing is essential to slow spread

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Appendix 1: List of Essential Services

1. Introduction

Our strategic approach is to work with our partners both in the statutory and voluntary sector to manage COVID 19 through the following three broad phases:



The phases are not discrete and serve to provide a broad indication of progress through pandemic management.

The purposes of this plan are to ensure a single service plan exists across the Health Board which will begin to support Phase 2 and balance the demand for balance between COVID 19 and Non COVID 19 activity.

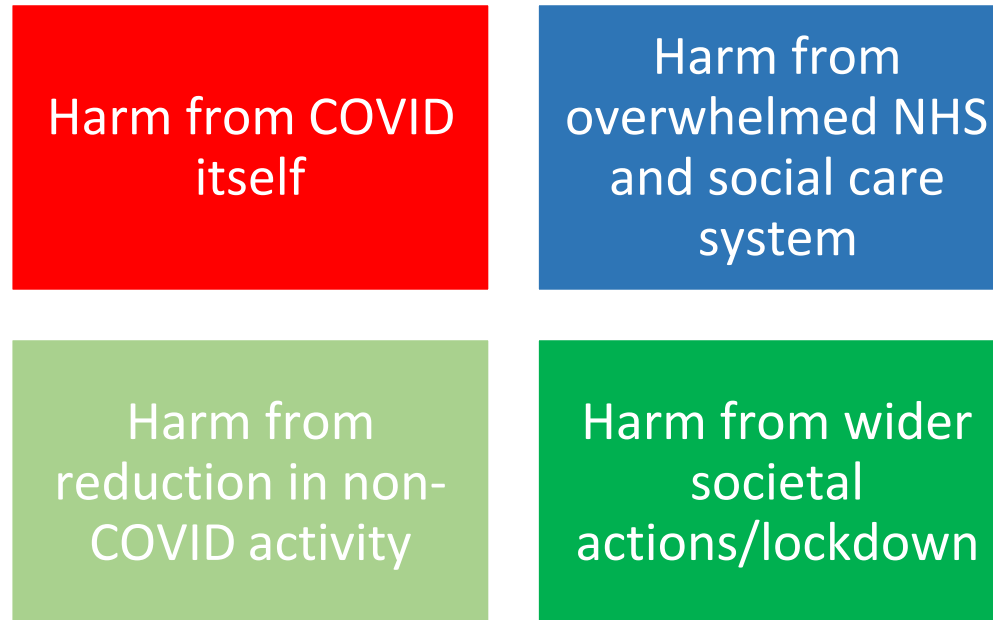
The initial modelling of demand for the pandemic suggested an intense period of activity requiring significantly enhanced capacity; the emerging picture is that of a less intense, but prolonged period of activity with potential peaks which will require surge capacity. We will therefore continually review our planning assumptions throughout the year working with our partners.

We need to provide treatment for an increasing number of patients who are waiting for diagnosis and treatment, recognising that demand for primary and secondary care services will further increase in the future as the population begin to recognise the need to present with non COVID symptoms.

The current pandemic and its impact on the care sector reinforces the need for system wide partnership working. There are still significant pressures in care homes and we do not have absolute certainty about the future profile of COVID 19 demand. We will continue to work closely with our partners, to strengthen our collective intelligence and improve our understanding of capacity across health and social care system.

In this context there is a need to re-assess how responding to the pandemic can be balanced with non COVID 19 activity to ensure optimal access to a range of services for the population in the prevailing circumstances.

The plan will seek to optimise the use of all our resources and capacity in line with professional / national pathway guidelines, ensuring quality, safety and beneficial impact for the population and will be refreshed every 6 weeks alongside our continued response to COVID 19. We will reflect the need to consider 4 types of harm, and do our best to address all of them in a balanced way:



We need to capture baseline activity for all the services that we provide across Primary, community and secondary care to develop our understanding and quantify the impact of our COVID response across all our services. This work will further inform our planning for Q2 and beyond. This will help us to begin to plan what a recovery looks like and how long that might take to achieve. Our divisions will assess these impacts, taking into account for example, staff redeployment to COVID response, impact of social distancing rules, staff sickness etc. to help inform phase 3 and our recovery / restart programme.

The plan will be led by the Planning Workstream and supported by a detailed project plan with milestones and tasks, action log, issue register and decision log. It will inform performance reporting starting in the June cycle of meetings.

1.1. Overview of Planning Workstream Key Actions:

Accountability and mode of working:

- The planning work stream is one element of the COVID 19 response command structure.
- The planning work stream will advise on the balance of COVID 19 and non COVID 19 activity.
- Business as usual systems will be utilised as much as possible including working with our partners as part of Regional Partnership Board arrangements.

Key Actions – 18th May to 30th June 2020	Lead: SRO Planning Workstream (unless indicated)
• Continue to monitor current and future COVID-19 demand, its impact on capacity and the implications for other services;	
• Consider the options for deploying surge capacity and make recommendations as to scope and timing of deployment;	
• Monitor the impact of changes within our services upon key performance measures e.g. screening programmes, cancer standards, access to primary and secondary care etc. and review service delivery recommendations accordingly;	
• Monitor the quality and safety impacts of services and associated risks, and recommend changes to Executives as required;	
• Maintain a dynamic organisational service delivery, activity and performance plan for the Health Board;	
• Capture and collate pathway changes and new ways of working to ensure these are optimised – Deputy Chief Executive	

2. Local Model and Demand Assumptions

The organisation has made a set of judgements about this phase of the COVID-19 pandemic supported by our intelligence cell. These judgements, and the guidance based on them, have been endorsed by the COVID Command Group and are issued by Gold Command. We will ensure that all relevant planning and decision-making in the organisation is consistent with the guidance.

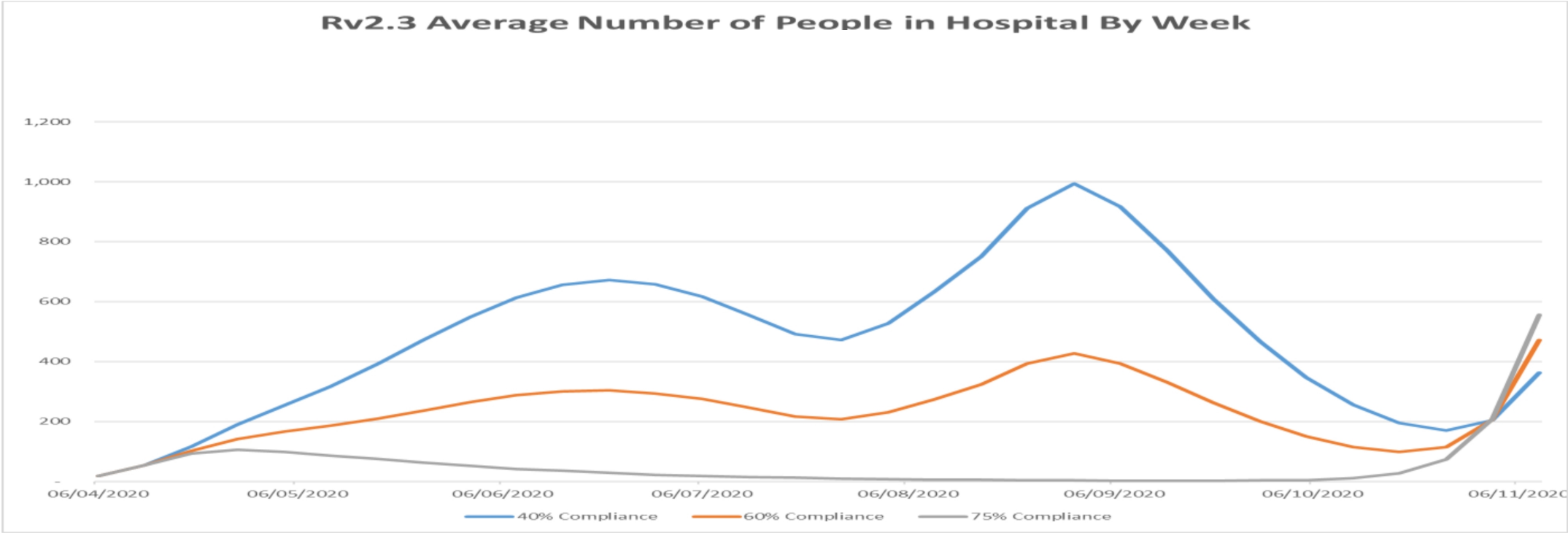
Modelling future demand for COVID-19 is inherently highly uncertain. We need to regard the models as giving a broad indication of the capacity required and the speed with which it will be needed. This view may change materially (in either direction) in a short space of time.

There has been a significant shift in thinking about the likely trajectory of COVID-19. The initial view was that there would be an exponential growth in demand throughout April, with a peak in May followed by a similarly steep fall resulting in demand falling to close to zero in July.

The view now is that in the short term levels of demand will be much lower, but will continue for a sustained period lasting over a year with a risk that a similarly high peak will occur later. The difference is primarily due to the introduction of BSIs (Behavioural and Social Interventions) in late March, and the high degree of compliance with these to date. The risk of the later surge in demand arises because if BSIs are removed fully, a peak of similar scale and duration to the one initially predicted for April/May/June could occur.

Current Planning Scenario (Rv2.3 with 60% compliance)

Local data is consistent with the view that demand is running at a lower level than the original model projected and may have plateaued. The models suggesting a lower level of demand over a longer period still have very significant variations, depending on level of compliance assumed, illustrated in the following graph showing the forecast number of patients admitted for Covid. (Note that: Rv2.3 was issued by Welsh Government; that data was provided by Public Health Wales and was derived from sources shared by Welsh Government; and that the results of the analysis were believed to be correct at the date of publication)



Compliance	Apr			May				Jun				Jul				Aug				Sep				Oct				Nov				
40%	18	54	116	190	253	317	392	471	549	613	656	672	657	616	556	491	471	528	633	750	911	994	917	770	609	466	347	255	194	169	203	362
60%	18	54	102	141	166	186	210	236	264	287	301	303	294	275	246	217	207	230	274	324	393	428	394	331	263	200	151	115	98	114	206	472
75%	18	53	93	105	98	86	75	63	52	42	35	28	22	18	14	12	9	7	6	5	4	3	2	2	2	3	4	10	26	73	207	555

In summary, if 75% compliance is assumed, there will be a very low level of demand for beds through the summer and autumn. At 60%, demand mainly fluctuates at between 200 and 400 beds, and at 40% it increases to just under 1,000 at the peak.

In terms of compliance levels, the current view is that they are between 60 and 70%. This suggests that the 60% compliance trajectory may be the best approximate fit over the next few weeks.

Areas where planning assumptions are highly relevant to decisions being made now are:

- The scale and timing of commissioning surge capacity, in existing Acute and Community Hospitals and the Temporary Hospitals;
- The scale and timing of increasing elective activity;
- The scaling of community and primary care services

Based on the above analysis, the following key planning assumptions have been adopted by the organisation to inform decision-making:

- **Plan for a high degree of uncertainty, with very short planning cycles and decisions potentially being adjusted frequently.**
- **Plan for a longer, lower period of demand between now and the autumn, rather than for a very high spike in demand in the next few weeks.**
- **Plan for COVID 19 demand to last into next year, and for the potential of future waves.**
- **Be aware of the potential for a very large spike in demand.**

Key Actions – 18th May to 30th June 2020	Lead: COVID 19 Gold Commander
Continue to revisit planning assumptions on a regular basis as further information and analysis becomes available. Version 2.5 of the model, which is more optimistic, is currently being evaluated.	
Undertake further specific work on demand and provision of patient ventilation, where demand across Wales appears to be much lower than the current models predict, and on projecting demand on a health community basis.	
Prioritise analytical support to include health and care to guide short term decision making. Work with local partners and other Health Boards to share modelling approaches to inform demand for health and care.	

2.1. Current Bed Capacity.

Our current physical covid and non covid bed capacity and occupancy is summarised below (taken from daily Sitrep report, 17th May). Key points to note are as follows:

- Physical capacity is higher than staffed capacity. “Current beds” includes some physical capacity that is not currently staffed.
- Bed occupancy is much lower than usual in Acute and Community hospitals – with the exception of YGC which is running at 88% occupancy for non-critical care beds, and so in practical terms is fully occupied
- Acute bed occupancy has begun to increase in the last few days and weeks
- Critical care occupancy is also relatively low

	Critical Care						Other Hospital Beds						Total Beds					
	Current Occ.						Current Occ.						Current Occ.					
	Current	COVID confirmed + suspected	Current Occ. Non COVID	Total Occ.	% Occ.		Current	COVID confirmed + suspected	Current Occ. Non COVID	Total Occ.	% Occ.		Current	COVID confirmed + suspected	Current Occ. Non COVID	Total Occ.	% Occ.	
YG	23	6	5	11	48%		471	37	201	238	51%		494	43	206	249	50%	
YGC	21	7	7	14	67%		439	108	278	386	88%		460	115	285	400	87%	
YMW	22	3	4	7	32%		439	80	246	326	74%		461	83	250	333	72%	
West							138	30	68	98	71%		138	30	68	98	71%	
Centre							183	47	72	119	65%		183	47	72	119	65%	
East							138	20	66	86	62%		138	20	66	86	62%	
BCU	66	16	16	32	48%		1808	322	931	1253	69%		1874	338	947	1285	69%	

Additional Capacity

	Critical Care			Other Hospital Beds			Total		
	Within 24 Hours	24 hrs - 7 days	After 7 days	Within 24 Hours	24 hrs - 7 days	After 7 days	Within 24 Hours	24 hrs - 7 days	After 7 days
YG	13	10	38	28	29	0	41	39	38
YGC	4	18	0	40	20	123	44	38	123
YMW	6	20	28	18	58	76	24	78	104
West				23	53	60	23	53	60
Centre				21	0	105	21	0	105
East				3	0	7	3	0	7
Bangor University Field Hospital						223	0	0	223
Venue Cymru Field Hospital						340	0	0	340
Deeside Leisure Centre Field Hospital						420	0	0	420
BCU	23	48	66	133	160	1354	156	208	1420

2.1. Capacity and Demand Summary

As articulated throughout this plan, this is a highly uncertain environment. In terms of supply and demand, some of the key variables are:

- Significant uncertainty about levels of covid-demand throughout the system, even in the relatively short term. For example in terms of acute beds, plausible models of demand range between close to zero to over 400.
- For non-covid demand, the extent and speed of a return to normal levels for both emergency admissions and elective referrals is unknown, with little evidence to inform reasonable modelling assumptions.
- The productivity of many elements of the system (including outpatients, diagnostics and theatres) will be affected by the need to deliver services in a covid environment with social distancing and streaming of patients.
- Additional bed capacity has been created, as outlined above. How, and to what extent, this capacity can be utilised is being explored through the pathway work, including plans for acute care and the options being developed for the use of the field hospitals. Judgements will be made about appropriate staffing levels, and workforce availability is a key constraint.
- The fragility of the care home sector may have a material impact on the flow of patients through the system.

3. Managing Essential Services

There are a number of essential services that need to continue in order to prevent secondary harm to patients, these include cancer, urgent surgery, ophthalmology and diagnostics such as endoscopy. Throughout the outbreak we have carried on performing “life saving surgery”:

	2019/20 year to date plan 000's	2020/21 year to date actual 000's	Percentage
Out patients	17.7	4.1	23.2
In patients and day cases	3.7	0.5	13.5

However, it is evident that more capacity is available currently on sites through which more cancer and urgent surgery could be undertaken. It must be noted that there are associated risks of undertaking invasive surgery during the pandemic. Therefore a number of options are being reviewed.

A reduction in providing Non-COVID services will inevitably result in harm, but there is a need to quantify that further and consider what services are essential to both save lives but also prevent life-long impact.

We are also conscious of the impact COVID-19 has had on patient confidence and willingness to present to services at this time. For many, this is down to fear of catching COVID, as well as not wishing to burden the NHS. This is another important aspect in terms of the potential indirect harm as a consequence of COVID. We are working to ensure digital services can be accessed by patients and media communications can assist in re-building confidence for patients with symptoms which need investigation or management to reduce longer term risk of harm. The existing principles of prudent healthcare and value based healthcare remain relevant and important, as does the concept of the [Quadruple Aim](#).

We will balance these demands and in making difficult decisions will follow the overriding ethical principles as Welsh Government’s ‘Coronavirus: ethical values and principles for healthcare delivery framework’

Our established Clinical Advisory Group (CAG) have adopted a risk based approach to re-define clinical pathways for services taking into account Welsh Government essential services definitions (**Appendix 1**), professional body and Royal College guidelines. Whilst we are familiar with categorising services according to ‘emergency’, ‘urgent’, ‘soon’ or ‘routine’, some essential services may straddle all of these categories, for instance the provision of childhood surveillance along with immunisation services are routine, but should also be classed as essential. Clinicians are have also been pro-actively reviewing waiting lists to risk stratify and identify patients requiring essential services.

- The identification of services as being ‘essential’, in this context, therefore includes consideration of the following factors:
- Level of impact of any interruption to services on mortality and significant long term morbidity – i.e. the degree of harm
- Degree of the time sensitivity of interventions (noting that some services may not be essential in the immediate short term, but may become so over longer periods)
- Value of interventions in value based healthcare terms

It is recognised that the presence of coronavirus in society and, particularly, healthcare settings changes the balance of risk in relation to many aspects of healthcare, including essential services. All decisions about individual care, must, ultimately, be made by clinicians, in discussion with patients and their families in the best interests of each patient. Following all Wales principles for essential services, over the next 6 weeks of our plan we will:

- Need to make decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain health service delivery, mitigating the risk of system collapse.
- Consider what services are the most essential and which need to be maintained, albeit in possibly different ways, particularly in needing to continue to protect both patients and staff.

3.1. Essential Services Assurance Framework

It is important to understand how essential services are being maintained. Through our Quality and Safety Committee, we will capture the delivery of services. Business as usual systems will be utilised for governance and assurance including quality and safety which will:

- Bring together key information and data in one place
- Display information in an easy accessible format
- Combine both quantitative and qualitative information
- Be dynamic and uses current known data and intelligence

Its purpose is to:

- Track and Monitor Risk profile of each essential service identified as part of the Essential Services group
- Track and Monitor strategic data and intelligence to inform Risk profile
- Record strategic actions required or taken to mitigate or reduce risk
- Inform publications and guidance

We have completed two cycles of clinically informed self-assessment as to service status in line with the guidelines issued under the Welsh Government essential service framework (a high level assessment is set out in **Appendix 2**). The outcome from this assessment demonstrates that COVID-19 has severely impacted on the majority of services, reducing their ability to deliver services at previous levels.

Services have adopted new ways of working to support patients in an attempt to mitigate the risk of harm. This is enabling the majority of services to deliver at least at the minimum level of delivery expected in the essential service guidelines. This relates specifically to aspects of the services which have life-saving or life-impacting consequences, recognising the importance of risk stratification to reduce non-COVID-19 related harm to our population.

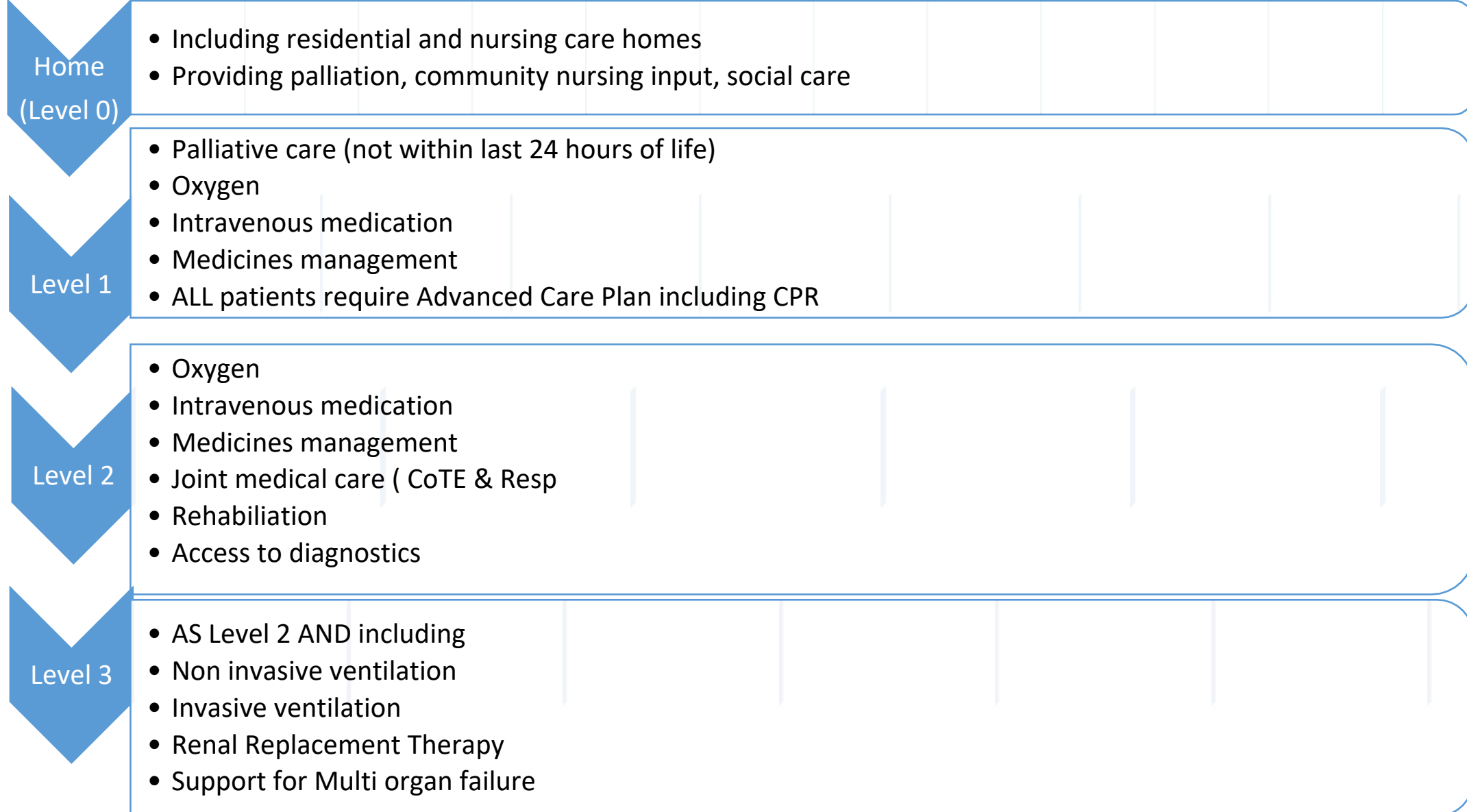
Concern for the population health is reported particularly in relation to transplant services, which although BCU do not provide solid organ transplants, has ceased to be provided across the UK. BCU staff also recognise the risk to our transplanted patient population and the challenges of supporting their continual care at this time. The other service reporting particular service challenges is phlebotomy where a combination of issues is severely reducing capacity at present.

We are working in partnership with WHSSC and are in the process of conducting the same survey for our commissioned and specialist services, most of which are provided within NHS England.

Key Actions – 18th May to 30th June 2020	Lead: Director of Nursing and Midwifery
• Review harm, prioritise and risk stratify waiting lists.	
• Specialty plans developed in line with essential services framework and other key guidelines	
• Continue to implement alternative pathways including use of e- consultation and patient initiated outpatient follow up (e.g. resulted in 30% reduction in Orthopaedic outpatient demand)	
• Maintain provision of essential services where it is safe to do so, delivered through our re-defined care pathways and making use of all available capacity within NHS and independent hospitals.	

4. High Level COVID 19 Clinical Pathway

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



4.1 COVID 19 Plans - Primary and Community Care

In response to COVID19, general practice has moved from carrying out c.90% of consultations with patients as face-to-face appointments to managing more than 85% of consultations remotely. The majority of practices in North Wales have video and on line consultation capability.

GP practices across North Wales are working together to continue to services for all their patients whilst trying to prevent the spread of COVID-19. GP practices in the clusters across North Wales have set up Local Assessment Centres which are helping to manage the care of patients with COVID-19 symptoms in the community. These Local Assessment Centres (LACs) assess patients with symptoms of COVID-19, either to manage their symptoms at home or to be referred on for further treatment.

General Dental Services (GDS) and the Community Dental Service (CDS) delivery has also changed significantly. Two fully operational Urgent Dental Centres (red sites) are established for patients with COVID 19 symptoms, with an additional service at HMP Berwyn. High Street practices are providing a triage service (under COVID guidelines) with a focus on advice, antibiotics and analgesia (AAA).

A BCUHB Ophthalmic Services Plan has been formulated and approved by the COVID Clinical Advisory Group. A network of fifteen optometric practices are now established across BCU to ensure emergency, primary-care based cover. These fifteen practices are “live” and are providing an emergency eye care service as part of the overall BCU emergency eye care pathway.

The start of the pandemic saw a significant increase in demand on community pharmacies, with increases in repeat dispensing and use of ‘My Health OnLine’; the Health Board worked closely with WG to support the service during this challenging period. A number of key pharmacies are funded to provide a dedicated ‘healthcare professional line’ for in/out of hours GMS, palliative care and others to contact them with urgent issues. There has also been a strong focus on securing the supply chain with respect to end of life care medicines, and further work is required to ensure the supply is resilient.

Over the next 6 weeks we expect to see increased demand for COVID19 aftercare and support in community health services, primary care, and mental health. Community health services will need to support the increase in patients who have recovered from COVID and who having been discharged from hospital need ongoing health support.

Primary Care services will continue to triage patient contacts and to use online consultation so that patients can be directed to the most appropriate member of the practice team straight away, demand can be prioritised based on clinical need and greater convenience for patients can be maintained.

Referral streaming of new outpatient referrals is important to ensure they are being managed in the most appropriate setting, and this is being coupled with Advice and Guidance provision, so that patients can avoid an outpatient referral wherever possible e.g through primary care services accessing specialist advice (usually via phone, video too).

4.1 COVID 19 Plans - Primary and Community Care

Key Actions – 18th May to 30th June 2020	Lead: SRO Operations Primary Care, Community and Public Health
<ul style="list-style-type: none">• Ensure patients have clear information on how to access primary care services and are confident about making appointments (virtual or if appropriate, face-to-face) for current concerns.	
<ul style="list-style-type: none">• Review the role and number the Local Assessment Centres (LACs) as part of a longer term plan to care for COVID patients.	
<ul style="list-style-type: none">• Work with partners to stratify and proactively contact high-risk patients with ongoing care needs; proactively contact all those in the ‘shielding’ cohort of patients who are clinically extremely vulnerable to COVID19, with a focus on Chronic Conditions Management , new pathways and managing demand changes for non COVID patients.	
<ul style="list-style-type: none">• Review of OOH staffing risks and mitigation and development of future OOH plans, working more closely with in hours provision	
<ul style="list-style-type: none">• Continue to deliver a community based stroke rehabilitation services whilst planning for the reintroduction of sustainable stroke services	
<ul style="list-style-type: none">• Increase acute paediatric OPD activity remotely and with reintroducing face to face appointments particularly for new referrals, Reach agreement with tertiary care re outreach specialist clinics and restarting Increase advice and support for professionals (GPs)	
<ul style="list-style-type: none">• Review all key areas of Eye Care are being reviewed to include cataract stratification, glaucoma refinement and ongoing care; diabetic and other medical retina conditions such as age related macula degeneration (WMD).	
<ul style="list-style-type: none">• Further improve access to End of Life Medication to ensure these critical medicines are accessible across North Wales.	
<ul style="list-style-type: none">• Work with secondary care colleagues to implement the ‘Consultant Connect’ specialist advice service; ensure cancer, urgent and routine referrals to secondary care as normal, using ‘advice and guidance’ options where appropriate.	
<ul style="list-style-type: none">• Support care homes, including the implementation of the revised discharge policy and with a review of current service provision, sharing of good practice e.g. virtual ward rounds	

COVID 19 Plans - Primary and Community Care continued

Key Actions – 18th May to 30th June 2020	Lead: SRO Operations Primary Care, Community and Public Health
<ul style="list-style-type: none">• Provide local support to NHS communications campaigns encouraging people who should be seeking emergency or urgent care to contact their GP, go online to NHS 111 or call 999 if necessary.	
<ul style="list-style-type: none">• Further develop escalation reporting for Community Pharmacies	
<ul style="list-style-type: none">• Feed into medical staff planning for field & community hospitals, ensuring that medical workforce plans are aligned to agreed GP roles in hospitals, Local Assessment Centres, out of hours services and general practice demand	
<ul style="list-style-type: none">• All approved plans to establish community hospital additional surge bed space will be complete in order that the Hospitals are responsive to changes in volumes of COVID patients and flexible to increasing non-COVID activity as capacity allows.	

4.2. COVID-19 Test, Trace and Protect

COVID testing has ramped up in line with Welsh Government policy. A new testing unit site in Llandudno has opened supporting testing of key workers across North Wales. This drive through testing unit is a self-test centre where key workers will be provided with a self-test kit to be performed on site. This drive through testing unit has replaced the Bryn Y Neuadd site which had been in place up until Wednesday 29th April. The list of our current testing units are:

- Wrexham site (opposite Heddfan)
- Ysbyty Glan Clwyd (End of zone 5 parking section, located near the ERP1 Portakabin)
- Llandudno (Builder street coach car park)
- Parc Menai, Bangor (Ty Coch Building)
- Ysbyty Alltwen

Critical workers displaying symptoms of the virus are now referred to the Llandudno drive-through centre. (These include staff from the NHS, police, fire and ambulance services, care homes and other critical workers).

The 'test, trace and protect' strategy, which aims to help lead Wales out of the pandemic, sets out how Wales will enhance its public health surveillance and response to COVID-19 outbreaks in communities. The plan includes , Increasing testing of critical workers to enable them to return to work, a new system of home testing for the public if they have coronavirus symptoms and a new app to track symptoms in the general population and contact others who have symptoms or have tested positive.

Key Actions – 18th May to 30th June 2020	Lead: SRO Operations Primary Care Community and Public Health
<ul style="list-style-type: none">• Scale up testing. Implement testing requirements from Welsh Government as these develop e.g. care home staff and residents• Establish a dedicated workstream to urgently support and deliver locally the national Public Health Protection Response Plan e.g. Preventing the spread of disease: Test, Trace and Protect (A large non-specialist workforce will be required to deliver.)• North Wales testing laboratory facility operational	

4.3. Temporary Hospitals

All three temporary hospitals have been handed over with commissioning ongoing. Phased opening is likely across the three sites and the workforce model is being worked through, with final proposals requiring agreement. With no oxygen, or limited availability (cylinders) on the sites currently, the clinical pathway has identified a role for the temporary hospitals as step-up / step-down (level 1) We are however commissioning VIE (Vacuum insulated evaporator) storage vessel for bulk medical oxygen supply on 2 sites and our assumption is that we will be using 50% of our field hospital capacity from July 2020 – March 2021 with the following options being explored:

Options (COVID-19)

- End of life care (community) with advance care plan and documentation of CPR status. Patients not for escalation to the acute site and unable to be managed in the community
- End of life care (acute) with advance care plan and documentation of CPR status. Patients admitted to the acute site for assessment / treatment who are then identified as not for escalation or not improving.
- Recovery (acute) – may require intravenous medication, medicines management
- Supportive Treatment (acute & community) – intravenous medication, medicines management
- Step-up / step-down (social care) from residential / nursing homes or closed environments

Options (Non-COVID-19)

- Rehabilitation / intermediate care environment (multi-disciplinary team involvement) and step-down / alternative to community hospitals
- General step-up / step-down from social care – GP / Care of the Elderly (CoTE) input
- End of life care
- Outpatient / community services (including Older People's Mental Health) and /or Out of Hours service

4.4. COVID 19 Acute Care Plans

Emergency attendances are significantly under our usual demand and have been since early March. Recent information has also shown that the number of people dying in the community from non-COVID related illnesses has also increased and there is concern across the UK that patients are not attending A&E when they are in need of emergency care.

Key Messages

- Having the capacity within the Acute sites to run a full business as usual as well as a COVID demand concurrently will be challenging
- A range of decisions to be made on the agreed approach for how we begin to reintroduce some non-COVID work
- Decisions on use of surge capacity within Acute Hospital, Community Hospitals and Temporary Hospitals

Risks and Opportunities

It is recognised we cannot deliver all “normal activity” during the outbreak in part due to the workforce, bed and theatre constraints:

- operating on patients within an environment which is providing care to COVID positive patients, as well as the risk to the patient who may be COVID positive but not symptomatic (outcome risk) and to the staff undertaking the procedure:
- Other peer groups (North-West/Manchester and South Wales) are designating a single site **“hub and spoke model”** of surgery for In-patients and day case to reduce the risk of harm from these risks and to give a longer term sustainable solution.
- A generic surgical pathway is being developed by the surgical clinicians which could see all patients being treated as COVID positive with regards to PPE and pre-operative isolation
- The workforce models will need to be re-aligned away from COVID to release surgeons and other clinical staff to treat these complex patients.

Key Actions – 18th May to 30th June 2020

Lead: SRO Operations Acute

Ensure our consent process informs patients of risk during their admission (East are piloting this using revised documentation) Any patient showing signs and symptoms for COVID would be not be offered surgery

Development of pathways for urgent pre-operative assessment and diagnostics which are at the early stages of development. These would require patients who need a CT scan as part of their work up to receive a CT chest scan and then self-isolate for 24-48 prior to their surgery to minimise risk. This requirement would prove challenging for high volumes of care.

5. Managing Routine services

During the COVID-19 outbreak, Independent contractors, Health Boards and Trusts within Wales have been permitted to stand down (non-essential) routine, non-urgent treatment.

We are currently appraising a range of options to consider how planned care capacity can be managed safely in an environment where COVID-19 will be a constant. This includes assessment of a range of models which increase the certainty of elective provision irrespective of COVID-19.

We will review our capacity for some **routine non-urgent elective care where this can be achieved safely**, through dedicated/separate non COVID bed and workforce capacity and minimising impact on critical care. Plans will be drawn together led by the Planning workstream which will factor-in the availability of our workforce, consumables medical equipment and other supplies needs.

Recognising that our current capacity is not meeting demand for cancer and urgent surgery, there is a need to increase in an incremental way more theatre capacity to deal with backlogs and any surge in cancer demand, which is recognised to occur as referrals increase. There are a number of risks associated with increasing capacity within the DGH's these being but not exclusive to:

- Establishing the COVID status of patients and staff
- The activity rate in theatres will undoubtedly mean less patients through a session time, requiring even more theatre capacity
- Post-operative COVID infections and harm rate are not fully understood
- The organisation has historically outsourced considerable activity that may no longer be available to us for the foreseeable future

The following pre-requisites have been identified to inform our planning work going forward:-

- Pathways will need to incorporate pre-operative isolation
- Staff would need to be ring fenced
- Diagnostics would need to be quickly available and reportable
- Post –operative length of stay would need to be kept to a minimum / use of community hospitals or home care
- Day surgery would need to be the norm where applicable (benchmark against BADS)
- For outpatients - Implementing the principles of self care, consultant connect between primary and secondary care, attend anywhere and virtual clinics, risk stratification and telephone consultations before bringing patients into face to face in a socially distanced environment

6. COVID 19 Surge Planning

We are refining our approach to manage the Initial phase of surge capacity for activation together with escalation plans to manage capacity in a flexible and responsive way. As part of this, we will need to have the ability to flex and expand critical care, temporary hospital and independent sector capacity:

Key Actions – 18th May to 30th June 2020	Lead: SRO Operations Acute & SRO Operations Primary Care, Community and Public Health
<ul style="list-style-type: none">• Develop early warning/trigger systems E.g. R value, 111, primary care, WAST, local authorities• East, Centre and West will develop plans to demonstrate how a split COVID hospital could work operationally• Complete assessment of Llandudno infrastructure to support elective surgery.• Abergele site plan prepared. We will make a decision on use of Llandudno and Abergele as these site could be considered for both COVID and non-COVID demand. This would require decisions being made about current patients on the Llandudno site and Colwyn Bay to accommodate existing patients.• In the absence of face-to-face visits, work together to stratify and proactively contact high risk patients to educate on specific symptoms/circumstances needing urgent hospital care, and ensure appropriate ongoing care plans are delivered.• We will explore cold sites or external providers to support with planned care activity. A pilot has commenced at Wrexham Maelor for additional theatre capacity to test the model from 27/04/2020• We will consider development of a single site “Hub and Spoke” model for surgery• Triggers to be determined for opening any additional capacity in line with demand to be approved through command structure (on receipt of new modelling)• Spire contract will cease 5th July 2020 with action required to provide notice by 5th June 2020 regarding any future plans or requirements)	

7. Workforce

Our staff have stepped forward with huge commitment and professionalism to deal with the challenges of this pandemic and have demonstrated once again that they are our most important asset. This includes our new staff such as our health professional students and health professionals returning to service, keen to be part of the NHS response. As ever it has been important to continue to work closely with staff organisations and professional bodies in a spirit of social partnership through regular briefings and discussions.

In planning our services for the next 6 weeks we need to maintain a clear focus on the wellbeing of our workforce, and in particular those front line and support staff who have been under significant pressure in responding to COVID 19 to date approach.

Key Actions – 18th May to 30th June 2020	Lead: SRO Workforce
<ul style="list-style-type: none">• Ensure working conditions are safe for our staff including provision of PPE equipment and ensuring appropriate rest and working patterns for staff	
<ul style="list-style-type: none">• Continue to assess staff who may be at increased risk - including older colleagues, pregnant women, returnees, and those with underlying health conditions - and make adjustments including working remotely or in a lower risk area.	
<ul style="list-style-type: none">• Ensure that appropriate testing systems for staff are in place as determined by the Testing Strategy	
<ul style="list-style-type: none">• Implement Black, Asian and minority ethnic (BAME) guidance	
<ul style="list-style-type: none">• Ensure that workforce planning is integral to our revised clinical pathways and plans to re-introduce essential and routine services.	
<ul style="list-style-type: none">• Co-ordinate appropriate re-deployment and training and utilising key transferable skills	
<ul style="list-style-type: none">• Provide on-going recruitment to our substantive structures	
<ul style="list-style-type: none">• Co-ordinate of support from our volunteer workforce	
<ul style="list-style-type: none">• Provide wellbeing and psychological support	
<ul style="list-style-type: none">• Monitor sickness levels and reasons	

8. Preparation for Quarter 2 Plan .

The following areas of work have been identified for taking forward into our Q2 plan.

