

Bundle Health Board 22 June 2023

- 1 PRELIMINARY MATTERS
- 2 HB23.131 Welcome, introductions and apologies for absence
- 3 HB23.132 Declarations of Interest on current agenda
- 4 HB23.133 A review of the Declarations of Interest Register and of the Register of Gifts and Hospitality
– Interim Board Secretary
HB23.133 Register of Board Members Declarations of Interest 2023–24 for the website (June 2023).docx
- 5 HB23.134 VOICE OF THE PATIENT AND THE PUBLIC
- 6 HB23.135 Questions from the public – Interim Board Secretary (verbal)
- 7 HB23.136 STRATEGIC
- 8 HB23.137 Annual Delivery Plan – Executive Director of Transformation, Strategic Planning and Commissioning
HB23.137a Board paper Annual Plan 22 June 2023 v2.docx
HB23.137b Annual Delivery Plan 23.06.20.pdf
HB23.137c June23 Board-annual plan-bilingual.pdf
HB23.137d IAST Annual Plan 2023–24 v2.docx
- 9 HB23.138 Special Measures Change Control Report
HB23.138a FINAL – 2023–06–22 – Health Board Special Measures Change Control.docx
- 10 HB23.139 Smoke Free Policy – Deputy Director of Workforce
HB23.139a Smoke Free Policy Board Coversheet – Final.docx
HB23.139b Smoke Free Policy WP31 – FINAL v1.15.docx
HB23.139c Smoke Free Policy WP31 – EQIA 2022 – final.docx
- 11 HB23.140 Quality, Safety and Experience Committee Report from meeting on 19.5.23 – Independent Member
HB23.140 QSE Chair Assurance Report 19.5.23 v1.0.docx
- 12 HB23.141 CLOSING BUSINESS
- 13 HB23.142 Items to Refer to Committees
- 14 HB23.143 Identification of new risks
- 15 HB23.144 Summary of Private Board Business – Interim Board Secretary (verbal)
- 16 HB23.145 Date of Next Meeting (27.7.23) and arrangements (venue to be confirmed)

Register of Board Members Declarations of Interest 2023-24

Name	Position	From	To	Declarations
Dyfed Edwards	Independent Member/Chair	01.04.23	31.03.24	<ul style="list-style-type: none"> • I am a member of Plaid Cymru • I am a member of CND Cymru • I am a member of the Institute of Welsh Affairs • I am a member of Capel Calfaria, Penygroes • I am a member of Clwb Rygbi Caernarfon • I am a Non-Executive Director of Antur Nantlle Cyf. • I am a former Non-Executive Director of the Welsh Finance Authority (closed 27/02/2023) • I am a former Non-Executive Director of Public Health Wales (closed 27/02/2023) • I am a Commissioner, North Wales Transport Commission • I am a member of the Welsh Language Partnership Council, Welsh Government • My family and I are users of Corwen House health services, Penygroes • My wife is employed by Betsi Cadwaladr University Health Board as a Lead Practice Education Facilitator • My sister-in-law is employed by Betsi Cadwaladr University Health Board as a Sonographer
Clare Budden	Independent Member	01.04.23	31.03.24	<ul style="list-style-type: none"> • I am the CEO and a Board member of ClwydAlyn Housing Ltd. ClwydAlyn owns 6300 homes across North Wales. These comprise registered care and Nursing homes; Extra Care Housing; Supported Living for people who have been homeless; homes for people with Learning

				<p>disabilities and other vulnerabilities and general social housing; affordable housing and low-cost home ownership. ClwydAlyn provides Step up/step down accommodation in partnership with BCUHB; hosts an ICan Centre; receives CHC funding for care placements and likely provides homes to a number of BCUHB employees.</p> <ul style="list-style-type: none"> • My husband and son work for North East Wales community equipment service- a partnership between BCUHB and Flintshire and Wrexham councils. • I Chair the North Wales and Mersey Dee Business Council. • I am member of the Welsh Government Ending Homelessness National Advisory Board. • I am a Fellow of the Chartered Institute of Housing. <p>(Appointed from 02.05.23, previously as Associate Member)</p>
Fon Roberts	Associate Member	01.04.23	31.03.24	Nothing to declare
Karen Balmer	Independent Member	01.04.23	31.03.24	<ul style="list-style-type: none"> • Director at IK Tech Limited • Director at Nant Mill Community Trust • Director at Skill Hive C.I.C
Gill Harris	Executive Director of Integrated Clinical Delivery	01.04.23	31.03.24	Nothing to declare
Cllr Dyfed Jones	Independent Member	01.04.23	31.03.24	<ul style="list-style-type: none"> • Co-Director of Cwmni Penllanw Cyf • Employee of Gwynedd County Council (until 30/06/23) • I am an elected member of Anglesey County Council

				<ul style="list-style-type: none"> I am a member of Plaid Cymru (Appointed from 23.05.23)
Rhian Watcyn Jones	Independent Member	01.04.23	31.03.24	<ul style="list-style-type: none"> Trustee and Chair of Hanes Llandocho (charity) Community Councillor (currently on sabbatical)
Prof Mike Larvin	Independent Member	01.04.23	31.03.24	Nothing to declare (Appointed from 10.04.23)
Lesley Singleton	Independent Member	01.04.23	31.03.24	Nothing to declare (Appointed from 02.05.23, resigned 01.06.23)
Jane Wild	Associate Member	01.04.23	31.03.24	Trustee and Honorary Secretary of the British Society of Audiology (BSA). The BSA produces national clinical guidelines and procedures.
Gareth Williams	Independent Member	01.04.23	31.03.24	<ul style="list-style-type: none"> Director, Galdeford Investments Ltd. Director, Ludlow and District Community Association Ltd. T/As Ludlow Assembly Rooms Chair and Director, Mid Wales Opera Ltd. Member of the Labour Party (in England) and Treasurer of Ludlow Constituency Labour Party Employed (2-3 days per month) as Chair of the Expert Panel to the Independent Commission on the Constitutional Future of Wales
Carol Shillibeer	Interim Chief Executive Officer	01.04.23	31.03.24	Member of the Royal College of Nursing. (Appointed from 03.05.23)
Phil Meakin	Interim Board Secretary	01.04.23	31.03.24	My wife works in Cheshire and Merseyside Integrated Health Board as a Project Support Officer in the field of Mental Health. (Appointed from 18.04.23)
Dr Nick Lyons	Executive Medical Director	01.04.23	31.03.24	<ul style="list-style-type: none"> I am a member of the British Medical Association My wife works as a physiotherapist in the North Wales Cancer service in Ysbyty Glan Clwyd

				<ul style="list-style-type: none"> • I have a leadership role in a local Church that provides social care in the Vale of Clwyd (but does not have nor seek contracts with NHS) • I provide appraisals for senior NHS medical staff in NHS England on a “pro-bono” basis • I was a junior doctor representative on the Glan Clwyd Hospital Blood and Transfusion Committee in the early 1990s, minutes and decisions of which now form part of information provided to the UK Infected Blood Enquiry
Angela Wood	Executive Director of Nursing and Midwifery	01.04.23	31.03.24	Nothing to declare
Gareth Evans	Acting Director of Therapies and Health Services	01.04.23	31.03.24	My wife is an employee of BCUHB working as a nurse in Ysbyty Glan Clwyd.
Jason Brannan	Deputy Director of Workforce and Organisational Development	01.04.23	31.03.24	Nothing to declare
Teresa Owen	Executive Director of Public Health	01.04.23	31.03.24	Nothing to declare
Chris Stockport	Executive Director of Transformation, Strategic Planning and Commissioning.	01.04.20	31.03.24	Nothing to declare
Steve Webster	Interim Executive Director of Finance	01.04.20	31.03.24	Nothing to declare

As at 15.06.23



Teitl adroddiad: <i>Report title:</i>	Annual Plan 2023-2024
Adrodd i: <i>Report to:</i>	Health Board
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 22 June 2023
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to submit to the Board a summary of the key strategic priorities within the draft Annual Plan, enablers to delivery and draft performance trajectories along with a summary of the organisational delivery objectives for 2023-24.</p> <p>The Health Board has already confirmed it is not in a position to submit a balanced and approvable IMTP, given that we are unable to meet all the requirements of the NHS Planning Framework. An extension to the end of June 2023 was granted by Welsh Government for submission of the plan, in view of the need to respond to the requirements of Special Measures, and allow the newly appointed Board to steer the direction of the Plan.</p> <p>During 2023-24 we will be seeking to stabilise and recover our delivery and performance. This is extremely challenging given the current financial environment, the whole system pressures and the improvement plans that will need to progress at pace. The Plan is set against the financial deficit of £134M, as set out in the budget approved by Board on 30 March 2023.</p> <p>The presentation attached sets out the key actions in relation to strategic priorities, together with confirmation of the approach to the enablers which will support delivery and the draft performance trajectories. It should be noted that there is further detail on the levels of achievement against performance targets to be finalised. However, it is clear that in this year we will be recovering a level of progress towards the targets, and will not be in a position to achieve all targets in line with NHS Wales expectations.</p> <p>Following receipt of feedback from the Board, the delivery plan will be finalised, together with performance trajectories, for our Annual Plan submission to Welsh Government by 30 June.</p>
Argymhellion: <i>Recommendations:</i>	<p>The Board is asked to:</p> <ul style="list-style-type: none">• Receive the presentation on the draft Annual Plan• Note that the performance trajectories against national targets continue to be finalised• Note that the Plan will be further refined following feedback from the Board• Confirm the delegation of the onward submission of the final annual delivery plan and supporting documents to Welsh Government by 30 June in accordance with agreed timescales.
Arweinydd Gweithredol:	Dr Chris Stockport, Executive Director of Transformation and Strategic Planning

Executive Lead:				
Awdur yr Adroddiad:	Sally Baxter, Assistant Director – Health Strategy			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input checked="" type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this: Partial assurance is noted, in light of the current challenging position of the Health Board and the delay to submission of the Annual Plan. The draft performance trajectories will be finalised following feedback from the Board and priori to submission.				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		The Plan sets out the Health Board response to national strategic objectives, including A Healthier Wales and the updated Ministerial priorities, as well as addressing local priorities and strategic objectives as described within the HB's long term strategy, Living Healthier, Staying Well and the Clinical Services Strategy. The Plan is also required to respond to requirements following the escalation into Special Measures in March 2023. The Plan also reflects shared priorities within the strategic partnerships in North Wales and nationally.		
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:		There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The HB must prepare a plan which sets out its strategy for securing financial balance whilst improving the health of the population and providing healthcare to meet needs. As the Board is unable to submit an approvable IMTP, this statutory duty has therefore been breached.		

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>An Integrated Impact Assessment Template is included within the papers and summarises key issues. An EqIA is in draft form and will be completed prior to finalisation of the Plan for submission on 30 June. EqIA has also been undertaken in respect of consideration of contracts for insourcing and outsourcing of care and will be undertaken for specific initiatives within the Plan as these progress.</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>An Integrated Impact Assessment Template is included within the papers and summarises key issues. A SEIA is in draft form and the assessment will be completed prior to finalisation of the Plan.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>Failure to fulfil the statutory duties as described above. This links to BAF risk 2.4 (see below.)</p> <p>Risks in relation to the financial position are noted within the Plan.</p> <p>Individual service areas are accountable for ensuring any risks within service delivery areas are identified and recorded, and mitigations set in place as far as is feasible.</p>

<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The financial implications are set out in the Finance section of the Annual Plan and reflect the organisation's agreed Financial Plan.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The workforce projections for 2023-24 are set out within the Plan.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The approach to the development of the IMTP has been presented and discussed previously at PFIG Committee, PPPH Committee, and Board workshops in December and January, all of which have shaped the approach.</p> <p>The initial outline priorities were shared with the Healthcare Professional Forum and the Clinical Senedd.</p> <p>A draft plan was submitted to Welsh Government planning leads for feedback in March 2023.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>BAF risk 2.4 – Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion.</p>

<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><i>Next Steps:</i></p> <ul style="list-style-type: none"> - Refinement of the delivery plan following feedback from the Board - Finalisation of the detail of performance trajectories - Submission of final plan and supporting technical Minimum Data Sets to WG by end of June 2023 - Confirmation of accountability conditions will be communicated by WG following review of the final draft submission. 	
<p>Rhestr o Atodiadau:</p> <p><i>List of Appendices:</i></p> <p>Appendix 1 - Annual Plan 2023-24 Presentation Appendix 2 – draft Annual Delivery Plan Appendix 3 - Integrated Impact Assesment Template</p>	

**BETSI CADWALADR UNIVERSITY HEALTH BOARD
MEETING IN PUBLIC
22 JUNE 2023**

ANNUAL PLAN 2023-24

1. Introduction/Background

The Health Board is required to develop an Integrated Medium Term Plan (IMTP), financially balanced, under the requirements of the NHS Finance (Wales) Act 2014. The duty requires each health board to produce a three year IMTP that:

- Improves the health of the population
- Improves the provision of health care
- Is balanced over a three year period and
- Is approvable by Welsh Ministers.

The development of a three year IMTP aligned with national and Health Board strategies is also a key element within the Targeted Improvement framework.

Where an NHS organisation is unable to deliver a Plan that meets the requirements for approval as an IMTP, an Annual Plan must be developed and agreed to ensure that there is a clear set of delivery objectives supported by finance, workforce and operational plans including planned care and unscheduled care.

In light of the financial position and projected performance against Ministerial targets, Accountable Officer letters were sent to Welsh Government confirming that the Health Board is unable to submit a balanced IMTP and would instead be submitting an Annual Plan, with an extension granted to 30 June 2023 for submission. The Health Board is not alone amongst Health Boards in Wales in failing to achieve production of a balanced IMTP, reflective of the unprecedented financial context for the NHS.

2. Body of report

During 2023-24 we will be seeking to stabilise and recover our delivery and performance. This is extremely challenging given the current financial environment, the whole system pressures and the improvement plans that will need to progress at pace. The Plan will be set against the financial deficit of £134M, as set out in the budget approved by Board on 30 March 2023.

The Annual Plan sets out the key actions in relation to strategic priorities, together with confirmation of the approach to the enablers which will support delivery. The priorities address the main areas for improvement within the Health Board, including those identified by Special Measures escalation framework. However the Plan also describes the actions being taken to improve the whole pathway, from population health and prevention through primary care and community services and acute hospital care.

The Plan also recognises our role as a significant employer and contributor to social, environmental and economic well-being as well as addressing health and well-being. It describes our ambition in respect of the foundation economy, sustainability, and promotion of the Welsh language and culture, as well as equality, diversity and inclusion.

Appended to the Plan will be the series of templates completed to include our response to the Ministerial Priorities. The templates are being reviewed to ensure that actions are clear and measurable, and will be submitted to Welsh Government as final versions with the Plan at the end of June 2023.

It should be noted that work also continues on the levels of achievement against performance targets to ensure that we can make maximum impact against performance trajectories. However, it is clear that in this year we will be improving performance towards the targets and will not be in a position to achieve all targets in line with NHS Wales expectations.

Along with our submission of the Plan and the performance trajectories, the technical Minimum Data Sets confirming activity and delivery profiles will be submitted at the end of June.

3. Budgetary / Financial Implications

The Finance section within the Annual Plan reflects the Financial Plan for the year which was approved by the Board in March 2023.

4. Risk Management

There is one BAF risk directly related to the production of an approvable IMTP (BAF risk 2.4.) It has been confirmed that the Health Board is unable to address all the requirements needed for an approvable IMTP to be achieved. There are risks associated with working to an Annual Plan, including the time constraints for delivering against objectives, the impact of resource shortfalls in specific areas, and the whole system pressures we are facing.

5. Equality and Diversity Implications

Full Equality Impact Assessment and SocioEconomic Impact Assessment were undertaken to support the 2022–2025 three year plan (the first year of which was subsequently adopted as the Annual Plan for 2022-23) . These assessments are being updated alongside the development of the 2023-24 Annual Plan. An Integrated Impact Assessment Template has been completed which summarises key issues and is attached as Appendix 3. The financial plan which was approved in March 2023 clearly causes constraints in terms of delivery. The requirement to stabilise and recover our performance means that patients will be waiting longer for treatment than would otherwise be expected. Care will need to be taken to assess the impact of any individual developments on groups who share equality protected characteristics, to ensure that any barriers to health and health care are not further exacerbated and disproportionately experienced, and that specific community and individual needs are considered and addressed.

Annual Plan 2023-24

**Summary of Organisational
Delivery Objectives**

Key to Quadruple Aim measures:

QA1	People in Wales have improved health and well-being with better prevention and self-management
QA2	People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement
QA3	The health and social care workforce in Wales is motivated and sustainable
QA4	Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

Key to Leads:

CDIO	Chief Digital & Information Officer
DOF	Executive Director of Finance
DOW	Executive Director of Workforce
DPC	Director of Primary Care
DPH	Executive Director of Public Health
DTSP	Executive Director of Transformation and Strategic Planning
EDIC	Executive Director of Integrated Clinical services
MD	Executive Medical Director

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
P1	Prevention and Health Protection	P1.1	Launch and implement milestones of the Healthy Weight Strategic Delivery Plan	DPH		QA1
		P1.2	Implement the priority actions to reduce use and impact of smoking : <ul style="list-style-type: none"> ▪ Strengthening the Health Board’s response to the smoke free regulations. ▪ Implementation of the BCUHB Smoke Free Policy. ▪ Further develop and deliver the HMQ (Help M Quit) Services - HMQ in Hospital and HMQ in Primary Care. ▪ Progress the implementation of de-normalisation of smoking actions (as per the All Wales Tobacco Control Delivery Plan). ▪ Work with partners to achieve an increase in smoke free environments. ▪ Improve the information available for educational professionals to support conversations around tobacco smoking and e-cigarettes/vaping with children and young people. 	DPH		QA1

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P1.3	<p>Further develop and implement the strategic plan for Early Years, including:</p> <ul style="list-style-type: none"> ▪ Further develop the preconception strategy and implementation plan, supported by a “preconception pregnancy, early years and family” website. ▪ Offer incentivised smoking cessation schemes and programmes which promote healthy eating and reduce alcohol intake for pregnant women. ▪ Implement key milestones in the infant feeding strategic plan, including establishing breastfeeding welcome villages in the three areas of North Wales. ▪ Progress the healthy schools activity plan. 	DPH		QA1
		P1.4	<p>Implement priority actions related to Vulnerable Groups including:</p> <ul style="list-style-type: none"> ▪ Review and revise as part of the Area Planning Board the North Wales Alcohol Strategy ▪ Implement communication, data collection and monitoring mechanisms that increase access to services for the Gypsy and Traveller communities. ▪ Implement, in partnership, support activity to improve health and wellbeing for homeless people. ▪ Working in partnership, develop proposals to support increased refugee and asylum seeker population 	DPH		QA1

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P1.5	Implement Well North Wales strategic actions including: <ul style="list-style-type: none"> ▪ Development of a North Wales Arts in Health and Wellbeing Strategic Plan ▪ Implementation of two Arts Council Wales supported projects (Medium Secure Unit project and Child and Adolescent Mental Health service) ▪ Progress the Inverse Care Law project 	DPH		QA1
		P1.6	Implement actions to further develop a Social Model of Care , including: <ul style="list-style-type: none"> ▪ Review the range of social prescribing initiatives against the National Social Prescribing Framework 	DPH		QA1
		P1.7	Implement the Immunisation Programme , including: <ul style="list-style-type: none"> ▪ Implementation of the Spring and Autumn COVID-19 vaccination campaigns ▪ Development of proposals to implement the National Immunisation Framework 	DPH		QA1
		P1.8	Reshape and deliver a new Health Protection Service	DPH		QA1

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
P2	Primary Care	P2.1	<p>Implement actions to improve access to GP and community services including:</p> <ul style="list-style-type: none"> ▪ Finalise the evaluation of the current Urgent Primary Care Centre Model, and revise approach to integrate and improve service effectiveness where necessary. ▪ Undertake a baseline review of the current models and approaches to utilising community hospitals, including role/function and effectiveness. Develop proposals for strengthening the sustainability and effectiveness of community hospitals as part of the whole system of care ▪ Develop a plan for Managed Practices including an oversight approach that includes quality, finance, workforce and access as a minimum. ▪ Review and strengthen where necessary the approach to Practice Escalation and Sustainability ▪ Review 3rd sector primary care commissioning, linking with the review of social prescribing approaches ▪ Review and develop a forward plan for the further development of palliative care and bereavement services 	DPC	✓ MP	QA2
		P2.2	Review, revise and implement the next stage of Accelerated Cluster Development including professional collaboratives	DPC		QA 2, QA 3
		P2.3	Undertake a stocktake of progress in developing the Primary Care Academy , with particular focus on the development and implementation of new workforce models, education, training and professional support	DPC		QA3

