

Bundle Health Board 20 October 2022

- 1 09:00 - B22/13 Welcome, introductions and apologies for absence - Chair Health Board - Information - Verbal Report
- 2 09:02 - B22/14 Declarations of Interest on current agenda - Chair Health Board - Decision - Verbal Report
- 3 09:04 - B22/15 Minutes of Last Meeting and Actions 21 April 2022 - Chair Health Board - Decision - Paper
Minutes B2B 21.04.22 V0.3.docx
- 4 09:12 - B22/16 Update on cover arrangements and recruitment of CEO - Chair Health Board - Information - Verbal Report
BCU - CHC B2B 20.10.22v2.0 Final.pptx
- 5 09:20 - B22/17 Winter Plan - Chair CHC - Information - Presentation
- 6 09:30 - B22/18 Update on MH Improvement Plan - Chair Health Board - Information - Presentation
- 7 09:45 - B22/19 Update on Planned Care (Include RTC & Orthopaedic) - Chair CHC - Information - Presentation
- 8 10:00 - B22/20 Update on Workforce - Chair Health Board - Information - Presentation
- 9 10:15 - B22/21 Progress against the actions following the HIW reports and interventions YGC ED & Vascular - Chair CHC - Information - Presentation
- 10 10:30 - B22/22 Update in respect of targeted interventions - Chair Health Board - Information - Presentation
- 11 10:45 - B22/23 Covid Update (Weekly vaccination update) Chair CHC - Information - Presentation
- 12 10:55 - B22/24 Closing Business - Chair Health Board - Information - Verbal Report
- 13 11:00 - B22/25 Date of Next Meeting - Chair Health Board - Information - Verbal Report



**Draft Minutes of the Board to Board meeting with the
North Wales Community Health Council (CHC) on 21 April 2022
Held in public and livestreamed**

Present BCUHB	
Mark Polin	Chair
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Hugh Evans	Independent Member
Gareth Evans	Acting Executive Director of Therapies & Health Sciences
Simon Evans-Evans	Interim Director of Governance
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce & Organisational Development
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Nick Lyons	Executive Medical Director
Molly Marcu	Interim Board Secretary
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair
Dylan Roberts	Chief Digital and Information Officer
Chris Stockport	Executive Director Transformation, Strategic Planning and Commissioning
Helen Stevens-Jones	Director of Partnerships, Communications and Engagement
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive
Jane Wild	Chair of HPF
Present CHC	
Jackie Allen	Chair
Geoff Ryall-Harvey	Chief Officer
Carol Williams	Deputy Chief Officer
Adrian Drake-Lee	Vice Chair
Gordon Hughes	Chair DLC
John Jones	Member GLC
Sian Ramessur	Member CLC
Paul Rowlinson	Vice Chair GLC
Michael Lloyd Jones (Mici Plwm)	Chair GLC
Liz Liddall	Vice Chair CLC
In Attendance BCUHB	
Philippa Peak-Jones	Head of Corporate Affairs (for minutes)
Jody Evans	Corporate Governance Officer (for livestreaming support)
John Roberts	Translator
Llinos Roberts	Executive Business Manager – Chair's Office (for livestreaming support)