Key Actions for next period of our Plan

- Develop our modelling work to plot the future profile of COVID 19 demand. Working with partners to explore how current NHS modelling could be developed into a forward look of potential capacity needed across the entire health and care sector, sharing intelligence, and joint analytical work to support 'rounded' decision-making.
- Establish clear timescales to restart all our normal partnership governance and mechanisms for joint working.
- Joint service planning with our partners to ensure appropriate decision-making to protect the most vulnerable members of our society.
- Continue to align local communication activities with our partners to ensure consistent messages for the public and our staff during this period.
- Further develop early warning/trigger systems E.g. R value, 111, primary care, WAST and local authority intelligence
- Develop a rolling operational plan for the 6 weeks from mid June including options to scale up from essential only services.
- Further develop our escalation plans to flex and scale down services in preparation for any future increase in COVID activity.
- Work will continue on scenario planning to ensure that we have agreed planning parameters in place for the remainder of 2020/21
- Capture new ways of working - Supporting the research and innovation hub to capture examples of good practice and ensure these are not lost. Optimising Digital and innovative approaches to delivery of health services to maintain social distancing and essential travel requirements and to ensure that we can embed new ways of working for the future.
- Review of our governance, structure, capacity and capability to match the longer term plan

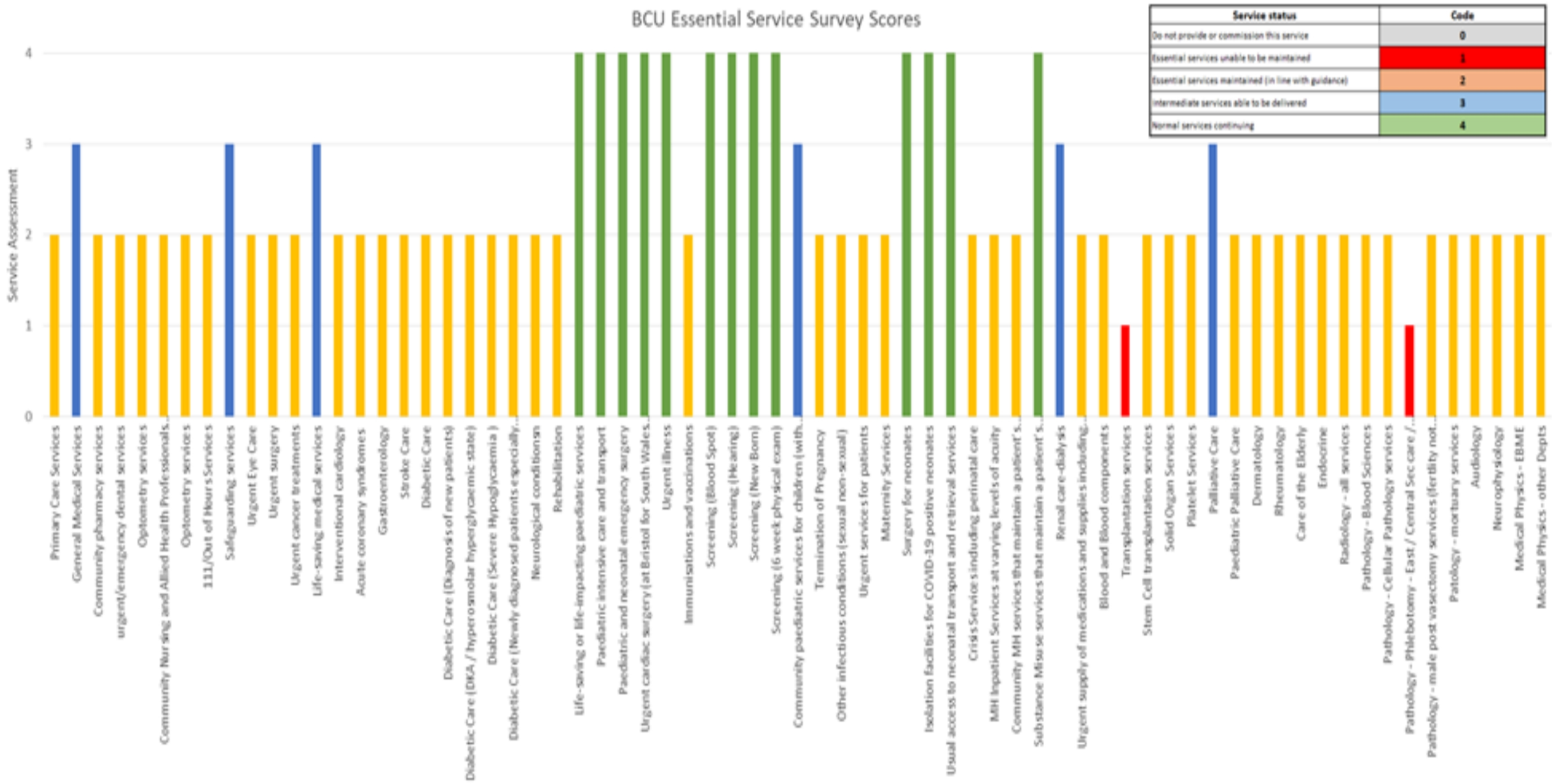
9. Managing Performance against the Plan

- We will continue to report daily sitrep reporting and monitor COVID hospital admission numbers/trends including acute bed occupancy; critical care bed occupancy, DToC , workforce capacity including sickness absence
- Alongside this we will ensure that essential Non COVID profiles e.g. cancer referrals, Mental Health and Learning Disabilities, Child and Adolescent Mental Health services (CAMHs), outpatients, use of private sector, discharges are monitored and constantly refreshed as our 6 week planning cycles progress.
- Financial impact of COVID is being monitored alongside capital plans identified to support management of COVID -19 going forward
- Draft KPIs will be developed and reported to Committees in June.

Appendix 1: Essential Services (definition from Welsh Government) include:

- Access to primary care services (providing *essential*, *additional* and a limited range of *enhanced* services that fulfil the WHO high priority categories, including immunisations)
- Safeguarding services
- Urgent eye care including services that prevent loss of sight
- Urgent surgery including access to urgent diagnostics
- Urgent cancer treatments including access to urgent diagnostics
- Life-saving or life impacting medical services including access to urgent diagnostics
- Life-saving or life impacting paediatric services including time critical vaccinations, screening, diagnostic and safeguarding services
- Termination of Pregnancy Services
- Other infectious conditions (sexual and non-sexual)
- Maternity Services including antenatal screening
- Neonatal Services including transport
- Mental health
 - crisis services including perinatal care
 - Mental health in-patient services at varying levels of acuity
- Community MH services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injections)
- Substance Misuse services that maintain a patient's condition stability (e.g. prescription and dispensing of opiate substitution therapies)
- Renal care- dialysis
- Transplant patients
- Urgent supply of medicines
- Blood services, products and collection
- Palliative Care in hospital & community settings
- Emergency ambulance services

Appendix 2 : Essential Services Summary Assessment





Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 9.6.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Current agreed COVID 19 forecast position						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance						
Awdur yr Adroddiad Report Author:	Mr Mark Wilkinson, Executive Director of Planning and Performance						
Craffu blaenorol: Prior Scrutiny:	COVID Command Group, April 20						
Atodiadau Appendices:	COVID 19 The Use of Modelling Projections to Inform Decision-Making						
Argymhelliad / Recommendation:							
It is recommended that the key planning assumptions outlined in this document are noted.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input checked="" type="checkbox"/>
Sefyllfa / Situation:							
This report analyses the current projections of demand related to Covid-19, and recommends how these projections should be used to support key decisions. It has been written at the request of Gold Command with the intention that it is used by the Executive Team.							
Asesiad / Assessment & Analysis							

Strategy Implications

Based on updated modelling by Welsh Government and local experience, the organisation should adopt the following key planning assumptions:

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

Financial Implications

The Health Board continues to support additional hospital capacity.

Risk Analysis

Planning assumptions will be revisited on a regular basis as further information and analysis becomes available.

Legal and Compliance

None.

Impact Assessment

Due regard has been taken of any potential equality/Welsh Language/quality/data governance implications arising from matters addressed in the report.

Covid-19 The Use of Modelling Projections to Inform Decision-Making

Key Points

- Modelling future demand for covid-19 is inherently highly uncertain. Decision-makers should regard the models as giving a broad indication of the capacity required and the speed with which it will be needed. This view may change materially (in either direction) in a short space of time.
- Very short term predictions (2-4 weeks) are far more likely to be valid than a longer-term view.
- Based on updated modelling by Welsh Government and local experience, the organisation should adopt the following key planning assumptions:
 - a. Plan for a high degree of uncertainty, with very short planning cycles and decisions potentially being adjusted frequently. In particular:
 - Workstreams should be clear how quickly additional capacity can be stood up and down in response to changes in covid-19 demand, and should take steps to maximise this flexibility;
 - There should be short-term plans for increases in elective work, mindful when selecting that work it might need to be stopped at short notice.
 - b. Plan for a longer, lower period of demand between now and the autumn, rather than for a very high spike in demand in the next few weeks.
 - c. Plan for Covid-19 demand to last into next year, and for the potential of future waves.
 - d. Be aware of the remaining potential for a very large spike in demand.
- Planning assumptions will be revisited on a regular basis as further information and analysis becomes available. In particular the next version of the all-Wales model is planned to be released imminently, but is understood to be in line with the above assumptions while projecting a lower level of demand in the immediate future.
- Further specific work will be undertaken on ventilation facilities, where demand across Wales appears to be much lower than the current models predict, and on projecting demand on a health community basis.

Purpose

This report analyses the current projections of demand related to Covid-19, and recommends how these projections should be used to support key decisions. It has been written at the request of Gold Command with the intention that it is used by the Executive Team.

The value and limitations of predictive models for decision making

It is important to be clear about the nature of the covid-19 predictive models, so that they can be used appropriately to inform decision-making. The key point is that these models inevitably give very uncertain predictions, as they are built on a series of fundamental assumptions about variables such as the rates of infection, hospitalisation, critical care admission and death, as well as average lengths of stay at different stages in the patient pathway. Small changes in these assumptions can have a big

impact on the results, and these assumptions are changing rapidly as more data becomes available. This is particularly important at the moment in terms of the assumptions about when and to what extent BSIs (Behavioural and Social Interventions) are eased, which have a profound effect on the timing and order of magnitude of peak demand.

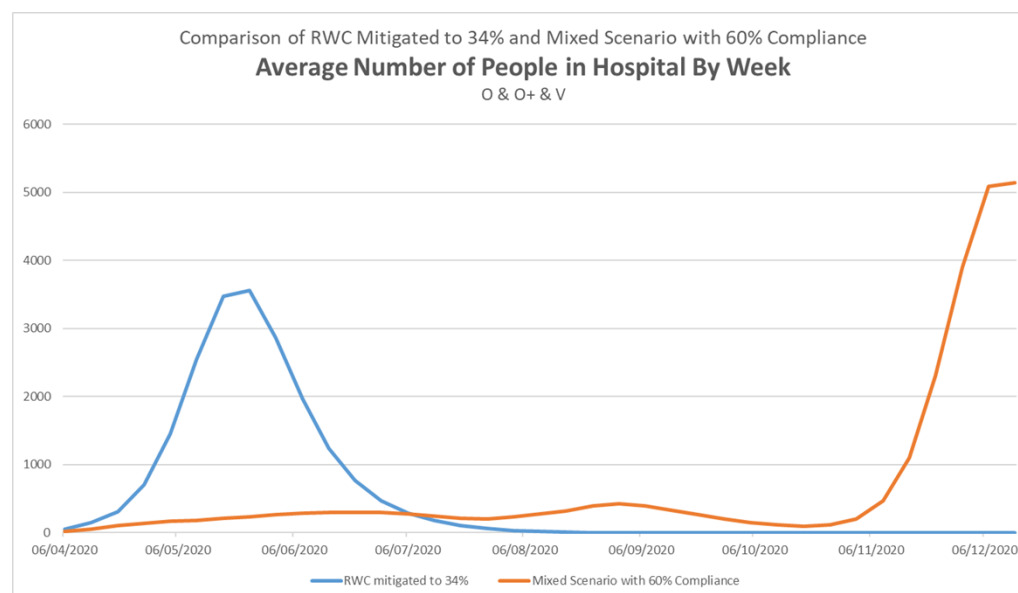
It is therefore important that decision-makers regard the models as giving a broad indication of the capacity required and the speed with which it will be needed, and are aware that this view may change materially (in either direction) in a short space of time. Very short term predictions (2-4 weeks) are far more likely to be valid than a longer-term view.

The best estimate of future demand

The overall trajectory

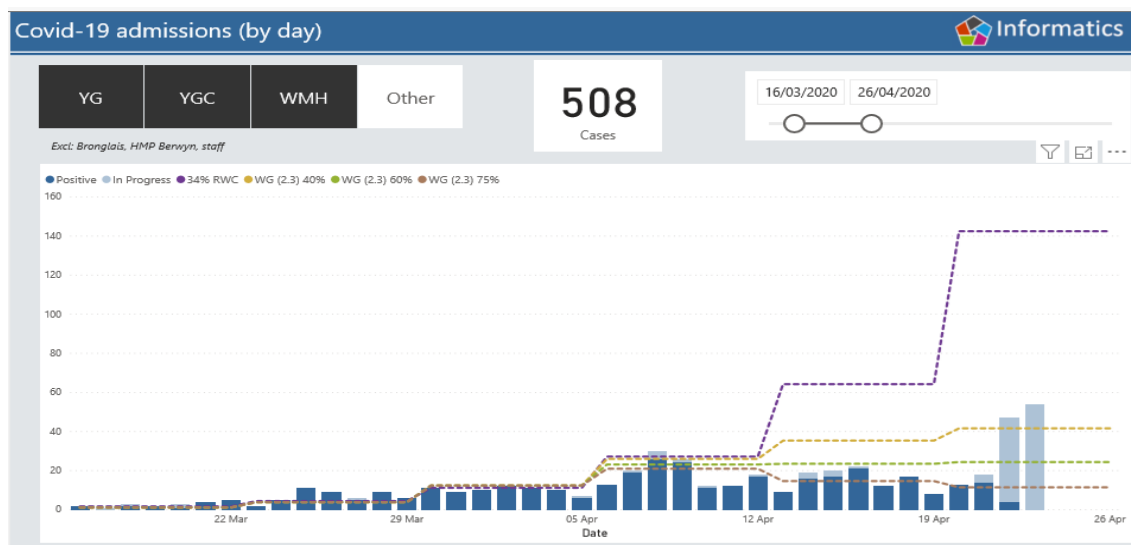
There has been a significant shift in thinking about the likely trajectory of Covid-19. The initial view was that there would be an exponential growth in demand throughout April, with a peak in May followed by a similarly steep fall resulting in demand falling to close to zero in July. The view now¹ is that in the short term levels of demand will be much lower, but will continue for a sustained period lasting over a year with a risk that a similarly high peak will occur later. The difference is primarily due to the introduction of BSIs (Behavioural and Social Interventions) in late March, and the high degree of compliance with these to date. The risk of the later surge in demand arises because if BSIs are removed fully, a peak of similar scale and duration to the one initially predicted for April/May/June would occur.

This fundamental difference in projections is illustrated in the following graph, which compares one of the initial planning scenarios with one of the recent ones:

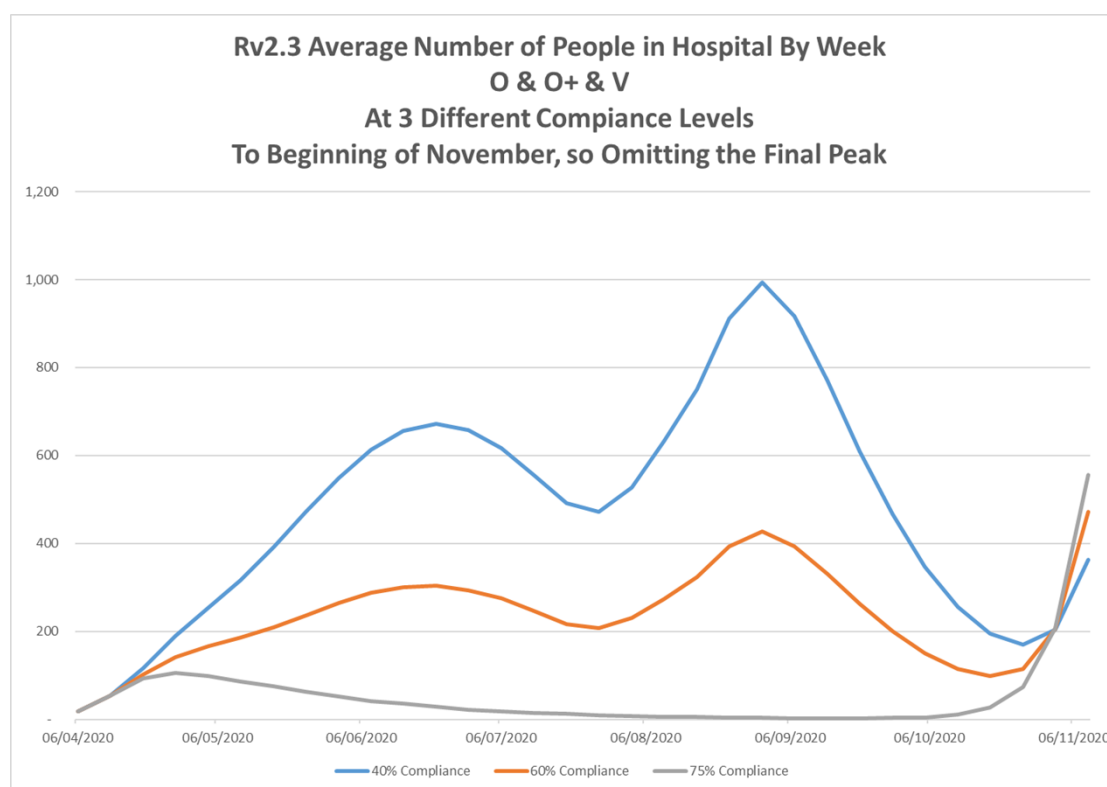


¹ “Recent information suggests that we are seeing a change in the profile of COVID 19 with reduced peaks, some sustained levels of demand and the potential for higher peaks at a later time. This is obviously affected by wider decisions about interventions like social distancing and so is still subject to change as those discussions continue at government level. Whilst there is no agreed reprofiling of demand at this stage, current activity is suggesting we may already be in the first peak.” Letter from Director General Health and Social Services to Chief Executives 16th April 2020

Local data is consistent with the view that demand is running at a lower level than the original model projected and may have plateaued, as shown in the following graph comparing admissions with the various modelling scenarios:



The models suggesting a lower level of demand over a longer period still have very significant variations, depending on the level of compliance assumed, as illustrated in the following graph:



In summary, if 75% compliance is assumed, there will be a very low level of demand for beds through the summer and autumn. At 60%, demand mainly fluctuates at between 200 and 400 beds, and at 40% it increases to just under 1,000 at the peak. To give context to these numbers, on average before Covid each of the DGHs had just under 400 beds for acutely ill adults. Welsh Government are currently

reviewing compliance levels, and a preliminary view is that it is between 60 and 70%². This suggests that the 60% compliance trajectory may be the best approximate fit over the next few weeks, and is enclosed as Appendix 1.

The likelihood of a big peak

Another key area for judgement is whether - and if so when - there will be a big peak. As outlined earlier, the current model assumes that BSIs will be fully removed after 6 months, resulting in a massive surge in demand in the autumn. However WG is focused on ensuring that this does not happen. They are exploring a series of measures short of full lock-down to keep the reproduction rate below 1, which would prevent another surge. They have also asked PHW to focus on how to get early warning of any rise in the number of cases, so that policies can be adjusted³.

Critical Care Demand

Demand for both Non Invasive Ventilation and Ventilation is currently running well below the levels projected by the models – across Wales it is being reported as less than 10% of cases, rather than over 30% as the models suggest. This will be the subject of further analysis.

Further updates

An update to the Welsh Government model is also about to be released, which looks at two scenarios (high and low compliance with BSIs), and is the most optimistic to date, suggesting that the first peak of demand in Wales has already been reached. It also will not assume a big surge in demand in the autumn.⁴ BCU's planning assumptions will be reviewed when this model is received. Further analysis will also be undertaken at a health community level, given the differences in experience to date.

Key planning assumptions

Areas where planning assumptions are highly relevant to decisions being made now are:

- The scale and timing of commissioning surge capacity, in existing Acute and Community Hospitals and the Temporary Hospitals;
- The scale and timing of increasing elective activity;
- The scaling of community and primary care services

Based on the above analysis, it is proposed that the following key planning assumptions should be adopted to inform decision-making:

- 1. Plan for a high degree of uncertainty, with very short planning cycles and decisions potentially being adjusted frequently.** In practical terms this means, for example:
 - Workstreams should be clear how quickly additional capacity can be stood up and down in response to changes in covid-19 demand, and should take steps to maximise this flexibility
 - There should be short-term plans for increases in elective work, mindful when selecting that work it might need to be stopped at short notice

² 'Briefing note on compliance with social distancing measures – 21 April update', circulated to National Modelling Forum 23rd April 2020

³ National Modelling Forum discussion 23rd April 2020

⁴ National Modelling Forum discussion 23rd April 2020

- 2. Plan for a longer, lower period of demand between now and the autumn, rather than for a very high spike in demand in the next few weeks.** The 60% compliance model is the best estimate at present, bearing in mind the key point about uncertainty and the new, more optimistic, model that is about to be issued.
- 3. Plan for Covid-19 demand to last into next year, and for the potential of future waves.**

It is clear that the outbreak will continue into next year, and potentially beyond. This paper does not focus on longer-term planning. However it is worth noting the view that there may be a series of covid outbreaks, potentially over a number of months or even years⁵. There may be a need to explore how services are distributed in North Wales in the longer term if future waves of covid cases need to be accommodated.
- 4. Be aware of the potential for a very large spike in demand.**

This still remains a risk, depending on government policies in terms of BSIs, and the effectiveness of those policies.

Conclusion and Recommendation

It is recommended that the key planning assumptions outlined in this document are agreed and distributed to the organisation.

⁵ Estimating required “lockdown” cycles before immunity to SARS-CoV-2: Model-based analyses of susceptible population sizes, ‘SO’ in seven European Countries including the UK and Ireland – Kings College London 5th April 2020

Appendix 1 – Rv2.3 60% Compliance

		Rv 2.3 60% Compliance				
Date	Week of the model	PREVALENT hospitalised C19 per day	PREVALENT Cases Requiring O2	PREVALENT C19 Cases Requiring NIV	PREVALENT C19 Cases Requiring Ventilation	PREVALENT C19 Cases NIV plus Ventilation = Critical Care Demand
06/04/2020	16	18	12	1	5	6
13/04/2020	17	54	35	4	15	19
20/04/2020	18	102	65	8	29	37
27/04/2020	19	141	87	12	42	54
04/05/2020	20	166	99	16	51	67
11/05/2020	21	186	110	19	57	76
18/05/2020	22	210	123	22	65	87
25/05/2020	23	236	139	25	72	97
01/06/2020	24	264	155	29	80	109
08/06/2020	25	287	168	32	87	119
15/06/2020	26	301	176	34	91	125
22/06/2020	27	303	176	35	92	127
29/06/2020	28	294	170	35	89	124
06/07/2020	29	275	158	34	83	117
13/07/2020	30	246	141	31	74	105
20/07/2020	31	217	124	29	64	93
27/07/2020	32	207	120	27	60	87
03/08/2020	33	230	137	27	66	93
10/08/2020	34	274	165	30	79	109
17/08/2020	35	324	196	34	94	128
24/08/2020	36	393	243	39	111	150
31/08/2020	37	428	267	42	119	161
07/09/2020	38	394	243	42	109	151
14/09/2020	39	331	202	38	91	129
21/09/2020	40	263	159	33	71	104
28/09/2020	41	200	121	27	52	79
05/10/2020	42	151	92	22	37	59
12/10/2020	43	115	71	17	27	44
19/10/2020	44	98	62	14	22	36
26/10/2020	45	114	74	13	27	40
02/11/2020	46	206	135	18	53	71
09/11/2020	47	472	310	36	126	162
16/11/2020	48	1,104	722	82	300	382
23/11/2020	49	2,303	1,497	174	632	806
30/11/2020	50	3,900	2,509	307	1,084	1,391
07/12/2020	51	5,083	3,214	432	1,437	1,869
14/12/2020	52	5,144	3,173	488	1,483	1,971

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 9.6.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	An update on COVID-19 communications and engagement activity				
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development and Mrs Lesley Singleton, Interim Director of Mental Health and Learning Disabilities (Senior Responsible Officer – COVID-19 Communications Workstream)				
Awdur yr Adroddiad Report Author:	Mrs Katie Sargent, Assistant Director of Communications and Public Engagement				
Craffu blaenorol: Prior Scrutiny:	None				
Atodiadau Appendices:	Appendix 1	Communications plan			
	Appendix 2	Example of Daily Briefing for staff			
	Appendix 3	Example of weekly message from Chief Executive			
	Appendix 4	Examples of media interviews undertaken			
	Appendix 5	Examples of press releases			
	Appendix 6	Media coverage pie charts			
	Appendix 7	Examples of social media posts			
Argymhelliad / Recommendation:					
For the Committee to NOTE the activity detailed in this paper					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>
Sefyllfa / Situation:					
The purpose of this paper is provide the Committee with an update on the key communications and engagement activity and its impact during the COVID-19 pandemic.					
Cefndir / Background:					
As of early March 2020, our intended Communications and Engagement work plan needed to be urgently adapted to focus on supporting the Health Board's response to COVID-19. The Health Board was plunged into a fast-changing, unprecedented situation and our response needed to be agile, flexible and clear.					
In mid-March, we produced a comprehensive communications and engagement plan (appendix 1) to set out the existing mechanisms that we would use and the new ones we would establish to ensure effective communications in this challenging situation. Put simply, the overarching aim was to					

communicate the Health Board's response to the COVID-19 outbreak and its impact on the population health of North Wales to staff, partners and the wider population.

We recognised that ownership and delivery of our communications effort – in the broadest sense – must be taken by colleagues from across the Health Board and not seen as “the Corporate Communications Team's job”.

The communications and engagement plan was supplemented with templates for colleagues to complete and send in to the Communications workstream for information and/or action.

This plan was circulated to the Executive Team and Senior Responsible Officers leading workstreams.

In order to have confidence in our capacity to deliver this plan while considering business continuity if staff were absent due to sickness, steps were taken to bolster the team.

The Board agreed its *COVID-19 Strategic Plan – Phase One* on 23 April which included key actions for the Communications and Engagement workstream.

Effective and co-ordinated communications and engagement was and remains a top priority for us during the pandemic. Since mid March, we have been proactive, using all channels at our disposal to get important messages out to our staff, partners and population since the outbreak began. We continue to work closely with others including the Welsh Government, Public Health Wales and members of the Local Resilience Forum.

Following months of difficult handling issues including the use of external consultants and the approach of the fifth anniversary of special measures, a label which has often defined us, the pandemic has provided us with a unique opportunity to show the Health Board in a different light. We have seized this opportunity.

We have showcased a range of Health Board staff to help us to show the organisation in a new light, to deliver messages and to explain what we are doing to manage the response to COVID-19. Public reaction and support has been overwhelmingly positive. We have secured national UK media multi-million viewer coverage on The One Show, Channel 4 Dispatches and BBC Breakfast to put North Wales on the map.

Below is a summary of the key activity in a range of areas.

Asesiad / Assessment & Analysis

Strategy Implications

The BCUHB COVID-19 Communications and Engagement plan underpinned the initial aims and actions outlined in the COVID-19 Phase 1 Strategy, adopted by the Health Board on April 23. In that document, the Communications Section key actions provided a clear framework for our work. The key actions are:

- Ensure regular flow of information and communication between the Health Board command structure and the multi-agency command structure
- Establish a system to record and action key communications from and to Welsh Government
- Ensure regular communication with staff regarding personal safety, work deployment, health and wellbeing and service response
- Establish information resources for staff and the public and publish via the Health Board's web pages
- Ensure timely communication to patients regarding changes to service provision as a result of the response to COVID-19
- Ensure regular communication with the community and stakeholders regarding key health messages and advice regarding services

Financial Implications

N/A

Risk Analysis

N/A

Legal and Compliance

N/A

Impact Assessment

Due regard of any potential equality and Welsh Language implications arising from our communications and engagement activity is routinely undertaken.

INTERNAL (STAFF) COMMUNICATIONS

1.0 It is crucial that our 18,000 staff receive accurate, timely information so that we can support them to carry out their roles at this challenging time. This information must be accessible, particularly for those colleagues who do not have ready access to a computer or email. Therefore we have undertaken a lot of work to ensure that we are doing all we can to share information in a number of ways.

1.1 A one-stop daily briefing for all staff was established early in the pandemic to provide clarity of information. All other “all user” notices have been halted to ensure staff only receive one direct message a day from the organisation, containing all COVID-19-related updates and guidance. An example is at Appendix 2.

1.2 An intranet hub was set up by creating a dedicated area on the staff intranet containing all current documents and guidance for staff. It is updated daily to mirror the information in the daily briefing and provides an archive of previously issued briefings to ensure staff have one intranet location access information relating to COVID-19. This includes an extensive document library broken down by department and an archive of each Daily Briefing and copies of each weekly message from the Chair and Chief Executive.

1.3 The COVID-19 intranet hub has had over 50, 000 views since launch on 11 March with total COVID-19-related page views of around 72, 000.

1.4 Given the importance of sharing the latest updates and guidance on PPE with staff, we established a dedicated COVID-19 PPE information intranet resource on 17 April. It has had over 10, 000 views since launch. To support this resource, we developed bespoke bilingual materials on PPE guidance and have distributed thousands of posters to staff across the organisation.

1.5 Our Staff App provides frontline staff who don't routinely use a computer access to the information the Health Board is sharing on a daily basis.

1.6 In response to changing ways of working due to staff self-isolating or shielding and awaiting IT access in order to work from home, in March we made first-time registering for the Staff App available to staff without access to their NHS email. This led to an increase in staff who are signed up to the app from 4,112 to 5,244 (27.5 per cent.) The App now has an average of around 1,300 active users per month (March – May 2020) compared to 197 active users per month (Dec 2019 – Feb 2020).

1.7 In March we also launched the COVID-19 hub, a dedicated area for staff to read the latest Daily Briefing and other COVID-19 news. The hub also includes a document library containing relevant COVID-19 documents for staff.

1.8 A weekly message from the Chair and Chief Executive is issued to all staff every Friday. This provides a personal motivational message as well as important updates from the leadership. An example is at Appendix 3.

1.9 Colleagues in Primary Care have also been proactive in sharing information with primary care contractors to ensure they have access to the latest information and guidance. A daily cascade to GP practices began on 18th March and community pharmacy colleagues also receive a regular communication, though the frequency of issue is dependent on whether there is relevant information to be shared. Similarly, optometrists and dental colleagues receive proactive updates on an ad hoc basis as required.

1.10 A weekly newsletter for the Nursing and Care Homes Sector, hugely challenged by this pandemic, has been produced to ensure colleagues are up to date with information from the Health Board. We are now supporting Health Board colleagues with the production of a video to assist care homes with understanding the process following changes in guidance.

1.11 These efforts have been extremely well received. In addition, the BCUHB escalation reporting process for GP practices has been adopted nationally across all Health Boards via the all Wales Strategic Programme.

EXTERNAL COMMUNICATIONS

2.0 A key challenge for our external audiences during this pandemic has been “information overload” and we had to bear in mind that partners and the public are receiving and hearing updates and information from a number of other sources, including Welsh Government, Public Health Wales and local authorities. Therefore working in a co-ordinated way with local and national government has been crucial.

2.1 It was also important that we quickly established ourselves as a trusted source of reliable, timely information. At the outset of the pandemic, things were changing very rapidly therefore we had to be nimble and plugged into developments as they happened in order to relay information in a timely way.

2.2 Another key consideration was clarity of message due to social media being awash with mixed messages and misinformation that could be confusing to the public.

PARTNER AND STAKEHOLDER COMMUNICATIONS

3.0 Since the end of March, we have proactively issued a daily briefing to key partners including local authorities, the Community Health Council and North Wales Members of the Senedd and Parliament. 2.1 The receipt of this briefing is supplemented by weekly virtual meetings held by the Health Board’s Chair and Chief Executive with North Wales politicians and local authority leaders, to personally brief them on developments and issues arising.

3.1 It is also shared with the County Voluntary Councils for onward distribution among the 3, 000 or so organisations and charities in North Wales. The third sector is a crucial partner for us during COVID-19 as is plugged into local communities and is supporting people in all sorts of ways – from food banks and co-ordinating donations to the NHS

to welfare phonecalls for the isolated to educating people about using technology to keep in touch.

3.2 This briefing includes key news, developments and hot topics. Feedback has been positive with a number of recipients stating that this proactive, regular communication is useful and relevant.

3.3 We also participate in the daily teleconference of the North Wales Local Resilience Forum's (LRF) Media Cell alongside communications colleagues from North Wales Police, North Wales Fire and Rescue Service, local authorities and Public Health Wales.

3.4 We led the communications activity over the North Wales Regional Partnership Forum announcement of the mass testing centre in Llandudno, including organising filming and an interview with Teresa Owen, executive Director of Public Health on behalf of the NWLRF.

3.5 We have also led the communications approach regarding the temporary hospitals, working closely with partners in local authorities, contractor organisations and Bangor University to ensure a consistent, co-ordinated approach, including publicising the hospitals and securing UK-wide coverage and developing messaging on why the sites have yet to be utilised.

3.6 We have worked in close liaison with North Wales Police over the communications handling of the weekly #ClapforCarers show of support to health and care workers. We have jointly appealed to people not to travel to our hospitals to demonstrate their gratitude to staff and asked instead that they stay at home, which has required careful handling.

MEDIA ENQUIRIES

4.0 Since the COVID-19 outbreak and our first media enquiry about it on March 3, we have received and dealt with almost 140 separate media enquiries about COVID-19 ranging from oxygen supplies at temporary hospitals to the difficult issue of under reporting of COVID-19 deaths to Public Health Wales.

4.1 We have also dealt with a number of national media calls about the death of the first member of NHS staff in Wales from COVID-19. This required sensitive handling and close liaison with the bereaved family and colleagues.

4.2 140 is approximately double the number of media enquiries we would usually expect to receive. We received an additional 10 media enquiries that were not related to the pandemic.

4.3 Last year, we received 77 media enquiries in this period and in 2018, this figure was 91.

4.4 Although the majority of reactive media relations activity we have undertaken has related to COVID-19, over recent weeks there have been a number of non-COVID-19-related issues we have dealt with including the Health Board review of vascular

services, the news that Recovery Director Philip Burns has left the Health Board, and the erroneous discharge of community mental health patients.

MEDIA INTERVIEWS

4.5 We have undertaken a range of broadcast interviews to reassure the public that plans are in place in North Wales to cope with COVID-19 and to showcase the innovation and collaboration being undertaken. A summary of these are at Appendix 4.

PRESS RELEASES

5.0 As well as responding to daily questions and enquiries from the media about COVID-19 and undertaking interviews to help inform the public, we have been proactively issuing a regular stream of press releases to help inform people about changes to services.

5.1 During March, April and May, over 50 press releases have been issued, all of which are posted on social media and put on the News section of our website. Examples are at Appendix 5.

5.2 If we compare the period of the pandemic (March 3 2020 to the end of May 2020) with the same period in 2019 we saw 684 pieces of coverage in 2020 compared to 398 in 2019. This represents a 72 per cent increase in stories relating specifically to BCU (not including general coverage of COVID in Wales/North Wales).

5.3 There was also a 102 per cent increase in positive coverage of BCU services generated by the team.

See Appendix 6 for pie charts to illustrate this.

WEBSITE (bcuhb.nhs.wales)

6.0 We adapted the Health Board website to focus on COVID-19 during March and since then have had over 46,685 visits to the homepage.

6.1 We have developed clearly accessible sections on COVID-19 advice and Frequently Asked Questions on topics such as postponed procedures and maternity services.

6.2 Our COVID-19 patient advice hub has attracted almost 21, 731 visits to date, with press releases on the News section of the site performing well. The Community testing units press release has had over 10,000 views, for example.

6.3 The COVID-19 pandemic has not halted work to move content over from our old website across to the new one. It has been a painstaking process to go through over 2, 000 web pages to make an assessment whether to delete, update or move over to

the new website unchanged.

SOCIAL MEDIA

7.0 Our combined number of social media followers on Facebook, Twitter and Instagram has increased to over 44,586 and continues to grow. At the beginning of March, this figure was just over 35, 000, indicating an increase of almost 27 per cent in followers since the outbreak of COVID-19.

7.1 We are also dealing with around 100 direct messages per week from members of the public and patients via Facebook and Twitter alone. We respond to each one.

7.2 We have been utilising video to get across key messages to our population. These include Emergency Department Dr Saleyha Ahsan explaining social distancing (this was also picked up by the local media and used by Welsh Government and Public Health Wales) and GPs Dr Helen Alefounder and Dr Eilir Hughes supporting the “we are open” message. Examples are at appendix 7.

COMMUNICATIONS CAMPAIGNS

8.0 To support the Health Board to recruit additional staff and volunteers, we have undertaken integrated campaigns activity including adverts across social media; radio, TV and newspapers.

8.1 This activity lead to the following numbers of expressions of interest (as of mid-May): 15 doctors; 47 nurses; 90 therapists; 45 Healthcare Assistants and 337 students.

8.2 Also, working with Awyr Las, our NHS charity, we undertook a concerted approach to galvanise local makers and donors to bolster our stocks of PPE, global shortages of which were widely publicised during the early days of the outbreak. This included banners across key media websites (which were negotiated free of charge), press releases and social media activity.

8.3 The Engagement Team were instrumental in orchestrating the Health Board’s appeal for PPE and other donations in local communities. Their relationship management skills and ‘can do’ attitude was crucially important in supporting the Awyr las team to attract and process hundreds of donations.

POSTERS AND MATERIALS

9.0 From mid-March the Engagement Team ensured that key messages and information about the emerging COVID– 9 virus was shared in our communities. They printed and distributed posters in key community settings including leisure centres, supermarkets and libraries as well as at our hospitals, GP surgeries, dentists and other primary care settings.

9.1 A1 poster stands were also purchased and delivered to all district general hospitals and community hospitals and for posters to be displayed in them.

9.2 Although face to face engagement was limited the team continued to engage with stakeholders to ensure the Health Board was aware of partner concerns and also provide reassurance and assistance. This also gave an opportunity to review and update our stakeholder list.

9.3 The branding for the Ysbytai'r Enfys – Rainbow Hospitals – was designed and produced in-house and Hywel Dda Health Board used the rainbow name and branding for their temporary hospitals.

AWYR LAS DONATION SUPPORT AND ENGAGEMENT

10.0 During April and May the Engagement Team supported to Awyr Las with engagement and liaison with members of the public and businesses making donations, particularly on PPE.

10.1 This work involved liaising with: services and hospital control centres to arrange the distribution of offers; partners to share PPE donations with other key workers; and national businesses, community groups and individuals to advise on PPE specification.

10.2 Some new contacts and opportunities have been created during this short period including established relationships with some community groups such the crafters and makers who have been making the scrubs bags for clinical staff.

10.3 During this period, the team continued to share corporate briefings with partners, and support ongoing engagement programmes such as North Denbighshire Hospital.

IMPACT

11.0 A range of data has been used in this report to demonstrate a significant increase in communications and engagement activity and output across the Board. What is pleasing is that there has been a notable departure from the well rehearsed narrative about Special Measures, financial challenges and poor performance in some areas.

11.1 Public support for the NHS has been strong and they and the media have been receptive to our presentation of the Health Board in a more positive light. Positive media coverage about the Health Board has increased by 102 per cent compared to the same period in 2019.

11.2 This provides a platform on which to build as we emerge from the pandemic. We will need to explain how we will resume services and why some people may wait longer than we would like for treatment.

11.3 Working in partnership across North Wales has also helped to recalibrate the relationship between the Health Board and other public services and communities we serve and it is crucial that we maintain a commitment to communication, engagement and involvement across the board.

REPORTING MECHANISMS

12.0 In line with the Command and Control structure introduced by the Health Board, a Senior Responsible Officer role for Communications and Engagement was established. Lesley Singleton was appointed to this role. A dedicated SRO inbox was established.

12.1 A daily 9am meeting with Gold Command is held in order to discuss and agree the key messages for staff.

12.2 A workstream "SIT REP", decision log and risk log are completed on a weekly basis and sent to the Health Emergency Control Centre (HECC).

12.3 We have continued to issue the Board and senior leaders with an evening roundup of all communications and engagement activity undertaken as well as running stories. This has been adopted as a vehicle for the HECC to share their evening update.

12.4 In addition to this, we have been producing weekly and monthly summaries for Board members detailing activity including a forward look listing forthcoming plans and actions.

LOOKING AHEAD

13.0 As we enter Phase 2 of the COVID-19 Strategy, we are now turning our attention to a 'new normal' and as we begin to restart more planned procedures, we will need to assure the public that it is safe for them to use our services and come into our hospitals. Our communications approach, in line with our organisational approach, will change.

13.1 With this in mind, we are developing a patient-facing leaflet outlining the measures we have taken to make our services as safe as possible and our expectations of patients, such as not to come to hospital if experiencing COVID-19 symptoms.

13.2 We will continue to work with colleagues in government to support Test Trace and Protect and with staff across our key services, including for example, cancer, to ensure that we continue to provide patients and service users with clear messages about their care and treatment. This will include explaining why waiting times may be longer than we would like, as we deal with a backlog of cases that has built up during recent months.

13.3 It is anticipated that demand for mental health support and services will increase for both NHS staff and for the general public, and we are already planning how we can support this.