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P2.4	Implement actions to improve access to dental services , including: <ul style="list-style-type: none"> ▪ Commission additional community dental activity using the Oral Needs Assessment to identify areas of highest need ▪ Work with HEIW to address barriers to recruitment of overseas dental staff ▪ Explore options for supportive model of contracting for salaried model of delivery 	DPC	✓ MP	QA2
		P2.5	Implement actions that improve the use of community pharmacy , including: <ul style="list-style-type: none"> ▪ Expansion of the 'Sore Throat See and Treat' service ▪ Expansion of the Pharmacist Independent Prescribing Service ▪ Expansion of the Care Home Pharmacy Support Service ▪ Review and revise the urgent medication service in all localities ▪ Implement the pilot project for robotic dispensing of urgent medicines 	DPC	✓ MP	QA2
		P2.6	Implement actions that improve the use of optometry services , including: <ul style="list-style-type: none"> ▪ Implement the Teach and Treat Service in partnership with Cardiff University ▪ Implement plans to enhance independent prescribing to enable additional capacity for advanced glaucoma management and management of 'medical retina'. 	DPC	✓ MP	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P2.7	Review and develop proposals for an integrated Primary Care function within the Health Board that supports and enables effective and joined up primary care commissioning and development	DPC		QA2
P3	Planned Care	P3.1	Establish a revised Planned Care Programme that develops and delivers a Planned Care Strategic Plan for the short, medium and longer term	EDIC		QA2
		P3.2	<p>Implement core immediate priorities and actions to improve systems and processes for planned care including:</p> <ul style="list-style-type: none"> ▪ Standardise approaches to booking, capacity planning and pathway administration ▪ Streamline, standardise and make visible business intelligence to enable more effective approaches to utilisation of current resources ▪ Implement planned improvements in theatre utilisation, supported by the GIRFT Team ▪ Implement Outpatient Modernisation plan ▪ Enable speciality improvement and development plans for each area that has participated in the Getting It Right First Time work: <ul style="list-style-type: none"> - Orthopaedics - Urology - Gynaecology - General Surgery 	EDIC	<ul style="list-style-type: none"> ✓ MP ✓ SM 	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P3.3	Further develop and implement a specific Speciality Plan for Orthopaedics , including <ul style="list-style-type: none"> ▪ Implement the GIRFT improvements and developments ▪ Finalise the Business Case for Orthopaedic Hub(s) in line with the National Orthopaedic Clinical Strategy 	DTSP	✓ SM	QA2
		P3.4	Establish a stocktake of diagnostics and develop a short, medium and long term plan for improving access, particularly focused on community and regional diagnostics	EDIC	✓ MP	QA2
		P3.5	Implement pathways redesign actions to improve access by adopting 'straight to test' approach	EDIC	✓ MP	QA2
P4	Urgent and Emergency Care	P4.1	Establish a revised ' Whole-system' Urgent and Emergency Care Programme that develops and delivers an Urgent and Emergency care Strategic Plan, for short, medium and longer term, working with all component parts aligned to the 6 Goals Approach	EDIC	✓ MP	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P4.2	<p>Implement core, immediate priorities and actions to improve access, quality and outcomes of urgent and emergency care, including:</p> <ul style="list-style-type: none"> ▪ Implement agreed actions resulting from the evaluation of Urgent Primary Care Centres ▪ Improve access and effectiveness of Same Day Emergency Care following a rapid review of current operating and identification of effectiveness opportunities ▪ Streamline, standardise and make visible business intelligence to enable more effective approaches to utilisation of current resources ▪ Review effectiveness of the community 'intermediate care' approach and consider whether the model needs modifying (align to community hospitals baseline review) ▪ Develop and implement a plan for systematic use of SAFER in practice, thus reducing pathways of care delays ▪ Implement Care Home Fees agreement, seeking to maintain capacity in the sector; support the longer term development of Care Home establishment in Gwynedd ▪ Learning from others, adapt and adopt practice that consistently reduces handover delays below 4 hours and then incrementally further ▪ Implement fully the Ysbyty Glan Clwyd Improvement Plan 	EDIC	<ul style="list-style-type: none"> ✓ MP ✓ SM 	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
P5	Cancer	P5.1	Implement actions that support the sustainability of current access where services are effectively meeting the cancer access standards, and continue to improve timely access to cancer treatment and aim to achieve 70% of cancer referrals starting their first definitive treatment within 62 days by the end of the year	EDIC	✓ MP	QA2
		P5.2	Further develop and implement the Cancer Strategic Plan for North Wales , aligned to the all Wales Cancer Plan (Cancer network)	EDIC		QA2
		P5.3	Implement immediate targeted actions to improve access in diagnostics and key specialities , including: <ul style="list-style-type: none"> ▪ Aim for first appointment within 10 days ▪ Redesign of pathways to enable a 'straight to test' approach ▪ Implementation of service developments such as cytosponge 	EDIC	✓ MP	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P5.4	<p>Implement actions to support local delivery:</p> <ul style="list-style-type: none"> ▪ Finalise four local cancer pathways this year – prostate, colorectal, breast and gynaecology ▪ Continue to work towards filling all Consultant Clinical Oncologist vacancies by the end of the year, recognising the challenge presented by the national shortage of cancer doctors ▪ Continue to support the development and use of new NICE approved cancer treatment regimens ▪ Develop a capital estates plan for the Shooting Star Unit, which will provide additional capacity for treatments and outpatient clinics ▪ Our Haematology service will maintain Referral to Treatment (RTT) time at 26 weeks throughout the year and aims to undertake substantive recruitment of consultants and reduce the number of NHS locums working within the speciality by the end of 2023/24 	EDIC		QA2
P6	Mental Health	P6.1	Progress the development and implementation of a revised North Wales Mental Health Strategy , following the Together for MH national strategy review	DPH		QA2
		P6.2	Evaluate the ' 111 press 2' mental and emotional health support service , taking improvement actions forward as necessary	DPH	✓ MP	QA2
		P6.3	Implement continued improvement in access to assessment and intervention in line with the standards set by Welsh Government Mental Health Measure	DPH	✓ MP	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P6.4	Embed quality and safety improvement actions in line with the organisations Learning Framework (under development)	DPH	✓ SM	QA2
		P6.5	Support the MH Reviews ‘Stocktake’	DPH	✓ SM	QA2
P7	Substance Misuse	P7.1	Support the continued implementation of the Welsh Government Substance Misuse Delivery Plan	DPH		QA1
		P7.2	Support the implementation of initiatives to reduce Blood Borne Viruses, Hepatitis B and Hepatitis C	DPH		QA1
		P7.3	Further embed the framework to support people with co-occurring mental health and substance misuse needs	DPH		QA1
		P7.4	Refurbishment of Roslyn to develop a multiagency community substance misuse hub	DPH		QA1
P8	Learning disability	P8.1	Develop and implement the Learning Disability strategy	DPH		QA2
		P8.2	Continue work to develop fully fit for purpose inpatient care units with a focus on treatment and assessment	DPH		QA2
		P8.3	Progress improvement workstreams for community services and the Enhanced Community Residential Service	DPH		QA2
P9	Women’s Services	P9.1	Implement the organisations Maternity and Neonatal Strategic Plan, aligned to the National Strategy for Wales	EDIC		QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P9.2	Implement the Maternity and Neonatal Safety Support Programme (Priorities for Improvements and the PERIPrem Programme in Wales)	EDIC		QA2
		P9.3	Consider and implement the Digital Maternity Cymru Strategic Plan	EDIC		QA2
		P9.4	Implement next stages of the Welsh Government Quality Statement for Women and Girls' Health	EDIC		QA2
		P9.5	Consider the Women's Health Plan for Wales and develop a deliverable Strategic Plan for North Wales	EDIC		QA2
		P9.6	Implement the planned care Gynaecology Specialty Plan, aligning the GIRFT recommendations	EDIC		QA2
		P9.7	Support the implementation of the Early Years and Best Start Programme	EDIC		QA2
P10	Children	P10.1	Review and revise the approach to Neurodiversity, including implementing the plan to improve access times for assessment	EDIC		QA2
		P10.2	Implement improvements that enable timely access to Child and Adolescent Mental Health services, in line with the WG MH access requirements	EDIC	✓ MP	QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
P11	Wider delivery	P11.1	Implement the agreed Special Measures Response Plan priorities within the 90-day cycle approach, including: <ul style="list-style-type: none"> ▪ Vascular: implement the Vascular Improvement Plan, take stock of progress following the Review and set a strategic intent for the service for the medium term ▪ Urology: Review, revise and implement an improvement plan for urology services ▪ Oncology: Develop a sustainable workforce approach for this service ▪ Dermatology and Plastics: implement the improvement plan for these services 	DTSP	✓ SM	QA2
		P11.2	Implement mechanisms to identify and respond to early warning signs of fragile services of concern	MD		QA2
		P11.3	Implement key improvements in Stroke services in order to achieve level B score in the Stroke Sentinel national Audit Programme	MD		QA2
		P11.4	Working with Welsh Health Specialised Services, implement the Integrated Commissioning Plan for Specialised Services	DTSP		QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
P12	Workforce	P12.1	Address priority issues for workforce including: <ul style="list-style-type: none"> Supporting further overseas recruitment Further development of the Apprenticeship/Grow our Own Models Work with the local universities and HEIW on undergraduate health and care education Continue to develop and implement support for Staff wellbeing 	DOW		QA3
P13	Digital, Data and Technology	P13.1	Implement the actions within the Special Measures Response Plan 90 day cycle that support improvement including: <ul style="list-style-type: none"> Development of Strategic and tactical plans to improve access to a more integrated care record Develop a proposal to raise the organisations maturity in using data and intelligence for improving service planning and identification of emerging service issues 	CDIO	✓ SM	QA2
		P13.2	Progress the implementation of current Digital Programmes including: <ul style="list-style-type: none"> Welsh Patient Administration System Laboratory Information Network System (LINC) Medicines Transcribing and E discharge (MTED) Stream Welsh Nursing Care Record Eye care digitisation programme Welsh Community Care Information System Cito – Electronic Health Record 	CDO		QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P13.3	Commence Major Digital, Data and Technology Programmes, including <ul style="list-style-type: none"> ▪ Welsh Patient Referral Service Phase 2 ▪ Electronic Prescribing and Medicines Administration (ePMA) ▪ Radiology Information System (RISP) ▪ Welsh Intensive care Information System (WICIS) 	CDO		QA2
P14	Estates and Capital	P14.1	Implement the key national and local discretionary capital programmes including: <ul style="list-style-type: none"> ▪ Health and safety, risk and statutory compliance ▪ Fire compliance ▪ Planned and unscheduled care and patient experience ▪ Mental health ▪ Sustainability including decarbonisation ▪ Medical Devices replacement programme ▪ Informatics 	DOF		QA2, QA4
		P14.2	Progress the major Capital programme Schemes, including: <ul style="list-style-type: none"> ▪ Wrexham Maelor Continuity Programme ▪ Ysbyty Gwynedd Compliance Programme ▪ Nuclear Medicine/PET CT ▪ Radiotherapy programme ▪ Royal Alexandra Development Project ▪ Integrated Primary care resource Centre ▪ Ablett Unit redevelopment 	DOF		QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
P15	Partnerships	P15.1	<ul style="list-style-type: none"> ▪ Work with partners in the Regional Partnership Board to implement agreed priorities within the North Wales Area Plan ▪ Implement agreed actions under the Regional Integration Fund programme and the Integrated Regional Capital Fund ▪ Respond to the Further, Faster strategic action plans being developed by WG to enhance further our partnership working in North Wales ▪ Collaborate with the North Wales Public Services Boards in delivery of the Well-being Plans ▪ Continue to develop and collaborate with other strategic partnerships across Wales and cross-border 			
P16	Board Leadership and Governance	P16.1	<p>Implement the actions in the Special Measures Response Plan 90 day cycles, including:</p> <ul style="list-style-type: none"> ▪ Strengthening Board Effectiveness and invest in Board Development ▪ Supporting Independent member recruitment ▪ Executive Team Development ▪ Risk Management Framework ▪ Board Committee ▪ Special Measures Assurance Approach 	DTSP	✓ SM	QA4
		P16.2	Develop and implement an organisational Performance Framework	DOF		QA2

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
		P16.3	Develop a Health Board Planning Framework, taking into account the findings of the Planning Review as part of the Special Measures response	DTSP	✓ SM	QA2
P17	Organisational Development	P17.1	Implement the priorities within the Special measures Response Plan 90 day cycles, including: <ul style="list-style-type: none"> ▪ Stocktake of the Stronger Together Operating Model, identifying areas to strengthen and consolidate ▪ Resolve Senior HR cases ▪ Implement a Senior Leadership Development approach ▪ Implement findings of the Interims Review ▪ Consider and implement the findings of the Executive Portfolio Review 	DOW	✓ SM	QA4
		P17.2	Consider the development of a short, medium and longer term Organisational Development Framework to support the organisation move from 'stabilisation to sustainability'	DOW	✓ SM	QA4
P18	Quality, Innovation and Improvement	P18.1	Implement the priorities within the Special Measures Response Plan 90 day cycles, including: <ul style="list-style-type: none"> ▪ Consider the findings and recommendations of the Patient Safety Review ▪ Processes and procedures for learning from incidents ▪ Support the Clinical Governance Review ▪ Scope an enhanced programme of Healthcare Public Health 	MD	✓ SM	QA4
P19	Social and Civic	P19.1	Develop a strategic plan for improving organisational impact to the Foundational Economy	DOF		QA1, QA4

	Leadership and Responsibility	P19.2	<p>Equality, Diversity and Inclusion</p> <ul style="list-style-type: none"> ▪ Implementation of equality related Welsh Government plans and strategies including <ul style="list-style-type: none"> - implementing our response to the Welsh Government Anti-Racist Action plan, strengthening our understanding of culturally competent services and working with partner organisations such as Diverse Cymru and their Cultural Competence Certification Scheme - co-producing our action plan in response to the WG LGBTQ+ Action Plan published in February 2023, working with stakeholders and developing the response to the identified needs of LGBTQ+ people in North Wales ▪ Developing culturally competent services, through training and linking with community stakeholders, sharing lived experiences to improve practice and address health inequalities ▪ Improving our approach to Equality Impact Assessments and Socio-Economic Impact Assessments - we are leading a project with other Health Boards to introduce an All-Wales Digital Equality Impact Assessment process to ensure consistency of governance, accountability and quality assurance ▪ Developing our Staff Networks, providing support and training to empower network leadership, and developing Staff Well-being Support ▪ Building on the work of the Menopause Matters Group to support all staff affected by menopause, including introducing Menopause Cafés 	DOW		QA1
		P19.3	<p>Welsh language and culture</p> <ul style="list-style-type: none"> ▪ Ensuring organisation-wide consistency in delivering the Welsh Language Standards 	DPH		QA1

Priority Ref	Strategic Priority	Ref	Organisational Delivery Objective	Lead	Specific Ministerial or Special Measures Priority	WG Quad. Aim
			<ul style="list-style-type: none"> ▪ Supporting the workforce to develop and improve Welsh language skills through the implementation of the Bilingual Skills Policy and Procedure ▪ Building on the “Active Offer” approach to ensure timely access to language appropriate care (aligned to actions set within the “More Than Just Words” Five Year Plan) ▪ Ensuring provision of a timely translation service ▪ During the year we will also be supporting the Llŷn and Eifionydd National Eisteddfod, hosted by Gwynedd 			



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cynllun Blynyddol 2023/24 Annual Plan 2023/24

Cyfarfod Bwrdd BIPBC
Mehefin 2023

BCUHB Board Meeting
June 2023



Gofynion statudol

Mae cwblhau IMTP yn golygu ymgymryd ag IMPT (Cynllun Integredig Tymor Canol) 3 blynedd ac mae'n ddyletswydd statudol yn unol â Deddf y GIG (Cymru) 2006, wedi'i diwygio gan Ddedd Cyllid y GIG (Cymru) 2014. Mae'n rhaid i'r cynlluniau:

- Wella iechyd y bobloeth
- Gwellu darpariaeth gofal iechyd
- Mantoli dros gyfnod 3 blynedd
- Mynd i'r afael â "Blaenoriaethau'r Gweinidog" ar gyfer y flwyddyn sy'n dod (nodir hwy yn y llythyrau blynyddol ynghylch y "Fframwaith Cynllunio")

Ni allwn gyflawni'r gofynion uchod ynghylch "IMTP y gellir ei gymeradwyo", ac felly, byddwn yn methu â chyflawni ein dyletswydd statudol.

Statutory requirements

Completion of an IMTP is a 3 year IMTP (Integrated Medium Term Plan) and is a statutory duty under NHS (Wales) Act 2006, amended by NHS Finance (Wales) Act 2014. The plans must:

- Improve the health of the population
- Improve the provision of health care
- Balance over a 3 year period
- Address the "Ministerial Priorities" for the coming year, which are set out in annual "Planning Framework" letters

We are unable to meet the above requirements for an "approvable IMTP" and hence we will fail on our statutory duty.

Gofynion statudol

Hysbyswyd LIC am y sefyllfa hon yn Chwefror a gofynnwyd am gynllun blynyddol yn lle hynny, i'w gyflwyno ym Mehefin 2023.

Mae'r cynllun blynyddol hwn yn cyd-fynd â'n hymrwymiaadau o ran cynlluniau partneriaethau, yn anad dim

- Cynllun **Bwrdd y Bartneriaeth Ranbarthol** (sail statudol: Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014)
- Tri chynllun **Bwrdd Gwasanaethau Cyhoeddus** Gogledd Cymru (sail statudol: Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015)

Statutory requirements

WG where informed of this situation in February and an annual plan was requested instead, to be submitted in June 2023.

This annual plan aligns with our partnership planning commitments, notably

- The **Regional Partnership Board (RPB)** plan (statutory basis: Social Services and Well-being (Wales) Act 2014)
- The three north Wales **Public Service Board (PSB)** plans (statutory basis: Well-being of Future Generations (Wales) Act 2015)

Y cyd-destun strategol a gweithredol
Strategic and operational context

Proffil y Boblogaeth

Bydd yr asesiad o anghenion y boblogaeth yn ystyried ffactorau megis:

- Newidiadau demograffig: oedran
- Proffil cyflyrau hirdymor
- Mynychder ffactorau risg megis ysmegu a gordewdra
- Tlodi a difreintedd

Population Profile

Population needs assessment takes into account factors such as:

- Demographic changes: age
- Long term conditions profile
- Prevalence of risk factors such as smoking and obesity
- Poverty and deprivation

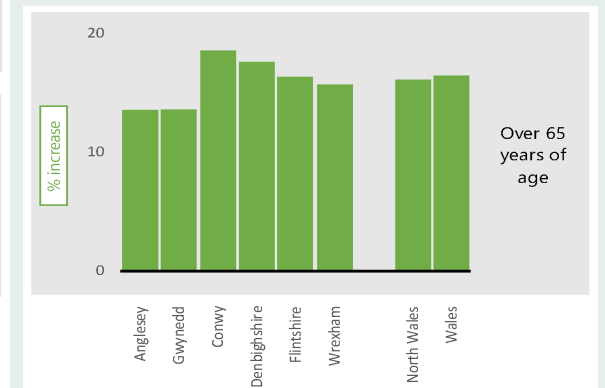
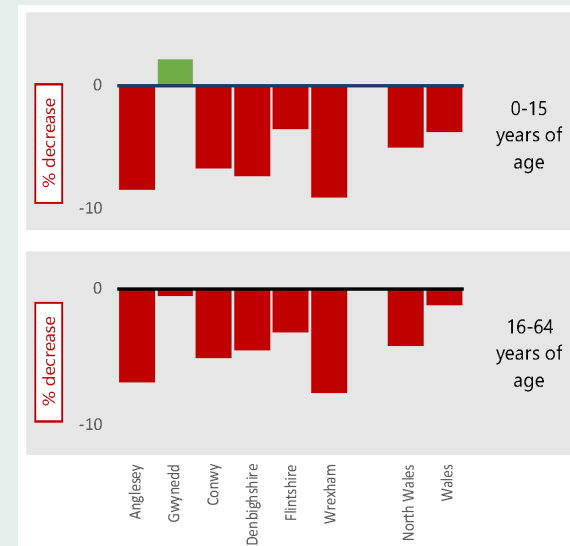
Oedran / Age

Rhwng nawr a 2040:

- Gostyngiad yn nifer y plant
- Gostyngiad yn nifer yr oedolion o dan 64 mlwydd oed
- Cynnydd yn nifer yr oedolion sy'n 65 mlwydd oed neu'n hŷn

Between now and 2040:

- Decrease in number of children
- Decrease in adults under age of 64
- Increase in adults aged 65 and over



Proffil y Boblogaeth

Bydd yr asesiad o anghenion y boblogaeth yn ystyried ffactorau megis:

- Newidiadau demograffig: oedran
- Proffil cyflyrau hirdymor
- Mynychder ffactorau risg megis ysmegu a gordewdra
- Tlodi a difreintedd

Population Profile

Population needs assessment takes into account factors such as:

- Demographic changes: age
- Long term conditions profile
- Prevalence of risk factors such as smoking and obesity
- Poverty and deprivation

Cyflyrau hirdymor/ Long term conditions

Uwch na chyfartaledd Cymru ar y cyfan

Gall cyfran sylweddol o'r cyflyrau hyn gael eu hatal, eu lleihau neu eu trin yn fwy effeithiol

Typically above the Welsh average

Large proportion can be prevented, reduced or more effectively treated

Long-term conditions			
	Wales %	BCU%	
High blood pressure	15.8%	16.9%	Higher than Wales average
Obesity (aged 16+)	10.1%	9.5%	Lower than Wales average
Asthma	7.1%	7.6%	Higher than Wales average
Diabetes (aged 17+)	6.1%	7.8%	Higher than Wales average
Heart disease	3.6%	3.8%	Higher than Wales average
Cancer	3.1%	3.7%	Higher than Wales average
Chronic Obstructive Pulmonary Disease	2.4%	2.7%	Higher than Wales average
Stroke	2.1%	2.2%	Higher than Wales average
Heart Failure	1.1%	1.1%	Equal to Wales average

Heriau ehangach y system

- Breuder y farchnad gofal cymdeithasol
- Heriau o ran capasiti'r Bwrdd
- Ehangder y mesurau arbennig

Wider system challenges

- Social care market fragility
- Board capacity challenges
- Breadth of Special measures