APPENDICES

Appendix 1	Communications plan
Appendix 2	Example of Daily Briefing for staff
Appendix 3	Example of weekly message from Chief Executive and Chair
Appendix 4	Media interviews undertaken

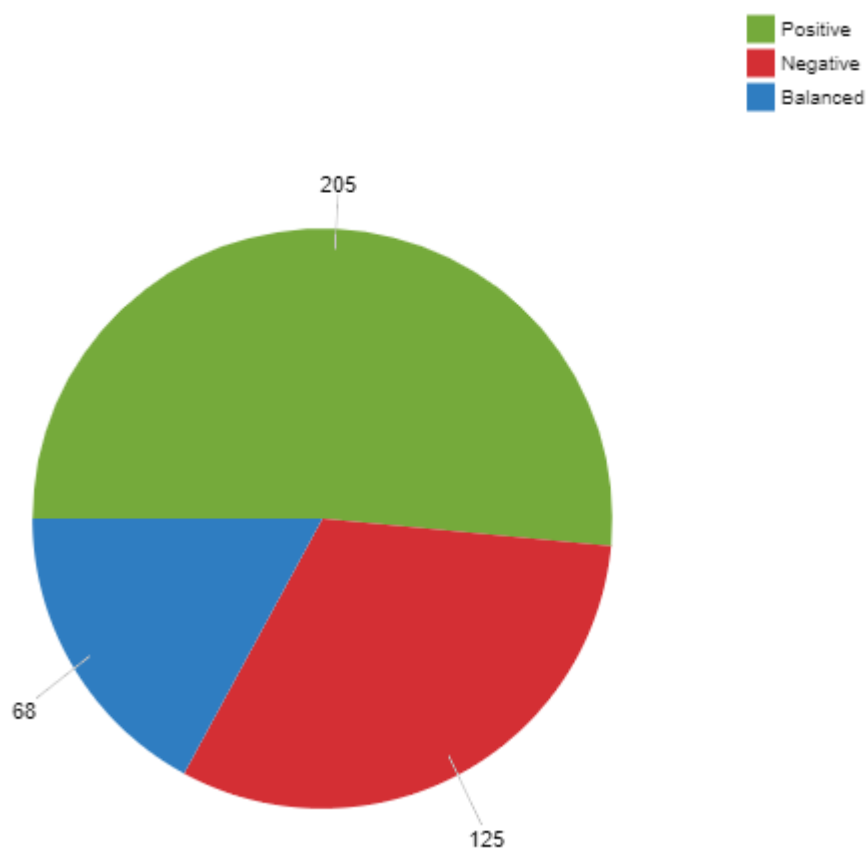
- Channel 4's Dispatches - Ysbyty Gwynedd featured in the programme that showed how the NHS was preparing for the outbreak of COVID-19. This showed staff taking part in training exercises and described the measures being put in place to prepare for COVID-19 patients.
- Chairman Mark Polin did a live interview on BBC Radio Wales breakfast about how the Health Board is gearing up to manage the challenges ahead.
- BBC, Newyddion 9 and ITV Wales: West Area Director Ffion Johnstone and Central Area Nurse Director Trevor Hubbard did interviews to provide the public with an update on our temporary hospitals.
- Secondary Care Medical Director Dr Kate Clarke was interviewed by ITV Wales Today to discuss preparations being made by the Health Board and how the public can help us by following government guidance.
- Operating Department Practitioner Ceri Roberts was interviewed on BBC Breakfast and BBC Radio Wales following her involvement in a choir comprising NHS colleagues and Conwy Council staff to celebrate Ysbyty Enfys Llandudno.
- A number of nursing staff from Ysbyty Glan Clwyd who are staying at a local holiday park to protect their families were interviewed by BBC The One Show about their personal sacrifice.
- Executive Director of Public Health Teresa Owen was interviewed by BBC, Newyddion 9 and BBC Radio Cymru about the establishment of the testing centre at Llandudno.
- We arranged for a number of staff to take part in the BBC's Welsh Heroes Day to talk about their roles during COVID-19.

- Dr Dan Menzies was interviewed at length by ITV Wales about the participation of Ysbyty Glan Clwyd in a national clinical trial of treatment for COVID-19. A number of other staff involved in the trials also undertook follow up interviews.
- Dr Damian McKeon was interviewed by ITV Wales Today around how staff have stepped up. He discussed how different staff members have been deployed to help in COVID Ward. Also spoke of the joint effort across the board to tackle the virus.
- A joint interview with North Wales Police Chief Constable Carl Foulkes and our Emergency Department Consultant Dr Rich Griffiths was on BBC Wales Today to support the government stay at home message.
- BBC and Newyddion 9 interviewed Clinical Lead Nurse Primary Care Catrin Macey about our use of council buildings to ensure we can continue to provide immunisations for children during COVID-19.

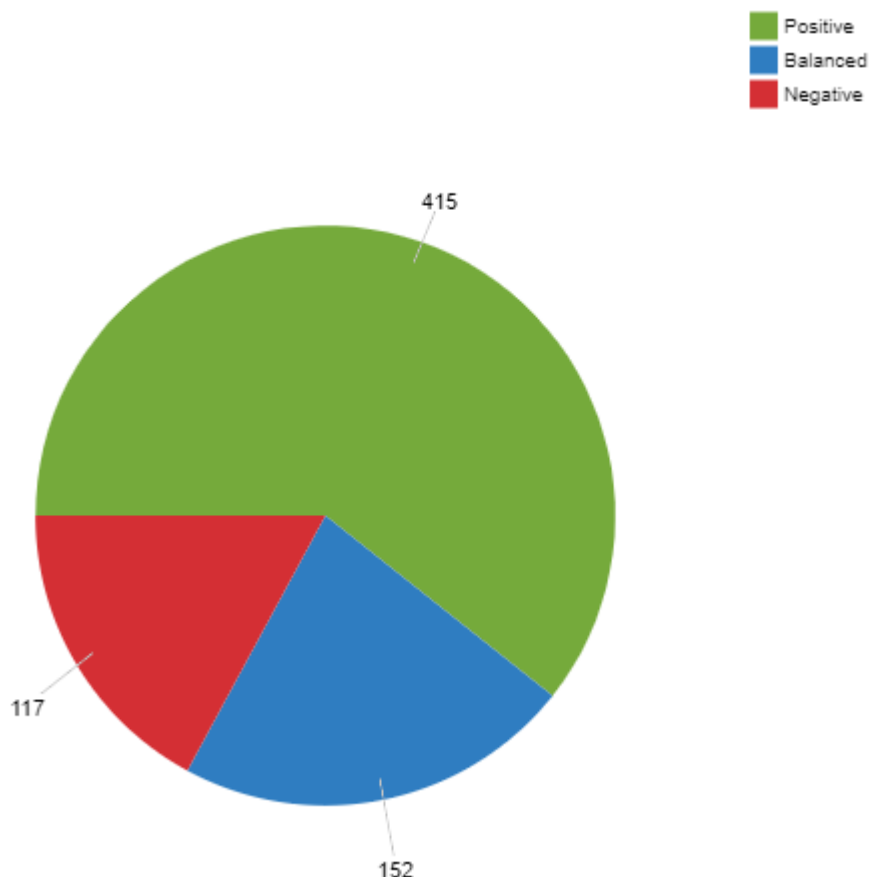
Appendix 5 Examples of press releases, all of which are here:

<https://bcuhb.nhs.wales/news/health-board-news/>

- Changes to services during COVID-19 and why we need to make these changes.
- Health Board leaders urging public to continue to follow government advice.
- Providing reassurance to new mums who are coming into our labour wards and neonatal units and how staff are offering a new app to help provide them with updates on their new baby.
- Focus on dedicated staff who continue to provide care for patients.
- Explaining to the public it is safe to come into our hospitals for cancer surgery by showing a range of different specialities who are continuing to provide cancer care during the pandemic.

Appendix 6**2019**

2020



Appendix 7 Social media examples

We have used paid promotion to targeted posts/adverts by location.

Below are a selection of these Facebook posts:



Wales is still in lockdown

Following Government announcements in England and Wales, a targeted/ promoted post to a North Wales and the North West of England audience, informing the public that the lockdown regulations in Wales have not changed achieved:

People reached: 47,381 Reactions: 488
Comments: 94 Shares: 390

Betsi Cadwaladr
Published by Betsi Cadwaladr Uhb [?] · 11 May at 12:00 ·

"I was so scared going into the unknown - being in hospital for nearly a month with pneumonia, I was so poorly. Hospital appointments, scans and checks all alone. Having to choose only one birthing partner, midwives and doctors gowned and masked up so you couldn't see their faces. Birthing plan out the window and loved ones being asked to leave as soon your baby is born - it's not what I had planned, but despite all of that the hospital staff were there supporting me and reassuring me and bringing beautiful babies into the world. I can't thank them enough! Any expectant mums out there, don't worry it will be OK, it's not as bad as you're imagining and you will be home with your baby safe and sound before you know it! Honestly so thankful for the team I had at this very scary time, working hard to bring babies into a world which is on lockdown during a pandemic, isn't something that happens every day!" - A message from new mum Becky about her experience on the maternity ward at Glan Clwyd Hospital during the #COVID-19 pandemic.

If you have any concerns about your antenatal appointments please call your community midwife so that your care is coordinated safely, their telephone number is written in your Maternity Hand Held Record.

Visit the COVID-19 hub on our website where you can keep up to date with the latest maternity information and frequently asked questions:
<https://bcuhb.nhs.wales/health-inf.../covid-19-patient-advice/>



Maternity case study

A weekly social media message by mums that have given birth at one of our hospitals that week, to reassure parents-to-be that our maternity services are welcoming and safe:

People reached: 18,465 Reactions: 311

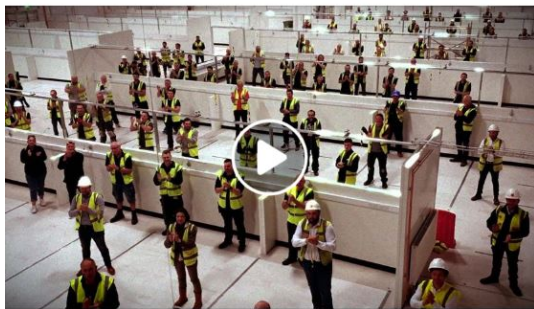
Comments: 24 Shares: 5

Betsi Cadwaladr
Published by Betsi Cadwaladr Uhb [?] · 13 May at 14:55 ·

👏 A wonderful message from Canu Conwy, Jools Holland, Mathew Rhys, Celyn Jones and Rhys Ifans to thank everyone at Ysbyty Enfys Llandudno for all their support and hard work.

We would also like to thank you all for staying at home, reducing the spread of COVID-19 and saving lives. 🙏

👏 Neges hyfryd gan Canu Conwy, Jools Holland, Mathew Rhys, Celyn Jones a Rhys Ifans i ddiolch i bawb yn Ysbyty Enfys Llandudno am eu cefnogaeth a'u gwaith caled. Hoffem hefyd ddiolch i chi gyd am aros gartref, lleihau ymlediad COVID-19 ac achub bywydau. 🙏



A video of Canu Conwy to staff at Ysbyty Enfys Llandudno

Promoted along with partners, a "feel good" video by Canu Conwy thanking everyone at Ysbyty Enfys, Llandudno for all of their support and hard work:

People reached: 104,821 Reactions: 613

Comments: 73 Shares: 701

COVID-19 COMMUNICATIONS AND ENGAGEMENT PLAN

Introduction

The Corporate Communications Team has historically supported a range of teams in areas much broader than the usual remit of a Corporate Communications Team.

The challenge presented to the organisation by COVID-19 now means that the relatively small Corporate Communications Team resource must be protected to ensure that the team are enabled to focus on work that only they can do. This is:

INTERNALLY

- establishing and managing a dedicated COVID-19 intranet hub, working with colleagues across the Health Board to ensure the information at this one-stop-shop is relevant and up-to-date so that staff referring to it can be confident that they are receiving the right advice and guidance;
- with colleagues, establishing and supporting an internal communications cascade for key information;
- posting all relevant COVID-19 messages for staff on the Staff App so that staff can access it on their personal mobiles and tablets;
- liaising with senior leaders to draft and issue urgent and important messages to all employees via global email. These are currently daily;
- ensuring that the Board are appraised of all Corporate Communications activity, live media issues and our public lines to take via a daily Media Roundup; and
- advising colleagues on communications handling.

EXTERNALLY

- responding to media enquiries, writing media statements and press releases and operating the Health Board's media management function;
- challenging and correcting misinformation in the media or on social media;
- managing the Health Board's digital communication channels (website, social media, digital signage). This includes dealing with growing numbers of enquiries through our social media channels;
- liaising with communications counterparts in Welsh Government, Public Health Wales and partner organisations;
- proactively sharing the latest advice and guidance from Public Health Wales and Welsh Government, developing our own materials when assets are not available centrally in the required timescales; and
- generating North Wales-specific content to support public messaging on COVID-19.

To allow the team to focus on the communications challenges posed by the COVID-19 outbreak, and to support the continuation of other work to promote and support our services, we propose exploring the use of an external PR agency the normal business-as-usual external engagement with Health Board services and activities through positive media coverage and social media activity.

More crucially, ownership and delivery of our communications effort – in the broadest sense – must be taken by colleagues from across the Health Board. We must now identify and mobilise additional capacity to support our communications challenge in a fast-moving situation.

In light of the current fragile Corporate Communications resource, it is now important that roles and responsibilities for other types of communications, which are not the responsibility of the communications team - for example, managers ensuring that they are equipped to respond to questions and concerns from their teams rather than asking the Communications Team – are picked up by those teams and senior leaders within the Health Board.

The following table outlines tasks and communications-related activities and details who will action those activities as part of the handling of COVID-19. In order to achieve the key activities outlined below and to ensure buy-in and ownership of our collective duty to inform and advise our employees and stakeholders in a timely, dynamic manner, we will establish a dedicated COVID-19 Communication Group.

STAKEHOLDER	COMMUNICATIONS ACTIVITY	OWNER
Board members	Public Health Wales publish a daily COVID-19 update on their website at 11am which Board Members can access at https://phw.nhs.wales/	n/a
	Daily operational COVID19 update sent to all Board members by HECC Commander	HECC / Exec COVID-19
	Daily media update including section on COVID-19 issues at end of working day by Comms Team	Corporate Comms
Staff, volunteers trade unions	Communicating local issues specific to hospital sites and Areas are being led by the Hospital Management Teams, Area Teams and Mental Health and Learning Disabilities as required but we will look at deploying the Staff Engagement Team to support and strengthen this	Hospital Management Teams, Area Teams, Mental Health and Learning Disabilities Staff Engagement team
	Key messages and updates are made available as necessary by the Corporate Comms Team via all user emails, dedicated COVID-19 intranet hub and Staff App. All user emails will be archived on the COVID-19 hub	Corporate Comms All managers

	It is the responsibility of operational managers to ensure this information is accessible to and understood by their direct reports and cascaded as appropriate via existing communications channels and established cascade mechanisms e.g. team meetings	
Patients, visitors and wider public	Regular scheduled and ad-hoc updates seven days a week via social media channels (Facebook, Twitter and Instagram). Including business-as-usual Corporate Communications activity of monitoring for misinformation and correcting as appropriate. Working with partners to share information across networks	Corporate Comms
	Website including COVID-19 banner across homepage with link to detailed official up-to-date further information	Corporate Comms
	Public health information and advice printed materials including posters distributed across all Health Board sites, primary care contractor premises, and in local communities via partners	Public Engagement Team Staff EngagementTeam
	Digital screens in DGHs and GP practises	Corporate Comms
Primary Care	Utilise the established mechanism for issuing information electronically to primary care contractors (Primary Care Contractor Communications)	HECC Corporate Comms
	Distribute hard copies of printed materials and posters to GP practices via the Shared Services facility	Corporate Comms and Public Engagement team

	Corporate Communications Team to liaise with opposite numbers in partner organisations to share information and updates as required	Corporate Comms
Statutory Partners: NWP, WAST, LRF RPB, LAs	Update corporate stakeholders via tailored briefing (produced by Corporate Communications) on a regular basis. This includes advising that as the situation is fluid, our website is the source for the latest official information. Include a named contact in the CEO and Chair's office	CEO and Chair's office Corporate Comms
Non-Statutory Partners: CVC, CHC, Care Forum Wales	Issue a tailored brief (produced by Corporate Communications) on a regular basis as necessary to Chief Officers for cascade	CEO and Chair's office Corporate Comms
	In addition, partners signposted to access updates via social media channels (Twitter, Facebook and Instagram)	Corporate Comms
	Widespread and comprehensive distribution of printed material with advice and instructions	Public Engagement Team Health and Social Care Facilitators
	Request that partners cascade widely through their networks	Public Engagement Team
	Utilisation of IMs within their Board portfolio to support the promotion of the key messages through their networks	Chair and IMs Marian Jones

Political stakeholders: AMs, MPs, Elected Members	Update political stakeholders via tailored briefing (produced by Corporate Communications) on a regular basis as necessary. This includes advising that as the situation is fluid, our website and social media channels are the best sources of the latest official information. Include a named contact in the CEO and Chair's office	CEO and Chair's office
Welsh Government	Update Welsh Government as per major incident protocols	Gold command
	Corporate Communications maintain close contact and liaison with WG counterparts	Corporate Comms
Media and Social Media	Proactive media releases as appropriate to update on developments. Timely responses to media enquiries, which are captured on a daily basis via the Corporate Communications Team evening update which is circulated to EMG members and IMs	Corporate Comms
	Briefing of journalists to ensure accurate information is reported – challenged where not	Corporate Comms
	Updates via social media and on Updates section of website	Corporate Comms
Public Health Wales	Director of Public Health to link in with counterparts as necessary	Executive Director of Public Health

	Corporate Communications maintain contact and liaison with PHW communications counterparts as necessary	Corporate Comms
Education FE and HE	Leads to advise	
Cross border links: Trauma, C of C, Shrewsbury etc	Leads to advise	Contracts (Finance)
Commissioned Care: Nursing homes, Residential, Specialist Placements, CHC	Leads to advise	Grace Lewis-Parry's team
Shared Services	Leads to advise	

Lesley Singleton

Katie Sargent

16.03.20



COVID-19 Daily Briefing

**Nodyn Briffio Dyddiol COVID-19 –
27/04/2020**

**Cwestiynau cyffredin wedi'u
diweddarau i staff**

Gweler ynghlwm yr arweiniad diweddaraf a chwestiynau cyffredin i staff.

Mae diweddariadau heddiw (mewn coch) yn cynnwys:

- Arweiniad estynedig i weithwyr beichiog (gweler cwestiwn 9)
- Arweiniad wedi'i atgyfnerthu i staff sydd wedi cael llythyr cysgodi (gweler cwestiwn 10)

Os oes gennych ymholiad yn ymwneud â COVID-19, byddem yn eich annog i ddechrau i siarad â'ch rheolwr llinell am gyngor a chefnogaeth. Mae'r wybodaeth yn cael ei diweddarau'n gyson ac mae ar gael drwy'r dolenni canlynol:

[BCUHB Intranet](#)

[Datganiad Iechyd Cyhoeddus Cymru ar COVID-19](#) – yn cael ei diweddarau'n ddyddiol am 2pm

COVID-19 Daily Briefing – 27/04/2020

**Updated frequently asked
questions for staff**

Please find attached updated guidance and frequently asked questions for staff.

Today's updates (highlighted in red) include:

- Expanded guidance for pregnant workers (see question 9)
- Strengthened guidance for staff who have received a shielding letter (see question 10)

If you have a query in relation to COVID-19, in the first instance we would encourage you to speak to your line manager for advice and support. Information is constantly being updated and is available via the following links:

[BCUHB Intranet](#)

[Public Health Wales statement on COVID-19 outbreak](#) – updated daily at 2pm

Diweddariad ar Gyfarpar PPE

Bydd posteri gwybodaeth newydd ar PPE yn eich cyrraedd cyn bo hir (gweler ynghlwm). Eu diben yw egluro i chi'n gliriach pa PPE ddylid ei wisgo a phryd. Mae'r adnoddau hyn ar gael mewn A4 neu A3. Mae'r fersiynau A3 mwy yn cynnwys mwy o wybodaeth ac maen nhw'n amlinellu'r sefyllfaoedd ble gellir

PPE Update

New PPE information posters will be with you very soon (see attached). Their purpose is to explain to you in a clearer way what PPE should be worn and when. These resources are available in either A4 or A3. The larger A3 version has greater information on them and outlines the situations in which the lower risk Level 1 PPE should be worn and

gwisgo PPE Lefel 1 risg is a phryd y dylid gwisgo PPE Lefel 2 risg uwch.

Ni ddylai Canolfannau Rheoli fod yn cyhoeddi eu fersiynau eu hunain o bosteri PPE gan fod yn rhaid i ni gael neges gyson, wedi ei chymeradwyo ar PPE ledled y Bwrdd Iechyd.

Gwyddom fod peth dryswch ynghylch PPE Lefel 3. Mae'n bwysig nodi bod PPE Lefel 3 yn cael ei ddefnyddio ar gyfer Clefydau Heintus Canlyniad Uchel, neu HCID. **Nid yw COVID-19 yn HCID ac felly bydd PPE Lefel 1 a 2 yn eich cadw'n ddiogel o gael eu defnyddio fel yr addysgwyd/disgrifiwyd.**

Os oes gennych gwestiynau am PPE edrychwch ar y tudalennau penodol IPC/PPE ar y fewnwyd gan ein bod yn diweddarau'r adran Cwestiynau ac Atebion yn gyson. Mae'r tudalennau hefyd yn cynnwys sefyllfaoedd senario, chwalu'r mythau, adnoddau ymgyrch PPE ac wrth gwrs y wybodaeth ddiweddaraf ar PPE.

Bydd y wybodaeth ychwanegol hon ar PPE ar gael cyn bo hir ar yr App Staff hefyd. Os nad ydych wedi cofrestru ar gyfer yr App Staff, gwnewch hynny yma: <http://howis.wales.nhs.uk/sitesplus/861/page/74985>

Mae'r masgiau wyneb Aura FFP3 hefyd yn dod yn ôl i stoc. Bydd llawer o staff eisoes wedi cael eu hasesu ar gyfer y masgiau hyn. Rhwch wybod i'ch rheolwr llinell a'r asesywyr os ydych eisoes wedi cael eich asesu'n addas ar gyfer masg Aura FFP3.

Mae gwisgoedd llawfeddygol yn cyrraedd i'r DU yn barhaus ac yn cael eu dosbarthu i'r pedair gwlad. Fel pob Bwrdd Iechyd ac Ymddiriedolaeth y GIG yn y DU, mae'n allweddol ein bod yn atgoffa cydweithwyr am eu defnyddio'n

when the higher risk Level 2 PPE should be worn.

Control Centres should not be issuing their own versions of PPE information posters as we must see a consistent and approved message throughout the Health Board on PPE.

We are aware of some confusion regarding Level 3 PPE. It is important to note that Level 3 PPE is used for High Consequence Infectious Diseases, or HCIDs. **COVID-19 is not a HCID and as such Level 1 and 2 PPE will keep you safe when used as taught/described.**

If you have questions about PPE please visit the dedicated IPC/PPE intranet pages as we are constantly updating the Q&A section. The intranet pages also include scenario situations, myth busting, PPE campaign resources and of course the latest information on PPE.

This additional information on PPE will also be soon available on the Staff App. If you're yet to register for the Staff App, please do so here: <http://howis.wales.nhs.uk/sitesplus/861/page/74985>

The Aura FFP3 face masks are also coming back into stock. Many staff will already be fit tested to these masks. Please let your manager and Fit Tester know if you have already been Fit Tested to an Aura FFP3 face mask.

Surgical gowns are continuously arriving into the UK and being distributed out to the four nations. Like all Health Boards and NHS trusts across the UK, it's really key that we remind colleagues the importance of being sensible in their use. Staff using sessional PPE, and working in High Risk areas with lots of Aerosol Generating Procedures (AGPs) and with COVID-19 positive patients,

synhwyrol. Dylai staff sy'n defnyddio PPE ar sail sesiwn ac sy'n gweithio mewn meysydd Risg Uchel gyda llawer o Driniaethau sy'n Creu Aerosol (AGP) a chleifion sydd â COVID-19 allu cael gafael ar y rhain bob amser. Ar gyfer un AGP achlysurol mewn ystafell/bae neu CPR, mae'r ffedogau llewys hir sy'n gwrthsefyll hylif yn addas a dylid eu defnyddio at ddefnydd unigol os oes angen.

Cadwch ar y blaen a phopeth yn ymwneud â IPC/PPE drwy edrych ar y fewnrwyd yn:

<http://howis.wales.nhs.uk/sitesplus/861/page/78187>

Diwrnod Rhyngwladol Er Cof am Weithwyr

Yfory am 11am, estynnir gwahoddiad i staff ymuno â'n partneriaid Undebau Llafur mewn munud o dawelwch cenedlaethol er cof am staff y GIG a gofal cymdeithasol sydd wedi colli eu bywydau yn ystod y pandemig COVID-19.

Rydym yn gwerthfawrogi na all y staff i gyd gymryd rhan oherwydd natur eu gwaith. Atgoffir staff sy'n gallu cymryd rhan yn y munud o dawelwch i ddilyn y canllawiau ymbellhau cymdeithasol.

I gael mwy o wybodaeth ar y Diwrnod Rhyngwladol Er Cof am Weithwyr ewch i wefan Cyngres yr Undebau Llafur yn: <https://www.tuc.org.uk/international-workers-memorial-day-iwmd>

Cefnogaeth Iechyd Meddwl i Staff

should be able to access these at all times. For one off AGPs in a room/bay or CPR, the full fluid resistant long sleeved aprons are suitable and should be used as single use if necessary.

Keep up to date on everything IPC/PPE by visiting the intranet site here:

<http://howis.wales.nhs.uk/sitesplus/861/page/78187>

International Workers' Memorial Day

Tomorrow at 11am, staff are invited to join our Trade Union partners in observing the national minute's silence in memory of the NHS and social care staff who have lost their lives during the COVID-19 pandemic.

We appreciate that not all staff will be able to take part in this because of the nature of their role. Staff who are able to observe the minute's silence are reminded to follow the social distancing guidelines.

For further information on International Workers' Memorial Day please visit the Trades Union Congress website:

<https://www.tuc.org.uk/international-workers-memorial-day-iwmd>

Staff Mental Wellbeing Support

Staff are reminded that they have free access to the SilverCloud web based CBT (Cognitive Behavioural Therapy) programme that contains many resources that can help at this really challenging time.

Atgoffir staff bod ganddynt fynediad am ddim at y rhaglen CBT (Therapi Ymddygiad Dilechdidol) ar-lein, SilverCloud sy'n cynnwys llawer o adnoddau a all helpu yn ystod y cyfnod anodd hwn.

Gweler y dogfennau ynghlwm am fwy o wybodaeth.

Un pwynt cyswllt newydd ar gyfer cynigion o gefnogaeth gan ddiwydiant

Mae un pwynt cyswllt wedi cael ei sefydlu ar gyfer yr holl gynigion o gefnogaeth gan ddiwydiant.

Bydd porth Hwb Gwyddorau Iechyd Cymru (LSHW) yn dynodi busnesau priodol a all gyflenwi eitemau sydd ar restr cynnyrch critigol GIG Cymru.

Os bydd staff yn cael unrhyw ymholiadau gan ddiwydiant, cyfeiriwch nhw at y dudalen benodol ar COVID-19 ar wefan Hwb Gwyddorau Iechyd Cymru: <https://lshubwales.com/call-industry-collaboration-fight-coronavirus>

Am fwy o wybodaeth, gweler y ddogfen ynghlwm, 'Life Sciences Hub Wales Portal Information'.

Please see the attached documents for further information.

New single point of contact for industry offers of support

A single point of contact has been established for all industry offers of support.

The Life Sciences Hub Wales (LSHW) portal will identify appropriate businesses who are potentially able to supply items that are on NHS Wales' critical products list.

If staff receive any enquiries from industry, please direct them to Life Sciences Hub Wales' dedicated COVID-19 web page:

<https://lshubwales.com/call-industry-collaboration-fight-coronavirus>

For further information please see the attached 'Life Sciences Hub Wales Portal Information'.



Message from the Chair and Chief Executive Neges gan y Cadeirydd a'r Prif Weithredwr

Annwyl Gydwethwyr,

Mae wythnos arall ar ben ac mae dwyster a chyflymdra ein paratoadau'n parhau i gynyddu. Rydym yn deall yn llwyr bod hyn yn teimlo'n ddiddiwedd ar adegau a'ch bod yn gweithio oriau hir o dan bwysau mawr i sicrhau bod pethau'n cael eu gwireddu. Mae'r ffaith eich bod mor barod i fynd i'r afael â'r her sydd o'n blaenau yn ysbrydoledig ac wedi gwneud cryn argraff arnom. Dylech chi i gyd fod yn falch iawn bod cynnydd sylweddol wedi'i wneud mewn mater o wythnosau'n unig. Ochr yn ochr â chydweithwyr mewn sefydliadau partner, rydych yn gwneud eich gorau glas i gyflawni ein pwrpas cyffredin, sef amddiffyn cydwethwyr, teuluoedd a'n cymunedau.

O gymharu â Byrddau Iechyd eraill, mae achosion COVID-19 sydd wedi'u cadarnhau yma yn parhau i fod yn gymharol isel. Mae'n hollbwysig ein bod yn defnyddio ein hamser mor effeithiol â phosibl er mwyn rhoi paratoadau pellach ar waith tra gallwn wneud hynny. Ein blaenoriaeth bennaf yw'ch diogelwch chi a diogelwch ein poblogaeth ac rydym yn gwneud popeth o fewn ein gallu i sicrhau eich bod yn ddiogel. Rydym yn clywed eich pryderon ynghylch cyflenwi ac ansawdd Cyfarpar Diogelu Personol (PPE) mewn rhai achosion. Yn gyffredin â sefydliadau'r GIG ar draws y DU, rydym yn gweld heriau o ran dod o hyd i gyflenwad digonol o rai eitemau; sonnir am brinder o fisors, yn benodol. Gallwn roi sicrwydd i chi ein bod yn mynd i'r

Dear Colleagues,

Another week has passed and the intensity and pace of our preparations continues to grow. We fully understand that, at times, this feels relentless and that you are working long hours under considerable pressure to get things done. We remain hugely inspired and impressed to see that you are rising to meet the challenge before us. You should all be very proud of the fact that significant progress has been achieved in just a matter of weeks. Alongside colleagues in partner organisations, you are pulling out all of the stops to achieve our shared purpose of protecting colleagues, families and our communities.

In comparison with other Health Boards, confirmed cases of COVID-19 here remain relatively low. It is vitally important that we use our time to best effect to put further preparations in place while we are able to. Our top priority is your safety and that of our population and we are doing all we can to keep you safe. We are hearing your concerns about the supply and quality of some Personal Protective Equipment (PPE). In common with NHS organisations across the UK, we are experiencing challenges in sourcing an adequate supply of some items, with shortages of visors in particular being reported. We assure you that we are addressing this as a matter of urgency and are making representations to Welsh Government on this matter. We are also establishing a Health Board

afael â'r mater hwn ar frys ac rydym yn rhoi sylwadau i Lywodraeth Cymru yn hyn o beth. Rydym hefyd yn sefydlu tasglu yn y Bwrdd Iechyd sy'n canolbwyntio ar fynd i'r afael â materion sy'n ymwneud â PPE.

Os bydd gennych unrhyw gwestiynau am PPE nad oes modd i'ch rheolwr llinell eu hateb, siaradwch â'ch tîm rheoli heintiau lleol yn y lle cyntaf, a gellir cysylltu â nhw trwy'r canolfannau rheoli sydd wedi'u sefydlu ym mhob Ardal. Ar gyfer pob cwestiwn arall am PPE, mae cyfeiriad e-bost pwrpasol wedi'i greu BCU.SROPPE@wales.nhs.uk

Yn debyg i Fyrddau Iechyd eraill, yr her wirioneddol yr ydym yn ei hwynebu yw staffio. Bydd arnom angen llawer iawn o staff ychwanegol i'n helpu i fynd i'r afael â'r hyn sydd o'n blaenau ac mae cyfres o gamau'n cael eu cymryd i gynyddu capasiti ein gweithlu. Mae hyn yn cynnwys recriwtio staff sydd wedi gweithio i'r gwasanaeth iechyd yn flaenorol, rhoi rolau yn y GIG am dâl i fyfyrwyr ac ehangu ein Banc Staff. Dros y pythefnos diwethaf, mae 42 o feddygon a deintyddion ychwanegol, 85 o Gynorthwywyr Gofal Iechyd, a'r un nifer o staff nyrsio wedi ymuno â'n Banc Staff ac maent yn barod i weithio. Yn ogystal, mae gennym 250 o Gynorthwywyr Gofal Iechyd sy'n cael eu prosesu ar hyn o bryd, yn ogystal â thros 180 o staff gweinyddol a chlercyddol a staff cyfleusterau.

Mae Addysg a Gwella Iechyd Cymru yn arwain y gwaith o ddatblygu gweithlu cymorth dros dro i fynd i'r afael â COVID-19 yn seiliedig ar rôl Cynorthwydd Gofal Cleifion (PCA), sy'n cyfateb i rôl Band 2 yr Agenda ar gyfer Newid. Bydd PCAs yn gallu cefnogi timau clinigol o ran ystod o dasgau gofal sylfaenol, gan weithio o dan eu cyfarwyddyd a'u goruchwyliaeth.

task force focussed on addressing issues relating to PPE.

If you have any questions about PPE that cannot be answered by your line manager, in the first instance, please talk to your local infection control team, who can be contacted through the control centres set up in each Area. For all other questions arising about PPE, a designated email address has been established BCU.SROPPE@wales.nhs.uk

Like other Health Boards, a real challenge we face is staffing. We will need many, many additional staff to help us manage what lies ahead and a range of action is being taken to boost our workforce capacity. This includes recruiting former health service staff, giving students paid NHS roles and expanding our Staff Bank. In the last two weeks, 42 additional doctors and dentists, 85 Health Care Assistants, and the same number of nursing staff have joined our Staff Bank and are ready for duty. In addition, we have 250 Healthcare Assistants currently being processed as well as over 180 administration and clerical and facilities staff.

Health Education and Improvement Wales are leading the development of a temporary COVID-19 support workforce based around a Patient Care Assistant (PCA) role, which is equivalent to Agenda for Change Band 2. PCAs will be able to support clinical teams with a range of basic care tasks, working under their direction and supervision. These generic roles will be targeted and marketed primarily at other sectors where employment has been directly affected by COVID-19 including hospitality, leisure, beauty, retail, catering and facilities, and airlines as well as other groups such as Army, Navy and RAF veterans.

Caiff y rolau generig hyn eu targedu a'u marchnata'n bennaf at sectorau eraill y mae COVID-19 wedi effeithio arnynt yn uniongyrchol gan gynnwys lletygarwch, hamdden, harddwch, adwerthu, arlwyo a chyfleusterau, a chwmnïau hedfan yn ogystal â grwpiau eraill fel cyn-filwyr y Fyddin, y Llynges a'r RAF.

Hyd yma, mae dros 430 o bobl wedi rhoi eu henwau i lawr i wirfoddoli, ac mae mwyfwy yn cysylltu bob dydd. Rydym ni mor ddiolchgar am y gefnogaeth yma.

Yr wythnos hon, rydym wedi rhannu arweiniad ar sut i ofyn am wirfoddolwyr ar gyfer eich ward, adran neu wasanaeth a sut i ofyn am gyllid elusennol ar gyfer ymateb COVID-19. Os gwnaethoch golli'r wybodaeth hon yn y Nodyn Briffio Dyddiol, gweler tudalen COVID-19 ar y fewnwyd.

Datblygiad arall yr wythnos hon yw bod timau'n gweithio'n ddiflino i roi ein tri ysbyty dros dro ar waith yn Venue Cymru, Prifysgol Bangor a Chanolfan Hamdden Glannau Dyfrdwy, a fydd yn darparu rhyw 900 o welyau ychwanegol. Bydd yr ysbytai hyn yn cynnig gofal i gleifion sydd â salwch resbiradol o ganlyniad i COVID-19 a bydd hyn yn helpu i leihau derbyniadau i'n prif ysbytai ac yn galluogi cleifion i gael eu rhyddhau'n brydlon unwaith y bydd eu cyflwr yn gwella.

Mae cydweithwyr amlasiantaethol gan gynnwys awdurdodau lleol a Heddlu Gogledd Cymru yn ein helpu i wireddu'r prosiect enfawr yma. Mae'n galonogol gweld timau'n gweithio gyda'i gilydd ar draws ffiniau uwch adrannol a sefydliadol er mwyn sicrhau bod pethau'n digwydd ar garlam.

Rydym yn creu lle yn ein tri ysbyty llym ar gyfer rhyw 1,000 o welyau ychwanegol a fydd yn ein helpu i gynnig gofal i fwyfwy o gleifion dros yr

So far over almost 430 people have come forward to volunteer, with more getting in touch every day. We are so grateful for all of this support.

This week we have shared guidance on how to request volunteers for your ward, department or service and how to request charitable funding for the COVID-19 response. If you missed this information in the Daily Briefing, please see the COVID-19 page on the intranet.

Another development this week is that teams are working around the clock to mobilise our three temporary hospitals at Venue Cymru, Bangor University and Deeside Leisure Centre, where we will provide approximately 900 additional beds. These hospitals will provide care for patients with respiratory illnesses as a result of COVID-19 and will help to reduce admissions to our main hospitals and enable patients to be discharged in a timely manner once their condition improves.

Multiagency colleagues including local authorities and North Wales Police are helping us to deliver this huge project. It is heartening to see teams working together across divisional and organisational boundaries to make things happen at pace.

We are emptying space in our three acute hospitals to make room for approximately 1,000 additional beds which will help us to provide care for increased numbers of patients over the coming weeks and months. Critical care bed numbers are being expanded, supported by additional ventilators. Options to buy or manufacture ventilators are being urgently explored at a national level.

To ensure that our primary care services remain resilient, changes have

wythnosau a'r misoedd sydd i ddod. Mae niferoedd gwelyau gofal critigol yn cael eu cynyddu, wedi'u hategu gan beiriannau anadlu ychwanegol. Mae opsiynau i brynu neu i weithgynhyrchu peiriannau anadlu yn cael eu hystyried ar frys ar lefel genedlaethol.

Er mwyn sicrhau bod ein gwasanaethau gofal cychwynnol yn parhau i fod yn wydn, mae newidiadau wedi'u gwneud i'r ffordd y mae meddygon teulu a'u timau amlbroffesiynol, timau fferylliaeth, deintyddion ac optometryddion yn cynnig gofal i gleifion. Rydym yn gweithio gyda phractisau meddygon teulu ar draws Gogledd Cymru sy'n sefydlu Canolfannau Asesu Lleol er mwyn helpu i reoli trin cleifion sydd â symptomau COVID-19 yn y gymuned.

Mae llawer o bethau wedi'u cyflawni, ond mae llawer iawn mwy i'w wneud.

Rydym am ddiolch i chi eto am yr anhunanoldeb a'r ymroddiad rydych yn eu dangos er budd ein cleifion a'n cymunedau.

Mark Polin
Cadeirydd / Chair

been made to the way GPs and their multi professional teams, pharmacy teams, dentists and optometrists provide care to patients. We are working with GP practices across North Wales who are setting up Local Assessment Centres to help manage the treatment of patients with COVID-19 symptoms in the community.

Much has been achieved, with much more to do.

We thank you again for the selflessness and dedication that you are displaying in the interests of our patients and communities.

Simon Dean
Prif Weithredwr Dros Dro/
Interim Chief Executive



Cyfarfod a dyddiad: Meeting and date:	Strategy Partnerships and Population Health Committee 9.6.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Annual Equality Report 2019/20				
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce and Organisational Development				
Awdur yr Adroddiad Report Author:	Sally Thomas, Head of Equality, Diversity and Human Rights				
Craffu blaenorol: Prior Scrutiny:	The Annual Equality Report was received and consulted on by the Equality and Human Rights Strategic Forum and was discussed at the forum meeting on 25 th February 2020. The forum includes public representation.				
Atodiadau Appendices:	Appendix 1: Equality and Human Rights Governance (page 44) Appendix 2: Gender Pay Gap Report 2020 (Page 45) Appendix 3: Leadership Values (Page 49)				
Argymhelliad / Recommendation:					
<p>The SPPH Committee is asked to:</p> <ul style="list-style-type: none"> note progress and the Focus for the Future, including the revised Equality Objectives 2020-2024. approve the report and formally inform the Board via the Committee Chair's assurance report 					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>
Sefyllfa / Situation:					
<p>The Annual Equality Report provides an overview of progress this year and also identifies those areas that have provided challenges. It provides evidence of how we have continued to meet our Equality Duties under the Equality Act.</p>					
Cefndir / Background:					
<p>The Annual Equality Report covers the period April 2019 to March 2020 and provides an opportunity to highlight the Health Board's work that contributes to a more equal North Wales and summarises the action we have taken to advance equality. It also evidences how we continue to meet our statutory duties under the Equality Act and how we will continue to deliver these through our revised Equality Priorities.</p>					

We are proud of our highly regarded Equality and Human Rights service, which has received further recognition this year. Following an external assessment, we have been awarded Disability Confident Leadership status under the Government's scheme to promote good practice in attracting, recruiting and retaining disabled people in the workplace. This recognised the work BCUHB is doing to ensure that disabled people are treated fairly when applying to work for us, and are supported throughout their employment at BCUHB. The Health Board has, for the second year, also been ranked the best Welsh health employer by the lesbian, gay, bi and trans equality charity Stonewall in its Top 100 Employers list for 2020.

We have undertaken a substantial review of our equality objectives and Strategic Equality Plan (SEP) this year, drawn on evidence from a range of sources including the Equality and Human Rights Commission research 'Is Wales Fairer?'. We have gathered and analysed relevant information and maintained engagement with communities, individuals and experts to inform our priorities and objective-setting. We understand that taking account of the protected characteristics found amongst us all, can have a profound impact on health and well-being outcomes for the people we serve.

Strategy Implications

This report provides supporting evidence on how we are progressing on the Board's *Living Healthier, Staying Well* stated priority for 2019-2022 to "*tackling health inequalities and promoting equality – supporting the communities that need it the most*".

The report provides evidence that the Health Board is embedding the "A More Equal Wales" goal of the *Wellbeing of Future Generations Act* in to its delivery of services and employment practices.

Financial Implications

There are no financial implications attached to this report.

Risk Analysis

The key challenge remains to build further organisational capacity to undertake Equality Impact Assessment and better embed the principles in order to strengthen decision making processes. This will be addressed by targeted training and work to further enhance scrutiny and governance. There is an inherent risk of the health board not delivering on its statutory duties and this report shows how we are ensuring that we do so.

Legal and Compliance

This report evidences how we have met our Statutory Equality Duties under the Equality Act. The Focus for the Future includes revised Equality Priorities which form the basis of the new 2020-2024 Strategic Equality Plan, our agreed plan demonstrating how we will continue to meet these Statutory Duties.

Impact Assessment

The report outlines the positive steps the Health Board is taking on equality issues and shows how Equality Impact Assessment continues to be embedded in decision making processes. There are no potential equality or governance implications as a result of this report, rather this report shows areas of progress and future priorities.

Fairness, Rights and Responsibilities



“Show Racism the Red Card” Campaign, 2019

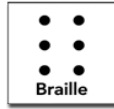
Annual Equality Report

2019 - 2020

‘a conscious approach and state of mind’



This report and any supporting documents can be made available in other languages or formats on request.



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Cover photograph:

The photograph on the front cover shows: “Show Racism the Red Card” Campaign, 2019 promoted by Board and Trade Union members during a Board development session facilitated by Ruth Coombs, Head of Equality and Human Rights Commission Wales.

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Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2019 to March 2020. This report provides an opportunity to highlight the Health Board's work that contributes to a more equal North Wales and summarises the action we have taken to advance equality. We are proud of our highly regarded Equality and Human Rights service, which has received further recognition this year. Following an external assessment, we have been awarded Disability Confident Leadership status under the Government's scheme to promote good practice in attracting, recruiting and retaining disabled people in the workplace. This recognised the work BCUHB is doing to ensure that disabled people are treated fairly when applying to work for us, and are supported throughout their employment at BCUHB. The Health Board has, for the second year, also been ranked the best Welsh health employer by the lesbian, gay, bi and trans equality charity Stonewall in its Top 100 Employers list for 2020.

We have undertaken a substantial review of our equality objectives and Strategic Equality Plan (SEP) this year, drawn on evidence from a range of sources including the Equality and Human Rights Commission research 'Is Wales Fairer?'. We have gathered and analysed relevant information and maintained engagement with communities, individuals and experts to inform our priorities and objective-setting. We understand that taking account of the protected characteristics found amongst us all, can have a profound impact on health and well-being outcomes for the people we serve.

There is a strong commitment to promoting equality and human rights published within our long-term strategy for health, Living Healthier, Staying Well (LHSW) and Operational Plan. We have worked to identify opportunities to build delivery of the SEP into our planning and service delivery mechanisms for 2020-21 and are supporting our health economies across North Wales in this regard. We will continue to drive forward the equality agenda with pace and recognise the Welsh Government's commitment to further strengthen equality and rights protections for the people of Wales.

If you have any comments or suggestions in relation to the contents of this report, please forward them either by post or by e-mail to:

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Background and Context

The Equality Act 2010 protects people from discrimination because of their protected characteristics, which are: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation. These categories are known in the Act as 'protected characteristics'. The Act places a duty on listed public sector organisations to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, and victimisation.
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.
- Foster good relations between those who share a relevant protected characteristic and those who do not.

In order for public bodies to better perform and demonstrate their compliance with the public sector equality duty, the Welsh Government legislated to bring in specific equality duties as set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as the Welsh Specific Equality Duties). The regulations aim to ensure that the Health Board and others carrying out 'public functions' consider how we can positively contribute to a fairer society in our day-to-day activities. The Social Services and Well-being (Wales) Act 2014, and the Well-being of Future Generations (Wales) Act 2015 are changing the way we plan and deliver services. We continue to work to maximise the opportunities presented to align the equality duties within this framework.

There is a range of activity taking place across BCUHB, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations. A number of achievements from the past year are outlined in this report.

Our Purpose, Vision and Values

At BCUHB our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, and helps towards reducing health inequalities. Our purpose is to improve the health of the population, which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We recognise and acknowledge the significance of the Welsh Government publication 'A Healthier Wales: Our Plan for Health and Social Care' which sets out a long-term future vision of a whole system approach to health and social care and we have developed our longer term 10 year strategy for the future: [Living Healthier, Staying Well \(LHSW\)](#). The Health Board's strategic priorities are further supported by our Workforce Strategy, which identifies what the workforce needs to look and feel like, and how it needs to operate as we strive to be a fair and inclusive employer, committed to tackling inequality.

One of our duties under the Well-being of Future Generations Act is to set well-being objectives for the Health Board. We believe that aiming towards these objectives will help us define and maximise our contribution to the seven national well-being goals including the More Equal Wales goals. More detail on how this will work is described on our website: <https://www.bcugetinvolved.wales/lhsw>

Our Principles

In developing our LHSW strategy, we followed a number of key principles. These are set out below. We will continue to work with these principles as we implement the strategy.

In everything we do, we will:

- promote equality and human rights
- actively provide Welsh language services to address the needs of our Welsh speaking population, in line with the Welsh Language (Wales) Measure 2011
- work together with local authorities, other services and organisations, including the third sector
- listen to what matters to people and involve them in decisions
- address the needs of individuals and their carers
- use evidence of what works so we can improve health and learn
- work to improve services
- use our resources wisely (finances, buildings and staff)
- work with the principles of prudent healthcare.

Equality Key Achievements in 2019-20

- ✓ We have undertaken a 4 yearly review of our Strategic Equality Plan (SEP), reviewed national and local evidence and worked with stakeholders to identify and agree revised Strategic Equality Objectives to guide our future work.
- ✓ We have supported the implementation of the Health Board's longer term 10 year strategy 'Living Healthier, Staying Well' (LHSW) and its underpinning principle to promote equality and rights in everything we do.
- ✓ We have driven forward this message and strengthened the accountability, governance and performance management of our equality work.
- ✓ We have worked to reflect equality and rights considerations within the Health Board's Annual Plan and Health Economy Work Programmes and are working to align the revised SEP going forward.
- ✓ Equality considerations have been explicitly built into the terms of reference for all Improvement Groups.
- ✓ We have continued to build organisational understanding and capacity in advancing equality and human rights through our training programmes.
- ✓ We have delivered mandatory equality & human rights training and have compliance in the last 12 months of 83% across BCUHB, and training has also been delivered to 20 GP and dentist practices.
- ✓ We have worked to increase employment opportunities for people from protected characteristic groups; and driven forward initiatives supporting people from protected characteristic groups in work.
- ✓ We have been awarded Disability Confident Leader status
- ✓ We have raised awareness of the Social Model of Disability.
- ✓ Joined forces with the Department for Work and Pensions at their LGBTQ+ Event: 'Friday is Pride Day'.
- ✓ We have promoted inclusion at our mental wellbeing conference
- ✓ We have retained our status as a 'Top 100 Employer' in the Stonewall Workplace Equality Index 2020.
- ✓ We have promoted our film developed with stakeholders designed to improve awareness amongst front-line staff of the issues faced by LGBTQ+ service users.
- ✓ We have published our Gender Pay Gap Report
- ✓ We have worked with third sector organisations providing advice and support to our staff who are EU Citizens.
- ✓ We have maintained ongoing public engagement through our Equality Stakeholder Group (ESG) and expanded our membership.

Meeting Our Equality Duties

Engagement

The engagement team has been working closely with staff, stakeholders and the public to ensure that everyone has opportunities to engage and get involved in shaping health services in North Wales. Over the last year, a range of public and stakeholder engagement activity has taken place.

We have continued to build on existing relationships and established new ones with groups and partners in our localities. In particular, we routinely support third sector networks and forums and collaborate on work spanning a number of issues. These include engagement with Syrian refugee groups, membership of the North Wales Police Race Group, Veterans and Armed Forces liaison and linking in with older people's networks and disabled people's groups.

The Engagement Team has established three engagement practitioners' forums, which have flourished. The forums have provided an opportunity for stakeholders who represent the interests of seldom-heard and protected characteristic groups with a voice, to share information, good practice and identify opportunities for collaboration.

This has included projects to reduce isolation, support older people, mental health and wellbeing, learning difficulties, BAME skills project and LGBT+ awareness training. Many organisations and services have presented including, the Amputation Foundation, Stroke Association, NEWCIS, Salvation Army, VIVA, Digital Communities, Macmillan, and a BAME Health and Wellbeing information-sharing event.

Over the next year, we will continue to identify opportunities for the Health Board to maintain engagement with the public and stakeholders in order to understand the health priorities of seldom-heard groups and those with protected characteristics.

Equality Impact Assessment

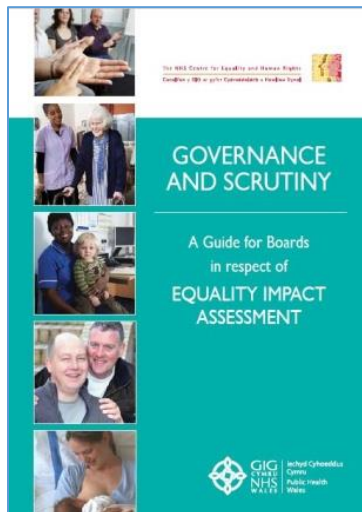
Our aim in meeting the statutory duty on Equality Impact Assessment (EqIA), is to ensure that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way, taking into account the needs and rights of those who might be affected.

We work to:-

- ensure that our staff are trained to understand the principles of Equality Impact Assessment (EqIA). Work this year has focused on training key staff from service areas and programme leads responsible for improvement activities;

- ensure those who make decisions and, or approve policies are aware of the duty and are able to exercise appropriate and informed scrutiny;
- meet regularly with our EqlA Scrutiny Group to review and advise on Impact Assessments for emerging key strategies and policies.
- facilitate skills workshops for staff on carrying out EqlAs throughout the year.

General awareness of the principles of EqlA has been included in the newly revised face-to-face Equality and Human Rights training package, aimed at all staff.



We have promoted the guide for Board members developed in partnership with the NHS Centre for Equality and Human Rights, not just to Board members, but also other senior staff who are involved in our key decision-making processes.

EqlA is built into our training programme for new and aspiring managers called “A Step Into Management” (ASIM), ensuring that those who are or aspire to be managers are equipped to understand the importance of applying the underpinning principles to decision-making, and policy and service development.

Procurement

Building upon changes that were implemented with BCUHB’s Standing Financial Instructions, there are a number of ways in which equality considerations are embedded within procurement processes, which are managed on our behalf by NHS Wales Shared Services Partnership (NWSSP).

Gathering Information Relating to Our Service Users

Carers’ Rights and Support

The voice of carers and those with caring responsibilities is an important source of feedback. Over the last 12 months, BCUHB has worked in partnership with stakeholders to ensure this information informs our work. Our real time reporting of service user experience has been further developed to enable us to segment the views of carers from those of the cared for and to ensure that this information is fed back to managers and staff. The development of the Patient Advice and Liaison Service (PALS) throughout BCUHB, has strengthened our ability to respond to inquiries and concerns from carers as these occur and to provide an early resolution. Such partnership working is an underlying principle of the new Patient Experience Strategy (BCUHB, 2019) which recognises the importance of responding to the needs of carers as well as the cared for.

Gathering Equality Information from Patient Experience Feedback

Throughout 2019-2020 the Patient & Service User Experience Team has continued to develop the frameworks necessary to ensure that we reflect the voice of patients and service users that access BCUHB services.

We are committed to engaging with our patients and service users to 'listen and learn' from their experience and to ensure that such feedback is inclusive. We collect feedback through a wide variety of different frameworks including; patient stories, compliments, complaints, letters, 'Care to Share' via the Patient Advice Liaison & Support Service (PALS); and 'Have Your Say' engagement events. Our processes and operational models have undergone rigorous equality impact assessment to ensure that we are able to proactively respond to the access needs of our patients and service users to capture the diversity of views necessary to demonstrate 'what we do well' and provide an insight into 'areas to improve'.

The Patient Advice Liaison & Support (PALS) Service

Patient Advice Liaison and Support (PALS) service was piloted in the Central region in July 2017. Following its success the service was introduced across BCUHB in July 2019. The PALS service enhances our ability to engage with service users, to respond to inquiries from patients, carers and relatives, and to seek a timely resolution without the need to resort to the formal complaints procedure. The proactive, face-to-face approach, adopted by PALS officers enables BCUHB to respond quickly to the individual needs of service users with regard for their protected characteristics.

Gathering Information Relating to Our Workforce

Information relating to the protected characteristics of our workforce is held in our electronic payroll system, Electronic Staff record (ESR).

Information on job applicants is gathered as part of the recruitment process via a national system known as NHS Jobs and this enables us to understand the profile of people applying to work for us, whether or not they are shortlisted for interview, and whether or not they are successful. Information relating to people appointed becomes part of their ESR record.

Each year we publish a range of employment and pay reports required by the Specific Equality Duties for Listed Bodies in Wales and these are available on our website at: <http://www.wales.nhs.uk/sitesplus/861/page/63948>.

We continue to work to improve the rates of protected characteristic information shared by our staff. We have promoted a leaflet to encourage staff to provide this information by demonstrating some of the improvements that we have made. We will continue to monitor our rates, which are already amongst the best in NHS Wales.

Our Strategic Equality & Human Rights Objectives

Our Strategic Equality and Human Rights Plan (SEP) 2016-20 seeks to ensure that equality and human rights are properly considered within the organisation and influences decision-making at all levels. The objectives are as follows:

- **1: Better health outcomes for all: to achieve better health outcomes for everyone, having regard for a person's protected characteristics.**
- **2: Improved patient access and experience: to improve access and experience for everyone, having regard for a person's protected characteristics, with a focus on dignity and respect.**
- **3: Becoming an employer of choice: to be a fair and inclusive employer and build a workforce that is equipped to meet the diverse needs of our service users and colleagues, having regard for a person's protected characteristics.**
- **4: Inclusive leadership at all levels: to provide the vision and motivation to advance equality at BCUHB and harness the energy and efforts of others to make improvements.**

Strategic Equality Objective 1

Better health outcomes for all: to achieve better health outcomes for everyone, having regard for a person's protected characteristics.

Overview of Progress

Living Healthier, Staying Well (LHSW)

The LHSW strategy identified a number of key principles including the promotion of equality and human rights in everything we do. During 2019, we have continued to work to strengthen how this commitment is implemented in practice and a number of significant achievements have been made during the year. The Three Year Outlook clarifies the Health Board's responsibility to ensure that equality is properly considered and influences decision-making at all levels. It sets out the requirements for equality impact assessment as a process to help identify and address potential inequality leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.

We have worked with our Health Economies, Area and Hospital Management Teams to build knowledge and understanding about Equality Impact Assessment (EqIA) and provided training and coaching to key teams and strengthened the governance of this work. We have identified opportunities to work together with other public sector partners to strengthen the approach to advancing equality through partnership working.

As part of the organisation and governance structure for improvement, the Health Board has established a series of Improvement Groups. Equality considerations have been explicitly built into the terms of reference for all Improvement Groups, which include improving health and reducing health inequalities, care closer to home, excellent hospital care and workforce. As work is taken forward to strengthen the improvement system, programmes and projects must evidence due regard to the equality duty. The principal duties and remit for all Improvement Groups have included responsibilities to:

- Ensure that the programme considers the needs and rights of people who share protected characteristics.
- Ensure that the equality impact assessment process is applied as a framework to help to ensure that any potential for disadvantage or discrimination is identified and addressed, and importantly that opportunities to improve or advance equality are optimised.

Well North Wales Programme

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

Since its inception, the programme has focused on developing a number of successful partnerships with organisations drawn from the public sector, third sector and housing providers. It aims to provide a concerted approach to tackling health inequalities across the region. This complex web of inter-agency working has brought together a number of fruitful partnership arrangements, demonstrating the power of collaboration, shared agendas, and putting into practice local strategic aims.

As health inequalities arise from a web of interrelated factors which largely fall outside the primary scope of the NHS, the Well North Wales programme is the bridge between the NHS and the actions that address the wider social determinants of health.

There are significant pockets of deprivation in North Wales; with the 2019 Welsh Index of Multiple Deprivation identifying 3 out of the top 10 most deprived electoral wards in Wales within the region. On average, people living in our most deprived communities experience a 25% higher rate of emergency hospital admissions; there is a life expectancy differential of 7 years; and a poor health and disability differential of 14 years.

Well North Wales has evolved to support a number of inter-related initiatives, supporting the wider public health agenda around health inequalities. In particular, the programme has made a demonstrable difference in progressing the following themes:

- Developing health and wellbeing centres in our most disadvantaged areas. Good progress has been made with partner organisations in Penygroes and Bangor in Gwynedd. Further projects are at different stages of development in Denbigh and Shotton.
- Housing and homelessness: Well North Wales has been actively supporting the homeless agenda. The programme has been supporting two specific homelessness projects: the work of the Community Care Collaborative in Wrexham, and the multi-agency project in Bangor.
- Social prescribing: The Well North Wales programme supports social prescribing in a number of ways.
- Food poverty: Working to develop bespoke programmes in different areas of North Wales to provide access to affordable fresh produce. Programme structures have been developed in Anglesey and Wrexham, with on-going support to the well-established programme in Flintshire. Due to the success of the pilot, this programme will be rolled out across the Health Board early in 2020.

Examples of Good Practice

New Health Visitor to help families in Flintshire



A new Health Visitor funded by the North Wales NHS charity Awyr Las Blue Sky is now providing support to homeless families in Flintshire. Health visitor, Katie Moore is working with families who live in the Erw Groes Supported Living Scheme managed by Clwyd Alyn in Holywell. She helps service users build confidence and also helps families engage with other health services in the locality.

Erw Groes is a family centre that provides self-contained accommodation for Flintshire homeless families. Families can stay at Erw Groes for up to two years which gives them stability and time to develop independence that will help them move on to a more permanent home.

Betsi Cadwaladr University Health Board, Health Visitor Katie Moore said, "I'm excited to start engaging with the families at Erw Groes and to look at opportunities to help them access other local health services within the local community that can help them to develop independence and autonomy and promote their self-esteem and self-confidence.

"It's great that we'll be able to build two-way relationships with families that will improve people's health and wellbeing."

Examples of Good Practice

Health Board invites North Wales residents to take part in free Mental Health Awareness Training



Free training is being offered to people across North Wales to help them better support those struggling with mental health difficulties. To mark World Suicide Prevention Day (Tuesday 10th September) Betsi Cadwaladr Health Board called on people across the region to sign up for its I CAN Mental Health Awareness Training. The health board is the first in Wales to make such training widely available, free of charge.

It is part of the Health Board's I CAN campaign, which aims to provide earlier support for people experiencing mental health difficulties, empower people to take control of managing their mental health, and encourage open conversations about the topic.

Wrexham health visitor recognised for 'inspirational' support of Syrian refugees



A Wrexham based health visitor who goes above and beyond the call of duty to support asylum seekers and Syrian refugees has won a top award. Jackie Williams was named the winner of the Advancing Equality Award at a glittering gala evening at Venue Cymru to mark the Betsi Cadwaladr University Health Board Achievement Award 2019.

Since 2001 Jackie has supported the resettlement of hundreds of asylum seekers, trafficked women and refugees in the Wrexham area. Wrexham is one of four dispersal areas in Wales and the only area in North Wales which receives asylum seekers from the Initial Assessment Unit based in Cardiff. On arrival in Wrexham, Jackie coordinates their health and wellbeing assessments and provides ongoing support to ensure that asylum seekers can access a range of health services. She also runs drop in sessions which bring a range of support services together under one roof.

Strategic Equality Objective 2

Improved patient access and experience: to improve access and experience for everyone, having regard for a person's protected characteristics with a focus on dignity and respect.

Patient Stories and Experience

Patient Experience 'Friday 'feel-good' comments

The Patient Experience 'Friday 'feel-good' comment of the week' was introduced to celebrate positive feedback from patients, carers, relatives and service users and is widely circulated around the Health Board. Each week, our patient experience team publish their "Friday 'feel-good' comment of the week: in May, this was the comment published:

"I felt Lisa understood the difficulties experienced by my son who is a) teenager, b) anxious, c) autistic. And she planned his care with this in mind. Glad we came today."

Partnership Working – Improving Compliance with Accessible Communication & Information Standards for People with Sensory Loss

BCUHB has continued to promote access to, and participation in, health services for people with sensory loss. We work in partnership with the Centre for Sign Sight and Sound (COSS) and the Accessible Health Care Scheme. These organisations provide support for patients, carers and relatives in accessing services, making and amending appointments and supporting BSL interpretation arrangements locally.

Activity	No of Contacts
Make or Cancel Appointments	529
Book Hospital Transport	9
Communication Support	78
Access Health Service	83
Emergency Dental X-Ray & Results	21
Pharmacy Queries	9
Support to professionals	48
Raise Concerns	18
Total	795

BCUHB has reviewed arrangements for the provision of interpretation services including BSL and in Q1-2020-2021 will begin a pilot project to promote digital access to translation services. A key aim of the pilot will be to provide increased access to BSL interpretation so that it is easier for BSL service users to access interpretation.

BCUHB has continued to increase awareness within the organisation in relation to understanding and meeting the needs of service users with sensory loss. Notable achievements include; the continued development of the Sensory Loss Toolkit to include updated versions for Community and Primary Care; the continued development of web based learning and other associated materials, and a root and branch review of the of our in-house 'Customer Care' and 'Treat Me Fairly' training modules to include a stronger and explicit focus on sensory loss. Additionally, BCUHB has continued to provide strong leadership nationally through proactive participation within the All Wales Senior Officers Group for Sensory Loss. In November 2019 BCUHB was chosen to host the 'It Makes Sense' Conference, which marked the beginning of sensory loss awareness week in Wales. The conference provided an exciting and prestigious opportunity to celebrate the achievements of people with sensory loss. It provided insight into the challenges that they experience in accessing health care services, and to showcased the latest research. The theme of the conference was mental health and sensory loss and provided an opportunity for all participants to better understand the needs of service users with sensory loss and the evidence base, which underpins effective service delivery. The event was very positively evaluated and provided a strong impetus for future partnership working.



Audiology Hearing Aid Support Volunteers recognised for putting patients first



A team of Audiology Hearing Aid Support Volunteers have received an award for giving their time to help patients across North Wales.

The team received the 'Outstanding Voluntary Contribution' Award, sponsored by Castell Howell Foods, at this year's Betsi Cadwaladr University Health Board's

Achievement Awards. The volunteer service is available to all adults with NHS hearing aids in North Wales, and is supported by the Audiology Department, but run by volunteers. This service adds value to the Audiology Service by providing peer support and practical support.

The volunteers have set up regular drop in clinics for patients in their local communities. These clinics are now available in over 30 locations across North Wales.

Patient & Service User Satisfaction by Protected Characteristics

BCUHB has continued to develop the infrastructure necessary to report on service user feedback by protected characteristic, the prime mechanism being the real time patient feedback system. As in previous reporting periods, Fig 1 clearly indicates that service users who report a sensory loss either (Deaf or Hearing Impaired, or Blind or Sight Impaired), report a higher or equitable level of overall patient satisfaction compared with other service users and those who report that they have a mental health condition. Service users who report that they have a mental health condition report the lowest level of satisfaction with the exception of *'Did staff take time to find out what matters to me'* and *'Were you involved as much as you wanted to be?'* where service users who are blind or have a sight impairment scores lower.

Fig 1

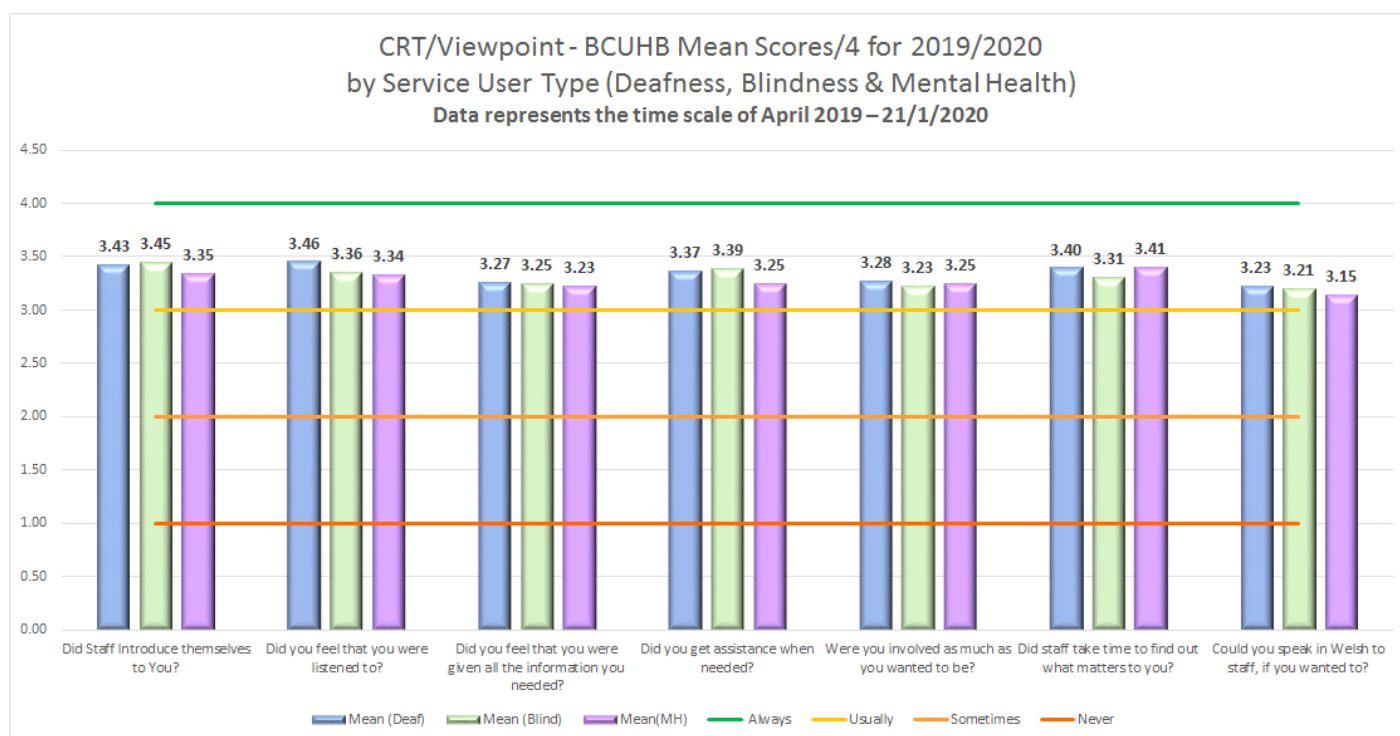
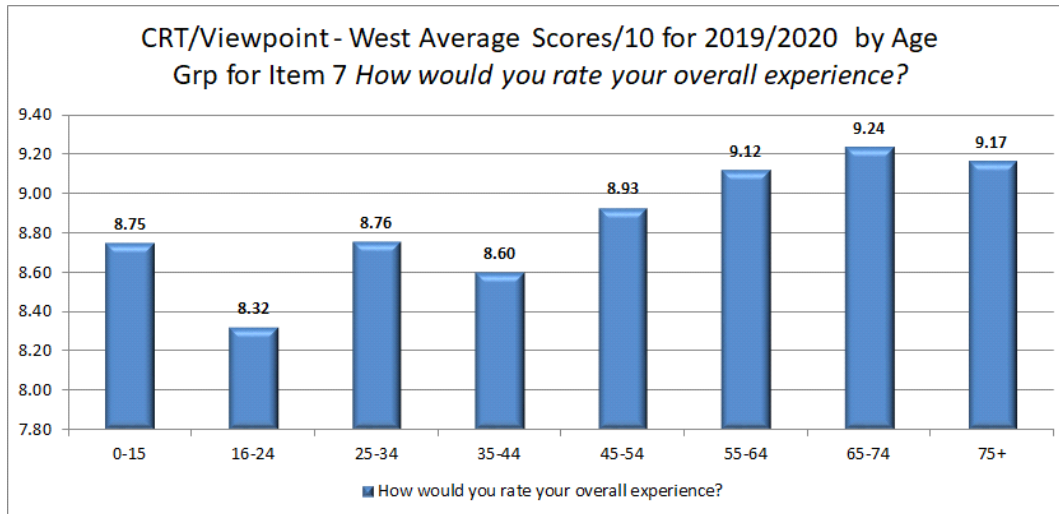


Fig 2

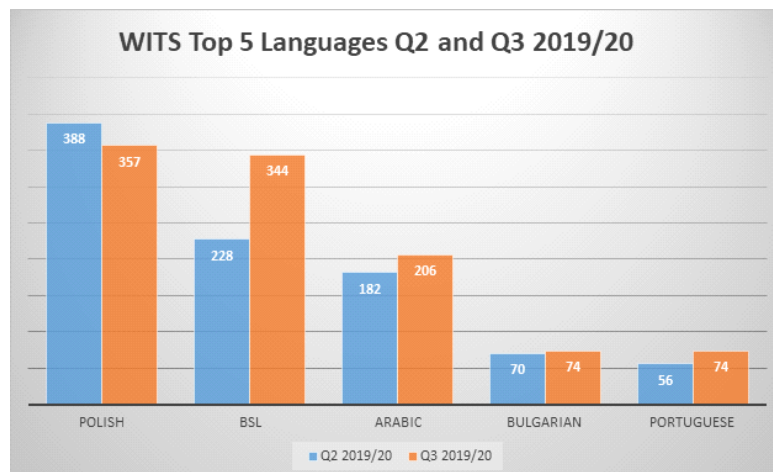


Excluding the 0-15 year old age group, which represents a smaller segmentation than other age groups. Feedback from service users over the age of 45 years suggests that overall they are more satisfied with their experience than those in age groups 16-44 years. The latter may represent a group of service users, which are time poor as opposed to any substantive difference in the quality of service received.

Wales Interpretation and Translation Service

The Wales Interpretation and Translation Service provides 24-hour interpretation and translation services to public authorities in Wales, including county councils, police forces, health and social services. They provide face-to-face interpretation and a telephone service through Language Line.

Provided below is an analysis of the interpretation services provided by WITS to the Health Board during Quarters 2 & 3 2019 and 2020, highlighting the top five languages booked.



Top 5 Languages	Q2 2019-20	Q3 2019-20
Polish	388	357
BSL	228	344
Arabic	182	206
Bulgarian	70	74
Portuguese	56	74
Total Bookings	1287	1422

The Social Model of Disability



Ten Top Tips – Promoting The Social Model of Disability



The Equality Team have been working with the North Wales Public Sector Equality Network (NWPSSEN) and disabled people and their representatives to develop guidance to raise awareness of the principles of the Social Model of Disability. The Social Model shifts the focus away from individuals' impairments or conditions and instead looks at discriminatory barriers, whether physical, organisational or attitudinal that are created and maintained by society. A Ten Top Tips guide has been developed to provide first steps and a practical tool for improvement, the guide also importantly sets out best practice in the use of language and terminology. This was promoted widely across the Health Board in December to mark the International Day of Disabled People.

Children's Rights Based Approach – Developing a Charter for North Wales

The Health Board is working towards developing a Children's Rights-based Charter, which aims to:

1. Raise awareness at Board Level of the Children's Rights Based Approach.
2. Commence development of a Children & Young Person's Charter in partnership. This will help children and young people to understand and access their rights in any part of the health care service or setting across North Wales.
3. Engage children and young people in the planning and the delivery of health services.
4. Integrate Children's rights into decision-making, policy and practice.

Welsh Gender Service

The All Wales Gender Identity Service is now established and taking referrals from GPs. Once patients are assessed and treatment plans agreed they are transferred to the Local Gender services for ongoing care.

BCUHB is pleased to have established the North Wales service, with the support of stakeholders, based in Panton Surgery, Holywell, and two GPs have been appointed to provide the service for 2.5 days per week. The first patients were seen in January 2020. Equality training and human rights has been provided for front-line staff.

Examples of Good Practice

Health Board launches new awareness drive to support patients with Autism Spectrum Disorder



April 2019, a new awareness drive was launched at Wrexham Maelor Hospital to improve understanding and awareness of Autism Spectrum Disorder (ASD). The training programme, which is provided by the north Wales Integrated Autism Service, raises awareness of autism helping staff to improve the experience of patients coming to our hospitals who have ASD and may struggle with the environment. The Health Board are also in the process of establishing a support group for staff who want to further their knowledge of ASD and how it can affect individuals.

Prison Health and Wellbeing Service up for national award

A health and wellbeing service improving the lives of the residents at Her Majesty's Prison Berwyn is in the running for a prestigious award. The service has been operational for over two years



and has received positive reviews following a Her Majesty's Inspectorate of Prisons inspection. Simon Newman, Head of Healthcare for BCUHB at HMP Berwyn in Wrexham, said: "Prisoners are a socially excluded group, with high rates of complex physical, mental health, self-harm and self-inflicted deaths. Our ambition was to provide a fully integrated and managed multi-professional health and wellbeing service for HMP Berwyn, focused upon maximising the physical and mental wellbeing of men, and to do this safely, effectively and efficiently."

Strategic Equality Objective 3

Becoming an employer of choice: to be a fair and inclusive employer and build a workforce that is equipped to meet the diverse needs of our service users and colleagues, having regard for a person's protected characteristics.

We strive to be a fair and inclusive employer and are committed to tackling inequality; a number of initiatives have been progressed this year to increase employment opportunities for people from protected characteristic groups, and to better support people during their employment.

Betsi Cadwaladr University Health Board (BCUHB) Step into Work

BCHUB is proactively developing new ways of attracting local staff to the organisation. The Step into Work programme is one such approach, and provides a systematic programme of careers support, work on increasing apprentice provision and volunteer work placements. Step into Work supports a range of people, for example, students, those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training (NEETS), and other seldom-heard groups. Step into Work supports the Welsh Governments tackling poverty agenda which has the objective of creating prosperous communities, learning communities and healthier communities.



“A Prestatyn man has become an invaluable part of Glan Clwyd Hospital's services team after accessing support through a return to work programme.

Nick Selway, who lost his right arm in a workplace accident 16-years-ago, is back in work after going through Betsi Cadwaladr University Health Board's

Step Into Work programme. The Step Into Work programme provides opportunities for people who face challenges accessing the job market. The programme provides short-term work placements within the NHS in North Wales, while also supporting careers development and training opportunities.”

Project SEARCH



The Project SEARCH programme is a school-to-work internship for disabled students fully funded by the Welsh Government National Lottery Fund and in partnership with BCUHB, Coleg Llandrillo Menai, Agoriad Cyf, Engage to Change and Learning Disabilities Wales. The interns spend an academic year in the hospital. The interns are supported by a full time teacher and job coach. During the year they undertake classroom instruction,

career exploration, and on-the-job training and support. The goal for each student is competitive employment in the community using the skills they have acquired at BCUHB. To date 8 interns have secured employment within BCUHB or external organisations. <https://www.youtube.com/watch?v=lwGdTJn0Fsg>

Apprenticeships



Work is ongoing to increase apprenticeship uptake in BCUHB. Two apprentices in BCUHB progressed through the Project SEARCH programme. BCUHB along with other organisations in Wales were part of the work to produce the new 'Apprentice Disability Action Plan' which will assist in removing the barriers for disabled people to complete apprenticeships. Link

<https://gov.wales/disability-action-plan-apprenticeships>. We are working in partnership with Coleg Cambria and Coleg Llandrillo Menai to support existing substantive to undertake apprenticeship frameworks as part of their development in work.

Adult Volunteer Programme

The adult volunteer work placement programme in BCUHB incorporates initiatives from groups who are furthest away from the job market or in work poverty. Before the volunteers are supported in to the work place they are all required to be all 100% compliant with statutory & mandatory training, this includes Equality and Human



Rights, to attend BCUHB orientation, and be DBS and Occupational Health cleared. They then complete a 6 week volunteer placement at a minimum of 16 hours per week. If posts become available in the organisation, the volunteers are guaranteed interviews if they meet the essential requirement of the role. For those who complete the programme and are competency approved are recruited to bank roles as Health Care Assistant or administration. Many would ordinarily not be able to apply for posts through traditional methods, as they have large employment gaps and no work references; the programme has facilitated a process that eases these difficulties so that they can be supported in to work.

Figs 2019-2020 to date

- 82 people have attended a work placement
- 58 people have undertaken the Health Care Assistant clinical induction
- 42 posts have been secured within the organisation
- 57 people are currently in the clearance process for placement

Disability Confident Employer



In October, the Health Board was assessed against the Disability Confident Employer award and secured an increase to Disability Confident Leader status. The assessor formally congratulated the Health Board and presented the certificate to the Executive Director of Workforce and Organisational Development.

The award assesses against:

- Looking at attracting and recruiting disabled people through a fully inclusive recruitment process.
- Offering an interview to disabled people, adopting a flexible approach to ensure disabled job applicants have best opportunity to demonstrate they can do the job
- Proactively offering and making reasonable adjustments to a job.
- Employees receive sufficient disability equality training
- Providing mentoring, coaching, buddying and or other support networks for staff
- Guiding staff to information and advice on mental health conditions
- Providing Occupational Health services
- Providing human resources managers with specific disability confident training
- Identifying and sharing good practice.

Stonewall Workplace Equality Index 2020

BCUHB once again took part in the annual Stonewall Workplace Equality Index (WEI) which is a benchmarking survey for employers around LGBT+ equality.

We were delighted to have reached 39th place in the index out of a total of over 500 organisations taking part throughout the UK – making us the highest-ranked health organisation in Wales for the second year running and second in the UK. This reflects how we have used the Workplace Equality Index as a tool to improve the experiences of both staff and service users who are lesbian, gay, bisexual or transgender.

Betsi Health Board LGBT+ champion shortlisted for top national award

Jack Jackson, a Team Leader for Mental Wellbeing and Counselling at Betsi Cadwaladr University Health Board, has been shortlisted for LGBT+ website PinkNews' Role Model Award 2019. He attended a glittering PinkNews awards ceremony in October in London, which celebrated the best and brightest in LGBT+ equality. The Role Model Award is a new award that seeks to celebrate an individual who has led by example to empower the LGBT+ community.



It is not the first time that Jack's efforts have been recognised. In 2018 he was named Stonewall UK's Trans Role Model of the year in recognition of his voluntary work on LGBT+ causes and efforts to broaden understanding of trans issues across Betsi Cadwaladr University Health Board.

Trans Flag Raising – 20th November, Transgender Day of Remembrance



On Transgender Day of Remembrance (20th November), we raised the Trans flag outside Ysbyty Glan Clwyd. We wanted to celebrate the Health Board's commitment to challenging stigma and prejudice and stand as allies with our Trans colleagues and patients, to demonstrate that we are an inclusive workplace and provide an inclusive service to all.

Staff Training Resource – IRIS Prize Film

We have promoted our IRIS Prize film which highlights the healthcare experience of LGBT+ service users at BCUHB. This is shown at each Equality and Human Rights face-to-face mandatory training session for staff.



Celtic Pride LGBT+ Staff Network

It has been another exciting year for Celtic Pride culminating in the announcement that we have maintained our Top 40 position in the Stonewall Workplace Equality Index. This is a fantastic achievement in the heat of competition from over 530 public and private sector organisations. This has reflected the hard work that the network has undertaken to improvement to the working lives of LGBT+ employees.



Members have participated in a Department of Work and Pensions Pride Month event in Llandudno; and a Student Nurse “It Starts with Us” conference at Bangor University, raising the profile of the organisation as a safe place for LGBT+ people to work. Members have also lobbied the Welsh Health Minister to develop a Welsh NHS Rainbow badge.

Celtic Pride has forged links with various LGBT+ network groups in the public and private sector across North Wales including Airbus, the Ministry of Justice, North Wales Police, and ABMU Health Board.

The Chair of Celtic Pride, BCUHB's Equality Officer, and Stonewall Cymru's Director are pictured below, at the Stonewall Diversity Champions event in London.



BCUHB Celebrates International Day Against Homophobia, Transphobia and Biphobia on Friday 17th May 2019



Our annual flag-raising celebrations took place on the 17th May (International Day Against Homophobia, Biphobia and Transphobia). These informal ceremonies are designed to demonstrate the Health Board's commitment to equality of opportunity for the LGBT+ community – both service users and staff. This year, we were delighted that again representatives of both groups joined us at

each of the main District General Hospital sites across North Wales as we raised the rainbow flag. We were also delighted to be joined at Wrexham Maelor by Hannah Blythyn AM.