Cynlluniau a strategaethau eraill

- Byw'n Iach, Aros yn Iach
- Y Strategaeth Ansawdd
- Y Strategaeth Gwasanaethau Clinigol
- Y Strategaeth Pobl

Other plans & strategies

- Living Healthier Staying Well
- Quality Strategy
- Clinical Services Strategy
- People Strategy

Mae'r cynlluniau a'r strategaethau hyn yn llywio'r cynllun blynyddol presennol
ac ar yr un pryd, maent yn cael eu datblygu ymhellach i sicrhau eu bod yn fwy addas at y dyfodol

These plans and strategies inform the current annual plan
whilst at the same time some are being further developed to make them more suitable for the future

Blaenoriaethau strategol 2023/24
Strategic priorities 2023/24

Blaenoriaethau strategol

Mae ein blaenoriaethau strategol yn adlewyrchu natur eang ac integredig y Bwrdd Iechyd

Atal

Gofal Sylfaenol

Gofal wedi'i Gynllunio

Gofal Brys a Gofal Mewn
Argyfwng

Canser

Iechyd Meddwl
yn cynnwys Anableddau Dysgu a
Chamddefnyddio Sylweddau

Gwasanaethau i ferched

Plant

Strategic priorities

Our strategic priorities reflect the broad, integrated nature of the Health Board

Prevention

Primary Care

Planned Care

Urgent & Emergency Care

Cancer

Mental Health
including Learning Disability and
Substance Misuse

Womens services

Children

Atal

- Gweithredu polisi di-fwg BIPBC
- Gweithredu cynllun Gwasanaeth Pwysau a gytunwyd yn flaenorol
- Gweithredu Cynllun Lleihau Niwed Alcohol (mewn partneriaeth â grŵp Strategaeth Alcohol Gogledd Cymru)
- Lansio strategaeth cyn cenhedlu

Prevention

- Implementation of BCUHB smoke free policy
- Implementation of previously agreed Weight Service plan
- Implementation of Alcohol Harm Reduction Plan (in partnership with North Wales Alcohol Strategy group)
- Launch of pre-conception strategy

Gofal Sylfaenol

- Datblygu 'Clystyrau' ymhellach a mwy o weithio a chydweithio lleol
- Cwblhau ymarfer cynllunio cynaliadwyedd ac 'edrych ymlaen' ar gyfer gwasanaethau Gofal Sylfaenol
- Gwelliannau mewn perfformiad presgripsiynau, a'r ddefnydd helaethach o fferylliaeth gymunedol
- Adolygiad o gyfleoedd i wella comisiynu 3ydd sector
- Comisiynu gweithgaredd deintyddol ychwanegol yn unol â'r ardaloedd â'r angen mwyaf
- Mwy o optometreg gymunedol, hefyd yn cael effaith gadarnhaol ar ôl-groniad offthalmoleg

Primary care

- Further development of 'Clusters' and greater locality working and collaboration
- Completion of a sustainability planning exercise and 'forward look' for Primary Care services
- Improvements in prescription performance, and in greater use of community pharmacy
- Review of opportunities to improve 3rd sector commissioning
- Additional dental activity commissioning according to areas of highest need
- Increased community optometry, also positively impacting on ophthalmology back-log

Gofal wedi'i gynllunio

- Sicrhau effeithlonrwydd Orthopedig yn seiliedig ar welliannau mewn mannau eraill ledled y DU
- Datblygu cynllun busnes ar gyfer “canolfan ragoriaeth” Orthopedig na fydd yn cael ei effeithio gan bwysau gofal heb ei gynllunio
- Gwell defnydd o lwybrau gofal mwy effeithlon, mewn sawl arbenigedd allweddol, i gyd yn seiliedig ar welliannau mewn mannau eraill ledled y DU
- Gweithio i wella darpariaeth yn unol â blaenoriaethau amseroedd aros gweinidogion trwy wneud y mwyaf o bolisi triniaeth yn ei dro a'n dull o drefnu apwyntiadau
- Cynnydd parhaus yn unol â'r Cynllun Fasgwlaidd

Planned care

- Delivery of Orthopaedic efficiencies based upon improvements elsewhere across UK
- Development of business case for an Orthopaedic “centre of excellence” that will not be impacted upon by unscheduled care pressures
- Better use of more efficient pathways of care, in a number of key specialties, all based upon improvements elsewhere across UK
- Work to improve delivery against ministerial waiting time priorities by maximising treat-in-turn policy and our approach to appointment booking
- Continued progress against the Vascular Plan

Gofal Brys ac Argyfwng

- Rhaglen wedi'i diweddarau i fabwysiadu dull system gyfan mewn Gofal Brys ac Argyfwng
- Gostyngiad yn yr oedi wrth drosglwyddo ambiwlans ar bob un o safleoedd y tri phrif ysbyty
- Allgyfeirio o Adrannau Achosion Brys ar gyfer gofal a ddarperir yn well mewn mannau eraill
- Llif mwy effeithiol drwy ehangu gwasanaethau Gofal Brys ar yr Un Diwrnod (SDEC) ar bob un o'r tri phrif ysbyty
- Parhau â Chynllun Gwella YGC

Urgent and emergency care

- Refreshed programme to take a whole-system approach to Urgent and Emergency Care
- Concerted reduction of ambulance handover delays on all three major hospital sites
- Redirection away from Emergency Departments for care better delivered elsewhere
- Greater flow efficiency by expanding Same Day Emergency Care (SDEC) services on all three major hospital sites
- Continuation of YGC Improvement Plan

Canser

Fel arfer ni yw'r gorau yng Nghymru o ran amseroedd aros Canser, ond mae gennym nifer o feysydd i fynd i'r afael â hwy o hyd fel blaenoriaethau allweddol

- Cwblhau 4 llwybr cancer lleol ychwanegol eleni, gan gynnwys dulliau “profi’n syth”.
- Parhau i wella ein hamseroedd aros cancer
- Mynd i'r afael â diffyg staffio meddygol mewn oncoleg glinigol a haematoleg
- Gweithredu a datblygu ymhellach Cynllun Strategol Canser Gogledd Cymru

Cancer

We are usually 1st in Wales on Cancer waits, but still have a number of areas to address as key priorities

- Finalise an additional 4 local cancer pathways this year, including “straight to test” approaches
- Continue to improve our cancer waits
- Address medical staffing fragility in clinical oncology and haematology
- Further develop and implement the Cancer Strategic Plan for North Wales

Iechyd Meddwl, Anabledd Dysgu a Chamddefnyddio Sylweddau

- Adnewyddu'r strategaeth “Law yn Llaw at Iechyd Meddwl”, mewn partneriaeth, yn dilyn trefniadau llywodraethu y cytunwyd arnynt ar gyfer cymeradwyo
- Gwella ymhellach llwybrau ar gyfer cydymffurfio â'r Mesur Iechyd Meddwl
- Adeiladu ar lansiad y gwasanaeth “111 pwyswch 2” yng ngogledd Cymru
- Gweithredu camau i fynd i'r afael â swyddi gwag mewn Iechyd Meddwl
- Cyflwyno Cynllun Cyflawni ar gyfer Camddefnyddio Sylweddau LIC
- Gwell profiad i'r rhai sydd ag anghenion iechyd meddwl ynghyd â chamddefnyddio sylweddau

Mental Health, Learning Disability and Substance misuse

- Refresh the previous “Together for Mental Health” strategy, in partnership, following agreed governance for sign-off
- Build upon improving trajectories for compliance with Mental Health Measure
- Build upon the launch of the “111 press 2” service in north Wales
- Implement steps to address staffing vacancies in Mental Health
- Roll-out of WG Substance Misuse Delivery Plan
- Improved experience for those with co-occurring mental health and substance misuse needs

Gwasanaethau Menywod

- Parhau i weithredu Strategaeth Mamolaeth a Newyddenedigol Cymru
- Gweithredu'r Rhaglen Gymorth Diogelwch Mamolaeth a Newyddenedigol
- Gweithredu Strategaeth Mamolaeth Ddigidol Cymru
- Gweithredu argymhellion Cynllun Iechyd Menywod Cymru
- Cynnydd pellach o ran y cynllun adfer adrannol ar gyfer gofal Gynaecolegol wedi'i gynllunio

Womens services

- Continued implementation of the Maternity and Neonatal Strategy for Wales
- Implement the Maternity and Neonatal Safety Support Programme
- Implementation of the Digital Maternity Cymru Strategy
- Implement recommendations from Women's Health Plan for Wales
- Further progress against divisional recovery plan for Gynaecology planned care

Gwasanaethau Plant

- Cyflwyno'r cynllun cyfathrebu Cychwyn Gorau i hybu cyfnod cyn cenhedlu a beichiogrwydd iach
- Gwaith partneriaeth pellach i ddarparu cymorth emosiynol a chorfforol i blant a phobl ifanc
- Adolygu'r dull ar gyfer asesiadau Niwroamrywiaeth (ND).
- Cynlluniau adfer ar gyfer asesiadau CAMHS ac asesiadau Niwroamrywiaeth (ND).

Childrens services

- Delivery of a Best Start communication plan to promote pre-conception and healthy pregnancy
- Further partnership work to deliver emotional and physical support to children and young people
- Review of approach for Neurodiversity (ND) assessments
- Recovery plans for CAMHS assessments and for Neurodiversity (ND) assessments

Enabling delivery
Hwyluso cyflawni

Hwyluso Cyflawni: Y Gweithlu

- Ail flwyddyn ein Strategaeth Pobl tair blynedd: mabwysiadu'r cynlluniau gweithredu a luniwyd ar y cyd â staff a phartneriaid ym mlwyddyn 1
- Gwaith ar ddarparu llety i gefnogi recriwtio tu allan i dalgylch PBC a thramor
- Parhau i greu gweithlu amrywiol
- Datblygiadau ymgyrchoedd recriwtio arfaethedig yn y DU a thramor

Enabling Delivery: Workforce

- Year 2 of our three year People Strategy: adopting the implementation plans co-designed with staff and partners in year 1
- Work on accommodation provision to support overseas and out-of-region recruitment into BCU
- Continued workforce diversification
- Progression of planned UK and overseas recruitment campaigns

Hwyluso Cyflawni: Datblygu Sefydliadol

- Gweithredu'r blaenoriaethau cylchred 90 diwrnod sydd yn ein cynllun ymateb i'r Mesurau Arbennig gan gynnwys
 - Cloriannu a chydgrynhai Model Gweithredu Mewn Undod Mae Nerth
 - Datrys achosion adnoddau dynol uwch
 - Gweithredu dulliau Datblygu Uwch Arweinwyr
 - Gweithredu canfyddiadau'r Adolygiad Interim
 - Ystyried canfyddiadau'r adolygiad Portffolio Gweithredol a'i roi ar waith

Enabling Delivery: Organisational Development

- Implement the priorities within our Special Measures response plan 90 day cycles, including
 - Stocktake and consolidation of Stronger Together Operating Model
 - Resolution of senior HR cases
 - Implement Senior Leadership Development approach
 - Implement findings of the Interims Review
 - Consider and implement the findings of the Executive Portfolio review

Hwyluso Cyflawni: Digidol, Data a Thechnoleg

- Adolygu gallu a chapasiti er mwyn llywio cynllun cyflwyno y gellir ei ddilyn cyn gynted ag y bydd cyfleoedd ariannu ychwanegol ar gael ar gyfer Digidol, Data a Thechnoleg
- Mwy o weithio mewn partneriaeth ar drawsnewid Digidol, Data a Thechnoleg yng ngogledd Cymru
- Datblygu cynigion i gynyddu aeddfedrwydd data a gwybodaeth
- Parhau i gyflwyno cofnod gofal electronig integredig yn unol â rhaglen y cytunwyd arni gan lechyd a Gofal Digidol Cymru

Enabling Delivery: Digital, Data & Technology

- Review of capability and capacity to inform a deployment plan that can be followed as soon as additional DDaT funding opportunities can be found
- Increased partnership working on DDaT transformation in north Wales
- Development of proposals to increase data and intelligence maturity
- Continued rollout of integrated electronic care record according to DHCW agreed programme

Hwyluso Cyflawni: Rhaglen Gyfalaf

- Rhaglen ddatgarboneiddio
- Cynlluniau cyfalaf mawr yn Ysbyty Maelor Wrecsam ac Ysbyty Gwynedd
- Rhaglen ar gyfer darparu CT PET yng ngogledd Cymru
- Rhaglen amnewid radiotherapi
- Ailddatblygu Uned Ablett
- Canolfan Gofal Sylfaenol Integredig ar gyfer tri phractis yng Nghonwy

Enabling Delivery: Capital Programme

- Decarbonisation programme
- Major capital schemes at Wrexham Maelor and Ysbyty Gwynedd
- Programme for provision of PET CT in north Wales
- Radiotherapy replacement programme
- Ablett Unit Redevelopment
- Integrated Primary Care centre for three Conwy practices

Ariannol
Financial

Cynllun ariannol

- Cynllun lleihau diffyg yw hwn. Rhagwelir y bydd yn mynd â ni at ddiffyg o £134m ar ddiwedd 2023/24

Financial plan

- This is a deficit reduction plan, projected to take us to a £134m deficit at the end of 2023/24

	Recurrent £m	Non- recurrent £m	Total £m
Recurrent deficit brought forward from 2022/23	196.2	0.0	196.2
Demand growth & inflation - income (including strategic support)	-26.2	-128.0	-154.2
Demand growth & inflation – expenditure	71.5	59.4	130.9
Total demand growth & inflation	45.3	-68.6	-23.3
Financial improvement	-38.7	0.0	-38.7
Net 2023/24 position before major decisions	202.8	-68.6	134.2
Note: demand growth & inflation excluding impact of strategic support	45.2	13.4	58.6

Risgiau'r Cynllun Blynyddol
Annual Plan Risks

Risgiau'r cynllun blynyddol

- Cydbwyso nifer o flaenoriaethau sy'n cystadlu
- Y gallu i gyflawni yn erbyn lleihau'r diffyg ariannol a gynlluniwyd
- Heriau recriwtio blaenorol
- Heriau i enw da

Annual plan risks

- Balance between multiple competing priorities
- Ability to deliver against planned financial deficit reduction
- Prior recruitment challenges
- Reputational challenges

Risgiau'r cynllun blynyddol

- Nid yw'r cynllun hwn yn bodloni disgwyliadau Gweinidogion o ran llwybrau ôl-groniad mewn nifer o feysydd
- Dylid nodi, mae'r gwaith yn parhau i archwilio cyfleoedd i wella'r llwybrau a gyflwynir yma.

Annual plan risks

- This plan falls short of meeting Ministerial expectations regarding back-log trajectories in a number of areas
- To note, work is still continuing to explore opportunities to further improve the trajectories presented here

Llwybrau Perfformiad Drafft
Draft Performance Trajectories

Llwybrau perfformiad drafft

Oedolion – Mesur Iechyd Meddwl 1a, 1b, 2 a Therapiau Seicolegol

CAMHS – Mesur Iechyd Meddwl 1a, 1b, 2 a SCAMHS

Amseroedd aros am Aseiad Niwroddatblygiadol

Amseroedd aros am apwyntiadau Cleifion Allanol newydd (pob arbenigedd)

Amseroedd aros am driniaeth (pob arbenigedd)

Amseroedd aros am ddiagnosis

Amseroedd aros am therapi

Oedi mewn apwyntiadau cleifion allanol dilynol

Canser

Trosglwyddo cleifion ambiwlans

Arhosiad gofal brys o fwy na 12 awr

Draft performance trajectories

Adults – Mental Health Measure 1a, 1b, 2 & Psychological Therapies

CAMHS – Mental Health Measure 1a, 1b, 2 & SCAMHS

Neurodevelopment assessment waits

New Outpatient Appointment waits (all specialty)

Treatment waits (all specialty)

Diagnostic waits

Therapy waits

Follow-up outpatient delays

Cancer

Ambulance patient handovers

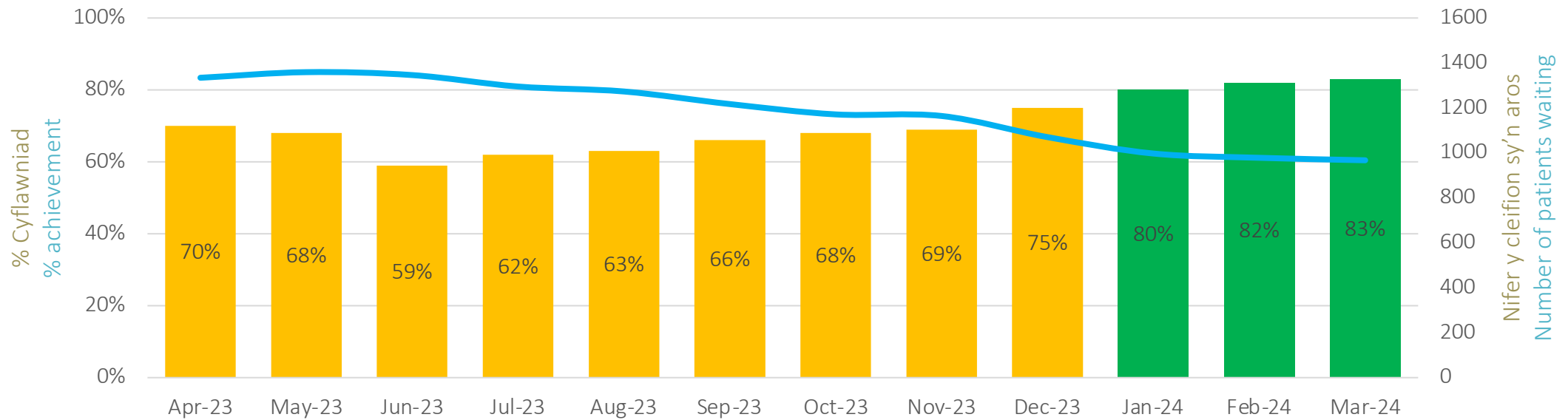
Emergency care stay of over 12 hours

Mesur Iechyd Meddwl Rhan 1a Oedolion

- % o asesiadau iechyd meddwl a gynhelir o fewn 28 diwrnod o ddyddiad derbyn y cyfeiriad
- Nifer y cleifion sy'n aros am asesiad iechyd meddwl

Mental Health Measure Part 1a Adults

- % of mental health assessments undertaken within 28 days from the date of receipt of referral
- Number of patients waiting for a mental health assessment



Targed Llywodraeth Cymru:
Welsh Government target:

80% / 80%

Targed Llywodraeth Cymru:
Welsh Government target:

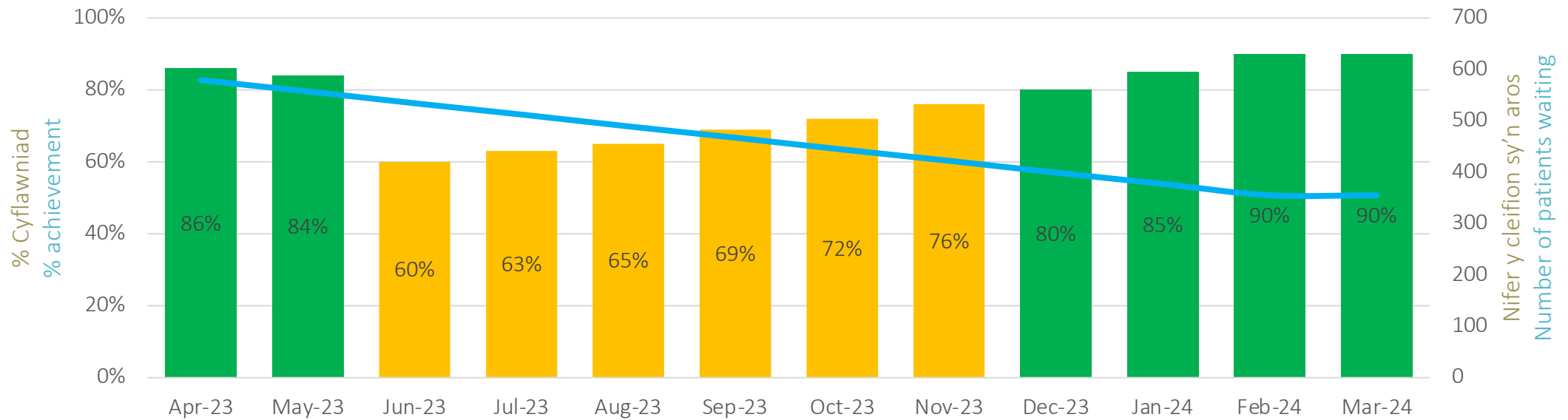
Lleihau trywydd y rhestr aros
Reducing trajectory of waiting list

Mesur Iechyd Meddwl Rhan 1b Oedolion

- % o ymyriadau therapiwtig wedi dechrau o fewn 28 diwrnod yn dilyn asesiad gan y Gwasanaeth Cymorth Iechyd Meddwl Sylfaenol Lleol (LPMHSS)
- Nifer y cleifion sy'n aros am asesiad iechyd meddwl

Mental Health Measure Part 1b Adults

- % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS)
- Number of patients waiting for a mental health assessment



Targed Llywodraeth Cymru:
Welsh Government target:

80% / 80%

Targed Llywodraeth Cymru:
Welsh Government target:

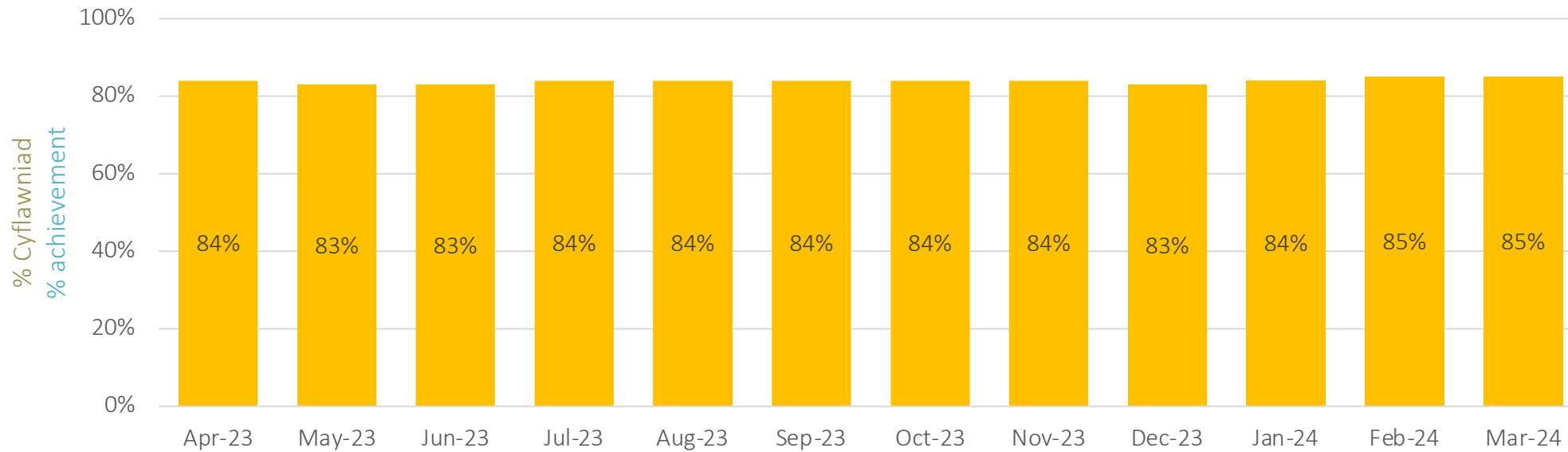
Lleihau trywydd y rhestr aros
Reducing trajectory of waiting list

Mesur Iechyd Meddwl Rhan 2 Oedolion

- % o gleifion sy'n derbyn gwasanaethau iechyd meddwl eilaidd sydd â chynllun triniaeth dilys

Mental Health Measure Part 2 Adults

- % of patients in receipt of secondary mental health services who have a valid treatment plan



Targed Llywodraeth Cymru:
Welsh Government target:

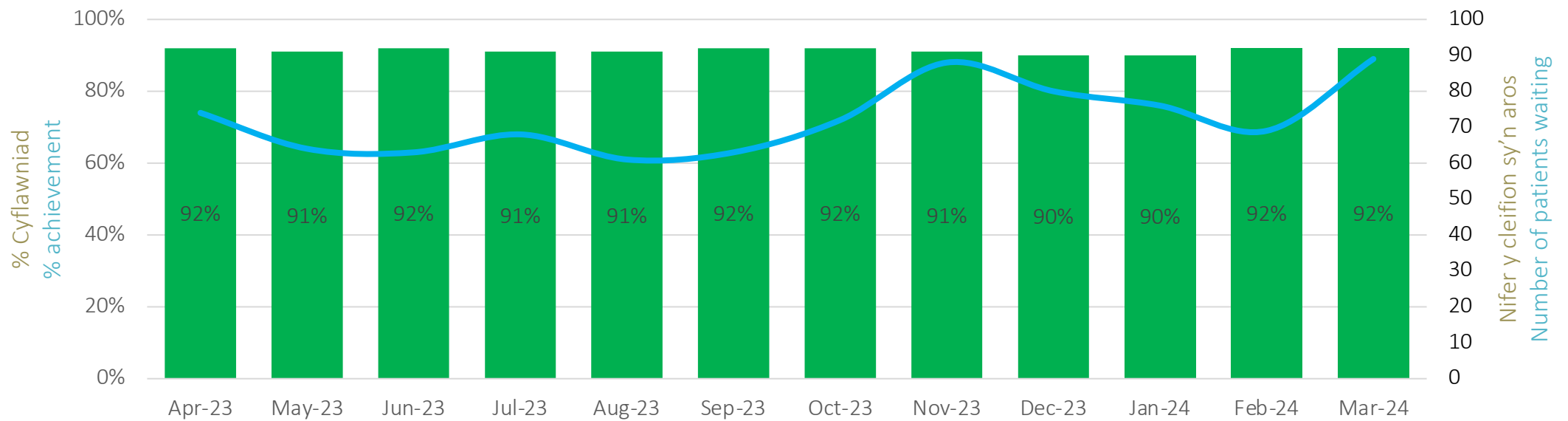
90% / 90%

Therapiau Seicolegol i Oedolion

- % o gleifion sy'n aros llai na 26 wythnos i ddechrau ar ddwysedd uchel neu therapi / ymyrraeth seicolegol arbenigol
- Nifer y cleifion sy'n aros i ddechrau ar ddwysedd uchel neu therapi /ymyrraeth seicolegol arbenigol

Adult Psychological Therapies

- % of patients waiting less than 26 weeks to start a high intensity or specialist Psychological Therapy/Intervention
- Number of patients waiting to start a high intensity or specialist Psychological Therapy/Intervention



Targed Llywodraeth Cymru:
Welsh Government target:

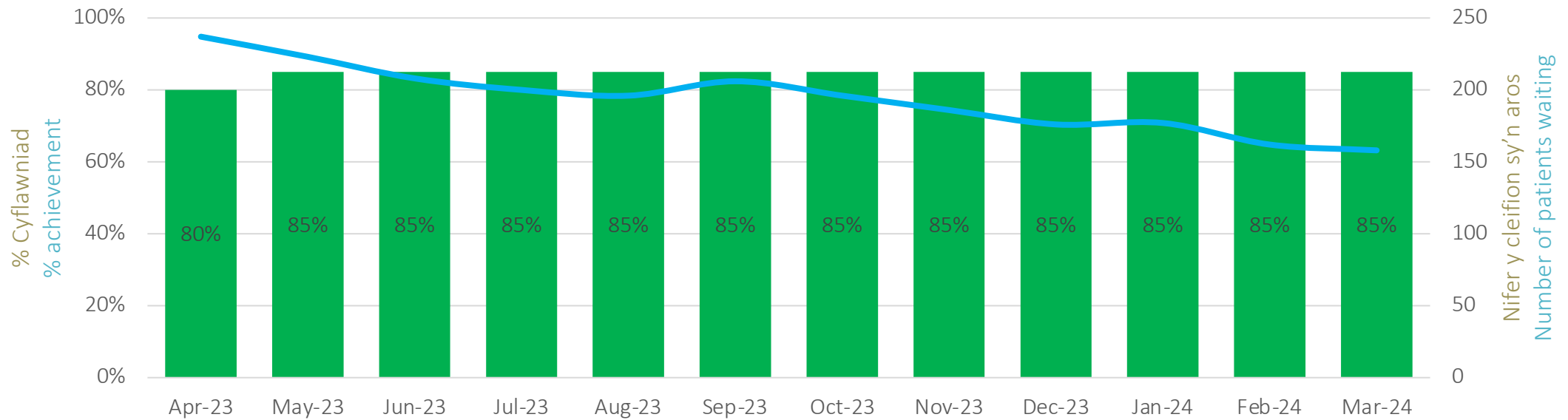
80% / 80%

Mesur Iechyd Meddwl Rhan 1a Plant a Phobl Ifanc dan 18 oed

- % o asesiadau iechyd meddwl a gynhelir o fewn 28 diwrnod o ddyddiad derbyn y cyfeiriad
- Nifer y cleifion sy'n aros am asesiad iechyd meddwl

Mental Health Measure Part 1a Children and Young People under 18 yrs

- % of mental health assessments undertaken within 28 days from the date of receipt of referral
- Number of patients waiting for a mental health assessment



Targed Llywodraeth Cymru:
Welsh Government target:

80% / 80%

Targed Llywodraeth Cymru:
Welsh Government target:

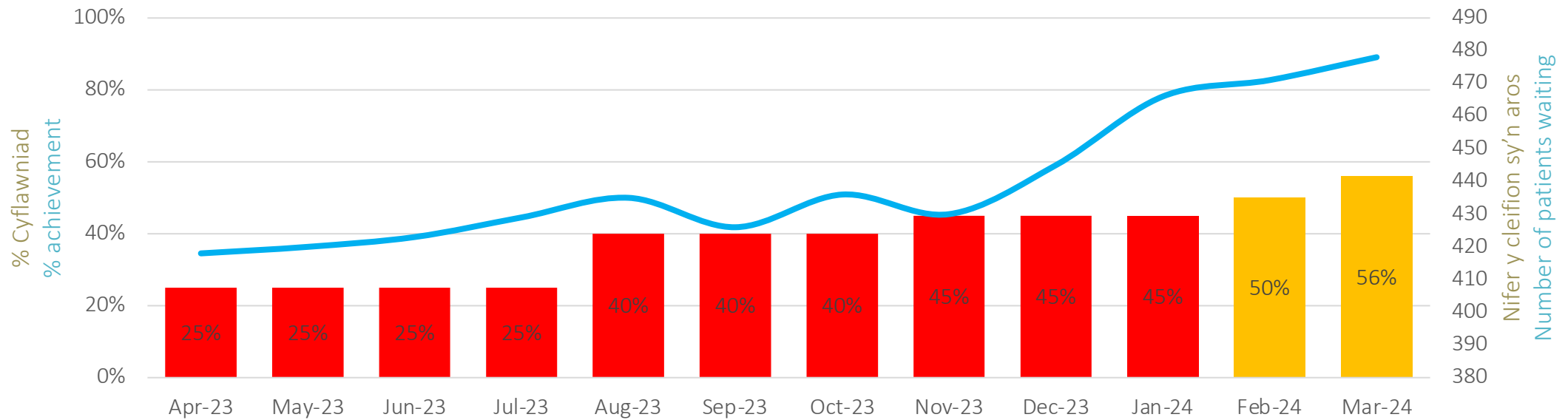
Lleihau trywydd y rhestr aros
Reducing trajectory of waiting list

Mesur Iechyd Meddwl Rhan 1b Plant a Phobl Ifanc dan 18 oed

- % o ymyriadau therapiwtig wedi dechrau o fewn 28 diwrnod yn dilyn asesiad gan y Gwasanaeth Cymorth Iechyd Meddwl Sylfaenol Lleol (LPMHSS)
- Nifer y cleifion sy'n aros am asesiad iechyd meddwl

Mental Health Measure Part 1b Children and Young People under 18 yrs

- % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS)
- Number of patients waiting for a mental health assessment



Targed Llywodraeth Cymru:
Welsh Government target:

80% / 80%

Targed Llywodraeth Cymru:
Welsh Government target:

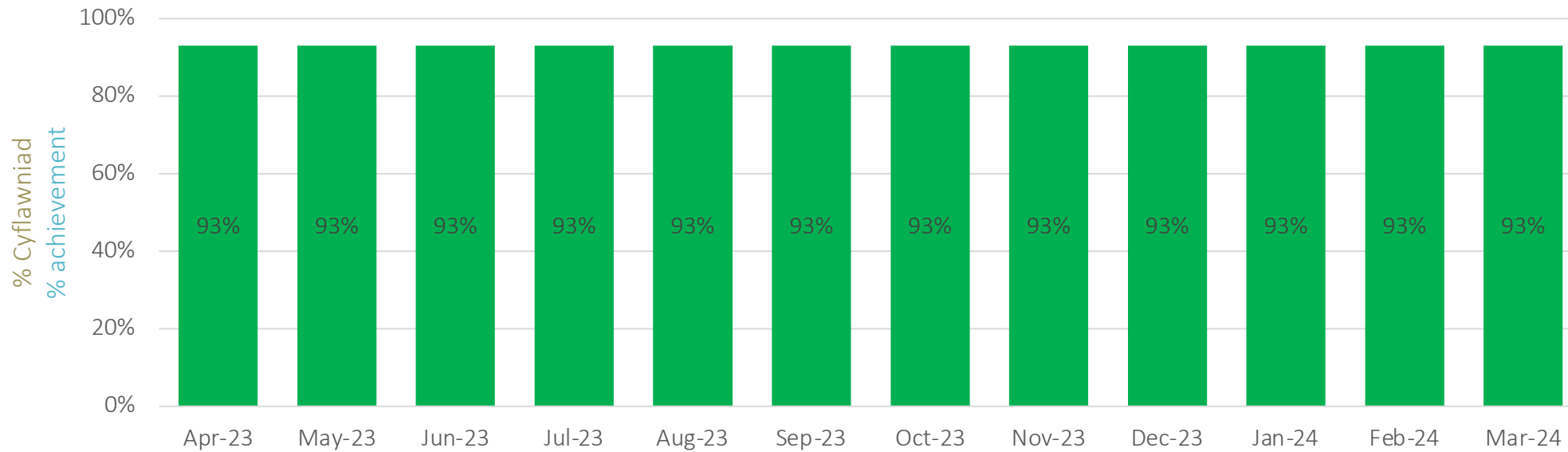
Lleihau trywydd y rhestr aros
Reducing trajectory of waiting list

Mesur Iechyd Meddwl Rhan 2 Plant a Phobl Ifanc dan 18 oed

- % o gleifion sy'n derbyn gwasanaethau iechyd meddwl eilaidd sydd â chynllun triniaeth dilys

Mental Health Measure Part 2 Children and Young People under 18 yrs

- % of patients in receipt of secondary mental health services who have a valid treatment plan



Targed Llywodraeth Cymru:
Welsh Government target:

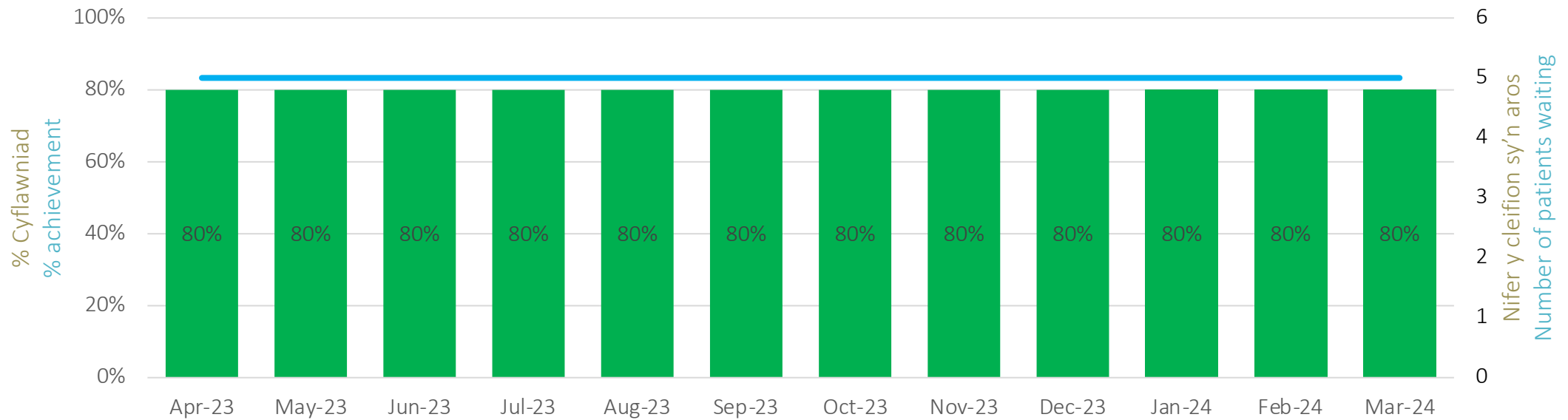
90% / 90%

CAMHS Arbenigol Plant a Phobl Ifanc dan 18 oed

- % o gleifion sy'n aros llai na 28 diwrnod am apwyntiad cyntaf gyda SCAMHS Arbenigol
- Nifer y plant a'r bobl ifanc sy'n aros am apwyntiad cyntaf gyda SCAMHS Arbenigol

Specialist CAMHS Children and Young People under 18 yrs

- % of patients waiting less than 28 days for a first appointment with SCAMHS
- Number of children and young people waiting for a first appointment with SCAMHS



Targed Llywodraeth Cymru:
Welsh Government target:

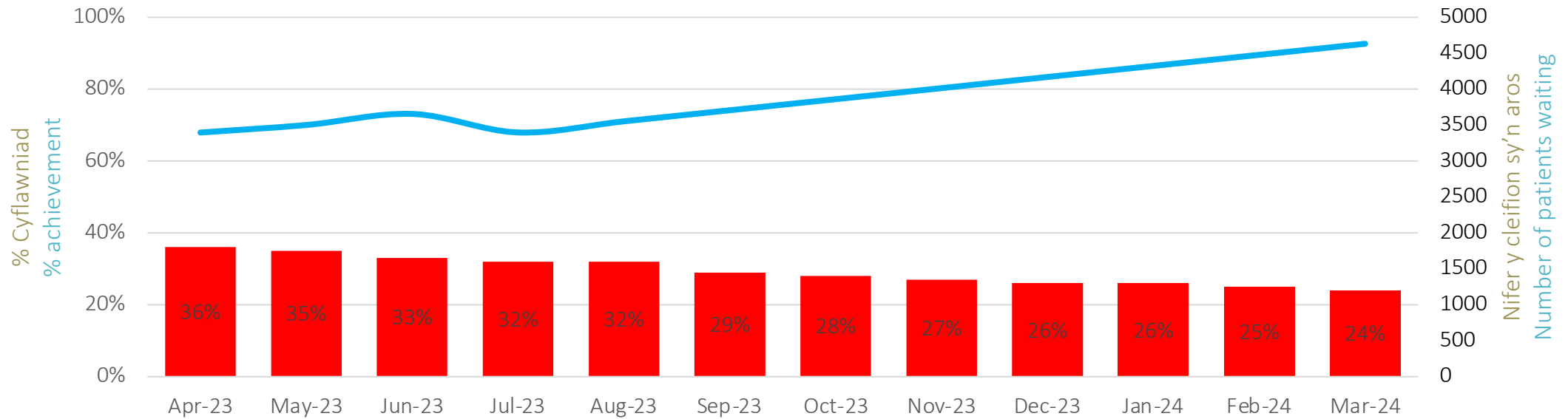
80% / 80%

Asesiad Niwroddatblygiadol Plant a Phobl Ifanc dan 18 oed

- % o blant a phobl ifanc sy'n aros llai na 26 wythnos i ddechrau asesiad niwroddatblygiadol ADHD neu ASD
- Nifer y plant a'r bobl ifanc sy'n aros am asesiad niwroddatblygiadol ADHD neu ASD i ddechrau

Neurodevelopment (ND) assessment Children and Young People under 18 yrs

- % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment
- Number of children and young people waiting for an ADHD or ASD neurodevelopmental assessment to start



Targed Llywodraeth Cymru:
Welsh Government target:

80% / 80%

Nodwch nad yw'r ffigurau uchod yn cynnwys gweithgarwch sy'n deillio o gontract caffael sydd ar y gweill ar hyn o bryd.

Note that the figures above do not include activity arising from a contract procurement that is currently underway.

Targed Llywodraeth Cymru:
Welsh Government target:

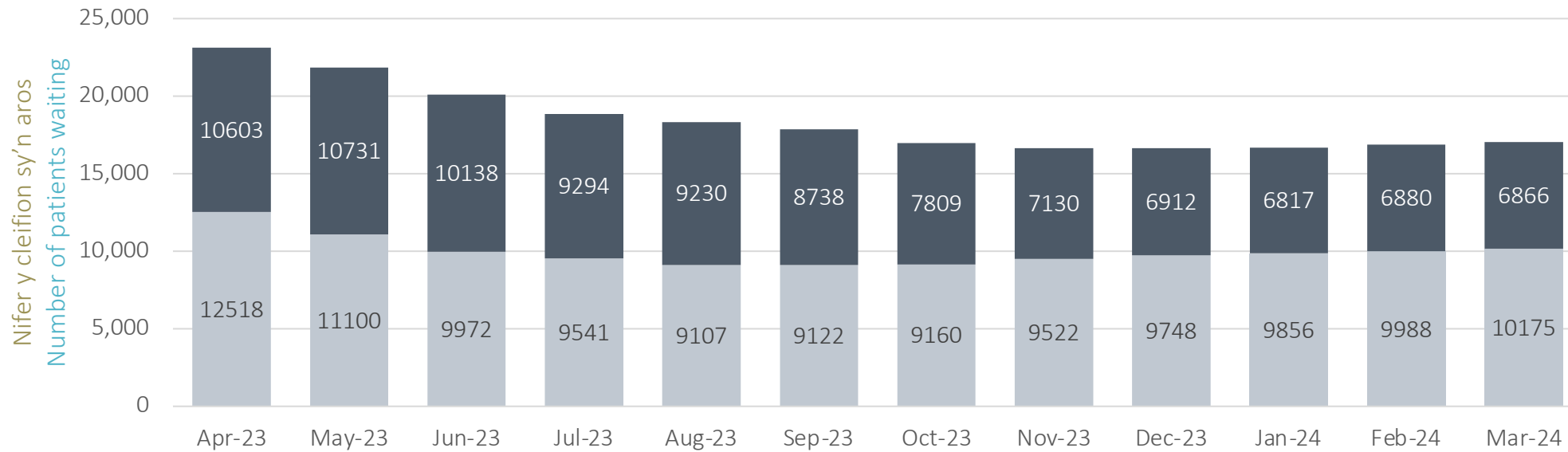
Lleihau trywydd y rhestr aros
Reducing trajectory of waiting list

Amseroedd aros ar gyfer Apwyntiadau newydd i Gleifion Allanol

- Nifer y cleifion sy'n aros mwy na 52 wythnos am apwyntiad newydd i gleifion allanol
- Nifer y cleifion sy'n aros mwy na 36 wythnos am apwyntiad newydd i gleifion allanol

New Outpatient Appointment waits

- Number of patients waiting more than 52 weeks for a new outpatient appointment
- Number of patients waiting more than 36 weeks for a new outpatient appointment



Targed Llywodraeth Cymru:
Welsh Government target:

36-52wythnos: Gwelliant, tuag at darged o sero erbyn Mawrth 2024
Improvement, towards a target of zero by March 2024
36-52wks:
Dros 52wythnos: Gwelliant, tuag at darged o sero erbyn Mehefin 2023
Improvement, towards a target of zero by June 2023
Over 52wks:

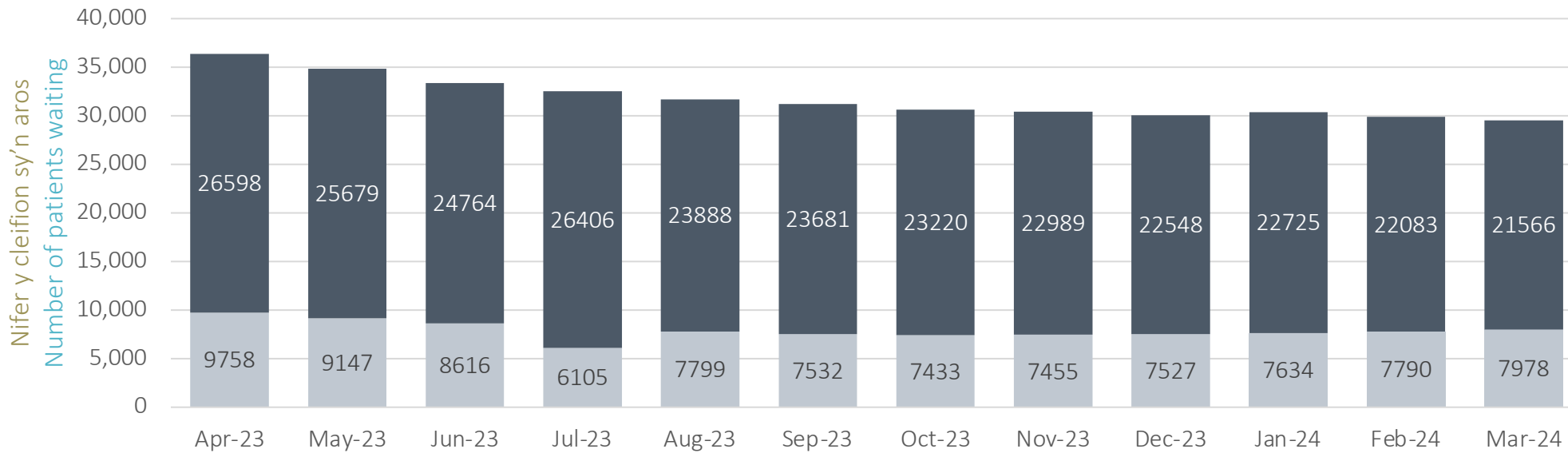
■ Rhwng 36-52 wythnos Between 36-52 weeks
■ Dros 52 wythnos Over 52 weeks

Arosiadau am Driniaeth

- Nifer y cleifion yn aros mwy na 104 wythnos o gyfeirio i driniaeth
- Nifer y cleifion yn aros mwy na 52 wythnos o gyferio i driniaeth

Treatment waits

- Number of patients waiting more than 104 weeks from referral to treatment
- Number of patients waiting more than 52 weeks from referral to treatment



Targed Llywodraeth Cymru:
Welsh Government target:

Dros 52wythnos: Gwelliant, tuag at darged o sero erbyn Mawrth 2025
Improvement, towards a target of zero by March 2025
Over 52wks:
Dros 104wythnos: Gwelliant, tuag at darged o sero erbyn Mehefin 2023
Improvement, towards a target of zero by June 2023
Over 104wks:

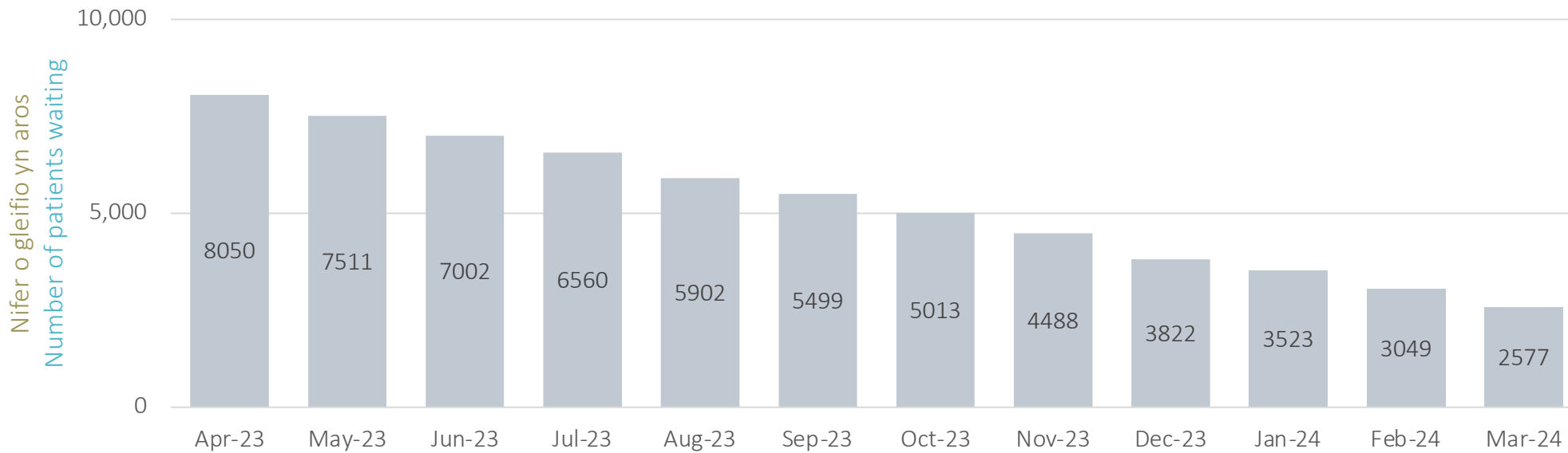
■ Rhwng 52-104 wythnos Between 52 weeks-104 weeks
■ Dros 104 wythnos Over 104 weeks

Arosiadau Diagnostig

- Nifer y cleifion yn aros dros 8 wythnos am brawf diagnostig penodol

Diagnostic waits

- Number of patients waiting over 8 weeks for a specified diagnostic test



Targed Llywodraeth Cymru:
Welsh Government target:

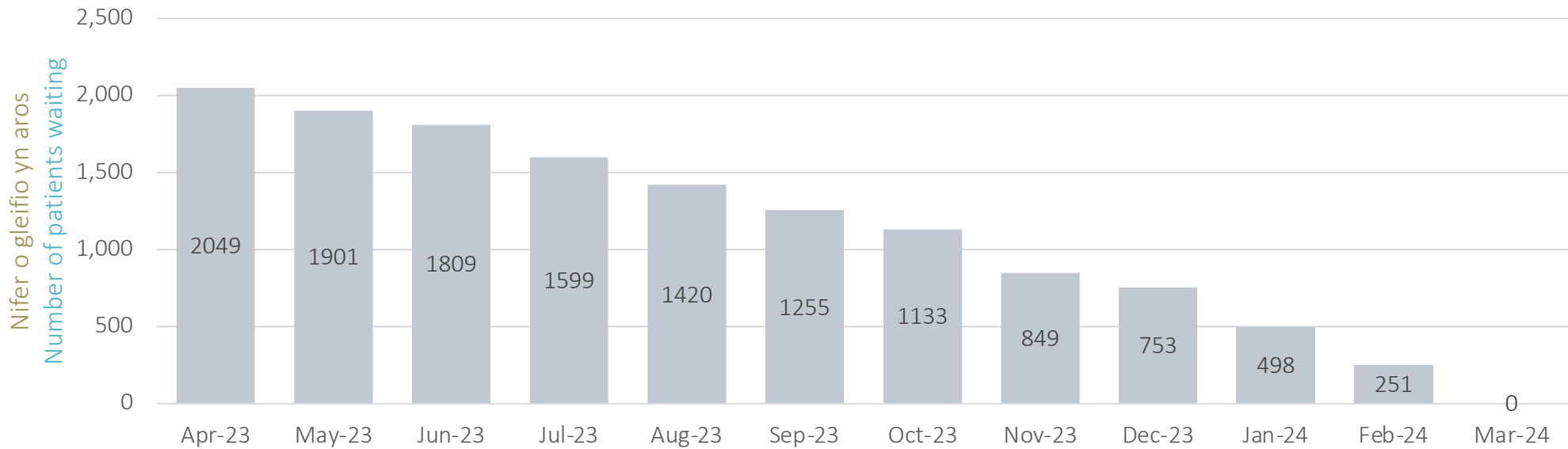
Gwelliant tuag at darged o sero erbyn Mawrth 2024
Improvement, towards a target of zero by March 2024

Arosiadau Therapi

- Nifer y cleifion yn aros dros 14 wythnos am therapi penodol

Therapy waits

- Number of patients waiting over 14 weeks for a specified therapy



Targed Llywodraeth Cymru:
Welsh Government target:

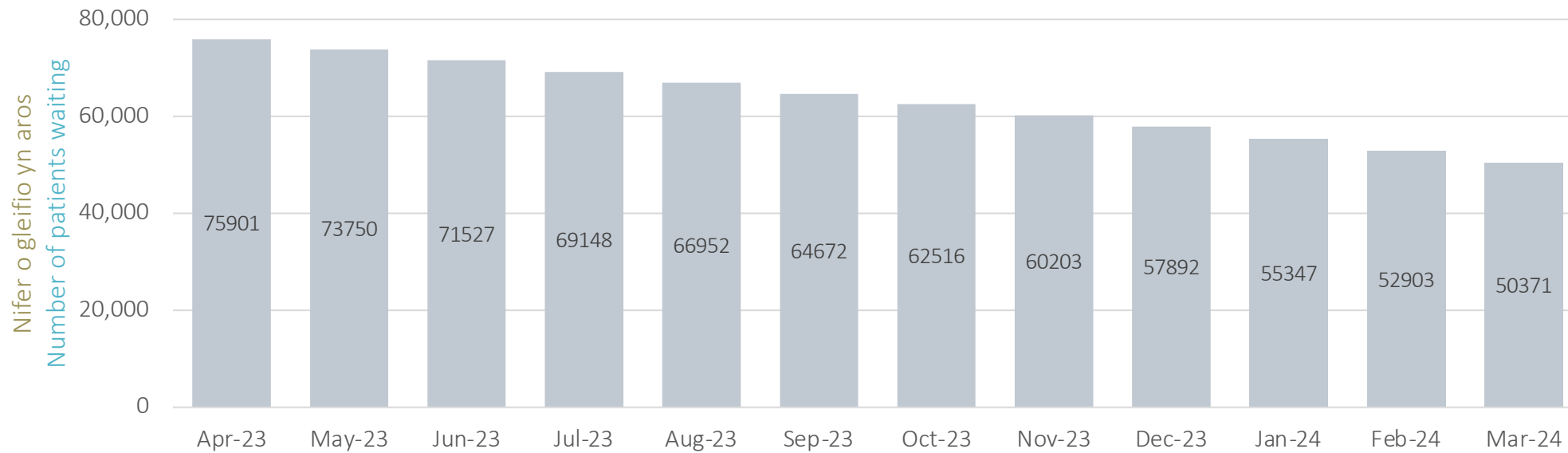
Gwelliant tuag at darged o sero erbyn Mawrth 2024
Improvement, towards a target of zero by March 2024

Oedi o ran apwyntiadau dilynol i gleifion allanol

- Nifer y cleifion yn aros am apwyntiad dilynol i geifion allanol lle bo oedi dros 100%

Follow-up outpatient delays

- Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%



Targed Llywodraeth Cymru:
Welsh Government target:

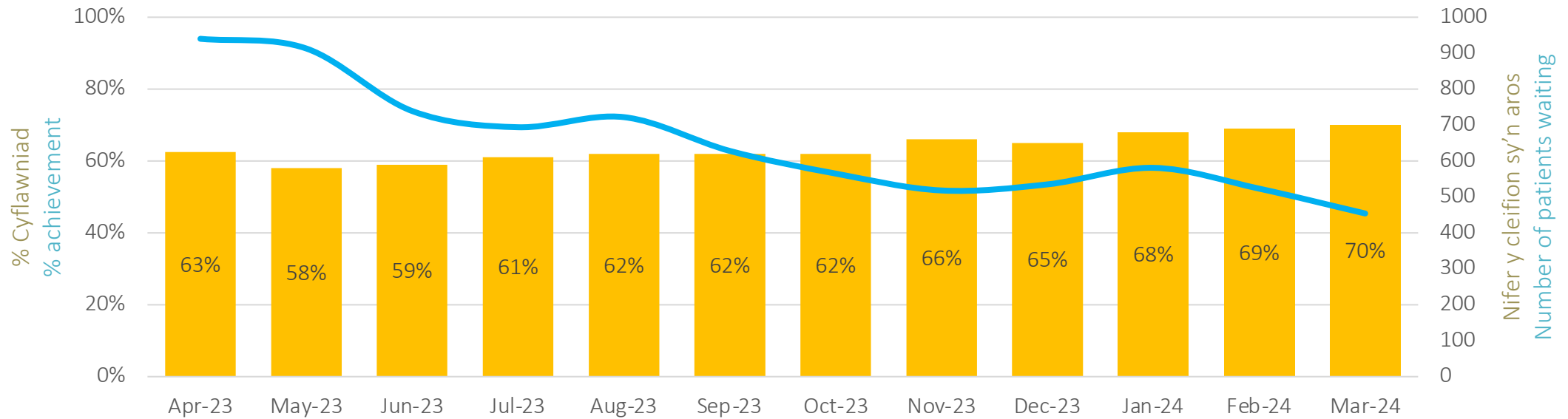
Gostwng tafl-lwybr erbyn Mawrth 2024
Reducing trajectory by March 2024

Canser

- % y cleifion yn aros mwy na 62 diwrnod i gychwyn eu triniaeth ganser ddiffiniol gyntaf o'r pwynt o amheuaeth
- Nifer y cleifion yn aros mwy na 62 diwrnod i gychwyn eu triniaeth ganser ddiffiniol gyntaf o'r pwynt o amheuaeth

Cancer

- % of patients waiting more than 62 days for the start of their first definitive cancer treatment from the point of suspicion
- Number of patients waiting more than 62 days for the start of their first definitive cancer treatment from the point of suspicion



Targed Llywodraeth Cymru:
Welsh Government target:

Gwelliant tuag at darged o 80% erbyn Mawrth 2026
Improvement towards target of 80% by March 2026

Targed Llywodraeth Cymru:
Welsh Government target:

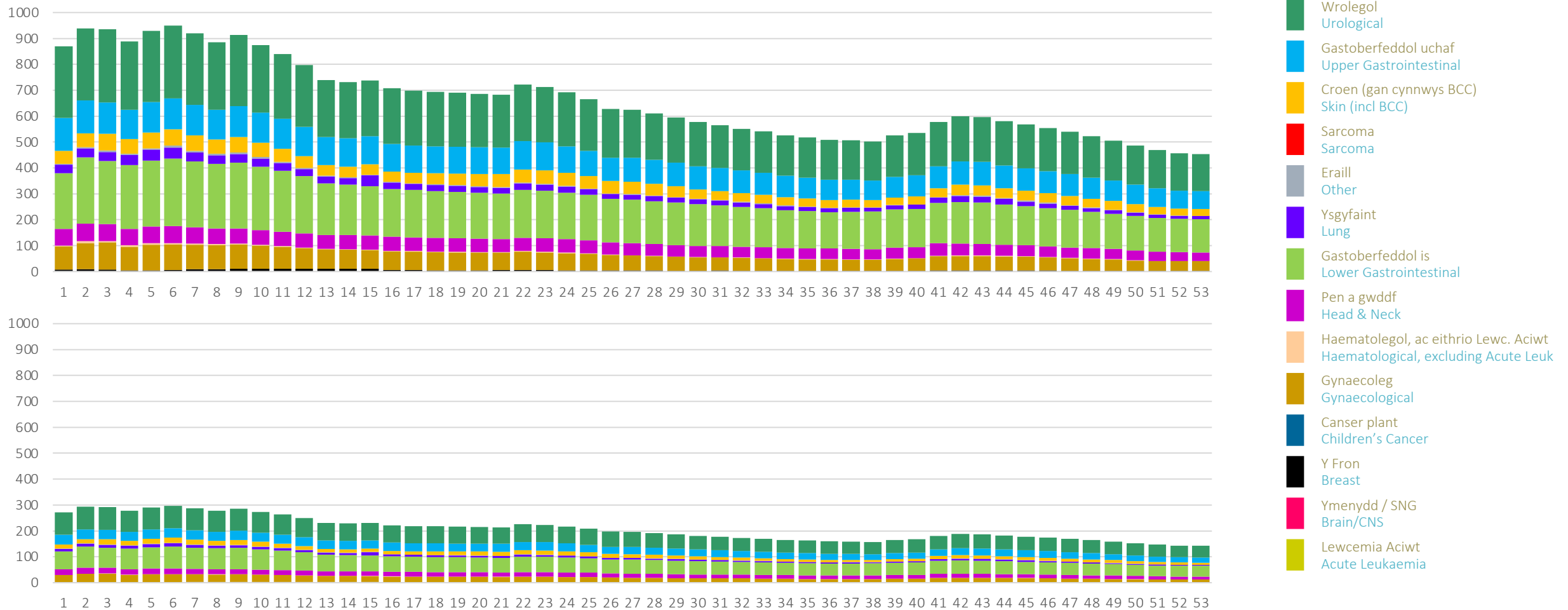
Gostwng llwybr rhestr aros
Reducing trajectory of waiting list

Cancer

- Nifer y cleifion yn aros yn weithredol dros 62 diwrnod ar Lwybr Amheuaeth Cancer
- Nifer y cleifion yn aros yn weithredol dros 104 diwrnod ar Lwybr Amheuaeth Cancer

Cancer

- Number of patients actively waiting over 62 days on a Suspected Cancer Pathway
- Number of patients actively waiting over 104 days on a Suspected Cancer Pathway

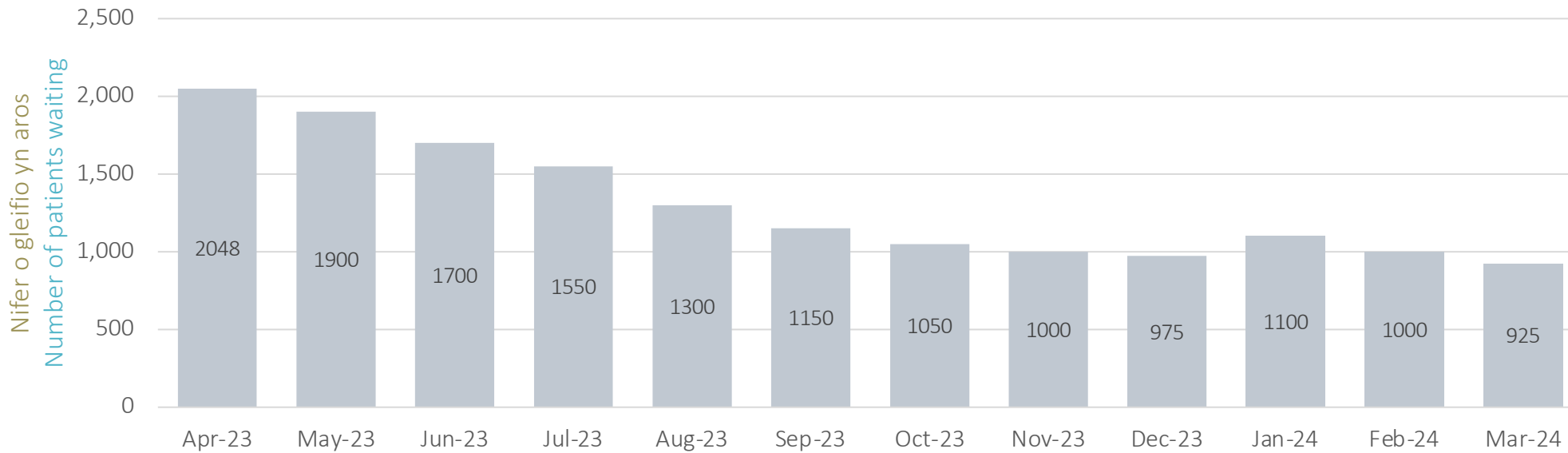


Trosglwyddo cleifion o ambiwlansys

- Nifer y trosglwyddiadau ambiwlans dros 1 awr ar ôl cyrraedd yr ysbyty

Ambulance patient handovers

- Number of ambulance patient handovers over 1 hour after arrival at hospital



Targed Llywodraeth Cymru:
Welsh Government target:

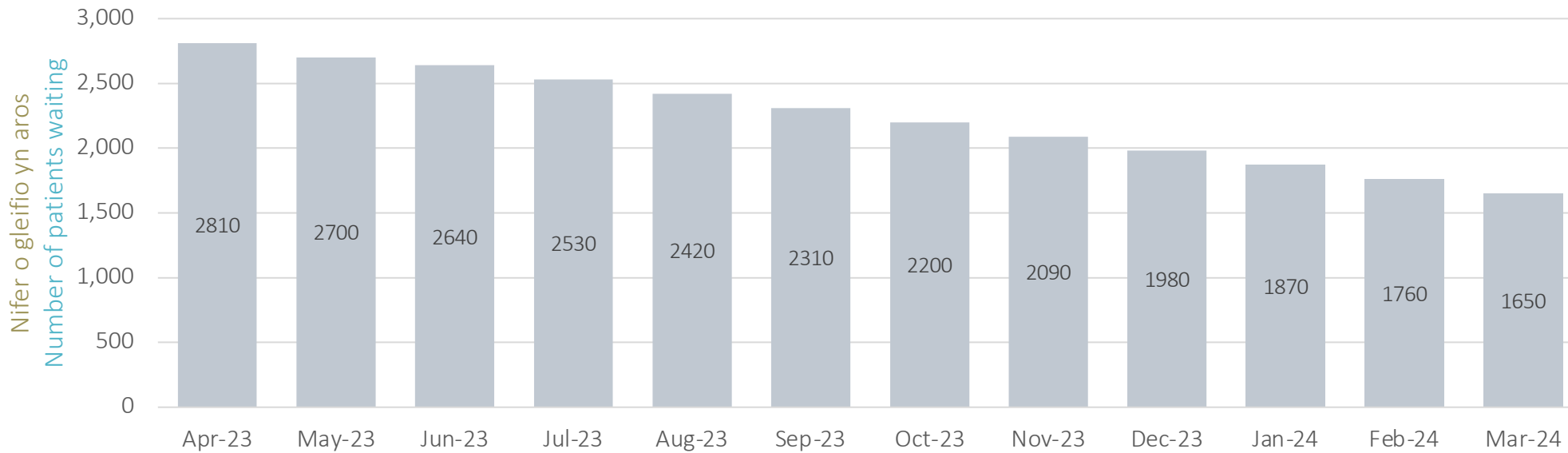
Gwelliant llwybr tuag at darged o sero erbyn Mawrth 2024
Improvement trajectory towards a target of zero by March 2024

Arhosiad gofal brys o dros 12 awr

- Nifer y cleifion sy'n treulio 12 awr neu fwy mewn cyfleusterau gofal brys o adeg cyrraedd hyd at dderbyn, trosglwyddo neu ryddhau

Emergency care stay of over 12 hours

- Number of patients who spend 12 hours or more in emergency care facilities from arrival until admission, transfer or discharge



Targed Llywodraeth Cymru:
Welsh Government target:

Gwelliant llwybr tuag at darged o sero erbyn Mawrth 2024
Improvement trajectory towards a target of zero by March 2024

Appendix 1: BCUHB Integrated Assessment Screening Tool

Each of the Assessments below must be considered. Where screening indicates a more than negligible impact or you are unsure of a specific area, you should liaise with the BCUHB specialty lead (detailed below at section 11) and conduct a more thorough assessment in that area. Not all assessments will be applicable though you should consider each in turn.