Department for Work and Pensions – LGBTQ+ Event: Friday is Pride Day

In June, the DWP hosted and LGBTQ+ Awareness Event: Friday is Pride Day at Llandudno Jobcentre. Billy Nichols, Chair of Celtic Pride and Jack Jackson, BCUHB's Team Lead, Mental Wellbeing & Counselling (Stonewall's Trans Role Model of the Year 2018) gave presentations at the event. Members of the Health Board's recruitment team also hosted a stall to promote 'Train Work Live' and chatted with members of the public interested in joining the organisation about BCUHB's commitment to Equality.



Other Staff Networks

We continue to facilitate existing and emerging networks across BCUHB as we believe they play a valuable role in providing both peer support and an engagement opportunity to escalate the voices of our staff.



BCUHB's Dyslexia Support and Interest group continues to meet and the membership has grown. The group includes not just members of staff who are dyslexic themselves, but also staff with an interest due to relatives and or children who are dyslexic. We also have representatives from local universities and our own library service who have all provided invaluable support and advice in the development of our intranet site as a

resource for staff with dyslexia. Key objectives for the group are to raise awareness of what dyslexia is, and what impact it can have on individuals and organisations; and to provide help and sign-posting to resources for both managers and staff. The group were therefore particularly keen to promote World Dyslexia Awareness Day on 4th October. To help promote this members of the network manned Dyslexia Awareness stalls located outside the canteens at each of the main hospitals. They talked to staff,

signposted to various organisations, and distributed leaflets advertising the staff Intranet Dyslexia pages.

This year, we have also facilitated a new Autism Support and Interest group, focusing on the creation of staff Intranet pages to raise awareness and signpost staff to sources of support and information.

Awareness Raising Events

Throughout the year, we promote and raise awareness of various international days and annual events. These include: LGBT+ History Month; International Women's Day; International Day for the Elimination of Racial Discrimination; International Day Against Homophobia, Biphobia and Transphobia; Gypsy Roma Traveller History Month; Bi-visibility Day; Black History Month; International Day of Older Persons; Hate Crime Awareness Week; Transgender Day of Remembrance; International Day of Disabled Persons; Human Rights Day.



Early 2020, the LGBT+ community in Wales were invited to share their experiences of the NHS through poetry. BCUHB joined with other NHS organisations across Wales, inviting the LGBT+ community and its allies to put their experiences of the NHS into poems. The theme of the competition was 'LOVE is LOVE' in the NHS and entrants were invited to share what they love about the institution, or instances of where love has shone through in their experiences of using or working within it.

Staff Mental Health Well-being

Creating health and wellbeing workshops were introduced into the health board in March 2019. To date 23 sessions have been held with 345 managers having attended.

We promoted inclusion at our annual Wellbeing Conference, as part of World Mental Health Day. The focus this year was on suicide prevention and awareness.

Our staff who come from BAME backgrounds and from EU countries

Statistically, the proportions of staff working for BCUHB who come from Black, Asian and Minority Ethnic backgrounds is higher than the percentages who live within the communities of North Wales. However, the greater majority of these staff work within

the medical and dental staff group: so this means that the proportions who work within other staff groups is statistically under-representative.

We also know from reports logged in our DATIX incident reporting system, that by far the greatest proportion of equality-related incidents reported each year relate to incidents of racial abuse of staff by patients. We continue to monitor any trends and encourage staff to report all such incidents. This year we have established a Hate Crime Group which includes representation from colleagues working in Community Cohesion across North Wales, Safeguarding and Security at BCUHB. We have also worked with third sector organisations providing advice and support to our staff who are EU Citizens.

North Wales Regional BAME Forum - EYST

In July, a member of the Equality team participated in the quarterly North Wales Regional forum. The event was aimed at giving participants the chance to:

- Reflect on realities of ethnic minority workers and people seeking employment in North Wales;
- Identify solutions and actions to improve employment opportunities for migrants and ethnic minority people;
- Share information on new opportunities and initiatives;
- Learn about training opportunities in North Wales;
- Showcase good practice in North Wales;
- Network and meet new people.



Hate Crime

The Health Board joined forces with an organisation called "Show Racism the Red Card", which is the UK's leading anti-racism educational charity. Staff were asked to show their support on WEAR RED DAY FRIDAY, on 18th OCT. This campaign was fully supported and widely promoted by the Board and Trade Unions (see Equality Annual Report front cover).



We continue to raise awareness across BCUHB of the guidelines we have developed to help inform and support staff who are subject to hate incidents or crimes. BCUHB joined with other public sector organisations across North Wales in October 2018 to

promote common messages for Hate Crime Awareness Week commencing on Saturday 13th October. Members of the North Wales Public Sector Equality Network (NWPSSEN) collaborate each year to develop promotional materials that we all use including press releases and social media messages aiming to shine a light on hate crime, encourage victims to report and to deter perpetrators. To coincide with Hate Crime Awareness week this year, BCUHB relaunched the guidelines which are also promoted during Equality and Human Rights mandatory training.



“No Bystanders” pledge

Following last year’s re-launch of the “No Bystanders” pledge reinforcing the Health Board’s zero tolerance approach to hate crime or bullying and harassment, the invitation to “sign the pledge” has been extended. A discussion about the pledge and the importance of challenging all forms of bullying, harassment and unacceptable behaviour has been incorporated into the newly revised Equality and Human Rights mandatory training face-to-face delivery.

Equality and Human Rights Training

We continue to address compliance rates across BCUHB for mandatory equality and human rights training as shown in Table 2 above. The Health Board’s overall compliance rate is now 83% (as at 17th March 2020). The programme is based upon the All-Wales e-learning resource “Treat Me Fairly” and is also delivered in face-to-face workshop sessions that we call “Promoting Fairness”.

Table 1: Mandatory Equality & Human Rights Training Compliance

Measure: Numbers (and %) of staff who have completed mandatory equality & human rights training	West Area	Central Area	East Area	Secondary Care	Mental Health and LDS
(figures shown as at 17 th March 2020)	86%	89%	89%	82%	88%
(31 st March 2019)	89%	90%	88%	83%	88%

We continued to offer the same sessions to both managed and independent GP and dental practices across North Wales and again had a good uptake by Independent Contractors this year. We were invited to train 20 practices the training has been very well received. Pictured above: Panton Surgery. We have also delivered a programme of Equality Impact Assessment training through our 90-minute skills workshop programme.



A Step into Management (ASiM)



Equality Impact

Assessment continues to be an essential requirement within the ASiM programme and enables managers to consider the impact of equality and diversity when delivering services to the public and helps to address the issues around health inequality.

Flexible Working

In December, our 'Flexible Working and Me' Intranet page was promoted in the Corporate Bulletin for all staff. Staff were invited to visit the page that was developed to promote the BCUHB Flexible Working Policy and Procedure and to raise awareness of the opportunities, and the benefits to both staff and the organisation of effective flexible working practices. The pages provide information on Flexible Working and Work-Life Balance within the Health Board, including stories from staff who have benefitted from a more flexible approach to their work and other examples of how flexible working has helped to solve service issues.

Examples of Good Practice

New employment programme will help people with mental health problems find and remain in work



People who struggle to hold down a job because of mental health problems are being encouraged to take advantage of a new support service, which is the first of its kind in Wales. I CAN Work aims to help people in North Wales find and remain in employment in order to support their recovery from mild to moderate mental health problems. The twelve month pilot project is being led by Betsi Cadwaladr Health Board in partnership with personal support services charity CAIS, and the Rhyl City Strategy, with funding from the Welsh Government. It's the latest new service to be launched through the health board's I CAN campaign, which aims to provide earlier support and empower people to take control of their mental health.

Research has shown that over a third of people with mild to moderate mental health problems are unemployed, and there is a growing body of evidence linking employment with improved mental health, wellbeing and quality of life. I CAN Work is based on the principles of the Individual Placement and Support (IPS) employment programme, which is used across the world and is recommended by the National Institute for Health and Care Excellence (NICE) as the leading model to help people with poor mental health into work. It is the first time that this approach has been adopted on a large scale in Wales.

It will see healthcare professionals work closely with a network of I CAN Work Employment Specialists to ensure that employment forms a central role in people's recovery from mental health problems. The programme will provide intensive ongoing support to enable people to find and remain in employment, with support provided to employers to help people keep their jobs at difficult times.

Strategic Equality Objective 4

Inclusive leadership at all levels: to provide the vision and motivation to advance equality at BCUHB and harness the energy and efforts of others to make improvements.

At BCUHB our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, and helps towards reducing health inequalities. To inform the health board's strategic direction it is essential that we have a clear overview and understanding of the major issues facing people with different protected characteristics. This is recognised as a key underpinning principle within our plans and the responsibility of the whole organisation. Our Strategic Equality Plan 2016-2020 is published on our website and can be accessed <https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/> This includes a joint commitment from our Chair, Chief Executive and Independent Board Member Equality Champion that states:

“As a Board, we will work to ensure that our statutory obligations to deliver the Public Sector Equality Duty are understood and discharged. We will continue to scrutinise implementation of this Strategic Equality Plan agreed by our Health Board in December 2015 and will strive to ensure that our organisation provides a fair, responsive, inclusive and accessible service for all.”



Strategic Equality Plan 2020-2024



This year has seen a substantial 4 yearly review of the Health Boards SEP and equality objectives as required by the Statutory Duty to review our equality objectives at least every four years. The revised SEP 2020-24 provides a framework to help ensure that equality continues to be properly considered within the organisation, builds upon the strong foundation in already in place and influences decision-making at all levels across BCUHB going forward.

The revised Equality Objectives have been developed on the basis of a consideration of all the Health Board's work and activities. This has been informed by including employment, service delivery and policy development by gathering and analysing information from national and local evidence, impact assessment and from ongoing engagement with staff and service users. We have reviewed a range of national reports from bodies including the

Equality and Human Right Commission (EHRC) and Welsh Government, and have undertaken a review of current literature and considered the equality profiles of the population of North Wales.

This will now include closer alignment with our priorities under the Well-being of Future Generations (Wales) Act 2015 the Social Services and Well-being (Wales) Act 2014, to advance equality in a more integrated way as we move forward.

Organisational Development

We have continued to build on the work being done to ensure our managers and leaders are aware of and can demonstrate an ability to be compassionate and inclusive in their work with staff, colleagues and patients. The organisation is liaising closely with colleagues in Health Education Improvement Wales (HEIW) around the work being done at a national level to align all leadership development across the whole of NHS Wales with the Compassionate Leadership model. This is a collaborative project with Professor Michael West and the Kings Fund and is an approach to leadership underpinned by values around inclusion and valuing of difference and diversity.

Our Leadership Development offer from our introductory programme 'A Step into Management' right through to 'Leading for Transformation', our newest senior leadership programme are designed to reflect the values, principles and practices necessary to demonstrate inclusive and compassionate leadership across system boundaries and in line with our BCUHB-wide Equalities and Diversity commitments as well as the wider legislative framework of the Wellbeing of Future Generations Act.

In addition we are working closely with HEIW around the development of a framework and pathway for Talent Management and Succession Planning which will allow the organisation to better support staff from right across our varied and diverse workforce to develop their skills and talents and support their ability to progress in the organisation.

Equality and Human Rights Governance at BCUHB

Strengthening organisational design and improvement

This year we have been working to further strengthen the framework at BCUHB for embedding organisational design and improvement based on the principles of equality and human rights, necessary to deliver the LHSW strategy. We have:

- ✓ Worked with the Equality and Human Rights Commission to facilitate a briefing for Board, clarifying governance and scrutiny requirements.
- ✓ Facilitated a Board workshop to inform the development of the SEP and equality objectives.
- ✓ Strengthened the governance and scrutiny of EqlA at Committee level by promoting the equality impact assessment process as a framework to help to ensure that any potential for disadvantage or discrimination is identified and addressed.
- ✓ Strengthened the governance and scrutiny of EqlA in project management
- ✓ Strengthened organisational-wide representation on the Equality and Human Rights Strategic Forum. This has meant identifying key senior decision-makers to attend as equality advocates, to improve both vertical and horizontal communication and accountability.
- ✓ Raised awareness of the requirement to embed the Welsh Government Advancing Equality and Human Rights delivery framework requirements within core business processes. We have clarified accountability and identified senior leads to analyse key processes within their area of responsibility, structures and systems to ensure that an equality perspective is integrated into relevant activities including: service planning, activity, project management, performance management, governance, quality and safety, and workforce.
- ✓ Strengthened scrutiny to ensure that plans and proposals coming forward from Improvement Groups demonstrate due regard to equality and human rights.
- ✓ Raised awareness and optimised opportunities to promote equality and human rights considerations with health board partners.

Equality and Human Rights Strategic Forum (E&HRSF)

The role of the Forum is to advise the Health Board in relation to the strategic direction for equality, diversity and human rights, for both employment practice, population health improvement, and delivery of patient care.

The Forum met regularly during the year, chaired by our Executive Director of Workforce. Key topics included on meeting agendas included:-

- ✓ a focus on delivering the equality duties within quality assurance and patient experience activity.
- ✓ a focus on delivering the duties in procurement and commissioning activity
- ✓ a focus on delivering the duties in Mental Health and LD Division
- ✓ a focus on delivering the Equality Duties within Strategy and Planning
- ✓ a focus on: delivering the Equality Duties within Workforce and OD
- ✓ the development of draft Strategic Equality & Human Rights Plan 2020-2024
- ✓ Ministerial briefing: Welsh Governments intention to place a very high priority on advancing and safeguarding equality and human rights in Wales.
- ✓ Nation of Sanctuary Refugee & Asylum Seeker Plan
- ✓ EHRC Briefing for Board and the Socio Economic Duty update.

Equality Operational Group (EOG)

The terms of reference for this group are being reviewed to align to the new 2020-2024 Strategic Equality Plan objectives. Going forward, the group will be titled: Equality Delivery Group (EDG).

Examples of Good Practice

Ysbyty Gwynedd Urologist awarded MBE for voluntary work



A doctor from Ysbyty Gwynedd has been recognised with an MBE for his voluntary and community work which has changed the lives of hundreds of people. Dr Ashok Kumar Bhuvanagiri has received an MBE for services to Cultural Cohesion and to charity.

Although he has spent most of his professional life as a doctor treating patients with urology issues, it's his voluntary work as a community leader which sets him apart from others. Whilst living in Scotland he devoted an enormous amount of time to promote cultural integration between disparate Scottish communities. In 2002 he founded the Telugu Association of Scotland, creating a forum for immigrants from India to share their experiences and engage with local communities. The association has now grown from a local voluntary organisation that helped a few people, to an accredited charity that impacts the lives of tens of hundreds of people across Scotland.

He is also a member of a number of other groups and organisations such as the Gwynedd Council Equality Core Group and the Equality and Human Rights Operational Group for Betsi Cadwaladr University Health Board. He is also a trustee for the Bangor Indian Friends Society.

Dr Bhuvanagiri, who joined Ysbyty Gwynedd in 2014, said he was delighted to receive an MBE for his work by the Queen.

Equality Stakeholder Group (ESG)

This Group comprises of individuals and third sector organisations who have agreed to work with us to help scrutinise and inform our on-going equality and human rights work across all protected characteristics, and includes a specific focus on the barriers experienced by disabled people. Our ESG members work with us to provide expertise on an on-going basis. Group members identify key priority areas for discussion and therefore determine meeting agendas. The topics they have identified for discussion during the year from April 2019 to March 2020 have included:

- ✓ Strategic Equality Plan development
- ✓ Presentation on Autism
- ✓ Overview of the Workforce Strategy
- ✓ UNIQUE Transgender Network Film
- ✓ Diabetic Eye Screening Leaflet Review consultation
- ✓ Presentation by Safeguarding team regarding the training - Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)
- ✓ Travel Plan for the Ysbyty Glan Clwyd site

Every six months, we produce a short newsletter, which is available for ESG members. This helps to provide information on current BCUHB equality and human rights activities and other items of interest, including future meetings and agenda items.

The Equality Impact Assessment Scrutiny Group

This group, comprises of both internal and external stakeholders, who provide scrutiny and advice in relation to the equality impact assessments on emerging key BCUHB strategies and policies. The EqlAs considered by members this year included:-

- ✓ Care Closer to Home
- ✓ Workforce & Organisational Development Strategy
- ✓ ADTRAC (a European Social Fund programme to help young people access employment, education and training programme, delivered by Grŵp Llandrillo Menai with support from BCUHB and local councils).
- ✓ Health Improvement Inequality Transformation (HIIT) Programme
- ✓ North Wales Dementia Strategy

NHS Wales Delivery Framework 2019-20

The NHS Wales Delivery Framework measures the NHS throughout the year on the delivery of services and process that contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national 'Healthier Wales' indicators of the Well-being of Future Generations (Wales) Act 2015. To strengthen this approach, a number of new delivery measures were identified in 2017, which include equality. This

reinforces how the Health Board must consider how it can positively contribute to a fairer society through advancing equality & good relations in day-to-day activities.

A qualitative report detailing evidence of advancing equality and good relations in the day to day activities of BCUHB is reported bi-annually on 31 October and 30 April. This now forms part of the organisations overarching Integrated Performance Report.

Focus for the Future

We welcome Welsh Government's renewed and distinct approach to strengthening, promoting and safeguarding equality, social justice and human rights in Wales. The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, commencement of Part one of the Equality Act the Socio-economic Duty, the Wellbeing of Future Generations Act 2015 and also the Social Services and Well-being Act 2014 all represent a significant opportunity to develop a more coherent approach to advancing equality in North Wales. This has been reflected in our revised Strategic Equality Plan 2020-24.

Key Challenges

Good progress has been made over the last year in identifying opportunities to further mainstream equality considerations within systems and processes at BCUHB. However, the key challenge remains to increase organisational capacity to routinely operate from an equality and rights perspective and undertake and scrutinise Equality Impact Assessment (EqIA) in order to further strengthen our decision making processes.

Our Revised Equality Objectives

Our equality objectives embody the commitment of the Board to tackle barriers to equality and inclusion. This is not an exhaustive list, it is however, an outline of our key strategic focus for the future 2020-2024

Objective 1: We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.

Objective 2: We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.

Objective 3: We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.

Objective 4: We will prioritise action to advance gender equality in North Wales.

Objective 5: We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.

Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.

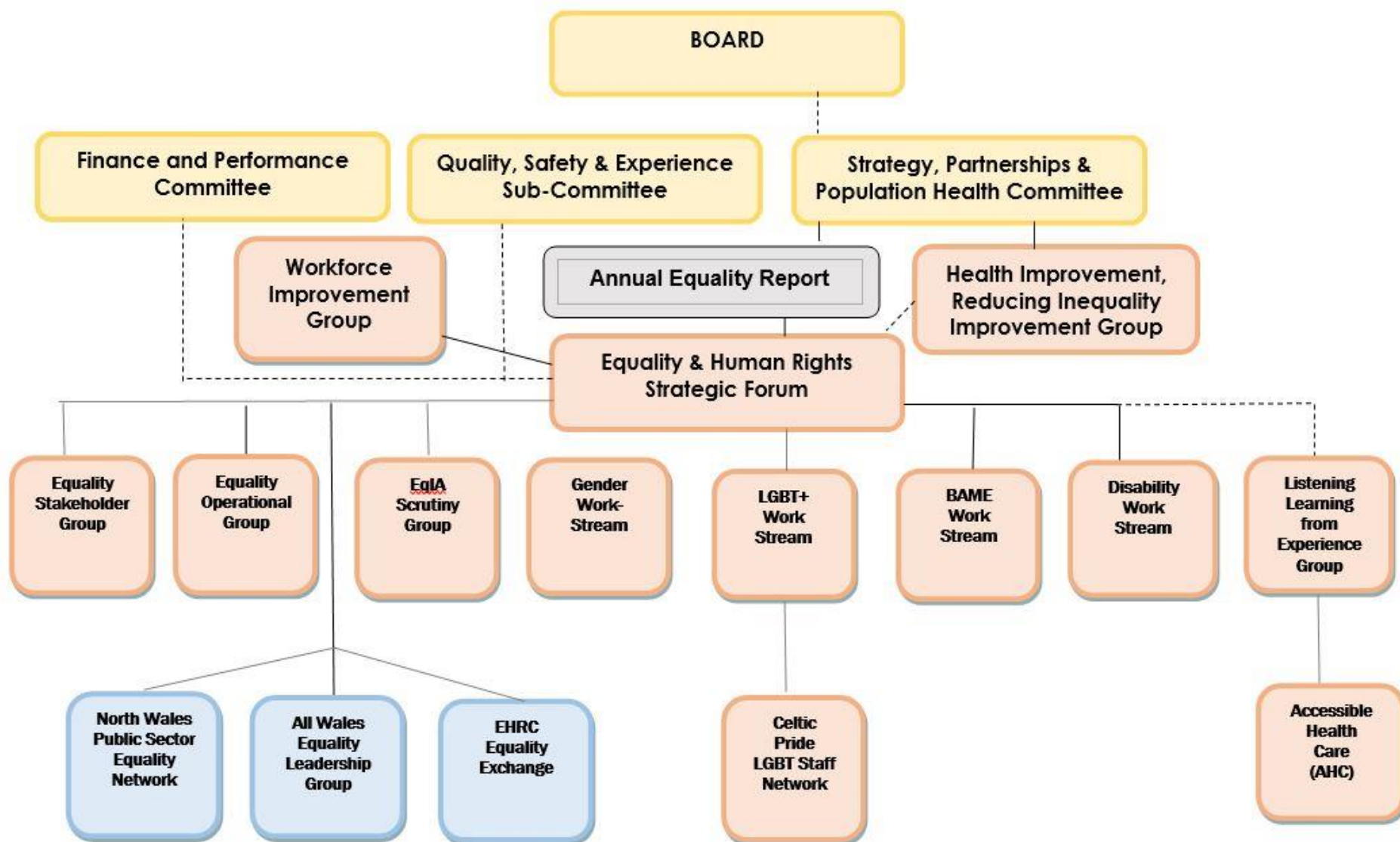
Objective 7: We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.

Objective 8: We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.

Our priorities for 2020 to 2021 include:

- ✓ Developing a systematic planned process for advising the organisation in regards to changes in the equality legislative landscape in Wales and how this is integrated into work streams.
- ✓ Strengthening the organisational design based on the principles of equality necessary to deliver the Strategic Equality Plan (SEP) objectives.
- ✓ Strengthening performance management of the organisational wide SEP year 1 actions and embedded into existing frameworks including health economy accountability reviews.

Appendix 1: Equality & Human Rights Governance



Appendix 2: Gender Pay Gap Report 2020



Gender Pay Gap Report 2020

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information. Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

Betsi Cadwaladr University Health Board (BCUHB) believes that open-ness and transparency around pay gaps will help us to achieve our objective of “Becoming an Employer of Choice”. We have therefore, decided to go beyond the specific legal requirements contained in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and to voluntarily publish this pay gap report based upon the 2017 Regulations.

This is our second Gender Pay Gap Report. All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2019).

This report contains the following:-

- Average & Median Hourly Rates and Pay Gaps
- Average and Median Bonus and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

Table 1. Average & Median Hourly Rates and Pay Gaps

Gender	Average Hourly Rate (£p per hour)	Median Hourly Rate (£p per hour)
Male	21.11	15.81
Female	15.56	14.19

Difference	5.55	1.04
Pay Gap %	26.29%	10.26%

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female employees receive.

The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

The figures above highlight a gap between the average hourly pay for men and women in the organisation. Further research has been undertaken to better understand why these gaps exist, and the early indications are that this could be attributable to the high numbers of women in some of the lower grades, as well as a high proportion of men in senior grades, where staff numbers are not so great. This is borne out by the numbers shown in Table 4 and the accompanying graph.

Gender pay reporting is different to equal pay- equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. We are confident that men and women are paid equally for doing equivalent jobs across BCUHB. More than 93% of BCUHB staff are paid in accordance with NHS Agenda for Change Terms and Conditions – these are the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

Table 2. Average and Median Bonus and Pay Gaps**

Gender	Average Bonus (£)	Median Bonus (£)
Male	11,231	9,873
Female	8,822	6,860
Difference	2,409	3,013
Pay Gap %	21.45%	30.52%

In line with the reporting requirements, our mean bonus gap of 24.0% is based on actual bonuses and so it does not take into account part-time working.

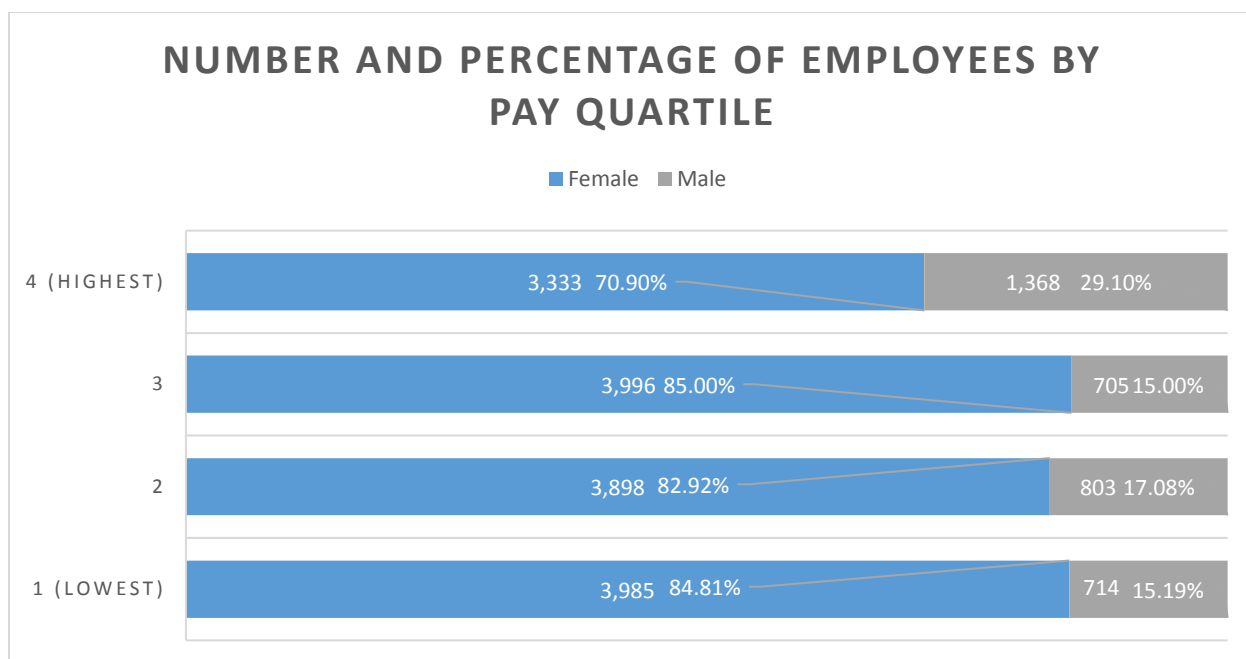
Table 3. Proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	226	4,405	5.13%
Female	78	17,091	0.46%

** Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

Table 4. Number and percentage of Employees by Pay Quartile

Pay Quartile	Female	Female %	Male	Male %
1 (Lowest)	3,985	84.81%	714	15.19%
2	3,898	82.92%	803	17.08%
3	3,996	85.0%	705	15.0%
4 (Highest)	3,333	70.9%	1,368	29.1%



The table and graph demonstrate how the proportions of women and men change from lowest to highest pay quartiles, meaning that fewer women are employed in senior roles than men.

Conclusions and Next Steps

The Health Board's workforce is predominantly female, this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce. We are working to better understand these issues. A number of themes have emerged which will be aligned to the BCUHB Workforce Strategy and Key Priorities:-

- 1. Work-life balance**
- 2. Networks and Support Mechanisms**
- 3. Organisational Development and Training**
- 4. Recruitment, Retention and Progression**

Statement by our Executive Director Workforce and Organisational Development

Our organisation employs over 17,000 people, the majority of whom are members of communities across North Wales. The Health Board's strategic priorities are supported by our Workforce Strategy which identifies what the workforce needs to look and feel like and how it needs to operate to deliver the right outcomes for the people of North Wales. Creating a culture of inclusion, fairness and equity across our workforce is at the heart of our Workforce Strategy, this is reflective of the Health Boards strategic equality objectives and is supported by an increasing body of evidence, which correlates inclusion, wellbeing and the engagement of the workforce with the quality of health and care experienced by the people we serve. We strive to be a fair and inclusive employer, committed to tackling inequality and taking action to reduce the gender pay gap.

Appendix 3: Leadership Values



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Personal Qualities & Values

I will:

- Always act in accordance with and champion the organisation's values
- Always challenge bad behaviour and actively manage poor performance
- Be professional and maintain optimism in stressful situations

I will not:

- Act in a way which compromises the organisation's values
- Ignore bad behaviour or accept poor performance
- Lose my professionalism when in stressful situations

Personal
Qualities &
Values

Leading & Developing Individuals

I will:

- Always act in the best interest of the patient / service user
- Consistently deliver on promises
- Always demonstrate a can do attitude
- Recognise and praise effort, not just achievements
- Always encourage individuals to look for ways to improve the service

I will not:

- Act in a way which gives little or no consideration to the needs of patients and service users
- Over promise and under deliver
- Be in the background and demonstrate lack of ownership

Leading &
Developing
Individuals

Proud to Lead

Leading & Developing the Organisation

I will:

- Share stories of success that create pride in achievement
- Champion a mindset of high ambition for individuals, the team and organisation
- Lead by example, be compassionate and aspire to excellence
- Always take proactive steps to develop team members

I will not:

- Set unclear objectives and targets
- Tolerate mediocrity and make excuses for poor or variable performance
- Give unbalanced feedback (too much praise or too little)
- Emphasise what is going wrong rather than what is going well
- Ignore the development needs of my team

Leading &
Developing the
Organisation

Leading the Way Forward

Leading the Way Forward

I will:

- Look at and emphasise the opportunities when difficulties arise
- Always listen to the view of others to develop joint solutions
- Involve team members in planning and delivering service change
- Engage with staff, internal and external stakeholders and the public

I will not:

- Push forward my own ideas and ignore the views of others
- Exclude the team from planning service change
- Accept a culture of non-cooperation and negativity
- Fail to engage appropriately with staff internal and external stakeholders and the public

#BCUHB Proud

Tegwch, Hawliau a Chyfrifoldebau



Ymgyrch “Dangoswch y Cerdyn Coch i Hiliaeth”, 2019

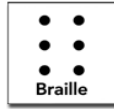
Adroddiad Cydraddoldeb Blynyddol

2019 - 2020

‘agwedd a chyflwr meddwl ymwybodol’



Mae modd cael yr adroddiad hwn ac unrhyw ddogfennau ategol mewn ieithoedd neu fformatiau eraill o wneud cais.



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Llun y clawr:

Mae'r ffotograff ar y clawr blaen yn dangos Ymgyrch: "Dangoswch y Cerdyn Coch i Hiliaeth", 2019 a hyrwyddwyd gan aelodau o'r Bwrdd ac Undebau Llafur yn ystod sesiwn ddatblygu i'r Bwrdd a hwyluswyd gan Ruth Coombs, Pennaeth Comisiwn Cydraddoldeb a Hawliau Dynol Cymru.

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Rhagair

Croeso i Adroddiad Cydraddoldeb Blynyddol Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) sy'n ymdrin â'r cyfnod o Ebrill 2019 i Fawrth 2020. Mae'r adroddiad hwn yn gyfle i amlygu gwaith y Bwrdd Iechyd sy'n cyfrannu at ogledd Cymru mwy cyfartal ac yn crynhoi'r camau a gymerwyd gennym i hyrwyddo cydraddoldeb. Yr ydym yn falch o'n gwasanaeth Cydraddoldeb a Hawliau Dynol clodwiw, a dderbyniodd cydnabyddiaeth bellach eleni. Yn dilyn asesiad allanol, dyfarnwyd i ni statws Arweinyddiaeth Hyderus am Anabledd dan gynllun y Llywodraeth i hyrwyddo arferion da o ran denu, recriwtio a chadw pobl anabl yn y gweithle. Yr oedd hyn yn cydnabod y gwaith mae BIPBC yn wneud i sicrhau bod pobl anabl yn cael eu trin yn deg wrth ymgeisio am waith gyda ni, a'u bod yn cael eu cefnogi trwy gydol eu cyflogaeth gyda BIPBC. Am yr ail flwyddyn, mae'r Bwrdd Iechyd wedi ei raddio fel y cyflogwr Cymreig gorau gan yr elusen cydraddoldeb lesbiaidd, hoyw, deurywiol a thraws Stonewall yn eu rhestr o 100 Cyflogwr Uchaf am 2020.

Yr ydym wedi cynnal adolygiad sylweddol o'n hamcanion cydraddoldeb a'n Cynllun Cydraddoldeb Strategol (CCS) eleni, ar dystiolaeth o amrywiaeth o ffynonellau gan gynnwys ymchwil y Comisiwn Cydraddoldeb a Hawliau Dynol 'A Byw Cymru'n Decach?'. Yr ydym wedi casglu a dadansoddi gwybodaeth berthnasol ac wedi parhau i ymwneud â chymunedau, unigolion ac arbenigwyr i roi sail o wybodaeth i'n blaenoriaethau a'r amcanion yr ydym yn eu gosod. Yr ydym yn deall y gall ystyried y nodweddion gwarchodedig sydd i'w cael yn ein mysg ni oll gael effaith sylweddol ar ddeilliannau iechyd a lles i'r bobl yr ydym yn eu gwasanaethu.

Mae ymrwymiad cryf i hyrwyddo cydraddoldeb a hawliau dynol a gyhoeddwyd yn ein strategaeth tymor-hir ar gyfer iechyd, Byw'n Iach, Aros yn Iach (BIAI) a Chynllun Gweithredol. Yr ydym wedi gweithio i nodi cyfleoedd i wreiddio cyflwyno'r CCS yn ein mecanweithiau cynllunio a chyflwyno ar gyfer 2020-21 ac yr ydym yn cefnogi ein heconomiâu iechyd ledled y gogledd. Byddwn yn parhau i fwrw ymlaen â'r agenda cydraddoldeb rhag blaen ac yn cydnabod ymrwymiad Llywodraeth Cymru i gryfhau camau gwarchod cydraddoldeb a hawliau ymhellach i bobl Cymru.

Os oes gennych unrhyw sylwadau neu awgrymiadau am gynnwys yr adroddiad hwn, anfonwch hwy naill ai drwy'r post neu trwy e-bost at y:

Pennaeth Cydraddoldeb a Hawliau Dynol,
Bwrdd Iechyd Prifysgol Betsi Cadwaladr,
Bloc Preswyl, Ysbyty Abergele,
Ffordd Llanfair,
Abergele,
Conwy LL22 8DP
Sally.Thomas4@wales.nhs.uk

Cefndir a Chyd-destun

Mae Deddf Cydraddoldeb 2010 yn gwarchod pobl rhag camwahaniaethu oherwydd eu nodweddion gwarchodedig, sef: oedran, anabledd, rhyw, ailbennu rhywedd, priodas a phartneriaeth sifil, beichiogrwydd a mamolaeth, hil, crefydd neu gred, cyfeiriadedd rhywiol. Gelwir y nodweddion hyn yn y Ddeddf yn 'nodweddion gwarchodedig'. Mae'r Ddeddf yn gosod dyletswydd ar gyrff y sector cyhoeddus a restrir i gadw mewn cof yr angen i wneud y canlynol:

- Gwneud i ffwrdd â chamwahaniaethu anghyfreithlon, aflonyddu, ac erledigaeth.
- Hyrwyddo cydraddoldeb cyfle rhwng pobl sy'n rhannu nodwedd warchodedig a rhai nad ydynt.
- Meithrin cysylltiadau da rhwng y rhai sy'n rhannu nodwedd warchodedig a rhai nad ydynt.

Er mwyn i gyrff cyhoeddus berfformio'n well a dangos eu bod yn cydymffurfio a dyletswydd cydraddoldeb y sector cyhoeddus, deddfodd Llywodraeth Cymru i gyflwyno dyletswyddau cydraddoldeb penodol fel y'u gosodir allan yn Rheoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011 (y cyfeirir atynt hefyd fel Dyletswyddau Cydraddoldeb Penodol Cymru). Nod y rheoliadau yw sicrhau bod y Bwrdd Iechyd ac eraill sy'n gweithredu 'swyddogaethau cyhoeddus' yn ystyried sut y gallwn gyfrannu yn gadarnhaol i gymdeithas decach yn ein gweithgareddau beunyddiol. Mae Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, a Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 yn newid y ffordd yr ydym yn cynllunio ac yn cyflwyno gwasanaethau. Yr ydym yn parhau i wneud y mwyaf o gyfleoedd sydd ar gael i asio'r dyletswyddau cydraddoldeb yn y fframwaith hwn.

Mae amrywiaeth o weithgareddau yn digwydd ar draws BIPBC, i hyrwyddo cydraddoldeb cyfle, dileu camwahaniaethu anghyfreithlon a meithrin cysylltiadau da. Amlinellir nifer o lwyddiannau o'r flwyddyn a aeth heibio yn yr adroddiad hwn.

Ein Pwrpas, Gweledigaeth a Gwerthoedd

Yn BIPBC, ein gweledigaeth yw creu gogledd Cymru iachach, sy'n gwneud y mwyaf o gyfleoedd i bawb wireddu eu potensial llawn, ac sy'n helpu i leihau anghydraddoldeb iechyd. Ein pwrpas yw gwella iechyd y boblogaeth, sy'n golygu, dros amser, y ceir gwell ansawdd a hyd bywyd ar draws holl boblogaeth y gogledd.

Rydym yn cydnabod arwyddocâd cyhoeddiad Llywodraeth Cymru 'Cymru Iachach: Ein Cynllun ar gyfer Iechyd a Gofal Cymdeithasol' sydd yn gosod allan weledigaeth dymor-hir at y dyfodol, sef system gyflawn at iechyd a gofal cymdeithasol ac yr ydym wedi datblygu ein strategaeth 10 mlynedd tymor hwy at y dyfodol [': Byw'n Iach, Aros yn Iach \(BIAI\) <https://www.bcugetinvolved.wales/lhsw>](https://www.bcugetinvolved.wales/lhsw). Cefnogir blaenoriaethau strategol y Bwrdd Iechyd ymhellach gan ein Strategaeth Gweithlu, sy'n nodi fel yr hyn y dylai ein gweithlu edrych a theimlo, a sut y mae angen iddo weithredu wrth i ni ymdrechu i fod yn gyflogwr teg a chynhwysol, wedi ymrwymo i fynd i'r afael ag anghydraddoldeb.

Un o'n dyletswyddau dan Ddeddf Llesiant Cenedlaethau'r Dyfodol yw gosod amcanion lles ar gyfer y Bwrdd Iechyd. Yr ydym yn credu y bydd anelu at yr amcanion hyn yn ein helpu i ddiffinio a gwneud y mwyaf o'n cyfraniad i'r saith nod llesiant gan gynnwys y nod Cymru Fwy Cyfartal. Disgrifir mwy o fanylion am sut y bydd hyn yn gweithio ar ein gwefan: [<https://www.bcugetinvolved.wales/lhsw>](https://www.bcugetinvolved.wales/lhsw)

Ein Hegwyddorion

Wrth ddatblygu ein strategaeth BIAI, fe wnaethom ddilyn nifer o egwyddorion allweddol. Gwelir y rhain isod. Byddwn yn parhau i weithio gyda'r egwyddorion hyn wrth i ni weithredu'r strategaeth.