Please ensure that any additional impact assessments / evidence is retained in the event that the responsible director / approving group or committee requests them.

The term 'Written Control Document' (WCD) includes, but is not limited to, strategies, business cases, projects, reports, policies, protocols, procedures, guidelines etc.

Additional note in relation to the Annual Plan IAST: *the overall IAST documentation is being reviewed to include reference to Duty of Quality and to strengthen Welsh Language considerations. The IAST for the Annual Plan has included these areas for completeness and to reflect the priority given to these areas in the Plan.*

1. Document Details:

New document or review?	New
Title of WCD Proposed:	BCU HB Annual Plan 2023-24
Type of WCD	Corporate strategic plan
Author name and Job Title:	Sally Baxter Assistant Director – Health Strategy
Responsible Director	Chris Stockport Executive Director – Transformation and Strategic Planning
Division/Department	Strategic Planning
Date of Assessment/Screening	07 June 2023

2. Equality Impact Assessment

Equality Impact Assessments (EqIAs) are a ***mandatory*** requirement for all BCUHB wide WCDs/projects as per the Procedure for Equality Impact Assessment (WP7). Failure to comply with the requirements may result in legal challenge/Judicial Review. EqIAs help to inform better decision-making and policy development leading to improved services for patients, carers and staff. The EqIA should commence as early as possible in the decision making process.

Further information and template is available here: [EqIAs - Equality Impact Assessments \(sharepoint.com\)](#)

Date EqIA completed: draft completed 09 06 23. The Plan is constrained by the current challenges of the financial position and system pressures and there is limited scope for significant new development within the Plan. However, the Plan reflects the areas intended to be progressed and spans a range of strategic priorities for which key actions are set out. Many will be of positive impact for groups who share protected characteristics and will be supported by the initiatives, in areas such as women's services, children, mental health, learning disability. There remain challenges regarding the pace of recovery for many services, where some service users may be disproportionately affected, such as older adults, or where gender or ethnicity is a factor in prevalence of conditions. Consideration needs to be given to ensuring those already experiencing barriers to healthcare are not further disadvantaged, for example people living with dementia and their carers, people with language and communication issues. Individual EqIAs will be undertaken for specific initiatives as they are progressed. EqIA has already been undertaken to support the consideration of decisions on outsourcing and insourcing contracts.

The plan and EqIA has taken account of engagement undertaken on specific areas, including for example the impact of waiting times, and feedback from stakeholders, with mental health, substance misuse and learning disability, and women's services being examples where voices and lived experience are continuously sought.

The EqIA will be finalised when the complete position in relation to performance and progress towards achievement of targets is confirmed, and before submission to WG. Any further issues of significance will be escalated.

3. Socio-Economic Impact Assessment

A Socio-economic Impact Assessment (SEIA) is required for strategic decisions and includes strategic decisions which are subject to review. In general, strategic decisions will be those which effect how Health Board fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. **SEIA helps to inform better decision-making by aiming to deliver better outcomes for people that experience socio-economic**

disadvantage. SEIA should commence as early as possible in the decision making process.

Links:

[List of documents which require an SEIA.](#)

Template and further information: [Socio-Economic Duty \(SED\) \(sharepoint.com\)](#)

SEIA Completed – Y. Full SEIA was completed for 3 year plan 2022-25 which is being refreshed to reflect the Annual Plan for 23-24.

Date SEIA completed: draft completed 09 06 23. To be finalised as performance trajectories are completed. Key issues identified – the Plan sets out the Health Board’s commitment to the foundational economy and to sustainability, which will have positive impact on socio-economic factors associated with disadvantage. Specific initiatives set out within the Plan which will have a positive impact on health and well-being may support people remaining in or returning to the workplace. Again, the pace of recovery may mean that certain groups, who are disproportionately impacted in terms of access, may not benefit as quickly as should be expected.

4. Duty of Quality

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 is a lever for improving and protecting the health, care and well-being of the current and future population of Wales. The Act includes a Duty of Quality to ensure that NHS bodies secure improvements in the quality of services they provide – this means ‘safe, timely, effective, equitable and person-centred (‘STEEP’) health care that is embedded within a culture of continuous learning and improvement’.

The duty extends to all health service functions in both clinical and non-clinical settings. If your project or WCD relates to a decision about how health services are planned, organised or delivered, you must contact the Quality Team to ensure that improved outcomes are secured.

Links:

[Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

Duty of Quality engaged? Y Input and advice provided by Quality Team, Duty of Quality reflected in Annual Plan. Further work in collaboration will be required to undertake QIA on specific developments as they are progressed, and to reflect the Quality Strategy when completed in the updated Plan

5. Welsh Language

Welsh Language implications for any Service Development, Change or De-commission:

- *Will there be an impact on services offered to Welsh speaking patients?*
- *Is there an opportunity to identify the preferred language of patients/service users to ensure that their care needs are fully met in line with the Welsh Language Standards?*

A recent case (*Swansea Council v Welsh Language Commissioner (TyG/WLT/21/01)*) has emphasised that any organisational ‘policy’ decision, **MUST** consider the impact on the Welsh Language. This means more than just a written policy document, and can include decisions made regarding the exercise of an organisation’s functions.

Further consideration as to the impact on the Welsh Language is provided for within the mandatory EqIA. However, If you are in any doubt as to whether your plan, business case, project or WCD constitutes a ‘policy decision’, please contact the Welsh Language Team.

Welsh Language Translation Requirements:

The Welsh Language Standards are a set of statutory requirements that place a duty on BCUHB to provide bilingual services to patients and the public.

Under the Standards, we must not treat the Welsh language less favourably than the English language. BCUHB aims to provide an “Active Offer”, meaning services should be provided in Welsh without the person having to ask for it. Enabling our patients and the public to receive high-quality, language appropriate care is paramount to the way we provide and plan our services, as well as encouraging other users and providers to use and promote the Welsh language in the health sector.

If you produce a document (but not a form) which is available to one or more individuals, you must produce it in Welsh if; (a) the subject matter of the document suggests that it should be produced in Welsh, or (b) if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh.

Does the subject of the document deal with Welsh language issues or an area of particular interest in terms of the Welsh language?	Y
Is the document one that will be publicly displayed?	Y
Is the document likely to attract public response and attention (e.g. on social media)?	Y
Is the document a document which individuals are required to respond to?	n/a
Is the subject of the document related to a matter that is relevant to, affects or is of importance to a large number of individuals (defined as residents of Wales acting in their personal capacity)?	Y

Do you know that a percentage or a large number of the predicted audience (individuals and organisations in North Wales) are Welsh speakers, and for whom the Welsh language is an important consideration to them or they operate through Welsh.	Y
Has more than one person asked for the document to be available in Welsh?	N
Outcome – does document require translating Y/N	Y Translation to be completed as the Plan is finalised.

6. Rights of Children and Young People

Guidance: The UN Convention on the Rights of the Child (CRC) sets out the fundamental human rights that all children should have, so that every child is able to have a good childhood and develop to their full potential. The Social Services and Wellbeing (Wales) Act 2014 (SSWBA) places a duty that decision makers must have regard to the convention.

Children have needs and rights that are separate and different to adults. You should carefully consider whether the proposed WCD/project will have any impact on children and whether it will effectively protect and implement the rights expressed in the [UNCRC](#).

Detail your considerations here: Some children are unable to communicate their views as a result of age, development, neurodevelopment, mental health or disability. Are there consent or capacity issues? Does the WCD/project apply to Looked After children and require Local Authority input? Where possible, WCDs/projects should promote listening and include the child in decisions made about them. The child's Best Interests should always be paramount. Parents also have rights under the Human Rights Act 1998 and Children's Act 1989/SSWBA 2014 – whilst decisions should always be made in the best interests of the child and particularly safeguarding procedures and policies followed, there is however, a balance – parents' rights must also be taken into consideration.

There are no specific issues affecting the individual rights of the child within the Plan. Children's services are an identified priority within the Plan and there will be positive impact from initiatives to improve the care and support for children, young people and their families. The current financial position and the need to recover capacity and performance are limiting the overall potential for positive impact, which is being addressed by the services as resources allow.

7. Older Person and/or People living with Dementia (including young onset dementia).

Guidance: BCUHB have a duty to ensure older people have their rights respected and are involved in decisions. All WCDs/projects should be developed using a person centered approach. WCDs/projects should ensure an evidence based approach in relation to the older adult and/or those with dementia (who may be under the age of 50 years). Due regard should be given to the [United Nations Principles for Older Persons](#). **Further reference points include the [Good Work Dementia Learning and Development Framework](#), [All Wales Dementia Strategy](#) and [Dementia Friendly Hospital Charter](#).** If necessary, separate clinical WCDs should be developed with input from experts.

Detail your considerations here:

Consider needs of older adults and/or people living with dementia including:

- ***Make sure you see the person, not the condition and promote an independence/assets based approach.***
- ***Focus on inclusivity, including for those at end of life care.***
- ***Are there any communication needs due to cognitive impairment or environmental factors such as noise or distraction?***
- ***Are access needs a consideration – mobility, literacy or technological/digital literacy?***
- ***What is the impact where the individual has multiple health conditions?***
- ***Focus on prevention - continued support to recover following poor health or admissions and community support to reduce further admissions.***
- ***Are there any dependent relationships or caring responsibilities?***
- ***Use a holistic approach – important to consider the living and working situations of individuals as well as any other constraints.***
- ***Where applicable, ensure a whole system approach (health, social care and third sector).***
- ***Is there capacity for involvement and/or a need for advocacy?***
- ***Is there a requirement for the involvement patient/carer representative organisations such as the Community Health Councils?***

There are no specific issues adversely affecting the individual rights of older people and/or people living with dementia within the Plan. There are a number of initiatives identified within the plan which will have a positive impact on older people and those living with dementia. It is acknowledged however that the current financial position and the need to recover capacity and performance will be limiting the overall opportunity for positive outcomes for older people and those living with dementia, which will be addressed by the services as resources allow. A risk is being raised through Datix in relation to this. An insight report into the needs of people living with dementia and their carers will be progressed during the year.

8. Carers

Guidance: A carer is a person, of any age, who provides unpaid support to a family member or friend who could not manage without their help. The Social Services and Well-being (Wales) Act 2014 places a statutory obligation upon local

authorities to assess carers where it appears they have a need for support. The legislation places a responsibility on health staff to identify unpaid carers, acknowledge their importance as an equal partner in care and provide them with information, advice and assistance.

Please see references above also to impact on carers.
There are a number of initiatives identified within the Plan which will have a positive impact on carers through supporting the individual for whom they are caring. The current financial, capacity and performance issues may be limiting the opportunity for improved outcomes for carers.

9. Environment

Guidance: BCUHB have legislative duties to comply with Environmental legislation. The purpose of which is to protect the environment we occupy and to ensure the public are given early and effective opportunity to participate in our decision making procedures. The Health Board is accredited to the Environmental Management System, (EMS) ISO 14001, which is the internationally recognised standard for managing the environment. The EMS provides a framework for managing environmental impacts associated with the Health Board's activities

The Plan summarises initiatives being undertaken to improve the Health Board's performance in respect of environmental impact, including the decarbonisation action plan, and a range of further positive impacts through green health care, social and environmental initiatives.

10. Data Protection

Data protection impact assessments (DPIAs) are tools which will assist organisations in identifying the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy. Carrying out a data protection impact screening assessment is a systematic way of doing this to establish if a full Data Protection Impact Assessment (DPIA) is required. **Should you answer yes to any of the DPIA Screening questions below, please contact a member of the Information Governance Team** for support in deciding if a full DPIA is required.

Will the WCD involve the collection of new information about individuals?

N

Will the WCD compel individuals to provide information about themselves?	N
Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	N
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N
Does the WCD involve using new technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	N
Will the WCD result in you making decisions or taking action around individuals in ways which could have a significant impact on them?	N
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	N
Will the WCD require you to contact individuals in ways which they may find intrusive?	N
Have you answered 'Yes' to any of the questions above? If so, then please contact a member of the Information Governance Team	N

11. Screening Summary

After completing the screening areas, you should now document where you have identified that further assessment is required and/or where engagement with the relevant Corporate Lead / other experts may be necessary. Additional impact assessments and evidence should then be used to inform the plan, project or written control document development.

Please ensure that any additional impact assessments / evidence is retained in the event that the responsible director or approving group requests them.

Impact Assessment	Further Assessment Undertaken / Consultation with Relevant Lead?
Equality Impact	Mandatory
Socio-economic	Yes
Quality	Yes
Welsh Language	Yes
Children	No
Older Person	No
Environment	No – assessment already underway through relevant groups
Data Protection	No
Carers	No



Teitl adroddiad: <i>Report title:</i>	Special Measures Change Control			
Adrodd i: <i>Report to:</i>	Health Board Meeting			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	22th June 2023			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this paper is to seek final approval and sign off for a proposed change to previously agreed Special Measures deliverables.			
Argymhellion: <i>Recommendations:</i>	1) The Board is asked to NOTE that the Special Measures Review Group (SMRG) has approved the change in principle. 2) The Board is asked to APPROVE the changes to the deliverables described within the paper.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Dr Chris Stockport, Executive Director of Transformation & Strategic Planning (Lead Executive for Special Measures) Steve Webster, Interim Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Geraint Parry, Special Measures Programme Team			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	To support Special Measures			
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?	Not applicable			

<i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	Not applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>Implementation of recommendations</i>	
Rhestr o Atodiadau: Dim <i>List of Appendices:</i> None	

Special Measures Change Control

1) Introduction

This report presents a proposed change to previously agreed Special Measures deliverables relating to Finance.

2) Background

The Health Board meeting on the 25th May approved the Special Measures plan and Governance approach. This included 40 deliverables within the first 90 day cycle, of which 4 related to Financial Management.

3) Proposed Change

Following the Board, further discussions have taken place between the Interim Executive Director of Finance, the Independent Advisors assigned to Finance, and Welsh Government. This has led to the addition of a 5th deliverable, and thus a 41st in total, and a re-wording of the existing 4 deliverables.

These changes are not considered to be materially different in terms of focus and intent, however they more clearly lay out the specific work required to be undertaken. The change is depicted in the following table:

Deliverables approved by board	Proposed Changes
2.2 Financial Savings: Commence delivery of an agreed efficiency savings plan that minimises the financial deficit	2.2 Financial Savings: Commence delivery of an agreed efficiency savings plan and improvements to the financial plan that minimises the financial deficit in 2023/24
2.3 Future Financial and Value Opportunities: Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026	2.3 Future Financial and Value Opportunities: Commence an assessment of the potential financial opportunities for 2024/2025 and 2025/2026 and develop the contribution of value based healthcare
2.6 Contract procurement and management Review: Support and enable the Review of Procurement	2.6 Financial Control – Progress implementing priorities associated with the financial control environment e.g. contract management.
2.7 Finance function maturity: Undertake benchmarking to inform future Finance structure and practices	2.7 Finance Team & Capacity: Progress actions to stabilise the finance team and develop capacity
	2.8 Financial Governance Action Plan: Progress the action of the financial control environment action plan

The Special Measures Review Group (SMRG) has already approved this change in principle which has gone through a Change Control Process.

4) Recommendation

- a. The Board is asked to **APPROVE** these proposed changes.



Report title:	Smoke Free Policy			
Report to:	Health Board			
Date of Meeting:	Thursday, 22 June 2023			
Executive Summary:	<p>This is the updated policy for Betsi Cadwaladr University Health Board. Issued to provide guidance to comply with the revised changes to the smoke free legislation for all health board premises and grounds. Updated policy to include Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”) supporting the new legislation that means all hospital grounds, will be required to be smoke-free by law from the 1st March 2021 extending to all Mental Health units to be smoke free by 1st September 2022.</p> <p>This policy has been developed to protect all employees, workers, patients and others from exposure to second-hand smoke, to assist with compliance and to demonstrate due diligence in taking reasonable steps to prevent smoking on hospital sites, in line with Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”).</p>			
Recommendations:	The Committee is asked to approve the policy. The policy was reviewed by the Quality, Safety and Experience Committee at its meeting on the 20 June 2023.			
Executive Lead:	Executive Director of Workforce and Organisational Development			
Awdur yr Adroddiad:	Gavin Jones, Lead Health Intervention Co-ordinator			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	I’w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</p>				
Link to Strategic Objective(s):	Healthy Workforce and population.			

Regulatory and legal implications:	In line with Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”).
In accordance with WP7 has an EqlA been identified as necessary and undertaken?	Not applicable
In accordance with WP68, has an SEIA identified as necessary been undertaken?	Not applicable
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Not applicable
Financial implications as a result of implementing the recommendations	Not applicable
Workforce implications as a result of implementing the recommendations	Not applicable
Feedback, response, and follow up summary following consultation	Not applicable
<i>Links to BAF risks:</i> <i>(or links to the Corporate Risk Register)</i>	Not applicable
<i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Next Steps: Health Board on 22 June 2023 for approval.	
List of Appendices: None	



WP31 SMOKE FREE POLICY

Date to be reviewed:	November 2024	No of pages:	14
Author(s):	Gavin Jones	Author(s) title:	Lead Health Intervention Co-ordinator
Responsible dept. / director:	Executive Director of Workforce and Organisational Development		
Approved by:	Workforce & Organisational Development Committee		
Date approved:			
Date activated (live):			

Date EQIA completed:	November 2022
Documents to be read alongside this policy:	WP6 Code of Conduct (Disciplinary Rules & Standards of Behaviour) WP9 All Wales Disciplinary Policy WP62 BCUHB Dress Code Guidelines WP9 All Wales Disciplinary Policy WP11 NHS Wales Managing Attendance at Work Policy
Purpose of Issue/Description of current changes:	Updated policy for Betsi Cadwaladr University Health Board. Issued to provide guidance to comply with the revised changes to the smoke free legislation for all health board premises and grounds. Updated policy to include Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”) supporting the new legislation that means all hospital grounds, will be required to be smoke-free by law from the 1st March 2021 extending to all Mental Health units to be smoke free by 1 st September 2022.

Summary

This policy has been developed to protect all employees, workers, patients and others from exposure to second-hand smoke, to assist with compliance and to demonstrate due diligence in taking reasonable steps to prevent smoking on hospital sites, in line with Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”).

First operational:	November 2011				
Previously reviewed:	July 2013	May 2018	Feb 2021	September 2022	March 2023
Changes made yes/no:	Yes	Yes	Yes	Yes	Yes

PROPRIETARY INFORMATION

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Contents Page

Page number

1	Introduction and Policy Statement	3
2	Purpose of the document	4
3	Scope	5
4	Aims and Objectives	5
5	Roles and responsibilities	6
6	Health Board premises and grounds	6
7	Health Board vehicles	7
8	Employees and workers	7
9	Health Board residential accommodation	7
10	Patients	8
11	All others entering Health Board premises	8
12	Implementation	8
13	Recruitment procedures	9
14	Training	9
15	Policy compliance	9
16	Legislation	10
17	References	10

Appendices:

Appendix A - What is in a cigarette?

Appendix B - The effects of quitting smoking

1. Introduction and Policy Statement

Betsi Cadwaladr University Health Board has identified a reduction in smoking prevalence as a priority in its strategy Living Healthier Staying Well. The proportion of adults who currently smoke in North Wales is 13% and a further 14% report that they use e-cigarettes according to the National Survey for Wales.

As an exemplar and practicing public health organisation, the Health Board is committed to creating a smoke-free environment on all its sites to protect employees, workers and all others who enter its premises and grounds from second-hand smoke. It is also committed to ensuring that support is provided for employees and patients who wish to give up smoking. The Health Board / persons responsible for the premises have a duty to take reasonable steps to prevent smoking on all of its grounds and vehicles.

In adults, second-hand smoke increases the risk of cardiovascular and respiratory diseases including coronary heart disease and lung cancer. Ventilation or separating smokers and non-smokers within the same airspace does not stop potentially dangerous exposure.

The Smoke-free Premises etc. (Wales) Regulations 2007 (“the 2007 Regulations”) were introduced to protect employees and the public from the harmful effects of second-hand smoke. This legislation prevented smoking in ‘enclosed’ or ‘substantially enclosed’ public places, including workplaces and vehicles.

More recently, the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”) introduced on the 1 March 2021 protects people from second hand smoke in hospital grounds and other outdoor areas. The new legislation means that it is now a criminal offence to smoke tobacco on any Health Board grounds, dwellings or vehicles. The definition in the legislation covers the smoking of cigarettes, pipes, cigars, herbal cigarettes and water pipes (often known as hookah or shisha pipes) etc.

These restrictions include all areas up to the Health Board premises, boundaries, and include car parks and vehicles parked on Health Board property, outdoor seating areas, walkways and all other areas. Any person wishing to smoke must first leave the Health Boards grounds.

The implementation of this policy will ensure compliance with both Regulations and will also support implementation of the Corporate Health Standard at Work framework.

The new legislation means that it is now a criminal offense to smoke tobacco on any Health Board grounds, dwellings or vehicles. All staff are encouraged to review the legislation, which sets out the new smoke free law (please see reference section of policy).

The Health Board is committed to implementing the new legislation ensuring that all of our workplaces are smoke-free and all employees and workers have a right to work in a smoke-free environment. The implementation of this legislation is seen as a contribution to the de-normalisation of smoking by providing fewer opportunities for smoking in public areas, supporting smoking cessation and contributing to health improvement.

Definition of groups affected: employees, workers, employers of external agencies, voluntary workers/volunteers, students, contractors, patients and visitors to any Health Board premises, grounds and vehicles. These groups hereafter collectively known as employees and workers, patients and all others.

The Health Board policy is to treat all patients irrespective of whether they smoke or not and is committed to helping patients who wish to stop smoking.

The Health Board is committed to supporting employees who wish to stop smoking and will ensure that the selling or promoting of tobacco products is not allowed on any of its premises.

The difficulty of enforcing a Smoke-Free Policy is acknowledged and employees will receive the full support of the Health Board members.

2. Purpose

This policy has been developed to protect all employees, workers, patients, and others, from exposure to second-hand smoke. The policy also supports compliance with the smoke-free provisions of the Health Act 2006, and the related regulations for Wales, and the requirements in Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”). Under the new legislation, it is a criminal offence to smoke on any Health Board grounds, dwellings and vehicles.

The Health Board has a responsibility for ensuring compliance with the legislation and must take reasonable steps to prevent smoking on site.

Section 2 of the Health and Safety at Work etc. Act 1974 places a duty of care on employers to ‘provide and maintain a safe working environment which is, so far as is reasonably practicable, without risks to health and adequate as regards facilities and arrangements for their welfare at work.’

This policy recognises that second hand smoke adversely affects the health of all employees and its workers. It is not concerned with whether anyone smokes but with where they smoke and the effect this has on employees, patients and others, It is also concerned with the presence of preventable carcinogenic substances in the locality of health sites.

The Health Board encourages its employees to refrain from smoking as set out in this policy, both in their own health interests and as representatives of a major public body, whose purpose is to improve health. The Health Board is committed to supporting employees and workers who wish to stop smoking.

3. Scope

The Smoke-Free Policy applies to all employees and workers, without exception, and will form part of the Health Boards Terms and Conditions of Employment. Employees and workers are expected to comply with the Smoke-Free Policy and the new smoke free law.

Definition of groups affected: employees, workers, employers of external agencies, voluntary workers/volunteers, students, contractors, patients and visitors to any BCUHB premises, grounds and vehicles. These groups hereafter collectively known as employees and workers, patients and all others.

4. Aims and Objectives

Aims:

To protect all employees, workers, patients, and others from exposure to second hand smoke. The Health Board will take reasonable steps to prevent smoking on hospital sites, in line with Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”).

The Health Board will comply with their duty to conform to the legislative requirements and support staff, patients, visitors, contractors and others, to comply with the legal requirements.

Objectives:

- 1 To abide by the new smoke free law and set an example to our community by making non-smoking the normal practice in the Health board’s buildings, grounds and vehicles.
- 2 To provide a safe and healthy working environment and to ensure that the possible consequences of smoking tobacco are reduced.
- 3 To reduce incidents of smoking and vaping on BCUHB sites
- 4 To reduce harm to patients, visitors and staff from exposure to second-hand smoke
- 5 To promote health and well-being by encouraging and assisting employees, workers, patients and others to make a lifestyle choice to give up smoking and to reap the health benefits.
- 6 To offer smoking cessation support to both employees and patients to give up smoking

- 7 To ensure that all managers with responsibilities for the health, safety and welfare of employees have adequate guidance in recognising, supporting and assisting any employees to stop smoking.
- 8 To fulfil the Board's legal duty of care to all its employees, patients and others to provide a safe working environment

5. Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the three Acute Managing Directors based at each of the main DGH sites: Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor. The BCUHB Managing Directors and Area Directors will demonstrate due diligence in respect of the legislation and be responsible for policy implementation at all other BCUHB premises linked with their respective sites. Health Board site leads will ensure that all employees, workers, patients and others are aware of the policy and of their role in the implementation and monitoring of the policy.

All managers are required to familiarise themselves with this policy; to ensure their staff are aware of the policy and new smoke free law. They will support / manage their staff to ensure compliance with the policy. All staff will ensure compliance with the requirements of this policy and refrain from smoking on any Health Board premises; grounds and vehicles at all times.

All staff, irrespective of grade or discipline, should politely remind smokers that smoking is not permitted by law on Health Board premises and request them not to smoke on the premises (see also paragraph 16 - Policy Compliance). Staff must not take part in smoking behaviour or practice on any Health Board site or encourage patients to leave the premises in order to smoke.

Managers will ensure that all new personnel will have access to a copy of the policy during local induction. Staff bulletin boards and Health Board website will be used to promote the policy and advertise the contact number for Help Me Quit (0800 085 2219) for help and support.

No smoking signs have been clearly displayed at or near the entrances to the premises highlighting the new smoke free law, reminding patients, staff and others that it is now illegal to smoke on health board grounds.

6. Health Board Premises and Grounds

The Health Boards Smoke Free Policy does not permit smoking on any Health Board premises and adjoining grounds. The use of E-cigarettes / vaping is also not permitted. The Health Board has provided appropriate signage at or near the main site entrances to conform to legislation and to ensure that all parties entering are aware that smoking is prohibited on hospital grounds.

There is some evidence on the potential for E-cigarettes / vaping use to have a negative impact on indoor air quality and therefore represent a risk to health. E-cigarettes and Vapes are not commercially available in the UK as licensed medicines. Further, their resemblance to traditional products could create an

unwanted perception by others. Reports from Fire Services indicate that some of these devices present a potential fire hazard.

7. Health Board Vehicles

Health Board vehicles will be smoke-free at all times to safeguard the health of other work colleagues who use the vehicles (with the exception of lease cars when used for private use, which are not used by anyone else in the workplace). This includes all transport provided by the private and voluntary sector organisations.

8. Employees and workers

Employees and workers must never smoke on BCUHB premises, grounds or in vehicles. Employees and workers must not smoke when wearing a visible name badge or whilst in their uniform. Please refer to WP62 Dress Code Guidelines to support the All Wales NHS Dress Code.

Many employees and workers within the NHS are required to enter a patient's home to provide a service. The Health Board recognises that protection of employees and workers from exposure to smoke when making home visits is of paramount importance (see Welsh Government 2007 Supplementary Guidance link in section 17).

The Health Board is committed to supporting employees to quit smoking. A maximum of 6 hours paid time off over a period of 8 weeks (pro rata if working part time) will be given to employees to attend smoking cessation sessions. Staff can decide on whether they wish to attend a stop smoking group or 1-1 support delivered by Help Me Quit or whether they wish to access 1-1 support delivered by a Community Pharmacist. These services can be accessed via Help Me Quit (0800 085 2219).

The allocated time does not include any time taken to travel for these appointments which must be taken in the employees own time. These sessions should be documented and signed by their line manager. The line manager will discuss with the employee the time taken and ensure that it fits with service delivery needs. The line manager will be expected to monitor the time taken.

9. Health Board Residential Accommodation

Smoking is not permitted within any Health Board residential accommodation. This is reflected within the residential booklet given to all staff who live in BCUHB residential accommodation. If a resident wishes to smoke or vape then they must do this away from the hospital grounds, adhering to the BCUHB Smoke Free Policy. The Health Board is committed to supporting our workforce to stop smoking and

any staff who would like information on quitting can contact the Help Me Quit Service. Please refer to section 12 for further information.

10. Patients

Smoking on Health Board grounds is illegal and will not be allowed anywhere on Health Board premises, grounds and vehicles. Staff and patients should be aware that, should patients wish to leave the hospital grounds to smoke, then they would be considered to have left the premises against clinical advice and will be advised of this at the time by staff. They will also be advised that the Health Board cannot be responsible for their safety or equipment in such circumstances.

All documentation sent out or given to patients will highlight that it is illegal to smoke on Health Board hospital premises and include information on Smoking Cessation services.

The Health Board is committed to providing practical help, support and advice to all patients who wish to stop smoking. Individual care plans will incorporate smoking cessation supported by nicotine replacement therapy if required. Support is also available from the Help Me Quit in Hospital service. Further information on community smoking cessation services is available (see Section 16).

11. All others entering Health Board premises

Other individuals (not classed as employees, workers or patients) will not be permitted to smoke in any area of the Health Board, to include premises, grounds and vehicles under this legislation.

12. Implementation

Ultimate responsibility for implementing and monitoring the Smoke-Free Policy rests with the CEO and Executive Team. Under the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”), the responsibility for compliance with the legislation lies with the person in charge of the hospital – taking reasonable steps to prevent smoking on hospital grounds. Heads of Service, department and line managers will be responsible for their respective areas and Corporate Services. All employees and workers have a responsibility to ensure that the policy is adhered to.

Employees and workers who are finding it difficult to stop smoking or comply with the requirements of the policy should:

1. Discuss the issue with their line manager for initial support
2. Be encouraged to self-refer to:

- Help me Quit 0800 085 2219 <http://www.helpmequit.wales/> for services available in Wales
- <https://www.nhs.uk/smokefree/help-and-advice/local-support-services-helplines> services available in England.

13. Recruitment Procedures

Job advertisements, job descriptions, interviews and induction sessions, for all staff recruited by the Health Board will include a reference to the WP31 Smoke- Free Policy

All new employees, workers and volunteers will be sent a copy of their Contract of Employment and an appointment letter, which details the WP31 Smoke Free policy.

14. Training

Issues related to smoking and smoking cessation will be included in the following:

- Induction programme
- ESR – access to smoking cessation online training
- Making Every Contact Count (MECC)
- Fire Lectures
- Violence and Aggression Training

15. Policy Compliance

a) Employees and workers

This policy will form part of all employees and workers Terms and Conditions of Employment including employees from external agencies, voluntary workers, students and contractors working on site.

Education and provision of support are seen as an important part of this policy; however, employees who breach the Policy will be reported to their line manager and will be subject to the Health Boards' Disciplinary Policy and Procedures.

Under the new legislation, it is a criminal offence to smoke on any Health Board grounds, dwellings and vehicles. Failure to comply with the Regulations could result in a fixed penalty notice of a £100, discounted to £75 for early payment.

b) Patients, Relatives and Visitors

All employees irrespective of grade or discipline should inform members of the public about the smoke free law and ask them not to smoke on site. A polite explanation should be given about the Health Board's Smoke-Free Policy and a request made to refrain from smoking for the duration of the visit. Employees should not place themselves at risk of abuse whether it is verbal or physical. If verbal or physical abuse occurs as a consequence of employees implementing the Smoke-Free Policy, Patients/Relatives/Visitors will be subject to the Health Board's Protecting Employees from Violence and Aggression.

c) **Additional Guidance for Policy Compliance**

Legislation is now in place and therefore staff (& others) need to be aware that there is a means of enforcement via a Fixed Penalty Notice from the Local Authority. Further information can be found via the links in section 17.

17. **Legislation**

Welsh Government Smoke Free Law 1st March changes <https://gov.wales/smoke-free-law-guidance-changes-march-2021-html>

Smoke Free Premises and vehicles (Wales) regulations
<https://www.legislation.gov.uk/wsi/2020/1211/contents/made>

Welsh Government (2017) The Smoke-free Premises etc. (Wales) Regulations 2017
<http://www.legislation.gov.uk/wsi/2017/787/contents/made>

Public Health Wales Act (2017) – up-dated
<http://www.legislation.gov.uk/anaw/2017/2/contents>

Health and Safety at Work etc. Act 1974
<https://www.hse.gov.uk/legislation/hswa.htm>

Welsh Government (2018) The Smoke-free Premises and Vehicles (Wales) Regulations 2018
<https://beta.gov.wales/smoke-free-premises-and-vehicles-wales-regulations-2018>

18. **References**

[Action on smoking and health Wales \(ASH Wales\)](https://ash.wales/)
<https://ash.wales/>

Help Me Quit Wales
<http://www.helpmequit.wales/>

National Survey for Wales
[National Survey for Wales: April 2021 to March 2022 | GOV.WALES](#)

This table should be completed and added at the end of the document:

Members of the Working Group:

Name	Title

Engagement has taken place with:

Name	Title	Date Consulted
Smoke Free task and finish group	N/A	05.03.2021

APPENDIX A

What's in a cigarette?



APPENDIX B

The effects of quitting smoking

Quitting smoking is the best thing any smoker can do for their health - it is a fact that 1 in 2 long-term smokers will die from this deadly addiction. The mantra may be that “we all die eventually” but smokers die on average 10 years earlier and tragically, from much more painful and debilitating illnesses such as lung cancer, heart attacks and strokes.

The sooner a person quits smoking, the sooner the body can begin to repair itself. Any amount of time a person is smoke free can give the body, especially the lungs and bloodstream, the time to ‘breathe’ again and take in the clean air needed to recuperate.

There’s some damage caused by smoking, which will never go away, but there is no question about it; when you quit smoking, you will live a much healthier, longer and richer life.

One of the scariest aspects of quitting smoking can be the unknown of what will happen and this often puts people off trying to be smoke free in the first place. Below is a guide as to the effects of quitting smoking.

After 20 minutes

The human body is an amazing thing. After just 20 minutes of not smoking, the body begins to recover. Not long after the last puff of a cigarette, heart rate and blood pressure return to normal.

After 8 hours

Nicotine and carbon monoxide (CO) levels in blood reduce by more than half and continue to fall. Your oxygen levels return to normal.

After 24 hours

Carbon monoxide will be eliminated from the body. Lungs start to clear out mucus and other smoking debris.

After 48 hours

There is no nicotine left in the body. Ability to taste and smell is greatly improved and appetite can return to normal.

After 72 hours

Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.

After 2-12 weeks

Your circulation will improve and you may start to feel pins and needles throughout your body as blood flow is now being circulated to the outer extremities.

After 3-9 months

Coughs, wheezing and breathing problems improve as lung function increases by up to 10%.

After 1 year

Risk of heart disease is about half compared with a person who is still smoking.

After 10 years

Risk of lung cancer falls to half that of a smoker.

After 15 years

Risk of heart attack falls to the same as someone who has never smoked.



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

<u>For:</u>	WP31 BCUHB Smoke Free Policy
<u>Date form completed:</u>	18.11.2022



KEY FINDINGS AND ACTIONS

Introduction:

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

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

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

Assessing Impact

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

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

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

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

Part A

Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	Smoke Free Policy WP31
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>Reviewing WP31 policy for Betsi Cadwaladr University Health Board. This reflects BCUHB's commitment to safeguarding the health, safety and well-being of employees, patients and visitors. The policy will also serve to improve efficiency of BCUHB by supporting those individuals that smoking cessation support.</p> <p>It identifies the opportunities available to promote and signpost individuals to specialist services, highlights the new all Wales legislation, and provides advice and information for support relating to smoking cessation.</p> <p>The aims of this policy are:</p> <ul style="list-style-type: none">• To provide a safe and healthy working environment and to ensure that the possible consequences of smoking tobacco are reduced.• To reduce incidents of smoking and vaping on BCUHB sites• To reduce harm to patients, visitors and staff from exposure to second-hand smoke• Promote awareness through various media to promote the benefits to quitting smoking.• Inform employees of the changes to the new smoke free legislation• To alert employees of the possible consequences arising from smoking tobacco.• To create a climate of openness and encourage employees to seek early support and appropriate help to stop smoking.

Part A

Form 1: Preparation

Please answer all questions

		<ul style="list-style-type: none">• To ensure that all managers with responsibilities for the health, safety and welfare of employees have adequate guidance in recognising, supporting and assisting any employees to stop smoking.• To raise employees awareness of the harmful effects of smoking tobacco• To prevent the supply or use of illegal substances from occurring on BCUHB premises.
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	Teresa Owen, Executive Director of Public Health
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	<p>Yes:</p> <ul style="list-style-type: none">- Staff health and wellbeing guidelines (OHW02)- WP6 Code of Conduct (Disciplinary Rules & Standards of Behaviour)- WP9 All Wales Disciplinary Policy- HS01 Health & Safety Policy- WP11 NHS Wales Managing Attendance at Work Policy- WP62 BCUHB Dress Code Guidelines- WP3a All Wales Capability Policy- Relevant regulatory/professional body guidance <p><u>Legislation</u></p> <p>Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”)</p>

Part A

Form 1: Preparation

Please answer all questions

		<p><u>Strategy</u></p> <p>A smoke-free Wales – our long term Tobacco Control Strategy for Wales and Towards a smoke-free Wales delivery Plan 2022-24</p> <p>Professional guidance:</p> <p>NICE Guidance: Tobacco preventing uptake, promoting quitting and treating dependence NG209</p>
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	<p>Employee's and workers</p> <p>Patients and service users</p> <p>The Public</p> <p>Local Authorities in North Wales</p> <p>Any persons residing in BCUHB accommodation</p> <p>Trade Union Partners</p> <p>All others entering BCUHB premises</p>
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	<p>To support the proposed policy:</p> <ul style="list-style-type: none">- Clear communication of WP31 policy throughout the organisation- Engagement from all BCUHB employees to implement the policy- Adequate training for supporting and encouraging individuals who wish to stop smoking to ensure referral to HMQ Services- Responsibility of senior managers to enforce the policy and legislation- Staff training to deliver brief intervention to patients and onward referral to HMQ Services

Part A

Form 1: Preparation

Please answer all questions

		<p>Potential barriers:</p> <ul style="list-style-type: none">- Confidence of staff to manage and implement the policy and its sanctions- Reduced enforcement of the new legislation- Poor communication or lack of engagement with staff and / or public- Lack of understanding around policy implementation- Unwillingness from employees to seek support to remain smoke free during working hours- Unwillingness of patients to access support and quit smoking
7.	<p>Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.</p>	<p>Leading by example and de-normalisation of smoking, which is a known contributor to health inequalities. Supporting Temporary Abstinence when using BCUHB sites by managing tobacco addiction through licenced nicotine products. Access to NRT for inpatients in addition to support this policy.</p> <p>There will be an opportunity through this proposal for all smokers to have a conversation about the Smoke Free Regulations and the Health Board's policy and the importance of creating and developing smoke free environments. There will also be an opportunity for smokers to learn about the quitting options offered across North Wales – this is significant as smoking is the leading cause of preventable ill health and premature death and the disadvantaged are disproportionately affected.</p>

Part A

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

Please answer all questions

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

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

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

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

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

Part A

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

Please answer all questions

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

Part A

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

Please answer all questions

<p>NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect.</p> <p>For the definitions of each characteristic please click here</p>						
	Yes	No	(+ve)	(-ve)		
Age		X			<ul style="list-style-type: none"> • As health care providers, we have a duty to protect young people from the harmful effects of tobacco smoke which would have a negative impact on their health and well-being. • Policy prevents discrimination and offers the same level of support regardless of age • The policy aims to de-normalise smoking to all age groups by making smoke free hospital grounds the norm. A reduction in second-hand smoke at entrances will protect them from the harms associated with smoking. • Smoking is the primary cause of preventable illness and death, causing around 200 deaths every day in the UK. Smoking causes a wide range of diseases but kills mainly through causing lung cancer, respiratory diseases and heart disease. • Smoking remains a major cause of premature death in Wales. Smoking and passive smoking have been linked to a range of serious illnesses including cancers and heart disease. • Most smokers start when they are young and adolescents are more susceptible to nicotine 	No Detrimental Impact identified