Ym mhopeth a wnawn, fe fyddwn yn:

- hyrwyddo cydraddoldeb a hawliau dynol
- mynd ati i hyrwyddo gwasanaethau yn yr iaith Gymraeg i ymdrin ag anghenion ein poblogaeth Gymraeg ei hiaith, yn unol â Mesur yr Iaith Gymraeg (Cymru) 2011
- gweithio ynghyd gydag awdurdodau lleol, gwasanaethau a mudiadau eraill, gan gynnwys y trydydd sector
- gwrando ar yr hyn sy'n bwysig i bobl a'u dwyn i mewn i benderfyniadau
- ymdrin ag anghenion unigolion a'u gofalwyr
- defnyddio tystiolaeth o'r hyn sy'n gweithio fel y gallwn wella iechyd a dysgu
- defnyddio ein hadnoddau yn ddoeth (cyllid, adeiladau a staff)
- gweithio gydag egwyddorion gofal iechyd darbodus

Llwyddiannau Cydraddoldeb Allweddol yn 2019-20

- ✓ Rydym wedi cynnal adolygiad 4-blynedd o'n Cynllun Cydraddoldeb Strategol (CCS), wedi adolygu tystiolaeth genedlaethol a lleol ac wedi gweithio gyda rhanddieliaid i nodi a chytuno ar Amcanion Cydraddoldeb Strategol diwygiedig i lywio ein gwaith yn y dyfodol.
- ✓ Rydym wedi cefnogi gweithredu strategaeth 10-mllynedd tymor hwy y Bwrdd Iechyd, 'Byw'n Iach, Aros yn Iach (BIAI)' a'i egwyddor sylfaenol o hyrwyddo cydraddoldeb a hawliau ym mhopeth a wnawn.
- ✓ Rydym wedi bwrw ymlaen â'r neges hwn ac wedi cryfhau atebolrwydd, llywodraethiant a rheoli perfformiad ein gwaith cydraddoldeb.
- ✓ Rydym wedi gweithio i adlewyrchu ystyriaethau cydraddoldeb a hawliau yng Nghynllun Blynnyddol a Rhaglenni Gwaith Economi Iechyd y Bwrdd Iechyd ac yr ydym yn gweithio i asio'r CCS diwygiedig at y dyfodol.
- ✓ Gwreiddiwyd ystyriaethau cydraddoldeb yn bendant yng ngylch gorchwyl pob Grŵp Gwella.
- ✓ Rydym wedi parhau i adeiladu dealltwriaeth a gallu yn y sefydliad o ran hyrwyddo cydraddoldeb a hawliau dynol trwy ein rhaglenni hyfforddi.
- ✓ Rydym wedi cyflwyno hyfforddiant cydraddoldeb a hawliau dynol gorfodol ac wedi cydymffurfio dros y 12 mis diwethaf ar raddfa o 83% yn BIPBC, a chyflwyno hyfforddiant hefyd i 20 practis meddygon teulu a deintyddion.
- ✓ Rydym wedi gweithio i roi mwy o gyfle am waith i bobl o grwpiau nodweddion gwarchodedig; ac wedi bwrw ymlaen â mentrau i gefnogi pobl o grwpiau nodweddion gwarchodedig yn y gwaith
- ✓ Dyfarnwyd statws Arweinydd Hyderus am Anabledd i ni
- ✓ Rydym wedi codi ymwybyddiaeth o'r Model Cymdeithasol o Anabledd.
- ✓ Ymunodd gyda'r Adran Gwaith a Phensiynau yn eu Digwyddiad LGBTQ+ Event: 'Dydd Gwener yw Diwrnod Balchder'.
- ✓ Rydym wedi hyrwyddo cynhwysiant yn ein cynhadledd lles meddyliol
- ✓ Rydym wedi cadw ein statws fel '100 Uchaf o Gyflogwyr' ym Mynegai Cydraddoldeb Gweithle Stonewall am 2020.
- ✓ Rydym wedi hyrwyddo ein ffilm a ddatblygwyd gyda rhanddeiliaid i wella ymwybyddiaeth ymysg staff rheng-flaen o'r materion a wynebwr gan ddefnyddwyr gwasanaeth LGBT+.
- ✓ Rydym wedi cyhoeddi ein Hadroddiad Bwlch Tâl rhwng y Rhywiau
- ✓ Rydym wedi gweithio gyda mudiadau'r trydydd sector i roi cyngor a chefnogaeth i'n staff sy'n ddinasyddion yhr UE.
- ✓ Rydym wedi parhau i ymwneud â'r cyhoedd trwy ein Grŵp Cydraddoldeb Rhanddeiliaid (GCRh) ac wedi ehangu ein haelodaeth.

Cwrdd â'u Dyletswyddau Cydraddoldeb

Ymwneud

Bu'r tîm ymwneud yn gweithio'n agos gyda staff, rhanddeiliaid a'r cyhoedd i wneud yn siŵr fod pawb yn cael cyfle i ymwneud a dod yn rhan o lunio gwasanaethau iechyd yng ngogledd Cymru. Dros y flwyddyn a aeth heibio, cafwyd amrywiaeth o weithgareddau ymwneud â'r cyhoedd a rhanddeiliaid

Yr ydym wedi parhau i adeiladu ar ein cysylltiadau presennol ac wedi sefydlu rhai newydd gyda grwpiau a phartneriaid yn ein hardaloedd. Yn benodol, byddwn fel arfer yn cefnogi rhwydweithiau a fforymau'r trydydd sector ac yn cydweithredu ar waith ar draws amrywiaeth o faterion. Mae'r rhain yn cynnwys ymwneud â grwpiau o ffoaduriaid o Syria, aelodaeth o Grŵp Hil Heddlu Gogledd Cymru, cyswllt â Chyn-filwyr a'r Lluoedd Arfog, a chysylltu â rhwydweithiau pobl hŷn a grwpiau pobl anabl.

Sefydlodd y Tîm Ymwneud dri fforwm ymwneud ymarferwyr, sydd wedi ffynnu. Bu'r fforymau yn gyfle i rhanddeiliaid sy'n cynrychioli buddiannau grwpiau nad ydynt yn cael eu clywed yn aml a grwpiau nodweddion gwarchodedig gael llais, rhannu gwybodaeth, arfer da a nodi cyfleoedd ar gyfer cydweithio.

Mae hyn wedi cynnwys prosiectau i leihau unigrwydd, cefnogi pobl hŷn, iechyd a lles meddyliol, anawsterau dysgu, prosiect sgiliau DLIE a hyfforddiant ymwybyddiaeth LGBT+. Cafwyd cyflwyniadau gan lawer o fudiadau a gwasanaethau gan gynnwys y Sefydliad Torri Aelodau, y Gymdeithas Strôc, NEWCIS, Byddin yr Iachawdwriaeth, VIVA, Cymunedau Digidol, Macmillan, a digwyddiad rhannu gwybodaeth am Iechyd a Lles DLIE.

Dros y flwyddyn nesaf, byddwn yn parhau i ganfod cyfleoedd i'r Bwrdd Iechyd ymwneud â'r cyhoedd a rhanddeiliaid er mwyn deall blaenoriaethau iechyd grwpiau na chlywir eu lleisiau yn aml, a'r rhai gyda nodweddion gwarchodedig.

Asesiad Effaith Cydraddoldeb

Ein nod wrth gwrdd â'r ddyletswydd statudol ar Asesiad Effaith Cydraddoldeb (AEC) yw sicrhau, pan fyddwn yn gwneud penderfyniad, yn datblygu strategaeth neu bolisi, neu yn gwneud unrhyw beth arall sy'n effeithio ar ein defnyddwyr gwasanaeth neu staff, fe fyddwn yn gwneud hynny mewn ffordd deg, atebol a thryloyw, gan ystyried anghenion a hawliau'r rhai a allai deimlo'r effeithiau.

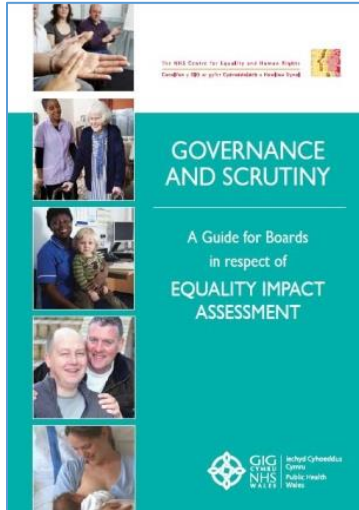
Yr ydym yn gweithio i wneud y canlynol:-

- sicrhau bod ein staff wedi eu hyfforddi i ddeall egwyddorion Asesiad Effaith Cydraddoldeb (AEC). Mae gwaith eleni wedi canolbwyntio ar hyfforddi staff

allweddol o feysydd gwasanaeth ac arweinyddion rhaglenni sy'n gyfrifol am weithgareddau gwella;

- sicrhau bod y sawl sy'n gwneud penderfyniadau a/neu yn cymeradwyo polisiâu yn ymwybodol o'r ddyletswydd ac yn gallu craffu yn briodol ac ar sail o wybodaeth;
- cyfarfod yn rheolaidd gyda'n Grŵp Craffu EAC i adolygu a chynghori ar Asesiadau Effaith ar gyfer strategaethau a pholisïau allweddol.
- Hwyluso gweithdai sgiliau i staff am gynnal AEC trwy gydol y flwyddyn.

Mae ymwybyddiaeth gyffredinol o egwyddorion AEC wedi ei gynnwys yn y pecyn hyfforddi Cydraddoldeb and Hawliau Dynol wyneb-yn-wyneb sydd newydd ei adolygu, wedi ei anelu at yr holl staff.



Yr ydym wedi hyrwyddo'r canllaw i aelodau'r Bwrdd a ddatblygwyd mewn partneriaeth â Chanolfan y GIG dros Gydraddoldeb a Hawliau Dynol, nid yn unig i aelodau'r Bwrdd, ond hefyd aelodau uwch eraill y staff sy'n ymwneud â'n prosesau allweddol o wneud penderfyniadau.

Mae AEC yn rhan annatod o'n rhaglen hyfforddi i reolwyr newydd a darpar-reolwyr o'r enw "Cam i Reoli" (CiR), i sicrhau bod y sawl sy'n rheolwyr neu'n bwriadu bod yn rheolwyr yn gallu deall pwysigrwydd cymhwyso'r egwyddorion sylfaenol i wneud penderfyniadau, a datblygu polisiâu a gwasanaethau.

Caffael

Gan adeiladu ar newidiadau a weithredwyd gyda Chyfarwyddiadau Ariannol Sefydlog BIPBC, mae nifer o ffyrdd o wreiddio ystyriaethau cydraddoldeb mewn prosesau caffael, a reolir ar ein rhan gan Bartneriaeth Cyd-wasanaethau GIG Cymru (PCWGC).

Casglu Gwybodaeth sy'n Ymwneud â'n Defnyddwyr Gwasanaeth

Hawliau a Chefnogaeth i Ofalwyr

Mae lleisiau gofalwyr a'r sawl sydd â chyfrifoldebau gofal yn ffynhonnell adborth bwysig. Dros y 12 mis diwethaf, gweithiodd BIPBC mewn partneriaeth a rhanddeiliaid i sicrhau bod y wybodaeth hon yn sail i'n gwaith. Datblygwyd mwy ar adrodd am brofiadau defnyddwyr gwasanaeth mewn amser gwirioneddol i'n galluogi i wahanu barn gofalwyr oddi wrth y rhai sy'n derbyn gofal, a sicrhau bod y wybodaeth hon yn cael ei fwydo'n ôl i reolwyr a staff. Mae datblygu'r Gwasanaeth Cyngor a Chefnogaeth Cyswllt i Gleifion (PALS) ar hyd BIPBC wedi cryfhau ein gallu i ymateb i ymholiadau a phryderon gan ofalwyr fel y maent yn codi, a'u datrys yn gynnar. Mae gweithio mewn partneriaeth fel hyn yn egwyddor sylfaenol Strategaeth Profiad y Claf newydd (BIPBC, 2019) sydd yn cydnabod pwysigrwydd ymateb i anghenion gofalwyr yn ogystal â'r sawl sy'n derbyn gofal.

Casglu Gwybodaeth Cydraddoldeb o Adborth Profiadau Cleifion

Trwy 2019-2020 mae'r Tîm Profiadau Cleifion a Defnyddwyr Gwasanaeth wedi parhau i ddatblygu'r fframweithiau angenrheidiol er mwyn sicrhau ein bod yn adlewyrchu lleisiau cleifion a defnyddwyr gwasanaeth sy'n cyrchu gwasanaethau BIPBC.

Yr ydym wedi ymrwymo i ymwneud â'n cleifion a'n defnyddwyr gwasanaeth i 'wrandu a dysgu' o'u profiad ac i ofalu bod adborth o'r fath yn gynhwysol. Byddwn yn casglu adborth trwy amrywiaeth eang o wahanol fframweithiau gan gynnwys: storïau cleifion, diolchiadau, cwynion, llythyrau, 'Gofalu i Rannu' trwy'r Gwasanaeth Cyngor a Chefnogaeth Cyswllt i Gleifion (PALS); a digwyddiadau 'Dweud eich Deud'. Cynhaliwyd asesiad effaith cydraddoldeb cadarn ar ein prosesau a'n modelau gweithredol i sicrhau y gallwn ymateb i anghenion cyrchu ein cleifion a'n defnyddwyr gwasanaeth i gael yr amrywiaeth barn angenrheidiol i ddangos 'beth rydym yn wneud yn dda' a rhoi syniad o 'feysydd i'w gwella.

Y Gwasanaeth Cyngor a Chefnogaeth Cyswllt i Gleifion (PALS)

Cafwyd cynllun peilot o'r gwasanaeth Cyngor a Chefnogaeth Cyswllt i Gleifion (PALS) yn y rhanbarth Canolog ym mis Gorffennaf 2017. Yn dilyn ei lwyddiant, cyflwynwyd y gwasanaeth ar draws BIPBC ym mis Gorffennaf 2019. Mae'r gwasanaeth PALS yn gwella ein gallu i ymwneud a defnyddwyr gwasanaeth, i ymateb i ymholiadau gan gleifion, gofaluwr a pherthnasau, a cheisio ateb amserol iddynt heb fod angen defnyddio'r weithdrefn gwynion ffurfiol. Mae'r agwedd ragweithiol, wyneb-yn-wyneb a fabwysiedir gan swyddogion PALS yn galluogi BIPBC i ymateb yn gyflym i anghenion unigol defnyddwyr gwasanaeth gan gadw mewn cof eu nodweddion gwarchodedig.

Casglu Gwybodaeth sy'n Ymwneud â'n Gweithlu

Mae gwybodaeth ynghylch nodweddion gwarchodedig ein gweithlu yn cael ei gadw yn ein system cyflogres electronig, Cofnod Staff Electronig (CSE).

Mae gwybodaeth am ymgeiswyr am swyddi yn cael ei gasglu fel rhan o'r broses recriwtio trwy system genedlaethol a elwir yn NHS Jobs ac y mae hyn yn ein galluogi i ddeall proffil pobl sy'n gwneud cais i weithio gyda ni, boed yn cael eu gosod ar restr fer am gyfweliad neu beidio, ac os ydynt yn llwyddiannus neu beidio. Mae gwybodaeth ynghylch pobl a benodir yn dod yn rhan o'u cofnod CSE.

Bob blwyddyn, byddwn yn cyhoeddi amrywiaeth o adroddiadau am gyflogaeth a thâl a fynnir gan y Dyletswyddau Cydraddoldeb Penodol i Gyrff a restrir yng Nghymru, ac y mae'r rhain ar gael ar ein gwefan ar:

<http://www.wales.nhs.uk/sitesplus/861/page/63948>.

Byddwn yn parhau i weithio i wella cyfraddau'r wybodaeth am nodweddion gwarchodedig a rennir gan ein staff. Rydym wedi hyrwyddo taflen i annog staff i

ddarparu'r wybodaeth hon trwy ddangos rhai o'r gwelliannau a wnaethom. Byddwn yn parhau i fonitro ein cyfraddau, sydd eisoes ymysg y gorau yn GIG Cymru.

Ein Hamcanion Strategol Cydraddoldeb a Hawliau Dynol

Mae ein Cynllun Strategol Cydraddoldeb a Hawliau Dynol (CCS) 2016-20 yn ceisio sicrhau bod cydraddoldeb a hawliau dynol yn cael eu hystyried yn iawn yn y sefydliad ac yn dylanwadu ar wneud penderfyniadau ar bob lefel. Dyma'r amcanion:

- **1: Gwell deilliannau iechyd i bawb: i gael gwell deilliannau iechyd i bawb gan gadw mewn cof nodweddion gwarchodedig unigolyn.**
- **2: Gwell mynediad a phrofiadau i'r claf: gwella mynediad a phrofiad i bawb, gan gadw mewn cof nodweddion gwarchodedig unigolyn, gan ganoli ar urddas a pharch.**
- **3: Dod yn gyflogwr i'w ddewis: bod yn gyflogwr teg a chynhwysol ac adeiladu gweithlu sydd â'r gallu i gwrdd ag anghenion amrywiol ein defnyddwyr gwasanaeth a'n cydweithwyr, gan gadw mewn cof nodweddion gwarchodedig unigolyn.**
- **4: Arweinyddiaeth gynhwysol arbob lefel: rhoi'r weledigaeth a'r symbyliad i hyrwyddo cydraddoldeb yn BIPBC a harneisio ynni ac ymdrechion eraill i wneud gwelliannau.**

Amcan Cydraddoldeb Strategol 1

Gwell deilliannau ieched i bawb: i gael gwell deilliannau ieched i bawb gan gadw mewn cof nodweddion gwarchodedig unigolyn.

Trosolwg o Gynnydd

Byw'n Iach, Aros yn Iach (BIAI)

Nododd y strategaeth BIAI nifer o egwyddorion allweddol gan gynnwys hyrwyddo cydraddoldeb a hawliau dynol ym mhopeth a wnawn. Yn ystod 2019, yr ydym wedi parhau i weithio i gryfhau'r modd y mae'r ymrwymiad hwn yn cael ei weithredu yn ymarferol, a chafwyd nifer o lwyddiannau arwyddocaol yn ystod y flwyddyn. Mae'r Rhagolwg Tair Blynedd yn esbonio cyfrifoldeb y Bwrdd Iechyd i sicrhau bod cydraddoldeb yn cael ei ystyried yn iawn ac yn dylanwadu ar wneud penderfyniadau ar bob lefel. Mae'n gosod allan y gofynion ar gyfer asesu effaith cydraddoldeb fel proses i helpu i nodi ac ymdrin ag anghydraddoldeb posib gan arwain at wneud penderfyniadau yn well a mwy cynhwysol, a gwell deilliannau a phrofiadau i gleifion a staff.

Yr ydym wedi gweithio gyda'n Timau Economiâu Iechyd, Ardal a Rheoli Ysbytai i adeiladu gwybodaeth a dealltwriaeth ynghylch Asesiad Effaith Cydraddoldeb (AEC) ac wedi darparu hyfforddiant i dimau allweddol ac wedi cryfhau llywodraethiant y gwaith hwn. Rydym wedi nodi cyfleoedd i weithio ynghyd gyda phartneriaid eraill o'r sector cyhoeddus i gryfhau'r agwedd at hyrwyddo cydraddoldeb trwy weithio mewn partneriaeth.

Fel rhan o strwythur y sefydliad a llywodraethiant ar gyfer gwella, sefydlodd y Bwrdd Iechyd gyfres o Grwpiau Gwella. Mae ystyriaethau cydraddoldeb wedi eu gwreiddio'n furiadol i gylch gorchwyl yr holl Grwpiau Gwella, sydd yn cynnwys gwella ieched a lleihau anghydraddoldebau ieched, gofal yn nes at adref, gofal ardderchog mewn ysbytai, a'r gweithlu. Wrth i waith fwrw ymlaen i gryfhau'r system wella, rhaid i raglenni a phrosiectau ddangos tystiolaeth eu bod yn cadw'r ddyletswydd cydraddoldeb mewn cof. Mae'r prif ddyletswyddau a chylch gorchwyl yr holl Grwpiau Gwella yn cynnwys cyfrifoldebau i wneud y canlynol:

- Sicrhau bod y rhaglen yn ystyried anghenion a hawliau pobl sy'n rhannu nodweddion gwarchodedig.
- Sicrhau bod y broses asesu effaith cydraddoldeb yn cael ei chymhwyso fel fframwaith i helpu i wneud yn siŵr y nodir unrhyw botensial am anfantais neu gamwahaniaethu yn cael ei nodi a'i drin, ac, yn bwysig iawn, y gwneir y mwyaf o gyfleoedd i wella neu hyrwyddo cydraddoldeb.

Rhaglen Gogledd Cymru Well

Rhoddwyd cysyniad Gogledd Cymru Well gan y Bwrdd Iechyd yn 2016 i ddatblygu ei rôl o gefnogi'r agenda anghydraddoldeb iechyd yn y gogledd.

Ers ei chychwyn, mae'r rhaglen wedi canolbwyntio ar ddatblygu nifer o bartneriaethau gyda mudiadau o'r sector cyhoeddus, y trydydd sector a darparwyr tai. Ei nod yw cymryd agwedd gyfun at fynd i'r afael ag anghydraddoldebau iechyd ledled y rhanbarth. Mae'r we gymhleth hon o weithio rhyngasiantaethol wedi dwyn ynghyd nifer o drefniadau partneriaeth ffrwythlon, sydd yn dangos grym cydweithredu, rhannu agendau, a rhoi nodau strategol lleol ar waith.

Oherwydd bod anghydraddoldebau iechyd yn codi o gymysgedd o ffactorau cysylltiedig sydd i raddau helaeth y tu allan i gwmpas cychwynnol y GIG, rhaglen Gogledd Cymru Well yw'r bont rhwng y GIG a chmau sydd yn mynd i'r afael â phenderfynyddion cymdeithasol ehangach iechyd.

Mae llecynnau arwyddocaol o amddifadedd yng ngogledd Cymru; gyda Mynegai Aml-amddifadedd Cymru 2019 yn nodi 3 o'r 10 ward etholiadol mwyaf difreintiedig yng Nghymru yn y rhanbarth. Ar gyfartaledd, mae pobl sy'n byw yn ein cymunedau mwyaf difreintiedig a chyfradd sydd 25% yn uwch o gael eu derbyn i adrannau brys ysbytai; mae differyn disgwyliad einioes o 7 mlynedd; a differyn afiechyd ac anabledd o 14 mlynedd.

Esblygodd Gogledd Cymru Well i gefnogi nifer o fentrau rhyng-gysylltiol, sy'n cefnogi'r agenda iechyd cyhoeddus ehangach ynghylch anghydraddoldebau iechyd. Yn benodol, mae'r rhaglen wedi gwneud gwahaniaeth amlwg o ran bwrw ymlaen gyda'r themâu isod:

- Datblygu canolfannau iechyd a lles yn ein hardaloedd mwyaf difreintiedig. Gwnaed cynnydd da gyda mudiadau sy'n bartneriaid ym Mhenygroes a Bangor yng Ngwynedd. Mae prosiectau pellach ar wahanol gyfnodau o ddatblygiad yn Ninbych a Shotton.
- Tai a digartrefedd: aeth Gogledd Cymru Well ati i gefnogi'r agenda digartrefedd. Cefnogodd y rhaglen ddau brosiect penodol yn ymwneud â digartrefedd: Gofal Cymunedol Cydweithredol yn Wrecsam, a'r prosiect amlasiantaethol ym Mangor.
- Rhagnodi cymdeithasol: Mae rhaglen Gogledd Cymru Well yn cefnogi rhagnodi cymdeithasol mewn nifer o ffyrdd.
- Tlodi bwyd: Gweithio i ddatblygu rhaglenni unswydd mewn gwahanol ardaloedd o'r gogledd fel bod modd cyrchu cynnyrch ffres. Datblygwyd strwythurau ym Môn a Wrecsam, gyda chefnogaeth barhaus i'r rhaglen sydd wedi hen sefydlu yn Sir y Fflint. Oherwydd i'r cynllun peilot fod yn llwyddiannus, cyflwynir y rhaglen hon ar draws y Bwrdd Iechyd yn gynnar yn 2020.

Engbreifftau o Arfer Da

Ymwelydd Iechyd Newydd i helpu teuluoedd yn Sir y Fflint



Mae Ymwelydd Iechyd newydd wedi'i chyllido gan Awyr Las, elusen y GIG yng ngogledd Cymru, yn awr yn rhoi cefnogaeth i deuluoedd digartref yn Sir y Fflint. Mae'r ymwelydd iechyd Katie Moore yn gweithio gyda theuluoedd sy'n byw yng Nghynllun Byw Gyda Chefnogaeth Erw Groes, a reolir gan Clwyd Alyn yn Nhrefynnon. Mae'n helpu defnyddwyr gwasanaeth i fagu hyder a hefyd yn helpu teuluoedd i ymwneud â gwasanaethau iechyd eraill yn yr ardal.

Canolfan deulu yw Erw Groes sydd yn darparu llety hunangynhaliol i deuluoedd digartref Sir y Fflint. Gall teuluoedd aros yn Erw Groes am hyd at ddwy flynedd, sy'n rhoi sefydlogrwydd iddynt, ac amser i ddatblygu annibyniaeth a fydd yn eu helpu i symud ymlaen i gartref mwy parhaol.

Dywedodd Ymwelydd Iechyd Bwrdd Iechyd Prifysgol Betsi Cadwaladr, Katie Moore, "Rwy'n llawn cyffro wrth ddechrau ymwneud â'r teuluoedd yn Erw Groes a chwilio am gyfleoedd i'w helpu i fynd at wasanaethau iechyd lleol eraill yn y gymuned, fydd yn eu helpu i ddatblygu annibyniaeth a rheoli eu hunain, ac yn codi eu hunan-barch a'u hyder. "Mae'n wych medru adeiladu perthynas ddwyffordd gyda theuluoedd fydd yn gwella iechyd a lles pobl."

Enghreifftiau o Arfer Da

Bwrdd Iechyd yn gwahodd trigolion y gogledd i gymryd rhan mewn Hyfforddiant Ymwybyddiaeth Iechyd Meddwl am ddim



Mae hyfforddiant yn cael ei gynnig am ddim i bobl ledled gogledd Cymru i'w helpu i roi gwell cefnogaeth i'r rhai sy'n wynebu anawsterau iechyd meddwl. I nodi Diwrnod Atal Hunanladdiad y Byd (Mawrth, 10 Medi), galwodd Bwrdd Iechyd Betsi Cadwaladr ar bobl ar hyd a lled y rhanbarth i fod yn rhan o'u Hyfforddiant Ymwybyddiaeth Iechyd Meddwl MiFedraf. Y bwrdd iechyd yw'r un cyntaf yng Nghymru i beri bod hyfforddiant o'r fath ar gael yn eang, a hynny am ddim.

Cydnabod ymwelydd iechyd o Wrecsam am gefnogaeth 'ysbrydoledig' i ffoaduriaid o Syria.



Mae ymwelydd iechyd sy'n gweithio o Wrecsam ac sydd wedi gwneud llawer mwy na'i dyletswydd i gefnogi ceiswyr lloches a ffoaduriaid wedi ennill gwobr o bwys. Enwyd Jackie Williams yn enillydd Gwobr Hyrwyddo Cydraddoldeb mewn noson ysbennnydd yn Venue Cymru i nodi Gwobrau Llwyddiant Bwrdd Iechyd Prifysgol Betsi Cadwaladr 2019.

Ers 2001 mae Jackie wedi helpu i adsefydlu cannoedd o geiswyr lloches, merched sydd wedi eu masnachu, a ffoaduriaid yn ardal Wrecsam. Wrecsam yw un o'r pedair ardal wasgaru yng Nghymru, a'r unig un yn y gogledd sy'n derbyn ceiswyr lloches o'r Uned Asesu Gychwynnol yng Nghaerdydd. Pan fyddant yn cyrraedd Wrecsam, mae Jackie yn cydgordio eu hasesiadau iechyd a lles, ac yn rhoi cefnogaeth gyson er mwyn gwneud yn siŵr y gall ceiswyr lloches fynd at amrywiaeth o wasanaethau iechyd. Mae hefyd yn cynnal sesiynau galw heibio, sy'n dod ag amrywiaeth o wasanaethau cefnogi at ei gilydd dan yr unto.

Mae'n rhan o ymgyrch MiFedraf y Bwrdd Iechyd, sydd â'r nod o roi cefnogaeth yn gynt i bobl sy'n cael anawsterau iechyd meddwl, yn rhoi'r grym i bobl reoli eu hiechyd meddwl eu hunain, ac annog sgwrsio'n agored am y pwnc.

Amcan Cydraddoldeb Strategol 2

Gwell mynediad a phrofiadau i'r claf: gwella mynediad a phrofiad i bawb, gan gadw mewn cof nodweddion gwarchodedig unigolyn, gan ganoli ar urddas a pharch.

Storïau a Phrofiadau Cleifion

Sylwadau "Gwener 'gwyh' Profiad y Claf"

Cyflwynwyd "sylw 'Gwener gwyh' Profiad y Claf yr wythnos" i ddathlu adborth cadarnhaol gan gleifion, gofalwyr, perthnasau a defnyddwyr gwasanaeth, ac fe'i dosberthir yn eang ar hyd a lled y Bwrdd Iechyd. Bob wythnos, mae ein tîm profiad y claf yn cyhoeddi eu "sylw 'Gwener gwyh' yr wythnos: ym mis Mai, dyma oedd y sylw a gyhoeddwyd:

"Roeddwn yn teimlo fod Lisa yn deall yr anawsterau a brofodd fy mab sydd a) yn ei arddedgau, b) yn bryderus, c) yn awtistig. Ac fe gynlluniodd hi ei ofal gan gadw hyn mewn cof. Falch ein bod wedi dod heddiw."

Gweithio mewn Partneriaeth – Gwella Cydymffurfio gyda Safonau Cyfathrebu a Gwybodaeth Hygyrch i Bobl â Nam Synhwyrdd

Mae BIPBC wedi parhau i hyrwyddo mynediad at wasanaethau iechyd i bobl â nam synhwyrdd, a'u cael i gymryd rhan ynddynt. Yr ydym yn gweithio mewn partneriaeth a'r Ganolfan Arwydd, Golwg a Sain (COSS) a'r Cynllun Gofal Iechyd Hygyrch. Mae'r mudiadau hyn yn rhoi cefnogaeth i gleifion, gofalwyr a pherthnasau wrth gyrchu gwasanaethau, gwneud a newid apwyntiadau a chefnogi trefniadau dehongli BSL yn lleol.

Gweithgaredd	Nifer Cysylltiadau
Gwneud neu Ganslo Apwyntiadau	529
Archebu Cludiant Ysbyty	9
Cefnogaeth Cyfathrebu	78
Cyrchu Gwasanaeth Iechyd	83
Pelydr-X Deintyddol Brys a Chanlyniadau	21
Ymholiadau Fferylliaeth	9
Cefnogaeth i weithwyr proffesiynol	48

Mae BIPBC wedi adolygu'r trefniadau ar gyfer darparu gwasanaethau dehongli gan gynnwys BSL ac yn Ch1-2020-2021 bydd yn cychwyn ar brosiect peilot i hyrwyddo mynediad digidol at wasanaethau cyfieithu. Un o nodau allweddol y peilot fydd darparu mwy o fynediad at ddehongli BSL fel y bydd yn haws i ddefnyddwyr gwasanaeth BSL gael mynediad at ddehongli.

Mae BIPBC wedi parhau i gynyddu ymwybyddiaeth yn y sefydliad mewn perthynas â deall a chwrdd ag anghenion defnyddwyr gwasanaeth â nam synhwyrdd. Ymysg llwyddiannau nodedig mae: parhau i ddatblygu'r Pecyn Cymorth Colli Synhwyrdd i gynnwys fersiynau cyfoes ar gyfer Gofal Cymunedol a Chychwynnol; parhau i ddatblygu dysgu seiliedig ar y we a deunyddiau eraill cysylltiedig, ac adolygu ein modiwlau hyfforddi mewnol 'Gofal Cwsmer' a 'Triniwch fi'n Deg' o'r bôn i'r brig i gynnwys canolbwynt cliriach a chryfach ar nam synhwyrdd. Hefyd, mae BIPBC wedi parhau i roi arweinyddiaeth gref yn genedlaethol trwy fynd ati i gymryd rhan yn Grŵp Uwchswyddogion Cymru Gyfan dros Golli Synhwyrdd. Ym mis Tachwedd 2019 dewiswyd BIPBC i groesawu Cynhadledd 'Mae'n Gwneud Synnwyr', oedd yn nodi cychwyn wythnos ymwybyddiaeth nam synhwyrdd yng Nghymru. Yr oedd y gynhadledd yn gyfle cyffrous a phwysig i ddathlu llwyddiannau pobl â nam synhwyrdd. Rhoes fewnwelediad i'r heriau maent yn dod ar eu traws wrth fynd at wasanaethau gofal iechyd, a thynnu sylw at yr ymchwil diweddaraf. Thema'r gynhadledd oedd iechyd meddwl a cholli synhwyrdd, ac yr oedd yn gyfle i bawb a gymerodd ran ddeall yn well anghenion defnyddwyr gwasanaeth â nam synhwyrdd, a'r sylfaen o dystiolaeth sydd yn sail i gyflwyno gwasanaethau yn effeithiol. Gwerthuswyd y digwyddiad yn gadarnhaol iawn ac yr oedd yn symbyliad cryf i weithio mewn partneriaeth yn y dyfodol.



Cydnabod Gwirfoddolwyr Cefnogi Cymorth Clyw Awdioleg am roi cleifion yn gyntaf



Tîm o Wirfoddolwyr Cefnogi Cymorth Clyw Awdioleg yn derbyn gwobr am roi eu hamser i helpu cleifion ar draws gogledd Cymru.

Derbyniodd y tîm Wobr 'Cyfraniad Gwirfoddol Eithriadol', a noddwyd gan Fwydydd Castell Howell, yng Ngwobrau Llwyddiant Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Mae'r

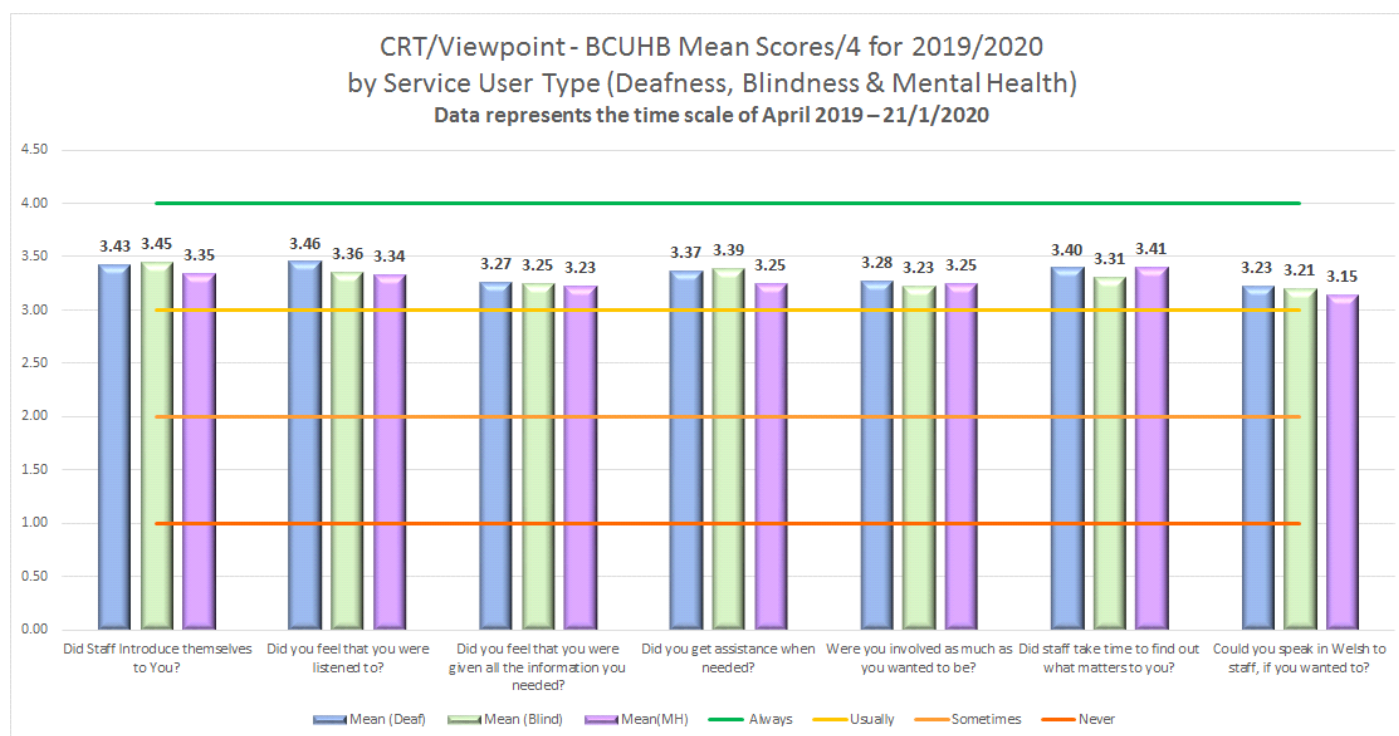
gwasanaeth gwirfoddolwyr ar gael i bob oedolyn gyda chymhorthion clyw'r GIG yn y gogledd, ac fe'i cefnogir gan yr Adran Awdioleg, ond gwirfoddolwyr sy'n ei redeg. Mae'r gwasanaeth yn ychwanegu gwerth at y Gwasanaeth Awdioleg trwy ddarparu cefnogaeth ymarferol a chan gyfoedion.

Mae'r gwirfoddolwyr wedi sefydlu clinigau galw heibio rheolaidd i gleifion yn eu cymunedau lleol. Mae'r clinigau hyn yn awr ar gael mewn mwy na 30 lleoliad ar draws y gogledd.

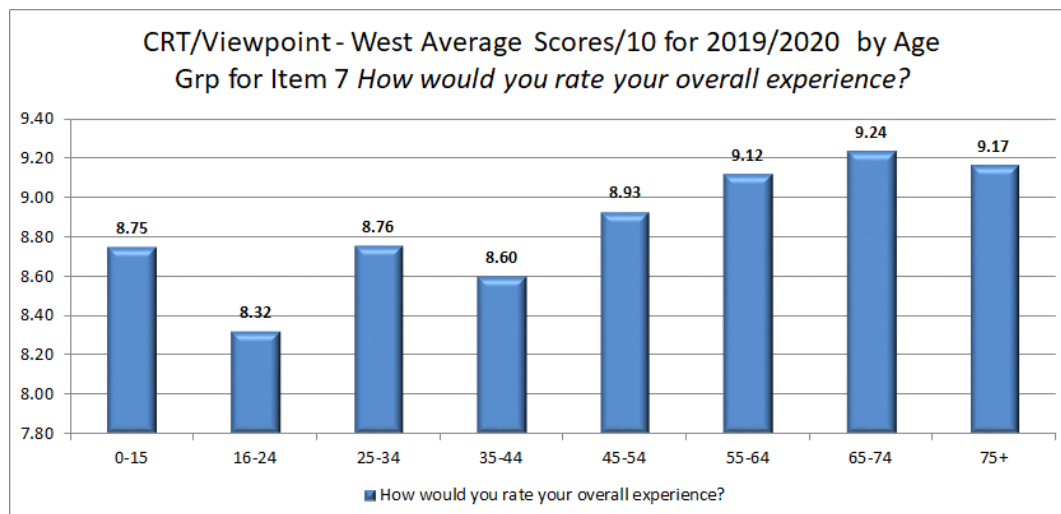
Bodddhad Cleifion a Defnyddwyr Gwasanaeth fesul Nodweddion Gwarchodedig

Mae BIPBC wedi parhau i ddatblygu'r seilwaith angenrheidiol i adrodd am adborth y defnyddwyr gwasanaeth fesul nodweddion gwarchodedig; y prif fecanwaith yw'r system o adborth cleifion mewn amser gwirioneddol. Fel yn y cyfnodau adrodd blaenorol, dengys Ffig 1 yn glir fod defnyddwyr gwasanaeth sydd yn adrodd am golli synnwyr (Byddar neu Drwm ei Glyw, neu Ddall â Nam Golwg) yn adrodd am lefel uwch neu gyfartal o foddhad cyffredinol cleifion o gymharu â defnyddwyr gwasanaeth eraill a'r rhai a ddywedodd fod ganddynt gyflwr iechyd meddwl. Defnyddwyr gwasanaeth a ddywedodd fod ganddynt gyflwr iechyd meddwl oedd y rhai a adroddodd am y lefel isaf o foddhad ac eithrio gyda'r cwestiwn *'A wnaeth y staff gymryd amser i ddarganfod beth sydd o bwys i mi'* ac *'A oeddech yn ymwneud gymaint ag yr oeddech eisiau?'* lle mae defnyddwyr gwasanaeth dall neu wan eu golwg neu sydd â nam bychan yn sgorio'n is.

Ffig 1



Ffig 2

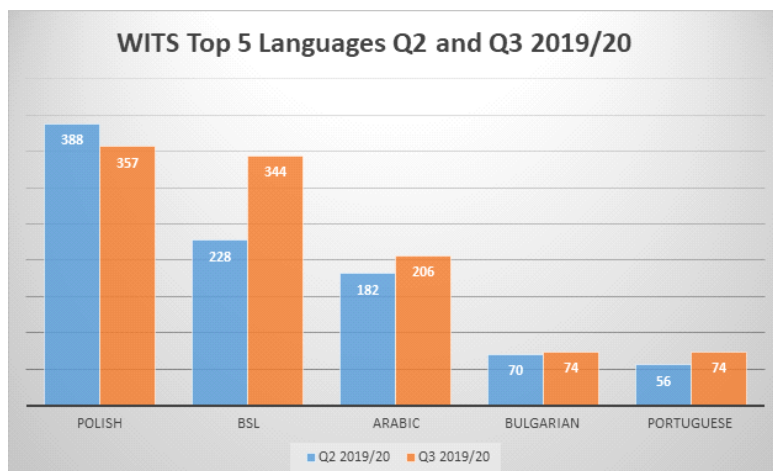


Gan eithrio'r grŵp oedran 0-15 oed, sy'n cynrychioli carfan lai na'r grwpiau oedran eraill, mae adborth gan ddefnyddwyr gwasanaeth dros 45 oed yn awgrymu eu bod yn gyffredinol mwy bodlon â'u profiad na'r rhai yn y grŵp oedran 16-44. Gall y rhai olaf hyn gynrychioli grŵp o ddefnyddwyr gwasanaeth sy'n brin o amser yn hytrach nac unrhyw wahaniaeth sylweddol yn ansawdd y gwasanaeth a dderbyniwyd.