Part A

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

Please answer all questions

					<p>addiction; the younger a person starts to smoke the more likely they are to smoke over a longer period and the more heavily they are likely to smoke in adulthood.</p> <ul style="list-style-type: none"> • 40% of adult smokers started smoking regularly before the age of 16 • Children are over 70% more likely to start smoking if just one parent smoked • 4% of adolescents reported that they smoke weekly or daily, indicating no change since 2013/14 <p>Across BCUHB, on average 13% of persons aged 16 and over self-reported a smoking status of 'daily smoker' or 'occasional smoker' in the most recent data from the National Survey of Wales 2022.</p> <p>The average for North Wales is 12.8% however there is variation at local authority level. As can be seen from the figure below, the percentage of persons aged 16 and above who smoke is lowest in Conwy (6%) and highest in Wrexham (19%).</p> <ul style="list-style-type: none"> • Figure 1 – persons aged 16 and over by smoking status (percentage) 	
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Part A

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

Please answer all questions

					<p>Figure 1</p> <table border="1"> <caption>Smoking Prevalence BCUHB</caption> <thead> <tr> <th>Local Authority</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Isle of Anglesey</td> <td>7</td> </tr> <tr> <td>Gwynedd</td> <td>17</td> </tr> <tr> <td>Conwy</td> <td>6</td> </tr> <tr> <td>Denbighshire</td> <td>15</td> </tr> <tr> <td>Flintshire</td> <td>13</td> </tr> <tr> <td>Wrexham</td> <td>19</td> </tr> <tr> <td>BCUHB</td> <td>13</td> </tr> </tbody> </table> <p>https://www.gov.wales/national-survey-wales</p>	Local Authority	Percentage	Isle of Anglesey	7	Gwynedd	17	Conwy	6	Denbighshire	15	Flintshire	13	Wrexham	19	BCUHB	13	
Local Authority	Percentage																					
Isle of Anglesey	7																					
Gwynedd	17																					
Conwy	6																					
Denbighshire	15																					
Flintshire	13																					
Wrexham	19																					
BCUHB	13																					
Disability	X		X		<ul style="list-style-type: none"> • Policy provides same level of support regardless of disability • This policy will have a positive impact on this community group with the aim of promoting health by creating a healthy smoke free environment in which, people who wish to withdraw or manage their nicotine intake may choose to do so. • Services provided ensure that the smoking cessation assessment and treatment offered is rigorous, suited and tailored to specific needs, ensuring that the support required is attained within the care pathway from the point of entry to discharge. 	<p>Staff enforcing policy should be mindful of neuro diverse conditions and potential mental health conditions and deal with individuals sympathetically and provide appropriate support to meet their needs.</p> <p>HMQ Services are recruiting staff who will be dedicated</p>																

Part A

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

Please answer all questions

					<ul style="list-style-type: none"> • Smokers in this group will be offered smoking cessation services routinely so that they can chose to make a cut down or quit attempt with support. • For those who also have a learning disability they are 58 times more likely to die before they reach the age of 50. Respiratory problems are a common feature in the presentation of registered disabled people in our services and we are confident that the smoke free policy will have a positive impact on addressing this, providing better opportunities for enhanced wellbeing and better quality of life. • This may be a factor if the employee affected has difficulty in communicating their concerns with smoking to their manager • There is a potential that people with disabilities may smoke heavier or more frequently but this would not impact on their ability to seek support • Smokers who are unable to leave the home or purchase products for themselves due to a disability may not have the opportunity to find out about Nicotine Replacement Therapy or Nicotine Vapour Products (NRT / NVP) and make an informed choice about whether they wish to switch to them. • People reporting having a long standing illness or disability (LSID) are less likely to report health issues • Common factors such as isolation, exclusion and social distance may be important in leading to increased tobacco smoking • Adults with disabilities are more likely than their peers to smoke. Public health agencies and practitioners may wish to consider what reasonable 	<p>to support individuals with mental health issues to quit smoking.</p> <p>Ongoing meetings held in MH&LD directorate to review impact of policy</p>
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Part A

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

Please answer all questions

				<p>adjustments may need to be made to policies and interventions to ensure that they are effective for adults with disabilities.</p> <ul style="list-style-type: none"> • Individuals with mental Health conditions may find being unable to smoke very challenging with increased addiction and support required. Smoking cessation is therefore clinically significant to help manage changes with medication as a result of reduced smoking activity. • The impact of this service initiative will be reviewed regularly ensuring that any identified gaps are addressed with appropriate action planning. <p>https://academic.oup.com/jpubhealth/article/40/4/e502/4958209</p>	
Gender Reassignment		X		<ul style="list-style-type: none"> • The policy prevents discrimination and offers the same level of support for staff and patients regardless of gender reassignment • There are no unique impacts expected for this smoking group. They will be screened for smoking status as any other patient. Those who smoke will have the choice to temporarily abstain or quit either with or without support if they require a hospital admission. • There is lack of data on smoking in relation to the trans community. However, overall data suggests that Lesbian, gay, bisexual, and trans (LGBTQ+) people are more likely to experience health 	No Detrimental Impact identified

Part A

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

Please answer all questions

					<p>inequalities, report lack of access to services and have higher rates of smoking.</p> <ul style="list-style-type: none"> • Many within LGBTQ+ communities also report barriers to accessing medical treatment. Services must, therefore, be inclusive and welcoming to LGBTQ+ people. • Lesbian, gay and bisexual people are more likely to smoke than heterosexual people. Rates are particularly high for LGB women and bisexual men, with the inequality particularly pronounced when compared with heterosexual women and men (ONS, 2019). <p>http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-the-lgbt-community/</p> <p>https://ash.org.uk/wp-content/uploads/2019/09/HIRP-LGBT-community.pdf</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018</p>	
Pregnancy and maternity	X		X		<ul style="list-style-type: none"> • Policy offers same support to individuals regardless of their being pregnant or just having had a baby. • The Health Board has a Help Me Quit for Baby service which is a bespoke service to support pregnant smokers and their partners to stop smoking 	No Detrimental Impact identified

Part A

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

Please answer all questions

				<ul style="list-style-type: none"> Smoking in pregnancy causes an average of 5000 miscarriages and stillbirths each year, and increases the risk of premature birth and low birth weight. Making smoking cessation a routine part of our daily practice will positively impact on creating a culture that supports abstinence and therefore protects expectant mothers and their babies giving them a better start in life and support saving babies lives. 19.7% of women were recorded as being a smoker at their initial assessment. 16%, around one in six mothers, were recorded as being smokers at the time of birth in 2018. 11,864 unborn babies in Wales are exposed to harm from tobacco each year. Although women are more likely to attempt to quit smoking when pregnant, research shows that 16% of pregnant women in Wales smoke throughout their pregnancy. <p>https://ash.wales/wales-smoking-statistics/</p> <p>https://gov.wales/sites/default/files/statistics-and-research/2019-10/maternity-and-birth-statistics-2018-239.pdf</p>	
Race		X		<ul style="list-style-type: none"> Policy prevents discrimination and offers the same levels of support regardless of race and or ethnicity Smokers in this group will be screened for smoking status as any other patient. Those who smoke will have the choice to temporarily abstain or quit either 	No Detrimental Impact identified

Part A

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

Please answer all questions

				<p>with or without support if they require a hospital admission.</p> <ul style="list-style-type: none">• Ethnic minorities in England and Wales represent approximately 14% of the total population• Above average rates of smoking are reported among Pakistani and Bangladeshi men, but women in these ethnic groups are unlikely to smoke (40% of Bangladeshi men, comparing to 2% of Bangladeshi women).• The ethnic groups with the highest rates of smokers are Afro Caribbean men at 37%, followed by Bangladeshi men at 36%• Smoking prevalence in ethnically Indian, Chinese, and Black African population is consistently lower than average.• Non-UK born 'White' and 'Chinese' groups show a strong socio-economic gradient in smoking, which is less prominent in 'mixed' and black groups, and not present in South Asian groups.• In the UK, Smokeless Tobacco (SLT) products are consumed most frequently by ethnic minority groups, predominantly South Asians of Bangladeshi, Indian and Pakistani origin. Among the GB South Asian population, adults of Bangladeshi origin are most likely to use smokeless tobacco, with adults of Indian origin least likely to do so. <p>https://ash.org.uk/wp-content/uploads/2019/08/ASH-Factsheet_Ethnic-Minorities-Final-Final.pdf</p>	
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Part A

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

Please answer all questions

					http://ash.org.uk/information-and-resources/briefings/ash-briefing-health-inequalities-and-smoking/	
Religion, belief and non-belief		X			<ul style="list-style-type: none"> • Policy prevents discrimination and offers the same level of support regardless of religion, belief or non-belief • Smokers in this group will be screened for smoking status as any other patient. Those who smoke will have the choice to temporarily abstain or quit either with or without support if they require a hospital admission. • After adjusting for age, sex, broad ethnic group and region, smoking prevalence in England and Wales in 2016 to 2018 was significantly higher among those identifying as having no religion (18%) than those who identified as Muslim (11%), Christian (11%), Hindu (5%), Jewish (4%), Sikh (2%), or with “any other religion” (9%) • As well as being less likely to smoke than those of no religion, those who identified as Sikh were also significantly less likely to smoke than those who identified as Christian, Muslim, Buddhist (17%), or with “any other religion” 	No Detrimental Impact identified

Part A

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

Please answer all questions

					https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionandhealthinenglandandwales/february2020	
Sex		X			<ul style="list-style-type: none"> • Policy prevents discrimination and offers the same levels of support regardless of gender • All smokers will be screened for smoking status as any other patient. Those who smoke will have the choice to temporarily abstain or quit either with or without support if they require a hospital admission. • In the UK, 15.9% of men smoked compared with 12.5% of women • This policy will have a positive impact on both males and females https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019 https://gov.wales/national-survey-wales	No Detrimental Impact identified
Sexual orientation		X			<ul style="list-style-type: none"> • This policy does not discriminate against sexual orientation and offers the same level of support to all staff • Smokers in this group will be screened for smoking status as any other patient. Those who smoke will have the choice to temporarily abstain or quit either 	No Detrimental Impact identified

Part A

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

Please answer all questions

					<p>with or without support if they require a hospital admission.</p> <ul style="list-style-type: none">• Smoking prevalence is higher among lesbian, gay and bisexual (LGB) people than in the general UK population. This is despite smokers within the LGB community wanting to quit and making the same number of quit attempts as the general population.• While there is currently limited data on smoking prevalence in the trans and non-binary population, the data that is there suggests that smoking prevalence is also higher.• The 2016 Office for National Statistics (ONS) Integrated Household Survey found that 24.6% of gay/lesbian and 26.1% of bisexual people smoke; this compares to 18.8% of heterosexual people.• One in six LGBTQ+ people (15 per cent) smoke almost every day, however the majority of LGBTQ+ people (70 per cent) have not smoked at all in the last year.• LGBTQ+ people aged 65 and over are less likely to smoke, fewer than one in ten (nine per cent) smoke almost every day. One in five LGBTQ+ people in category C2DE (21 per cent) smoke every day compared to 12 per cent of LGBTQ+ people in category ABC1.• The Annual Population Survey 2018 found that smoking prevalence by sexual orientation in the UK was 23.1% for gay or lesbian people and 23.3% for bisexuals, compared to 15.9% for heterosexual/straight people.	
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Part A

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

Please answer all questions

					https://ash.org.uk/wp-content/uploads/2020/03/LGBTeip.pdf http://ash.org.uk/information-and-resources/health-inequalities/health-inequalities-resources/smoking-and-the-lgbt-community/	
Marriage and civil Partnership (Marital status)		X			<ul style="list-style-type: none"> • This policy prevents discrimination and offers the same support regardless of a person being married or in a civil partnership • All smokers will be screened for smoking status as any other patient. Those who smoke will have the choice to temporarily abstain or quit either with or without support if they require a hospital admission. • This policy is in support of all staff regardless of social or marital status. Therefore, no potential equality issue were identified. 	No Detrimental Impact identified
Socio Economic Disadvantage	X		X		<p>The latest SHRN survey of 103,971 students in Wales, shows children from more deprived backgrounds were more likely to smoke on a regular basis and experiment with cigarettes earlier, than those from more affluent families.</p> <p>21% of adults from the most deprived areas of Wales smoke compared to 8% among the least deprived adults</p>	No Detrimental Impact identified

Part A

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

Please answer all questions

					<p>This contrast can also be seen in health outcomes – Public Health Wales reported that smoking-related mortality was around three times higher in the most deprived areas than in the least deprived.</p> <p>The younger the age of uptake of smoking, the greater the harm is likely to be. Research shows the earlier children become regular smokers and persist in the habit as adults, the greater the risk of developing lung cancer or heart disease, which often lead to early death.</p>	
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Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Human Rights:

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

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

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

Please also consider these United Nations Conventions:

[UN Convention on the Rights of the Child](#)

[UN Convention on the rights of people with disabilities.](#)

[UN Convention on the Elimination of All Forms of Discrimination against Women](#)

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

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	No	(+ve)	(-ve)			
	X				<p>The Northern Ireland Human Rights Commission considered the issue of smoking and human rights in 1995 and found that "no treaty or other instrument defines a human right to smoke and the Commission does not accept the position, sometimes advanced by the tobacco lobby, that there is such a right."</p> <p>Article 1 of the UK Human Rights Act of 1998 states that: "everyone's right to life shall be protected by law."</p> <p>The Charter of Fundamental Rights of the European Union, signed in 2000, states that: "every worker has the right to working conditions which respect his or her health, safety and dignity." Article 8 of the Universal Declaration of Human Rights provides for the right to a private life. This is referred to as a 'qualified right', meaning it does not override the protection of the health and freedom of others. Tobacco smoke is a Class A</p>	

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

Please answer all questions

				<p>carcinogen, and exposure to second-hand smoke causes direct harm to non-smokers. Therefore, under the legislation the right to work or be treated in a hospital (or community centre) that has not been polluted by a Class A carcinogen outweighs any perceived right to smoke</p> <p>Example of case law regarding non-smoking policy within mental health unit:</p> <p>During a 2008 legal challenge to a total smoke-free policy in Nottinghamshire NHS trust, legal precedence relating to the implementation of fully smoke-free mental health units was established by the High Court:</p> <p>Rejecting the notion of an absolute right to smoke wherever one is living</p> <p>Rejecting the argument that those responsible for the care of detained people are obliged to make arrangements to enable them to smoke.</p> <p>Concluding that in the interests of public health, strict restrictions on smoking and a complete ban in appropriate circumstances are justified.</p> <p>The Court also noted that none of the various disturbing consequences of a smoke-free policy feared by the claimants, such as an increase in the prescription of sedative drugs, had actually materialised.</p>	
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Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

					<p>Our public, patients and service users can be heavily affected by the issues surrounding tobacco smoking.</p> <p>Our duty of care compels us to work to reduce the 'mortality gap', and reducing the impact that smoking can have on an individual's health is a vital step in supporting service users to achieve gains in both quantity and quality of life.</p> <p>Our employees and workers, patients and visitors have a right to work and visit BCUHB in a safe and healthy environment.</p> <p>All employees need to be aware that this policy exists and what routes they can take to seek support, advice and information.</p>	
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Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Welsh Language:

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

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language		X			There will be no detriment to Human Rights & use of Welsh Language All signage and support information will be provided in Welsh as well as English. Opportunities for stakeholders/people affected to converse with staff in Welsh is available from HMQ Service staff.	No Detrimental impact
Treating the Welsh language no less favourably than the		X			No difference to language	No Detrimental impact

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

Please answer all questions

English language						
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Part A Form 4: Record of Engagement and Consultation

Please answer all questions

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

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

<p>What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods.</p> <p><i>for further direction on how to complete this section please click here training vid p13-18</i></p>	<p>We have produced a briefing up-date to the organisation on the changes to the legislation regarding the smoking law from Welsh Government, to include all new legislation changes and exemptions. This has been distributed across the organisation to inform the workforce of the impact in the new smoking legislation.</p>
<p>Have any themes emerged? Describe them here.</p>	<p>None, this guideline will support adherence to Welsh Government regulations</p>
<p>If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?</p>	<p><i>Describe any changes you have made to the policy/proposal due to feedback from your engagement and consultation.</i></p>

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

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

<p>1. What has been assessed? (Copy from Form 1) <i>for further direction on how to complete this section please click here training vid p13-18</i></p>	<p>WP31 BCUHB Smoke Free Policy</p>
<p>2. Brief Aims and Objectives: (Copy from Form 1)</p>	<p>Reviewing WP31 policy for Betsi Cadwaladr University Health Board. This reflects BCUHB's commitment to safeguarding the health, safety and well-being of employees, patients and visitors. The policy will also serve to improve efficiency of BCUHB by supporting those individuals that smoking cessation support.</p> <p>It identifies the opportunities available to promote and signpost individuals to specialist services, highlights the new all Wales legislation, and provides advice and information for support relating to smoking cessation.</p> <p>The aims of this policy are:</p> <ul style="list-style-type: none">• To provide a safe and healthy working environment and to ensure that the possible consequences of smoking tobacco are reduced.• To reduce incidents of smoking and vaping on BCUHB sites• To reduce harm to patients, visitors and staff from exposure to second-hand smoke• Promote awareness through various media to promote the benefits to quitting smoking.• Inform employees of the changes to the new smoke free legislation• To alert employees of the possible consequences arising from smoking tobacco.• To create a climate of openness and encourage employees to seek early support and appropriate help to stop smoking.

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	<ul style="list-style-type: none"> • To ensure that all managers with responsibilities for the health, safety and welfare of employees have adequate guidance in recognising, supporting and assisting any employees to stop smoking. • To raise employees awareness of the harmful effects of smoking tobacco • To prevent the supply or use of illegal substances from occurring on BCUHB premises.
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From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? Guidance: This is as indicated on form 2 and 3	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3c. Is your policy or proposal of high significance? For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area? High significance may mean: - The policy requires approval by the Health Board or subcommittee of	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

- The policy involves using additional resources or removing resources.
- Is it about a new service or closing of a service?
- Are jobs potentially affected?
- Does the decision cover the whole of North Wales
- Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions.

GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/

4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?

Yes



No



Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>
	Staff enforcing policy should be mindful of neuro diverse conditions and potential mental health conditions and deal with individuals sympathetically..	
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	How is it being monitored?	Policy monitored through local team engagement, senior management meetings and workforce policies and procedures working group. Forms part of the staff wellbeing support service programme and reported through DATIX of non-compliance with regulations
	Who is responsible?	Teresa Owen – Executive Director Public Health
	What information is being used?	Feedback from Policy implementation group and consultation from organisation prior to implementation of policy
	When will the EqIA be reviewed?	As appropriate and in line with the policy review date – February 2024

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

7. Where will your policy or proposal be forwarded for approval?	<p>BCUHB Workforce Policies and Procedures Working Group</p> <p>Local Partnership Forum</p> <p>Occupational Health, Safety and Security group</p> <p>PPH</p> <p>QSE</p>
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8. Names of all parties involved in undertaking this Equality Impact Assessment – please note EqIA should be undertaken as a group activity	Name	Title/Role
	Gavin Jones	Lead Health and Wellbeing Intervention Co-ordinator
	Bethan Wassell	Statutory Compliance, Governance & Policy Manager
	Louise Woodfine	Consultant in Public Health
	Delyth Jones	Principle Public Health Practitioner
	Suzanne Williams	Help Me Quit Service Strategic Lead
	Jennifer Dowell-Mulloy	Equality and Inclusion Manager

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

Senior sign off prior to committee approval:		
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

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

	Proposed Actions Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Proposed document does not indicate any potential significant negative impact		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	None		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions	Who is responsible for this action?	When will this be done by?
	Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	This EQIA does not indicate major negative impacts. The guideline will produce positive outcomes for people who smoke as they will be offered an alternative	Each hospital management team will be responsible for any negative impact as a result of the policy	
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/A		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	We have a specific legal duty to adhere to Welsh Government regulations for putting in place no smoking on MHL D hospital premises	Each of the Senior leadership Teams are putting in place local actions to bring about complete smoking cessation on hospital grounds by 1 st September 2022	Each SLT, MHL D will have systems in place by 1 st September 2022

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	<p>Proposed Actions</p> <p>Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.</p>	<p>Who is responsible for this action?</p>	<p>When will this be done by?</p>
	<p>Unintended barriers to using specialist smoking cessation support may be established</p>	<p>Maintain an annual spot check on data related to age, gender, race</p>	<p>Help me Quit Service can produce report on activity at 12 month intervals on referral rates and impact on protected characteristics</p>

Health Board
22.6.23



GIG
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Committee Report

Name of Committee:	Quality, Safety and Experience Committee
Meeting dates:	22 June 2023
Responsible Director:	Angela Wood, Executive Director of Nursing and Midwifery
Summary of business discussed:	<p>This was the first meeting with new committee members Prof Mike Larvin and chaired by new Committee Chair Rhian Watcyn Jones.</p> <p>The Committee discussed and noted the following items</p> <ul style="list-style-type: none">• Patient Safety Report• Patient and Carer Experience Report• Clinical Effectiveness Update Report• Nurse Staffing Act• Regulatory Assurance Report• Health and Safety Report
Key assurances provided at this meeting:	<ul style="list-style-type: none">• Regulatory Assurance Report• Health and Safety Report
Key risks including mitigating actions and milestones	None
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	<p>The following topics were discussed at meeting on the 20.06.23 and a report will be brought to the next Board meeting on the 27.07.23.</p> <ul style="list-style-type: none">• Explanation of Quality Governance - Process and Ownership• NICE Guidance Report• Infection Control Report• Safeguarding Report• Risk Report• Special Measures Report• QSE Workplan 2023-24

Date of next meeting:	20.6.23
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