Gwasanaeth Dehongli a Chyfieithu

Mae Gwasanaeth Dehongli a Chyfieithu Cymru yn darparu gwasanaethau dehongli a chyfieithu 24-awr i awdurdodau cyhoeddus yng Nghymru, gan gynnwys cynghorau sir, heddluoedd, gwasanaethau iechyd a chymdeithasol. Maent yn darparu gwasanaeth dehongli wyneb-yn-wyneb a gwasanaeth telifon trwy Language Line.

Fe welir isod ddadansoddiad o'r gwasanaethau dehongli a ddarparwyd gan GDChC i'r Bwrdd Iechyd yn ystod Chwarteri 2 a 3 2019 a 2020, sy'n amlygu'r pum prif iaith a archebwyd.



Top 5 Languages	Q2 2019-20	Q3 2019-20
Polish	388	357
BSL	228	344
Arabic	182	206
Bulgarian	70	74
Portuguese	56	74
Total Bookings	1287	1422

Model Cymdeithasol Anabledd



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Ten Top Tips – Promoting The Social Model of Disability



Mae'r Tîm Cydraddoldeb wedi bod yn gweithio gyda Rhwydwaith Cydraddoldeb Sector Cyhoeddus Gogledd Cymru (RhCSCGC) a phobl anabl a'u cynrychiolwyr i ddatblygu canllawiau i godi ymwybyddiaeth o egwyddorion y Model Cymdeithasol o Anabledd. Mae'r Model Cymdeithasol yn symud y canolbwynt ymaith oddi wrth gyflyrau neu nam unigolion ac yn edrych yn hytrach ar rwystrau camwahaniaethol, boed yn rhai corfforol, sefydliadol neu o ran agwedd sy'n cael eu creu a'u cynnal gan gymdeithas. Datblygwyd canllaw Deg Syniad Da i ddarparu'r camau cyntaf a ffordd ymarferol i wella. Yn bwysig iawn, mae'r canllaw hefyd yn gosod allan arferion da o ran defnyddio iaith a therminoleg. Cafodd ei hyrwyddo'n eang ar draws y Bwrdd Iechyd ym mis

Rhagfyr i nodi Diwrnod Rhyngwladol Pobl Anabl.

Agwedd Seiliedig ar Hawliau Plant – Datblygu Siarter i Ogledd Cymru

Mae'r Bwrdd Iechyd yn gweithio tuag at ddatblygu Siarter seiliedig ar Hawliau Plant, gyda'r nod o wneud y canlynol:

1. Codi ymwybyddiaeth ar lefel y Bwrdd o'r Agwedd Seiliedig ar Hawliau Plant.
2. Cychwyn datblygu Siarter Plant a Phobl Ifanc mewn partneriaeth. Bydd hyn yn helpu plant a phobl ifanc i ddeall a mynd at eu hawliau yn unrhyw ran o'r gwasanaeth neu leoliad gofal iechyd ar draws y gogledd.
3. Dwyn plant a phobl ifanc i mewn i gynllunio a chyflwyno gwasanaethau iechyd.
4. Integreiddio hawliau plant i wneud penderfyniadau, polisi ac arfer.

Gwasanaeth Rhywedd Cymru

Mae Gwasanaeth Hunaniaeth Rhywedd Cymru Gyfan bellach wedi ei sefydlu ac y mae'n derbyn cyfeiriadau gan feddygon teulu. Unwaith i gleifion gael ei hasesu ac y cytunwyd ar gynlluniau triniaeth, maent yn cael eu trosglwyddo i'r gwasanaethau rhywedd lleol i gael gofal cyson.

Mae BIPBC yn falch o fod wedi sefydlu'r gwasanaeth yng ngogledd Cymru gyda chefnogaeth rhanddeiliaid, ym Meddygfa Panton, Treffynnon, a phenodwyd dau feddyg teulu i benodi'r gwasanaeth am 2.5 diwrnod yr wythnos. Gwelwyd y cleifion cyntaf ym mis Ionawr 2020. Darparwyd hyfforddiant cydraddoldeb a hawliau dynol i'r staff rheng-flaen.

Enghreifftiau o Arfer Da

Bwrdd Iechyd yn lansio ymgyrch ymwybyddiaeth newydd i gefnogi cleifion gydag Anhwylder Sbectrwm Awtistig



Ym mis Ebrill 2019, lansiwyd ymgyrch ymwybyddiaeth newydd yn Ysbyty Wrecsam Maelor i wella dealltwriaeth ac ymwybyddiaeth o Anhwylder Sbectrwm Awtistig (ASA) Mae'r rhaglen hyfforddi, a ddarperir gan Wasanaeth Awtistiaeth Integredig gogledd Cymru, yn codi ymwybyddiaeth o awtistiaeth ac yn helpu staff i wella profiad cleifion sy'n dod i ysbytai sydd ag ASA ac a all gael trafferth ymdopi â'r hyn sydd o'u cwmpas. Mae'r Bwrdd Iechyd hefyd wrthi yn sefydlu grŵp cefnogi i staff sydd eisiau gwybod mwy am ASA a sut y gall effeithio ar unigolion.

Gwasanaeth Iechyd a Lles carchar yn cystadlu am wobr Brydeinig

Mae gwasanaeth iechyd a lles sy'n gwella bywydau trigolion Carchar Ei Mawrhydi Berwyn yn un a all ennill gwobr o bwys. Bu'r gwasanaeth yn rhedeg ers ychydig dros ddwy flynedd, a chafodd adolygiadau



ffafriol yn dilyn arolygiad gan Arolygiaeth Carchardai Ei Mawrhydi. Dywedodd Simon Newman, pennaeth Gofal Iechyd BIPBC yn CEM Berwyn: "Mae carcharorion yn grŵp sydd wedi eu heithric yn gymdeithasol, gyda chyfraddau uchel o afiechyd corfforol a meddyliol, hunan-niweidio a hunanladdiad. Ein huchelgais ni oedd darparu gwasanaeth iechyd a lles i CEM Berwyn oedd wedi ei integreiddio a'i reoli'n llawn, gan ddwyn i mewn nifer o broffesiynau. Byddai'n canolbwyntio ar wella lles corfforol a meddyliol y dynion, a gwneud hynny'n ddiogel, yn effeithiol ac yn effeithlon."

Amcan Cydraddoldeb Strategol 3

Dod yn gyflogwr i'w ddewis: bod yn gyflogwr teg a chynhwysol ac adeiladu gweithlu sydd â'r gallu i gwrdd ag anghenion amrywiol ein defnyddwyr gwasanaeth a'n cydweithwyr, gan gadw mewn cof nodweddion gwarchodedig unigolyn.

Rydym yn anelu at fod yn gyflogwr teg a chynhwysol, sydd wedi ymrwymo i fynd i'r afael ag anghydraddoldeb; bwriwyd ymlaen â nifer o fentrau eleni i roi mwy o gyfleoedd gwaith i bobl o grwpiau nodweddion gwarchodedig, ac i roi gwell cefnogaeth i bobl yn ystod eu gwaith.

Camu Mewn i Waith Prifysgol Bwrdd Iechyd Betsi Cadwaladr (BIPBC)

Mae BIPBC yn mynd ati i ddatblygu ffyrdd newydd o ddenu staff lleol i'r sefydliad. Mae'r rhaglen Camu Mewn i Waith yn un o'r ffyrdd hyn, ac yn darparu rhaglen systemaidd o

gefnogaeth gyrfa, gwaith ar gynyddu darpariaeth

prentisiaethau a lleoliadau gwaith gwirfoddol. Mae Camu Mewn i Waith yn cefnogi

amrywiaeth o bobl; er enghraifft, myfyrwyr, y sawl sydd bellaf o'r farchnad swyddi, y

sawl ar aelwydydd lle nad oes neb mewn gwaith, pobl ifanc heb fod mewn gwaith na

hyfforddiant (NEETS), a grwpiau eraill na chlywir eu lleisiau yn aml. Mae Camu i Waith

yn cefnogi agenda Llywodraeth Cymru o fynd i'r afael â thlodi, sydd â'r nod o greu

cymunedau ffyniannus, cymunedau dysgu a chymunedau iachach.

*Camu Mewn i Waith
Step into Work*



“Daeth dyn o Brestatyn yn rhan werthfawr o dîm gwasanaethau Ysbyty Glan Clwyd wedi cael cefnogaeth trwy raglen dychwelyd i waith.

Mae Nick Selway, a gollodd ei fraich dde mewn damwain yn y gwaith 16 mlynedd yn ôl, yn ôl yn gweithio wedi mynd trwy raglen Camu Mewn i Waith

Bwrdd Iechyd Prifysgol Betsi Cadwaladr. Mae'r rhaglen Camu Mewn i Waith yn rhoi cyfle i bobl sy'n wynebu heriau wrth geisio mynd i'r farchnad swyddi. Mae'r rhaglen yn darparu lleoliadau gwaith tymor-byr yn y GIG yng ngogledd Cymru, ac ar yr un pryd yn cefnogi cyfleoedd datblygu gyrfa a hyfforddiant.”

Prosiect SEARCH



Mae rhaglen Prosiect SEARCH yn interniaeth ysgol-i-waith i fyfyrwyr anabl a gyllidir yn llawn gan Gronfa Genedlaethol y Loteri Llywodraeth Cymru ac mewn partneriaeth â BIPBC, Coleg Llandrillo Menai, Agoriad Cyf, Ymwneud i Newid ac Anableddau Dysgu Cymru. Mae'r interniaid yn treulio blwyddyn academiaidd mewn ysbyty. Caiff yr interniaid eu cefnogi gan athro llawn-amser a hyfforddwr swyddi. Yn ystod y flwyddyn byddant yn

cael hyfforddiant y dosbarth, yn ymchwilio i yrfaoedd ac yn cael eu cefnogi. Y nod i bob myfyriwr yw cystadlu am waith yn y gymuned gan ddefnyddio'r sgiliau y maent wedi eu dysgu yn BIPBC. Hyd yma, cafodd 8 intern waith yn BIPBC neu fudiadau allanol.

<https://www.youtube.com/watch?v=lwGdTJn0Fsg>

Prentisiaethau



Mae gwaith yn mynd rhagddo i gael mwy o brentisiaid yn BIPBC. Aeth dau brentis yn BIPBC trwy raglen Prosiect SEARCH. Yr oedd BIPBC, ynghyd â mudiadau eraill yng Nghymru yn rhan o'r gwaith i gynhyrchu'r 'Cynllun Gweithredu Anabledd Prentisiaid' a fydd yn helpu i wneud i ffwrdd â'r rhwystrau i bobl anabl gystadlu am brentisiaethau. Dolen

[https://gov.wales/disability-action-plan-](https://gov.wales/disability-action-plan-apprenticeships)

[apprenticeships](https://gov.wales/disability-action-plan-apprenticeships). Yr ydym yn gweithio mewn partneriaeth gyda Choleg Cambria a Choleg Llandrillo Menai i gefnogi'r hyn sy'n digwydd eisoes i gynnal fframweithiau prentisiaeth fel rhan o'u datblygiad mewn gwaith.

Rhaglen Oedolion o Wirfoddolwyr

Mae'r rhaglen o leoliadau gwaith i oedolion o wirfoddolwyr yn BIPBC yn ymgorffori mentrau o grwpiau sydd bellaf i ffwrdd o'r farchnad swyddi neu mewn tlodi gwaith. Cyn i'r gwirfoddolwyr gael eu cefnogi i'r lleoliad gwaith, mae gofyn iddynt oll gydymffurfio 100% a'r hyfforddiant statudol a gorfodol; mae hyn yn cynnwys



Cydraddoldeb a Hawliau Dynol, mynychu sesiwn gyfeiriadu BIPBC, a chael eu clirio gan y GDG ac Iechyd Galwedigaethol. Wedyn, maent yn cwblhau lleoliad gwirfoddol 6 wythnos am o leiaf 16 awr yr wythnos. Os daw swyddi i'r golwg yn y mudiad, gwarentir cyfweiliadau i'r gwirfoddolwyr os byddant yn cwrdd â gofynion hanfodol y swydd. I'r rhai sy'n cwblhau'r rhaglen ac y cymeradwyir eu medrau, maent yn cael eu recriwtio i swyddi fel Cymhorthydd Gofal iechyd neu mewn gweinyddiaeth. Fel arfer, ni fyddai llawer yn medru ymgeisio am swyddi trwy'r dulliau traddodiadol, gan fod bylchau mawr yn eu hanes cyflogaeth ac nad oes geirda ganddynt. Mae'r rhaglen wedi hwyluso proses sy'n lleihau'r anawsterau hyn fel y gallant gael cefnogaeth i mewn i waith.

Ffigyrau 2019-2020 hyd yma

- Aeth 82 o bobl ar leoliad gwaith
- Dilynodd 58 o bobl gyflwyniad clinigol Cymhorthydd Gofal Iechyd
- Llwyddwyd i gael 42 swydd yn y sefydliad
- Mae 57 o bobl ar hyn o bryd yn y broses glirio cyn cael eu lleoli

Cyflogwr Hyderus am Anabledd



Ym mis Hydref, aseswyd y Bwrdd Iechyd yn erbyn y dyfarniad Cyflogwr Hyderus am Anabledd ac fe'u dyrchafwyd i statws Arweinydd Hyderus am Anabledd. Llongyfarchodd yr asesydd y Bwrdd Iechyd yn ffurfiol, gan gyflwyno'r dystysgrif i'r Cyfarwyddwr Gweithredol Gweithlu a Datblygu Sefydliadol.

Mae'r dyfarniad yn asesu yn erbyn y canlynol:

- Edrych ar ddenu a recriwtio pobl anabl trwy broses recriwtio hollol gynhwysol.
- Cynnig cyfweiliad i bobl anabl, mabwysiadu agwedd hyblyg er mwyn sicrhau bod ymgeiswyr anabl am swyddi yn cael y cyfle gorau i ddangos y gallant wneud y gwaith
- Mynd ati i gynnig a gwneud addasiadau rhesymol i swydd.
- Gweithwyr yn derbyn digon o hyfforddiant cydraddoldeb anabledd
- Darparu mentora, hyfforddi, cyfeillio a/neu rwydweithiau cefnogi eraill i'r staff
- Cyfeirio staff at wybodaeth a chynghor ar gyflyrau iechyd meddwl
- Darparu gwasanaethau iechyd Galwedigaethol
- Rhoi hyfforddiant penodol am hyder gydag anabledd i reolwyr adnoddau dynol
- Nodi a rhannu arfer da.

Mynegai Cydraddoldeb y Gweithle Stonewall 2020

Cymerodd BIPBC unwaith eto ran ym Mynegai Cydraddoldeb y Gweithle (MCG) blynyddol Stonewall sydd yn arolwg meincnodi i gyflogwyr ynghylch cydraddoldeb LGBT+.

Yr oeddem wrth ein boddau i gyrraedd y 39^{ain} safle yn y mynegai o gyfanswm o dros 500 o fudiadau oedd yn cymryd rhan ledled y DU – sy'n golygu mai ni yw'r sefydliad iechyd a raddiwyd uchaf yng Nghymru am yr ail flwyddyn yn olynol a'r ail yn y DU. Mae hyn yn adlewyrchu'r modd yr ydym wedi defnyddio Mynegai Cydraddoldeb y Gweithle fel erfyn i wella profiadau'r staff a defnyddwyr gwasanaeth sy'n lesbiaid, hoyw, deurywiol neu drawsrywiol.

Hyrwyddwr LGBT+ Betsi Bwrdd Iechyd ar restr fer am wobwr fawr Brydeinig

Mae Jack Jackson, Arweinydd Tîm dros Les Meddyliol a Chwnsela ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr, wedi ei roi ar restr fer Gwobr Esiampl gwefan LGBT+ PinkNews 2019. Bu yn seremoni wobrwyo rwysgfawr PinkNews ym mis Hydref yn Llundain, oedd yn dathlu'r goreuon mewn cydraddoldeb LGBT+. Gwobr newydd yw'r Wobr Esiampl i ddathlu unigolyn sydd wedi arwain trwy esiampl i rymuso'r gymuned LGBT+.



Nid dyma'r tro cyntaf i ymdrechion Jack gael eu cydnabod. Yn 2018, fe'i henwyd yn Esiampl Traws y flwyddyn Stonewall UK, i gydnabod ei waith gwirfoddol ar achosion LGBT+ ac ymdrechion i ehangu dealltwriaeth o faterion traws ar hyd a lled Bwrdd Iechyd Prifysgol Betsi Cadwaladr.

Codi Baner Draws – 20 Tachwedd, Diwrnod Coffau Trawsrywiol



Ar Ddiwrnod Coffau Trawsrywiol (20 Tachwedd), fe wnaethom godi'r faner Draws y tu allan i Ysbyty Glan Clwyd. Yr oeddem eisiau dathlu ymrwymiad y Bwrdd Iechyd i herio stigma a rhagfarn a sefyll fel cynghreiriaid gyda'n cydweithwyr a'n cleifion Traws, i ddangos ein bod yn weithle cynhwysol sy'n rhoi gwasanaeth cynhwysol i bawb.

Adnodd Hyfforddi Staff – Ffilm Gwobr IRIS

Yr ydym wedi hyrwyddo ein ffilm Gwobr IRIS sy'n amlygu profiad gofal iechyd defnyddwyr gwasanaeth LGBT+ yn BIPBC. Caiff ei dangos ym mhob sesiwn hyfforddiant Cydraddoldeb a Hawliau Dynol gorfodol wyneb-yn-wyneb i'r staff.



Rhwydwaith Staff LGBT+ Balchder Celtaidd

Bu'n flwyddyn gyffrous arall i Falchder Celtaidd, a'r pinacel oedd y cyhoeddiad ein bod wedi cadw ein safle yn y 40 Uchaf ym Mynegai Cydraddoldeb y Gweithle Stonewall. Mae hyn yn llwyddiant anhygoel yn wyneb cystadleuaeth o du mwy na 530 o sefydliadau'r sectorau cyhoeddus a phreifat. Mae hyn yn adlewyrchiad o waith caled y rhwydwaith i wella bywydau gwaith gweithwyr LGBT+.



Cymerodd aelodau ran mewn digwyddiad Mis Balchder yr Adran Gwaith a Phensiynau yn Llandudno; a chynhadledd "Mae'n Cychwyn Gyda Ni" i Fyfirwyr Nyrsio ym Mhrifysgol Bangor, i godi proffil y sefydliad fel lle diogel i bobl LGBT+ weithio. Mae aelodau hefyd wedi lobïo Gweinidog Iechyd Cymru i ddatblygu bathodyn Enfys i GIG Cymru.

Mae Balchder Celtaidd wedi ffurfio cysylltiadau gyda gwahanol grwpiau rhwydwaith LGBT+ yn y sectorau cyhoeddus a phreifat ledled y gogledd, gan gynnwys Airbus, y Weinyddiaeth Gyfiawnder, Heddlu Gogledd Cymru a Bwrdd Iechyd ABMU.

Yn y llun mae Cadeirydd Balchder Celtaidd, Swyddog Cydraddoldeb BIPBC, a Chyfarwyddwr Stonewall Cymru, yn nigwyddiad Pencampwyr Amrywiaeth Stonewall yn Llundain.



BIPBC yn Dathlu Diwrnod Rhyngwladol yn Erbyn Homoffobia, Trawsfobia a Deuffobia ar ddydd Gwener, 17 Mai 2019



Cynhaliwyd ein dathliadau codi baner blynyddol ar 17 Mai (Diwrnod Rhyngwladol yn Erbyn Homoffobia, Deuffobia a Thrawsfobia). Bwriad y seremonïau anffurfiol hyn yw dangos ymrwymiad y Bwrdd lechyd i gydraddoldeb cyfle i'r gymuned LGBT+-yn ddefnyddwyr gwasanaeth a staff. Eleni, yr oeddem yn falch iawn fod cynrychiolwyr y naill grŵp a'r llall wedi ymuno â

ni yn safleoedd pob Ysbyty Dosbarth Cyffredinol ar hyd y gogledd wrth i ni godi baner yr enfys. Yr oedd hefyd yn wych gweld Hannah Blythyn AC yn dod atom yn Wrecsam Maelor.

Adran gwaith a Phensiynau - Digwyddiad LGBTQ+: Dydd Gwener yn Ddiwrnod Balchder

Ym mis Mehefin, cynhaliodd yr AGPh Ddigwyddiad Ymwybyddiaeth LGBTQ+: Dydd Gwener yw Diwrnod Balchder yng Nghanolfan Waith Llandudno. Cafwyd cyflwyniadau yn y digwyddiad gan Billy Nichols, Cadeirydd Balchder Celtaidd a Jack Jackson, Arweinydd Tîm BIPBC, Lles Meddyliol a Chwnsela (Esiampl Traws y Flwyddyn Stonewall am 2018). Yr oedd gan aelodau tîm recriwtio'r Bwrdd Iechyd hefyd stondin i hyrwyddo 'Hyfforddi Gwaith Byw', a buont yn sgwrsio gydag aelodau'r cyhoedd oedd â diddordeb mewn ymuno â'r sefydliad am ymrwymiad BIPBC i gydraddoldeb.



Rhwydweithiau Staff Eraill

Yr ydym yn parhau i hwyluso rhwydweithiau sy'n bodoli eisoes a rhai sy'n cychwyn ar draws BIPBC am ein bod yn credu fod ganddynt rôl werthfawr o ran rhoi cefnogaeth cyfoedion a chyfle i ymwneud a rhoi llais i'n staff.



Mae grŵp Cefnogi a Diddordeb Dyslecsia BIPBC yn parhau i gyfarfod, ac y mae'r aelodaeth wedi cynyddu. Mae'r grŵp yn cynnwys nid yn unig aelodau staff sy'n ddyslecsig eu hunain, neu hefyd staff sydd â diddordeb oherwydd bod ganddynt blant neu berthnasau sy'n ddyslecsig. Mae gennym hefyd gynrychiolwyr o brifysgolion lleol a'n gwasanaeth llyfrgell ein hunain sydd wedi rhoi cyngor a chefnogaeth werthfawr wrth ddatblygu safle ein

mewnwyd fel adnodd i staff a dyslecsia. Amcanion allweddol y grŵp yw codi ymwybyddiaeth o'r hyn yw dyslecsia, a pha effaith a gaiff ar unigolion a sefydliadau; ac i roi help a chyfeirio at adnoddau i reolwyr a staff. Yr oedd y grŵp felly yn arbennig o awyddus i hyrwyddo Diwrnod Ymwybyddiaeth Dyslecsia y Byd ar Hydref 4. I helpu gyda

hyn, bu aelodau'r rhwydwaith ar stondinau Ymwybyddiaeth Dyslecsia y tu allan i'r bwytaï ym mhob un o'r prif ysbytai. Buont yn siarad â'r staff, yn cyfeirio at wahanol sefydliadau, ac yn dosbarthu taflenni i hysbysebu tudalennau Dyslecsia ar fewnwyd y staff.

Eleni, rydym hefyd wedi hwyluso grŵp Cefnogaeth a Diddordeb Awtistiaeth, sydd yn canolbwyntio ar greu tudalennau Mewnwyd y staff i godi ymwybyddiaeth a chyfeirio staff at ffynonellau cefnogaeth a gwybodaeth.

Digwyddiadau Codi Ymwybyddiaeth

Trwy gydol y flwyddyn, yr ydym yn hyrwyddo ac yn codi ymwybyddiaeth o wahanol ddyddiau rhyngwladol a digwyddiadau blynyddol. Ymysg y rhain mae: Mis Hanes LGBT+ ; Diwrnod Rhyngwladol y Menywod; Diwrnod Rhyngwladol i Ddileu Camwahaniaethu Hiliol; Diwrnod Rhyngwladol yn Erbyn Homoffobia, Deuffobia a Thrawsffobia; Mis Hanes Sipsiwn, Roma a Theithwyr; Diwrnod Deu-welededd; Mis Hanes Du; Diwrnod Rhyngwladol Pobl Hŷn; Wythnos Ymwybyddiaeth troseddau Casineb; Diwrnod Coffau Trawsrywiol; Diwrnod Rhyngwladol Pobl Anabl; Diwrnod Hawliau Dynol.



Yn gynnar yn 2020, gwahoddwyd y gymuned LGBT+ yng Nghymru i rannu eu profiadau o'r GIG trwy farddoniaeth. Ymunodd BIPBC a mudiadau eraill y GIG ledled Cymru, gan wahodd y gymuned LGBT+ ac eraill i roi eu profiadau o'r GIG mewn cerddi. Thema'r gystadleuaeth oedd 'CARIAD yw CARIAD' yn y GIG, a gwahoddwyd y cystadleuwyr i rannu'r hyn maent yn garu am y sefydliad, neu enghreifftiau lle disgleiriodd cariad trwy eu profiadau o'i ddefnyddio neu weithio yno.

Lles Meddyliol y Staff

Cyflwynwyd creu gweithdai iechyd a lles i'r bwrdd iechyd ym Mawrth 2019. Hyd yma, cynhaliwyd 23 sesiwn, gyda 345 o reolwyr yn bresennol.

Buom yn hyrwyddo cynhwysiant yn ein Cynhadledd Lles flynyddol, fel rhan o Ddiwrnod Iechyd Meddwl y Byd. Y canolbwynt eleni oedd ar ymwybyddiaeth o hunanladdiad a'i atal.

Ein staff sy'n dod o gefndiroedd DLIE ac o wledydd yr UE

Yn ystadegol, mae cyfrannau'r staff sy'n gweithio i BIPBC sy'n dod o gefndiroedd Du, Asiaidd a Lleiafrifol Ethnig yn uwch na'r canrannau sy'n byw yng nghymunedau gogledd Cymru. Fodd bynnag, mae mwyafrif helaeth yr aelodau staff hyn yn gweithio yn y grŵp meddygol a deintyddol: felly mae hyn yn golygu bod y cyfrannau sy'n gweithio mewn grwpiau staff eraill wedi eu tangynrychioli yn ystadegol.

Gwyddom hefyd o adroddiadau sy'n cael eu cofnodi yn ein system adrodd DATIX am ddigwyddiadau fod a wnelo'r gyfran uwch o ddigwyddiadau cysylltiedig â chydraddoldeb yr adroddwyd amdanynt bob blwyddyn â digwyddiadau o ddifeni hiliol y staff gan gleifion. Yr ydym yn parhau i fonitro unrhyw dueddiadau ac yn annog y staff i adrodd am bob digwyddiad o'r fath. Eleni, rydym wedi sefydlu Grŵp Troseddau Casineb sy'n cynnwys cynrychiolwyr o blith cydweithwyr sy'n gweithio mewn Cydlyn Cymunedol ledled y gogledd, ac mewn Diogelwch yn BIPBC. Rydym hefyd wedi gweithio gyda mudiadau'r trydydd sector i roi cyngor a chefnogaeth i'n staff sy'n ddinasyddion o'r UE.

Fforwm DLIE Ranbarthol Gogledd Cymru - EYST

Ym mis Gorffennaf, cymerodd aelod o'r tîm Cydraddoldeb ran yn fforwm Rhanbarthol chwarterol Gogledd Cymru. Nod y digwyddiad oedd rhoi cyfle i'r cyfranogwyr wneud y canlynol:

- Adlewyrchu ar realaeth gweithwyr o leiafrifoedd ethnig a'r sawl sy'n chwilio am waith yn y gogledd;
- Canfod atebion a chamau i wella cyfleoedd am waith i fudwyr a phobl o leiafrifoedd ethnig;
- Rhannu gwybodaeth am gyfleoedd a mentrau newydd;
- Dysgu am gyfleoedd hyfforddi yn y gogledd;
- Amlygu arfer da yn y gogledd;
- Rhwydweithio a chyfarfod â phobl newydd.



Troseddau Casineb

SHOW RACISM THE RED CARD

Ymunodd y Bwrdd Iechyd a mudiad o'r enw "Dangoswch y Cerdyn Coch i Hiliaeth", sef prif elusen addysgol gwrth-hiliaeth y DU. Gofynnwyd i staff ddangos eu cefnogaeth ar DDYDD GWENER GWISGO COCH, ar HYDREF 18. Cafodd yr ymgyrch hon ei chefnogi'n llawn a'i hyrwyddo yn eang gan y Bwrdd ac undebau llafur (gweler yr Adroddiad Cydraddoldeb Blynnyddol ar y clawr blaen).

Yr ydym yn parhau i godi ymwybyddiaeth ledled BIPBC o'r canllawiau a ddatblygwyd gennym i helpu i gefnogi a rhoi gwybod i staff sydd wedi dioddef digwyddiadau neu droseddau casineb. Ymunodd BIPBC â mudiadau eraill o'r sector cyhoeddus ledled y gogledd ym mis Hydref 2018 i hyrwyddo negeseuon cyffredin ar gyfer Wythnos Ymwybyddiaeth Troseddau Casineb sy'n cychwyn ar ddydd Sadwrn, Hydref 13. Mae aelodau Rhwydwaith Cydraddoldeb Sector Cyhoeddus Gogledd Cymru (RhCSCGC) yn cydweithredu bob blwyddyn i ddatblygu deunydd hyrwyddo y byddwn oll yn eu defnyddio, gan gynnwys datganiadau i'r wasg a negeseuon ar y cyfryngau cymdeithasol i daflu goleuni ar droseddau casineb, annog dioddefwyr i ddweud ac i atal pobl rhag cyflawni'r troseddau hyn. I gyd-fynd â'r Wythnos Ymwybyddiaeth Troseddau Casineb eleni, ail-lansiodd BIPBC y canllawiau sydd hefyd yn cael eu hyrwyddo yn ystod hyfforddiant gorfodol Cydraddoldeb a Hawliau Dynol.

WYTHNOS YMWEYBYDDIAETH TROSEDDAU CASINEB 13-20 HYDREF 2018
HATE CRIME AWARENESS WEEK 13-20 OCTOBER 2018

**Nid yw trosedd
casineb yn iawn.**

**Hate crime
is wrong.**

Riportiwch ef • Report it



 #troseddaucasineb  #hatecrime www.report-it.org.uk

Addewid "Neb yn Gwyllo o'r Cyrion"

Yn dilyn ail-lansio'r addewid "Neb yn Gwyllo o'r Cyrion" llynedd, i ategu agwedd goddef dim y Bwrdd Iechyd at drosedd casineb neu fwlio ac aflonyddu, ymestynnwyd y gwahoddiad i "lofnodi'r addewid". Mae trafodaeth am yr addewid ac am bwysigrwydd herio pob math o fwlio, aflonyddu ac ymddygiad annerbyniol wedi'i hymgorffori yn yr hyfforddiant gorfodol Cydraddoldeb a Hawliau Dynol diwygiedig a gyflwynir wyneb-yn-wyneb.

Hyfforddiant Cydraddoldeb a Hawliau Dynol

Yr ydym yn parhau i ymdrin â chyfraddau cydymffurfio ar draws BIPBC am hyfforddiant gorfodol cydraddoldeb a hawliau dynol fel y'i gwelir yn Nhabl 2 uchod. 83% yw cyfradd gydymffurfio gyffredinol y Bwrdd Iechyd yn awr (fel ar 17 Mawrth 2020). Seilir y rhaglen ar yr adnodd e-ddysgu Cymru Gyfan "Triniwch Fi'n Deg" ac fe'i cyflwynir hefyd mewn sesiynau gweithdy wyneb-yn-wyneb dan yr enw "Hyrwyddo Tegwch".

Tabl 1: Cydymffurfio â Hyfforddiant Gorfodol Cydraddoldeb a Hawliau Dynol

Mesur: Nifer (a %) staff a gwblhaodd hyfforddiant gorfodol cydraddoldeb a hawliau dynol	Ardal y Gorllewin	Ardal Ganolog	Ardal y Dwyrain	Gofal Eilaidd	Iechyd Meddwl ac Anableddau Dysgu
(ffigyrau fel ar 17 Mawrth 2020)	86%	89%	89%	82%	88%
(31 Mawrth 2019)	89%	90%	88%	83%	88%

Fe wnaethom barhau i gynnig yr un sesiynau i bob practis meddyg teulu a deintydd annibynnol a than reolaeth ledled y gogledd, ac eto eleni, cymerodd llawer o gontractwyr annibynnol ran. Fe'n gwahoddwyd i hyfforddi 20 practis, a chafwyd derbyniad da iawn. Llun: Meddygfa Pantôn. Rydym hefyd wedi cyflwyno rhaglen o hyfforddiant Asesu Effaith Cydraddoldeb trwy ein rhaglen gweithdy sgiliau 90-munud.



Cam i reoli (CiR)



Mae Asesiad Effaith Cydraddoldeb yn parhau i fod yn ofyniad gorfodol yn y rhaglen CiR, ac y mae'n galluogi rheolwyr i ystyried effaith cydraddoldeb ac amrywiaeth wrth gyflwyno gwasanaethau i'r cyhoedd ac yn helpu i ymdrin â'r materion ynghylch anghydraddoldeb iechyd.

Gweithio Hyblyg

Ym mis Rhagfyr, hyrwyddwyd ein tudalen Mewnrwyd 'Gweithio Hyblyg a Mi' yn y Bwletin Corfforaethol i'r holl staff. Gwahoddwyd y staff i ymweld â'r dudalen a ddatblygwyd i hyrwyddo Polisi a Gweithdrefn Gweithio Hyblyg BIPBC ac i godi ymwybyddiaeth o'r cyfleoedd, a manteision arferion gweithio hyblyg i'r staff a'r sefydliad. Mae'r tudalennau yn rhoi gwybodaeth am Weithio Hyblyg a Chydbwysedd Gwaith a Bywyd yn y Bwrdd Iechyd, gan gynnwys storïau gan staff sydd wedi elwa o agwedd fwy hyblyg at eu gwaith ac enghreifftiau eraill o sut y mae gweithio hyblyg wedi helpu i ddatrys problem yn y gwasanaeth.

Engbreiffiau o Arfer Da

Bydd rhaglen gyflogaeth newydd yn helpu pobl a phroblemau iechyd meddwl i ddod o hyd i waith ac aros yn y swydd



Mae pobl sy'n cael trafferth cadw swydd oherwydd problemau iechyd meddwl yn cael eu hannog i fanteisio ar wasanaeth cefnogi newydd, y cyntaf o'i fath yng Nghymru. Nod Mi FEDRAF weithio yw helpu pobl yng ngogledd Cymru i ddod o hyd i waith ac aros yn y swydd er mwyn eu cefnogi wrth iddynt well o broblemau iechyd meddwl ysgafn i gymedrol. Mae'r prosiect peilot deudeng-mis yn cael ei arwain gan Fwrdd Iechyd Betsi Cadwaladr mewn partneriaeth â'r elusen gwasanaethau cefnogi personol CAIS, a Strategaeth Ddinesig y Rhyl, gyda chyllid gan Lywodraeth Cymru. Dyma'r gwasanaeth diweddaraf i gael ei lansio trwy ymgyrch MiFedraf y bwrdd iechyd, sydd â'r nod o roi cefnogaeth yn gynt a rhoi'r grym i bobl gymryd rheolaeth dros eu hiechyd meddwl eu hunain.

Dangosodd ymchwil fod dros draean o bobl â phroblemau iechyd meddwl ysgafn i gymedrol yn ddi-waith, ac y mae tystiolaeth gynyddol sy'n cysylltu cyflogaeth gyda gwell iechyd meddwl, lles, ac ansawdd bywyd. Seilir Mi Fedraf Weithio ar egwyddorion y rhaglen gyflogaeth Lleoliad a Chefnogaeth Unigol (IPS) a ddefnyddir ledled y byd ac sy'n cael ei hargymell gan y Sefydliad Cenedlaethol dros Ragoriaeth Iechyd a Gofal (NICE) fel y patrwm gorau i helpu pobl gydag iechyd meddwl gwael yn ôl i waith. Dyma'r tro cyntaf i'r agwedd hon gael ei mabwysiadu ar raddfa fawr yng Nghymru.

Bydd yn golygu y bydd gweithwyr iechyd proffesiynol yn cydweithio'n agos â rhwydwaith o Arbenigwyr Cyflogaeth MiFEDRAF Weithio er mwyn sicrhau bod cyflogaeth yn chwarae rhan ganolog yn adferiad pobl o broblemau iechyd meddwl. Bydd y rhaglen yn rhoi cefnogaeth ddwys a chyson i bobl ddod o hyd i waith a'i gadw, gyda chefnogaeth yn cael ei roi i gyflogwyr helpu pobl i gadw eu swyddi ar adegau anodd.

Amcan Cydraddoldeb Strategol 4

4: Arweinyddiaeth gynhwysol ar bob lefel: rhoi'r weledigaeth a'r symbyliad i hyrwyddo cydraddoldeb yn BIPBC a harneisio ynni ac ymdrechion eraill i wneud gwelliannau.

Yn BIPBC, ein gweledigaeth yw creu gogledd Cymru sy'n iachach, ac yn manteisio i'r eithaf ar gyfleoedd i bawb wireddu eu llawn botensial, a helpu tuag at leihau anghydraddoldebau ieuchyd. Er mwyn bod â sail o wybodaeth i gyfeiriad strategol y bwrdd ieuchyd, mae'n hanfodol i ni gael trosolwg a dealltwriaeth glir o'r prif bynciau sy'n wynebu pobl â gwahanol nodweddion gwarchodedig. Mae hyn yn cael ei gydnabod fel egwyddor sylfaenol allweddol yn ein cynlluniau ac y mae'n gyfrifoldeb y sefydliad cyfan. Cyhoeddir ein Cynllun Cydraddoldeb Strategol 2016-2020 ar ein gwefan a gellir ei gyrchu <https://bipbc.gig.cymru/use-of-site/cynllun-cyhoeddi/class-five-our-policies-and-procedures/cydraddoldeb-a-hawliau-dynol/cynlluniau-strategol-cydraddoldeb/> Mae hyn yn cynnwys ymrwymiad ar y cyd gan ein Cadeirydd, Prif Weithredwr a'r Aelod Annibynnol o'r Bwrdd sy'n Bencampwr Cydraddoldeb, sy'n dweud:

“Fel Bwrdd, byddwn yn gweithio i sicrhau y deallir ein hobblygiadau statudol i gyflwyno'r Ddyletswydd Cydraddoldeb Sector Cyhoeddus, a'i fod yn cael ei gyflawni. Byddwn yn parhau i graffu ar weithredu'r Cynllun **Cydraddoldeb Strategol** y cytunwyd arno gan ein Bwrdd Iechyd ym mis Rhagfyr 2015 a byddwn yn ymdrechu i sicrhau bod ein sefydliad yn rhoi gwasanaeth teg, ymatebol, cynhwysol a hygyrch i bawb.”



Strategic Equality Plan 2020-2024



Eleni, cynhaliwyd adolygiad 4 blynedd sylweddol o CCS y Bwrdd Iechyd a'r amcanion cydraddoldeb yn ôl gofynion y Ddyletswydd Statudol i adolygu ein hamcanion cydraddoldeb o leiaf bob pedair blynedd. Mae CCS diwygiedig 2020-24 yn rhoi fframwaith i helpu i sicrhau y parheir i ystyried cydraddoldeb yn iawn yn y sefydliad, gan adeiladu ar y sylfaen gref sydd yno eisoes ac yn dylanwadu ar wneud penderfyniadau ar bob lefel ar draws BIPBC at y dyfodol.

Datblygwyd yr Amcanion Cydraddoldeb diwygiedig ar sail ystyriaeth o holl waith a gweithgareddau'r Bwrdd Iechyd. Y sail o wybodaeth i hyn fu cynnwys cyflogaeth, cyflwyno gwasanaeth a datblygu polisi trwy gasglu a dadansoddi gwybodaeth o dystiolaeth genedlaethol a lleol, asesu effaith ac o ymwneud â'r staff a defnyddwyr gwasanaeth. Yr ydym wedi adolygu amrywiaeth o adroddiadau cenedlaethol gan gynnwys y Comisiwn

Cydraddoldeb a Hawliau Dynol (CCHD) a Llywodraeth Cymru, ac wedi cynnal adolygiad o'r llenyddiaeth gyfredol ac wedi ystyried proffiliau cydraddoldeb poblogaeth y gogledd.

Bydd hyn yn awr yn cynnwys asio'n agosach â Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 gyda Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014, i hyrwyddo cydraddoldeb mewn dull mwy integredig wrth i ni symud ymlaen.

Datblygu'r Sefydliad

Yr ydym wedi parhau i adeiladu ar y gwaith a wneir i sicrhau bod ein rheolwyr a'n harweinwyr yn ymwybodol o'r gallu i fod yn garedig a chynhwysol yn eu gwaith gyda staff, cydweithwyr a chleifion. Mae'r sefydliad yn cysylltu'n agos â chydweithwyr yn Gwella Addysg Iechyd Cymru (GAIC) ynghylch y gwaith a wneir ar lefel genedlaethol i asio datblygu arweinyddiaeth ar draws GIG Cymru gyfan gyda'r model Arweinyddiaeth Drugarog. Prosiect cydweithredol yw hwn gyda'r Athro Michael West a'r Kings Fund ac y mae'n agwedd at arweinyddiaeth seiliedig ar werthoedd ynghylch cynhwysiant a rhoi gwerth ar wahaniaeth ac amrywiaeth.

Bwriad ein cynnig Datblygu Arweinyddiaeth o'n rhaglen gychwynnol 'Cam i Reoli' trwodd at 'Arwain er mwyn Trawsnewid', - ein rhaglen uwch-arweinyddiaeth fwyaf newydd - yw adlewyrchu'r gwerthoedd, egwyddorion ac arferion sydd eu hangen i ddangos arweinyddiaeth gynhwysol a charedig ar draws ffiniau systemau ac yn unol â'n hymrwymadau Cydraddoldeb ac Amrywiaeth ledled BIPBC yn ogystal â fframwaith deddfwriaethol ehangach Deddf Llesiant Cenedlaethau'r Dyfodol.

Hefyd, rydym yn gweithio'n agos gyda GAIC i ddatblygu fframwaith a llwybr i reoli Doniau a Chynllunio Olyniaeth a fydd yn caniatáu i'r sefydliad roi gwell cefnogaeth i staff o bob rhan o'n gweithlu amrywiol er mwyn datblygu eu sgiliau a'u doniau a chefnogi eu gallu i fwrw ymlaen yn y sefydliad.

Llywodraethiant Cydraddoldeb a Hawliau Dynol yn BIPBC

Cryfhau organisational design and improvement

Eleni, buom yn gweithio i gryfhau mwy ar fframwaith BIPBC i wreiddio dylunio a gwelliant sefydliadol ar sail egwyddorion cydraddoldeb a hawliau dynol, sy'n angenrheidiol i gyflwyno strategaeth BIAI. Yr ydym wedi gwneud y canlynol:

- ✓ Gweithio gyda'r Comisiwn Cydraddoldeb a Hawliau Dynol i hwyluso briffio i'r Bwrdd, egluro gofynion llywodraethiant a chraffu.
- ✓ Hwyluso gweithdy gyda'r Bwrdd i fod yn sail o wybodaeth i ddatblygu'r CCS ac amcanion cydraddoldeb.
- ✓ Cryfhau llywodraethiant a chraffu AEC ar lefel Pwyllgor trwy hyrwyddo'r broses o asesu effaith cydraddoldeb fel fframwaith i helpu i wneud yn siwr fod unrhyw botensial am anfantais neu gamwahaniaethu yn cael ei nodi a'i asesu.
- ✓ Cryfhau llywodraethiant a chraffu ar AEC wrth reoli prosiectau.
- ✓ Cryfhau cynrychiolaeth o'r sefydliad cyfan ar y Fforwm Strategol Cydraddoldeb a Hawliau Dynol. Golygodd hyn nodi'r unigolion allweddol sy'n gwneud penderfyniadau ar lefel uchel i fod yn bresennol fel eiriolwyr cydraddoldeb, i wella cyfathrebu ac atebolrwydd fertigol a llorweddol.
- ✓ Codi ymwybyddiaeth o'r gofyniad i wreiddio gofynion fframwaith cyflwyno Hyrwyddo Cydraddoldeb a Hawliau Dynol Llywodraeth Cymru ym mhrosesau craidd busnesau. Yr ydym wedi egluro atebolrwydd ac wedi nodi uwch-arweinwyr i ddadansoddi prosesau allweddol yn eu meysydd cyfrifoldeb, eu strwythurau a'u systemau er mwyn sicrhau bod y safbwynt cydraddoldeb yn cael ei integreiddio i weithgareddau perthnasol gan gynnwys: cynllunio gwasanaeth, gweithgaredd, rheoli prosiectau, rheoli perfformiad, llywodraethiant, ansawdd a diogelwch, a gweithlu.
- ✓ Cryfhau craffu er mwyn gwneud yn siwr fod cynlluniau a chynigion sy'n deillio o Grwpiau Gwella yn dangos ystyriaeth o gydraddoldeb a hawliau dynol.
- ✓ Codi ymwybyddiaeth a gwneud y mwyaf o gyfleoedd i hyrwyddo ystyriaethau cydraddoldeb a hawliau dynol gyda phartneriaid y bwrdd iechyd.

Fforwm Strategol Cydraddoldeb a Hawliau Dynol (FfSCHD)

Rôl y Fforwm yw cynghori'r Bwrdd Iechyd yng nghyswllt cyfeiriad strategol cydraddoldeb, amrywiaeth a hawliau dynol, ar gyfer arferion cyflogaeth, gwella iechyd y boblogaeth, a chyflwyno gofal i gleifion.

Cyfarfu'r Fforwm yn rheolaidd yn ystod y flwyddyn, dan gadeiryddiaeth ein Cyfarwyddwr Gweithredol Gweithlu. Ymysg pynciau allweddol oedd ar agendâu'r cyfarfodydd yr oedd:-

- ✓ canoli ar gyflwyno'r dyletswyddau cydraddoldeb mewn gweithgareddau sicrhau ansawdd a phrofiad cleifion.
- ✓ canoli ar gyflwyno'r dyletswyddau mewn gweithgaredd caffael a chomisiynu
- ✓ canoli ar gyflwyno dyletswyddau yn yr Adran Iechyd Meddwl ac Anabledd Dysgu
- ✓ canoli ar gyflwyno'r Dyletswyddau Cydraddoldeb mewn Strategaeth a Chynllunio
- ✓ canoli ar: gyflwyno'r Dyletswyddau Cydraddoldeb mewn Gweithlu a DT
- ✓ datblygu drafft o Gynllun Cydraddoldeb a Hawliau Dynol 2020-2024
- ✓ Briffio i Weinidogion: Bwriad Llywodraeth Cymru i roi blaenoriaeth uchel iawn ar hyrwyddo a diogelu cydraddoldeb a hawliau dynol yng Nghymru.
- ✓ Cynllun Cenedl Noddfa, Ffoaduriaid a Cheiswyr Lloches
- ✓ Briffio CCHD i'r Bwrdd a chyfoesiad am y Ddyletswydd Cymdeithasol-Economaidd.

Grŵp Gweithredol Cydraddoldeb (GGC)

Mae cylch gorchwyl y grŵp hwn yn cael ei adolygu i asio gydag amcanion y Cynllun Cydraddoldeb Strategol newydd am 2020-2024. Yn y dyfodol, teitl y grŵp fydd: Grŵp Cyflwyno Cydraddoldeb (GCC).

Enghreifftiau o Arfer Da

Wrolegydd yn Ysbyty Gwynedd yn derbyn MBE am waith gwirfoddol



Mae meddyg o Ysbyty Gwynedd wedi ei gydnabod â'r MBE am ei waith gwirfoddol a chymunedol sydd wedi newid bywydau cannoedd o bobl. Derbyniodd y Dr Ashok Kumar Bhuvanagiri yr MBE am wasanaethau i Gydlynad Diwylliannol ac elusennau.

Er iddo dreulio'r rhan fwyaf o'i fywyd proffesiynol fel meddyg yn trin cleifion a phroblemau wroleg, ei waith gwirfoddol fel arweinydd cymunedol sy'n ei osod ar wahân i eraill. Tra bu'n byw yn yr Alban, rhoes lawer o amser i hyrwyddo cymhathu diwylliannol rhwng cymunedau yn yr Alban oedd ar wahân. Yn 2002, ffurfiodd Gymdeithas Telugu yr Alban, gan greu fforwm i fewnfudwyr o India rannu eu profiadau ac ymwneud â'r cymunedau lleol. Bellach, tyfodd y gymdeithas o fod yn fudiad gwirfoddol lleol oedd yn helpu ychydig o bobl, i elusen gydnabyddedig sy'n cael effaith ar filoedd o bobl ar hyd a lled yr Alban.

Mae hefyd yn aelod o nifer o grwpiau a mudiadau eraill megis Grŵp Craidd Cydraddoldeb Cyngor Gwynedd a'r Grŵp Gweithredol Hawliau Dynol i Fwrdd Iechyd Prifysgol Betsi Cadwaladr. Mae hefyd yn un o ymddiriedolwyr Cymdeithas Cyfeillion India Bangor.

Dywedodd y Dr Bhuvanagiri, a ymunodd ag Ysbyty Gwynedd yn 2014, ei fod wrth ei fodd i dderbyn MBE gan y Frenhines am ei waith.

Grŵp Rhanddeiliaid Cydraddoldeb (GRhC)

Yn y Grŵp hwn, mae unigolion a mudiadau'r trydydd sector sydd wedi cytuno i weithio gyda ni i helpu i graffu a bod yn sail o wybodaeth i'n gwaith cyson ar gydraddoldeb a hawliau dynol ar draws yr holl nodweddion gwarchodedig, ac y mae'n cynnwys canoli yn benodol ar y rhwystrau sy'n dod i ran pobl anabl. Mae aelodau ein GRhC yn gweithio gyda ni i roi arbenigedd yn barhaus. Bydd aelodau'r grŵp yn nodi meysydd blaenoriaeth allweddol i'w trafod a thrwy hynny bennu agenda cyfarfodydd. Ymhlith y pynciau a nodwyd ar gyfer eu trafod yn ystod y flwyddyn o Ebrill 2019 i Fawrth 2020 mae:

- ✓ Datblygu'r Cynllun Cydraddoldeb Strategol
- ✓ Cyflwyniad ar Awtistiaeth
- ✓ Trosolwg o'r Strategaeth Gweithlu
- ✓ Ffilm Rhwydwaith Trawsryweddol UNIQUE
- ✓ Ymgynghoriad ar adolygu Taflen Sgrinio Llygaid i Bobl â Diabetes
- ✓ Cyflwyniad gan y tîm Diogelu ar yr hyfforddiant – Trais yn erbyn Menywod, Trais Domestig a Thrais Rhywiol (VAWDASV)
- ✓ Cynllun Teithio ar gyfer safle Ysbyty Glan Clwyd

Bob chwe mis, byddwn yn cynhyrchu llythyr newyddion cryno, sydd ar gael i aelodau GRhC. Mae hyn yn helpu i roi gwybodaeth am weithgareddau cyfredol BIPBC ar gydraddoldeb a hawliau dynol ac eitemau eraill o ddiddordeb, gan gynnwys cyfarfodydd y dyfodol ac eitemau i'w rhoi ar yr agenda.

Grŵp Craffu Asesiad Effaith Cydraddoldeb

Mae rhanddeiliaid mewnol ac allanol ar y grŵp hwn, ac y maent yn craffu ac yn cynghori ar asesiadau effaith cydraddoldeb ar strategaethau a pholisïau allweddol BIPBC sy'n dod i'r amlwg. Ymysg yr AEC a ystyriwyd gan aelodau eleni yr oedd:-

- ✓ Gofal yn Nes at Adref
- ✓ Strategaeth Gweithlu a Datblygu Sefydliadol
- ✓ ADTRAC (rhaglen y Gronfa Gymdeithasol Ewropeaidd i helpu pobl ifanc i gyrchu gwaith, addysg a hyfforddiant, a gyflwynwyd gan Grŵp Llandrillo Menai gyda chefnogaeth gan BIPBC a chynghorau lleol).
- ✓ Rhaglen Gwella Trawsnewid Anghydraddoldeb Iechyd (HIIT)
- ✓ Strategaeth Dementia Gogledd Cymru

Fframwaith Cyflwyno GIG Cymru 2019-20

Mae Fframwaith Cyflwyno GIG Cymru yn mesur y GIG trwy gydol y flwyddyn o ran cyflwyno gwasanaethau a phrosesau sy'n cyfrannu at amcanion Fframwaith Deilliannau Iechyd Cyhoeddus i Gymru, ac yn y pen draw, ddangosyddion cenedlaethol 'Cymru Iachach' Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. I gryfhau'r agwedd hon, nodwyd nifer o fesurau cyflwyno newydd yn 2017, oedd yn cynnwys cydraddoldeb. Mae

hyn yn ategu'r modd y mae'n rhaid i'r Bwrdd lechyd ystyried sut y gall gyfrannu'n gadarnhaol at gymdeithas decach trwy hyrwyddo cydraddoldeb a chysylltiadau da mewn gweithgareddau bob-dydd.

Cyhoeddir adroddiad ansoddol ddwywaith y flwyddyn yn rhoi manylion am hyrwyddo cydraddoldeb a chysylltiadau da yng ngweithgareddau beunyddiol BIPBC ar 31 Hydref a 30 Ebrill. Mae hwn bellach yn ffurfio rhan o Adroddiad Perfformiad Integredig cyffredinol y sefydliad.

Ymlaen i'r Dyfodol

Yr ydym yn croesawu agwedd newydd a phendant Llywodraeth Cymru at gryfhau, hyrwyddo a diogelu cydraddoldeb, cyfiawnder cymdeithasol a hawliau dynol yng Nghymru. Mae Rheoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011, dechreuad Rhan un Deddf Cydraddoldeb, y Ddyletswydd cymdeithasol-economaidd, Deddf Llesiant Cenedlaethau'r Dyfodol 2015 a hefyd Deddf Gwasanaethau Cymdeithasol a Llesiant 2014 oll yn cynrychioli cyfle sylweddol i ddatblygu agwedd fwy trefnus at hyrwyddo cydraddoldeb yn y gogledd. Adlewyrchwyd hyn yn ein Cynllun Cydraddoldeb Strategol 2020-24.

Heriau Allweddol

Gwnaed cynnydd da dros llynedd wrth nodi cyfleoedd i hyrwyddo ystyriaethau cydraddoldeb prif-ffrwd mewn systemau a phrosesau yn BIPBC. Fodd bynnag, yr her allweddol o hyd yw cynyddu gallu'r sefydliad i weithredu'n gyson o safbwynt cydraddoldeb a hawliau a chynnal a chraffu ar Asesiadau Effaith Cydraddoldeb (AEC) er mwyn cryfhau mwy ar ein prosesau gwneud penderfyniadau.

Ein Hamcanion Cydraddoldeb

Mae ein hamcanion cydraddoldeb yn ymgorffori ymrwymiad y Bwrdd i fynd i'r afael â rhwystrau i gydraddoldeb a chynhwysiant. Nid yw hon yn rhestr gyflawn; fodd bynnag, y mae yn amlinellid o'n canoli strategol allweddol ar gyfer y dyfodol 2020-2024

Amcan 1: Byddwn yn blaenoriaethu camau i helpu i adnabod a lliniaru effaith tlodi i'r sawl sy'n derbyn gofal iechyd ac sydd yn byw, neu mewn perygl o fyw, ar aelwydydd incwm isel yn y gogledd.

Amcan 2: Byddwn yn blaenoriaethu camau i leihau anghydraddoldebau iechyd a chynyddu hygyrchedd gofal iechyd i bobl sy'n rhannu gwahanol nodweddion gwarchodedig yn y gogledd.

Amcan 3: Byddwn yn blaenoriaethu camau i ymateb i ddatblygiadau polisi a chyfreithiol allweddol mewn gofal iechyd i bobl sy'n rhannu gwahanol nodweddion gwarchodedig yn y gogledd.

Amcan 4: Byddwn yn blaenoriaethu camau i hyrwyddo cydraddoldeb rhwng y rhywiau yn y gogledd.

Amcan 5: Byddwn yn blaenoriaethu camau i ymdrin â diogelwch personol i bobl sy'n rhannu gwahanol nodweddion gwarchodedig sy'n mynd at wasanaethau iechyd yn y gogledd.

Amcan 6: Byddwn yn ymwneud mwy ag unigolion a grwpiau sy'n rhannu gwahanol nodweddion gwarchodedig yn y gogledd.

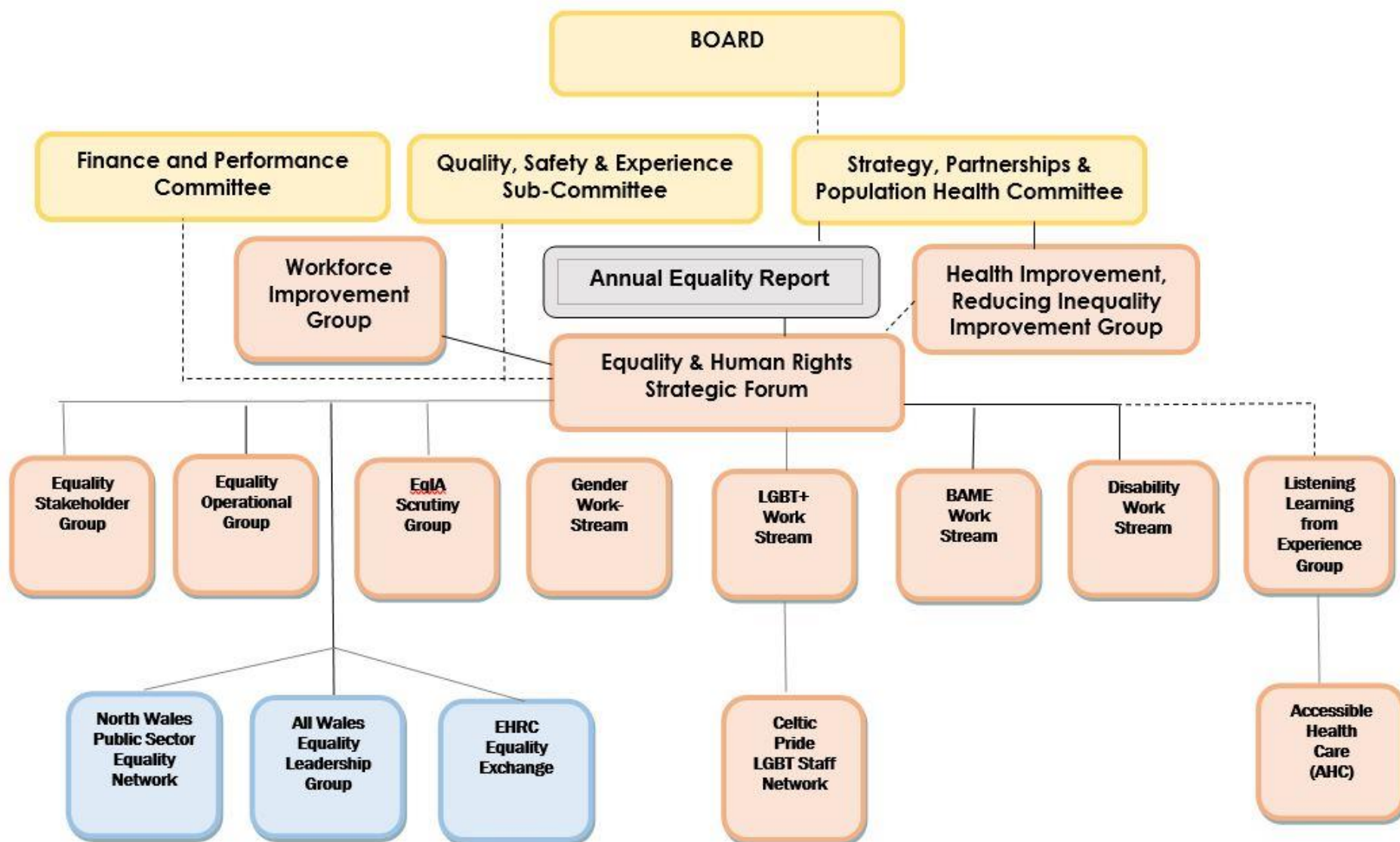
Amcan 7: Byddwn yn blaenoriaethu camau i gynyddu cyfranogi i bobl sy'n rhannu gwahanol nodweddion gwarchodedig mewn gwasanaethau iechyd ledled y gogledd.

Amcan 8: Byddwn yn blaenoriaethu camau i ddatblygu diwylliant cynhwysol lle mae arweinwyr fel mater o drefn yn dangos eu hymrwymiad i hyrwyddo cydraddoldeb yn BIPBC a thu hwnt a galluogi gweithlu teg a chynhwysol.

Mae ein blaenoriaethau ar gyfer 2020 i 2021 yn cynnwys:

- ✓ Datblygu proses systemaidd wedi'i chynllunio i gynghori'r sefydliad yng nghyswllt newidiadau yn nhirwedd deddfwriaeth cydraddoldeb yng Nghymru a sut y mae hyn yn cael ei integreiddio i ffrydiau gwaith.
- ✓ Cryfhau'r cynllun sefydliadol ar sail yr egwyddorion cydraddoldeb sy'n angenrheidiol i gyflwyno amcanion y Cynllun Cydraddoldeb Strategol (CCS).
- ✓ **Cryfhau rheolaeth perfformiad gweithredoedd Blwyddyn 1 y CCS ledled y sefydliad, a'u gwreiddio yn y fframweithiau sy'n bodoli eisoes gan gynnwys adolygiadau atebolrwydd yr economi iechyd.**

Atodiad 1: Llywodraethiant Cydraddoldeb a Hawliau Dynol



Atodiad 2: Adroddiad am y Bwlch Tâl rhwng y Rhywiau 2020



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Adroddiad Bwlch Tâl Rhwng y Rhywiau 2020

Cyflwyniad

Mae Rheoliadau Deddf Cydraddoldeb 2010 (Gwybodaeth Bwlch Tâl Rhwng y Rhywiau) 2017 yn gosod allan y gofynion i fudiadau gyda mwy na 250 o weithwyr i weithio allan a chyhoeddi eu gwybodaeth am flwch y tâl rhwng y rhywiau. Mae mwy o dryloywder o ran adrodd am y bwlch tâl rhwng y rhywiau wedi'i fwriadu i helpu mudiadau i ddeall yn well yr hyn sy'n achosi bylchau mewn tâl cyfartalog rhwng dynion a menywod a pharhau â'r bylchau, ac i annog mudiadau i gymryd camau i fynd i'r afael â hwy.

Cred Bwrdd Iechyd Prifysgol Betsi Cadwaladr (BIPBC) fod bod yn agored a thryloyw ynghylch bylchau tâl yn ein helpu i gyrraedd ein hamcan o "Ddod yn Gyflogwr Dewis". Yr ydym felly wedi penderfynu mynd y tu hwnt i'r gofynion cyfreithiol penodol sydd yn Rheoliadau Deddf Cydraddoldeb 2010 (Dyletswyddau Statudol) (Cymru) 2011 a chyhoeddi'r adroddiad bwlch tâl hwn yn wirfoddol ar sail Rheoliadau 2017.

Dyma'n hail Adroddiad Bwlch Tâl Rhwng y Rhywiau. Mae'r holl ffigurau yn seiliedig ar ddata a gymerwyd o systemau cyflogres CSE (Cofnod Staff Electronig) y GIG fel ar y dyddiad diweddaraf y cymerwyd ciplun (31 Mawrth 2019).

Mae'r adroddiad hwn yn cynnwys y canlynol:-

- Cyfraddau Cyfartalog a Chanolrifol yr Awr a Bylchau Tâl
- Bonws Cyfartalog a Chanolrifol a Bylchau Tâl
- Cyfran y staff sy'n derbyn bonws
- Nifer a chanrannau gwrywod a menywod wedi'u rhannu yn bedwar grŵp (Chwartel Tâl) yn nhrefn y tâl isaf i'r uchaf.

Tabl 1. Cyfraddau Cyfartalog a Chanolrifol yr Awr a Bylchau Tâl

Rhyw	Cyfradd Gyfartalog yr Awr (£c yr awr)	Cyfradd Ganolrifol yr Awr (£c yr awr)
Gwryw	21.11	15.81
Benyw	15.56	14.19
Gwahaniaeth	5.55	1.04

Bwlch Tâl %	26.29%	10.26%
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Diffinnir y bwlch tâl rhwng y rhywiau fel y gwahaniaeth rhwng y gyfradd tâl gymedrig neu ganolrifol yr awr y mae gweithwyr gwryw a benyw yn dderbyn.

Y bwlch tâl cymedrig yw'r gwahaniaeth rhwng enillion cyfartalog yr awr i ddynion a menywod. Y bwlch tâl canolrifol yw'r gwahaniaeth rhwng y pwyntiau canol yn amrediadau enillion dynion a menywod yr awr. Mae'n cymryd yr holl gyflogau yn y sampl, yn eu rhoi mewn trefn o'r isaf i'r uchaf, ac yn dewis y cyflog yn y canol.

Mae'r ffigyrau uchod yn amlygu bwlch rhwng y cyflog cyfartalog yr awr a delir i ddynion a menywod yn y sefydliad. Cynhaliwyd mwy o ymchwil i ddeall yn well pam fod y bylchau hyn yn bod, a'r dangosyddion cychwynnol yw y gellid priodoli hyn i'r niferoedd uchel o fenywod yn rhai o'r graddfeydd is, yn ogystal â chyfran uchel o ddynion mewn graddfeydd uwch, lle nad yw'r niferoedd staff mor fawr. Cadarnheir hyn gan y niferoedd a ddangosir yn Nhabl 4 a'r graff sydd gydag ef.

Mae adrodd am fwllch tâl rhwng y rhywiau yn wahanol i dâl cyfartal- mae a wnelo tâl cyfartal â'r gwahaniaethau tâl rhwng dynion a menywod sy'n gwneud yr un swyddi, swyddi tebyg neu waith o werth cyfartal. Yr ydym yn hyderus fod dynion a menywod yn cael eu talu'n gyfartal am wneud swyddi cyfatebol ar draws BIPBC. Mae dros 93% o staff BIPBC yn cael eu talu yn ôl Telerau ac Amodau Agenda Newid y GIG – rhain yw'r cytundebau cenedlaethol ar dâl ac amodau gwasanaeth i staff y GIG ar wahân i reolwyr a staff meddygol ar yr haen uchaf un.

Tabl 2. Bonws Cyfartalog a Chanolrifol a Bylchau Tâl**

Rhyw	Bonws Cyfartalog (£)	Bonws Canolrifol (£)
Gwryw	11,231	9,873
Benyw	8,822	6,860
Gwahaniaeth	2,409	3,013
Bwlch Tâl %	21.45%	30.52%

Yn unol â'r gofynion am adrodd, mae ein bwlch bonws cymedrig o 24.0% yn seiliedig ar fonysau gwirioneddol ac felly nid yw'n ystyried gweithio rhan-amser.

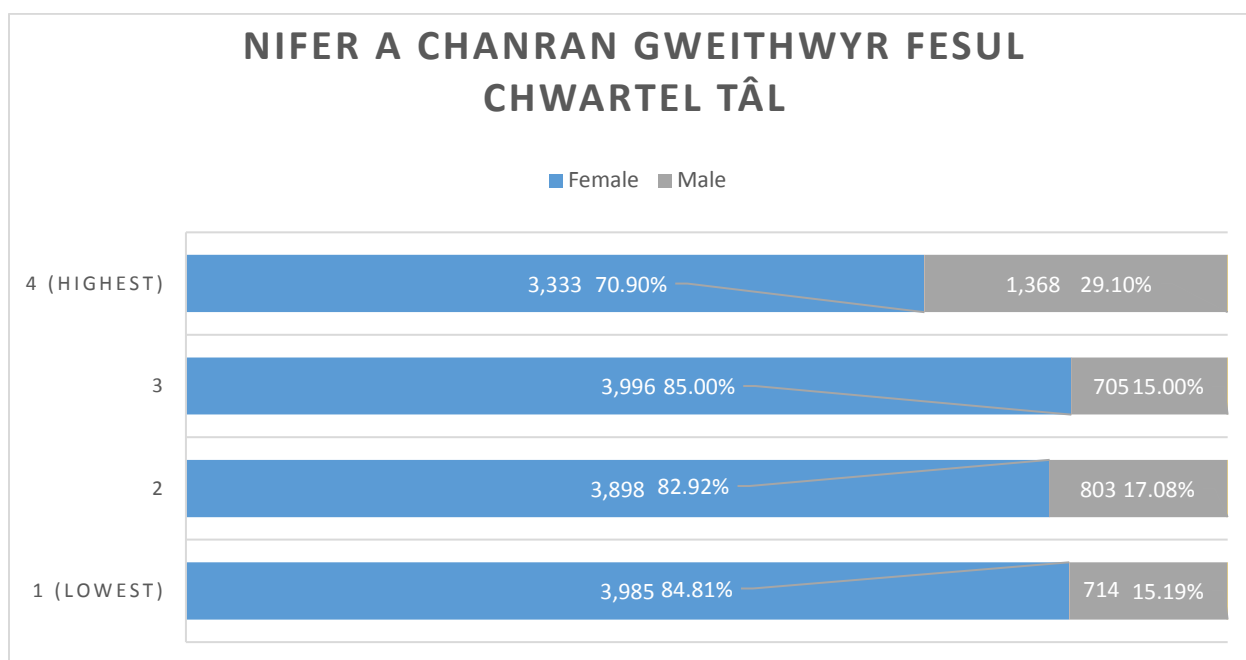
Tabl 3. Cyfran staff yn derbyn bonws **

Rhyw	Gweithwyr y Talwyd Bonws Iddynt	Cyfanswm Gweithwyr Perthnasol	%
Gwryw	226	4,405	5.13%
Benyw	78	17,091	0.46%

** Mae taliadau bonws yn cynnwys Dyfarniadau Rhagoriaeth Glinigol ac Ymrwymiad a delir i staff meddygol.

Tabl 4. Nifer a chanran Gweithwyr fesul Chwarterel Tâl

Chwarterel Tâl	Benyw	Benyw %	Gwryw	Gwryw %
1 (Isaf)	3,985	84.81%	714	15.19%
2	3,898	82.92%	803	17.08%
3	3,996	85.0%	705	15.0%
4 (Uchaf)	3,333	70.9%	1,368	29.1%



Mae'r tabl a'r graff yn dangos sut y mae'r cyfrannau o fenywod a dynion yn newid o'r chwarteli tâl isaf i'r uchaf, sy'n golygu bod llai o fenywod na dynion yn cael eu cyflogi mewn swyddi uwch.

Casgliadau a Chantau Nesaf

Mae gweithlu'r Bwrdd Iechyd yn fenywaidd yn bennaf; mae hyn yn debyg i'r rhan fwyaf o sefydliadau'r GIG. Tra bod cyfraddau cyflog cenedlaethol, a gefnogir gan brosesau cyflogau cychwynnol a chynnydd tâl lleol wedi eu bwriadu i gefnogi cydraddoldeb a thegwch, yr ydym wedi gweld bod bwlch tâl rhwng y rhywiau ar draws y gweithlu. Yr ydym yn gweithio i ddeall y materion hyn yn well. Daeth nifer o themâu i'r amlwg a fydd yn cael eu hasio gyda Strategaeth Gweithlu a Blaenoriaethau Allweddol BIPBC:-

- 1. Cydbwysedd gwaith a bywyd**
- 2. Rhwydweithiau a Mekanweithiau Cefnogi**
- 3. Datblygu a Hyfforddiant Sefydliadol**
- 4. Recriwtio, Cadw a Chynnydd**

Datganiad gan ein Cyfarwyddwr Gweithredol Datblygu Gweithlu a Sefydliadol

Mae ein sefydliad yn cyflogi dros 17,000 o bobl, a'r rhan fwyaf ohonynt yn byw mewn cymunedau ar hyd a lled gogledd Cymru. Mae blaenoriaethau strategol y Bwrdd Iechyd yn cael eu cefnogi gan ein Strategaeth Gweithlu sydd yn nodi sut y dylai'r gweithlu edrych a theimlo a sut y mae angen iddynt weithredu er mwyn cael y canlyniadau iawn i bobl y gogledd. Mae creu diwylliant o gynhwysiant, tegwch a chydraddoldeb ar draws ein gweithlu wrth graidd ein Strategaeth Gweithlu; mae hyn yn adlewyrchu amcanion cydraddoldeb strategol y Bwrdd Iechyd ac fe'i cefnogir gan gorff cynyddol o dystiolaeth, sydd yn cydberthynu cynhwysiant, lles ac ymwneud y gweithlu ag ansawdd iechyd a'r gofal a gaiff y bobl yr ydym yn eu gwasanaethu. Rydym yn ymdrechu i fod yn gyflogwr teg a chynhwysol, sydd wedi ymrwymo i fynd i'r afael ag anghydraddoldeb a gweithredu i leihau'r bwlch tâl rhwng y rhywiau.

Atodiad 3: Gwerthoedd Arweinyddiaeth



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Rhinweddau a Gwerthoedd Personol

Byddaf:

- Bob amser yn ymddwyn yn unol â gwerthoedd y sefydliad a'u hyrwyddo
- Bob amser yn herio ymddygiad gwael ac yn rheoli perfformiad gwael yn weithredol
- Yn broffesiynol ac yn cynnal optimistaeth mewn sefyllfaoedd o straen

Ni fyddaf yn:

- Ymddwyn mewn ffordd sy'n cyfaddawdu gwerthoedd y sefydliad
- Anwybyddu ymddygiad gwael nac yn derbyn perfformiad gwael
- Colli fy mhroffesiynoldeb mewn sefyllfaoedd o straen

Rhinweddau a Gwerthoedd Personol

Arwain Unigolion a'u Datblygu

Byddaf:

- Bob amser yn ymddwyn er budd y claf / defnyddwyr gwasanaeth
- Yn cyflawni addewidion yn gyson
 - Bob amser yn dangos agwedd gadarnhaol
 - Yn dynodi ymdrech a'i ganmol, nid llwyddiannau yn unig
 - Bob amser yn annog unigolion i edrych am ffyrdd o wella'r gwasanaeth

Ni fyddaf yn:

- Ymddwyn mewn ffordd sy'n rhoi ychydig o ystyriaeth neu ddim o gwbl i anghenion cleifion a defnyddwyr gwasanaeth
- Gaddo gormod a than ddarparu
- Aros yn y cefndir a dangos diffyg perchnogaeth

Arwain Unigolion a'u Datblygu

Balch o Arwain

Arwain y Sefydliad a'i Ddatblygu

Byddaf:

- Yn rhannu straeon o lwyddiant sy'n creu balchder mewn llwyddiannau
- Yn hyrwyddo meddylfryd o uchelgais ar gyfer unigolion, y tîm a'r sefydliad
- Yn arwain drwy esiampl, bod yn dosturiol ac anelu am ragoriaeth
- Bob amser yn cymryd camau rhagweithiol i ddatblygu aelodau'r tîm

Ni fyddaf yn:

- Gosod amcanion a thargedau aneglur
- Goddef cyffredinedd ac yn gwneud esgusodion am berfformiad gwael neu amrywiol
- Rhoi adborth anghytbwys (gormod o ganmol neu ddim digon)
- Pwysleisio beth sydd yn anghywir yn hytrach na beth sy'n mynd yn dda
- Anwybyddu anghenion datblygu fy nhim

Arwain y Sefydliad a'i Ddatblygu

Arwain y Ffordd Ymlaen

Byddaf:

- Yn edrych ar y cyfleoedd a'u pwysleisio pan mae anawsterau'n codi
- Bob amser yn gwrando ar safbwyntiau eraill i ddatblygu datrysiad ar y cyd
- Yn cynnwys aelodau o'r tîm wrth gynllunio newid gwasanaeth a'i ddarparu
- Yn ymgysylltu â staff, rhanddeiliaid mewnol ac allanol a'r cyhoedd

Ni fyddaf yn:

- Gwthio fy syniadau fy hun ymlaen ac yn anwybyddu safbwyntiau eraill
- Eithrio'r tîm rhag cynllunio newid gwasanaeth
- Derbyn diwylliant o ddiffyg cyd-drefniant a negyddoldeb
- Methu ag ymgysylltu'n addas â staff, rhanddeiliaid mewnol ac allanol a'r cyhoedd

#BIPBCBalch



Bwrdd Iechyd Prifysgol
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To improve health and provide excellent care

Committee Chair's Report

(April 2019 to March 2020)

Name of Committee:	International Health Group (IHG)
Meeting dates:	10.6.19, 9.9.19, 3.12.19, 27.1.20
Name of Chair:	Grace Lewis Parry, Board Secretary (until September 2019) Gill Harris, Deputy CEO (from September 2019)
Responsible Director:	Grace Lewis Parry, Board Secretary (until September 2019) Gill Harris, Deputy CEO (from September 2019)
Summary of business discussed:	<p>The IHG was established in 2017 to advise the Board on fulfilling its responsibilities, as a public body in Wales, for international development. These responsibilities include meeting the expectations set out in the national Charter for International Health Partnerships in Wales and promoting the potential for international health engagement for the benefit of patients, staff and the wider population.</p> <p>The Board Secretary was the Board's Director level Lead for International Health for the first half of this reporting period, and the Deputy CEO/Executive Director of Nursing & Midwifery has fulfilled the role for the rest of the reporting period and to date.</p> <p>The Group's terms of reference require an update on its activities to be submitted to the Strategy, Partnerships and Population Health Committee. The main areas of business covered during the 2019/20 reporting period were:</p> <ul style="list-style-type: none"> • Best practice relating to equipment donation and meeting Customs requirements • The drafting of video/photography/audio recording guidelines • Member's meeting with the Minister for International Relations • Informatics and IT support for health links • Kenya, Ethiopia and Lesotho link activities • Plans for a return visit to Busia Hospital, Kenya • Funding and grant applications • Safety without Borders guidelines • National Charter Implementation Toolkit and minutes • Charitable fund advisor training • Update from the Chief Information Officer

	<ul style="list-style-type: none"> • Hub Cymru Africa updates • Preparing to Volunteer training • Wales Council for Voluntary Action Permission to Use Photographs guidance • Planning for the Board workshop – international health session • Wales for Africa Health Links Network (WfAHLN) conference • Presentations given at the International Health Partnerships Charter re-commitment event • Charitable funds statements • Successful visit to Hossana Hospital, Ethiopia • Strengthening governance arrangements linked to international health partnerships work • Production of an international health publicity podcast • Proposal to establish an overseas medical student scheme • Indemnity arrangements • Charity regulations update • Annual Quality Statement Wales for Africa requirements. <p>Further detail is available here.</p>
Key assurances provided at this meeting:	<ul style="list-style-type: none"> • The Health Board, through the work of the IHG, is fulfilling its obligation to support international health development, and good governance arrangements are in place. The Board affirmed its support for international health partnerships at its workshop held in February 2020.
Key risks including mitigating actions and milestones	<ul style="list-style-type: none"> • Lack of funding (eg as a result of unsuccessful grant applications) is a risk to international health work, as this could hamper volunteers' ability to go on overseas visits to help partners in low resource settings; IHG members have raised money through local fundraising initiatives. • Partners in low resource settings could be at a disadvantage in the volunteer / recipient relationship, hence the development of safeguards such as the guidelines referred to above. • The Covid-19 pandemic declared towards the end of the reporting period covered by this paper has inevitably disrupted international health partnerships work. The IHG was suspended as a result of the health emergency and the situation will continue to be monitored with a view to identifying the appropriate time for this work to resume.
Special Measures Improvement Framework Theme/Expectation addressed	Leadership, Governance.

Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None.
Well-being of Future Generations Act Sustainable Development Principle	International Health work contributes to the global citizenship well-being goal.
Planned business for the next meeting:	Post-Covid-19 / business as usual recovery plans
Date of next meeting:	To be confirmed following return to business as usual.

V1.0

Cyfarfod a dyddiad: Meeting and date:	Strategy, Partnerships and Population Health Committee 9.6.20					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public					
Cyfarwyddwr Cyfrifol: Responsible Director:	Mark Wilkinson, Executive Director Planning and Performance					
Awdur yr Adroddiad Report Author:	Diane Davies, Corporate Governance Manager					
Craffu blaenorol: Prior Scrutiny:	None					
Atodiadau Appendices:	None					
Argymhelliad / Recommendation:						
The Committee is asked to note the report						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information ✓
Sefyllfa / Situation:						
To report in public session on matters previously considered in private session						
Cefndir / Background:						
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.						
Asesiad / Assessment						
The Strategy, Partnerships and Population Health Committee considered the following matters in private session on 5.3.20						
<ul style="list-style-type: none"> Developing BCU's annual plan 2020/21 and beyond 						