Agenda Item Discussed	Action By
B22/01 Joint Chairs' Welcome	
B22/01.1 The CHC Chair welcomed everyone to the meeting.	
B22/02 Apologies for Absence	
B22/02.1 Apologies had been received for the following BCUHB representatives – Gill Harris, Clare Budden, Nicky Callow, Medwyn Hughes, Morwena Edwards and Adrian Thomas. John Gallanders would attend from 10:30	
B22/02.2 Apologies had been received for the following CHC representatives - Brace Griffiths, Linda Harper, Niki Tabern-Price.	
B22/03 Declarations of Interest	
B22/03.1 None declared	
B22/04 Draft Minutes of the Joint Meeting held on 21 October 2021 for accuracy and review of actions	
B22/04.1 The minutes were confirmed as an accurate record, noting that Mr Aaron Osborne-Taylor, Ynys Mon Local Committee was in attendance at the previous meeting.	
B22/05 Covid Update	
B22/05.1 The Executive Medical Director gave an update presentation on Covid highlighting that Covid would be around for a long time and that it was about how to live with it.	
B22/05.2 The Executive Director of Public Health clarified the situation with regards to testing, noting that the mobile testing unit and support had been reduced due to the focus on symptoms and that vaccinations would be central to the defence against Covid. Attendees noted that the spring booster letters would shortly be issued and that the programme would be completed by the middle of June with the vaccination programme becoming part of the national one similar to flu, measles and shingles. The Chief Executive noted that the mobile vaccination unit had been invaluable.	
B22/05.3 Attendees noted that the Covid occupancy within hospitals was a problem as patients navigate through very busy hospitals and that patients were not getting the best experience, but that this was a situation that was replicated across the United Kingdom with hospital flow being a real challenge. It was highlighted that the number of patients admitted to critical care was incredibly small and that where patients were in hospital with Covid it was not generally because of Covid.	

B22/06 CHC Hospital Visiting - CHC

B22/06.1 Attendees discussed the suspension of CHC visiting, noting that this had stopped in March 2020 but that in normal circumstances there would be between 400-500 visits per year. Conversations had been ongoing about recommencing visiting with the Director of Nursing & Midwifery/Deputy CEO and CHC's own members which had resulted in visits recommencing in the middle of March 2022, starting with the Mental Health Wards.

The Health Board B Chair thanked CHC on behalf of the Board for their visits and highlighted how important they were.

B22/07 Targeted Intervention - Gill Harris

B22/07.1 The Interim Director of Governance gave a presentation on Targeted Intervention highlighting:

- The current position
- Internal governance and external oversight
- Examples of improvement in:
 - Mental Health
 - Strategy Planning and Performance
 - Leadership
 - Engagement

B22/07.2 Attendees were advised on the current scoring and how those had been reached, highlighting an external review of process by GGI to ensure that they were strong and robust. The BCUHB Chair advised that a recent Board workshop challenge had been given from both the Executives and the Independent Members. The CHC appreciated that the system must be rigorous and that improvements must progress.

B22/08 Speech and language Therapy - CHC

B22/08.1 The Chief Officer updated on the Speech and Language Therapy Safe Space Event noting that the event allowed people to share their experience and concerns and that it was done in full collaboration with the Speech and Language Service. The report was shared and it was acknowledged that the report would likely have been very different had the event not taken place in Covid times. Attendees were updated on those who had engaged with the event noting that it had been very detrimental for the children who had missed out on the opportunity to develop their language skills between March to September 2020, being not to be able to do so face to face. The CEO of the Royal College of Speech and Language had advised that the theme was shared throughout the UK.

B22/08.2 The Acting Executive Director of Therapies & Health Sciences advised that the learning would form part of the Covid recovery plans and that the service was keen to learn from patient stories, he thanked the CHC team for their support and professional approach.

B22/09 Integrated Medium Term Plan - Chris Stockport

<p>B22/09.1 The Executive Director Transformation, Strategic Planning and Commissioning gave a presentation on the Integrated Medium Term Plan (IMTP) clarifying what it was and highlighting that it was the first three year plan submitted to Welsh Government by the Health Board. The Covid 19 challenges were highlighted as was Targeted Intervention.</p> <p>Attendees were shown how the plan had been created to ensure that resources could be fully utilised with a focus on planned care recovery. The risks and challenges were shared.</p> <p>B22/09.2 Attendees discussed population needs and the influx of housing, with the Executive Director Transformation, Strategic Planning and Commissioning highlighting that the Population Health Needs Assessment predicted some of the areas discussed.</p> <p>B22/09.3 A further discussion took place around IT systems and specifically as regards access to patient notes and that District General Hospitals running multiple systems. It was noted that these were reflected in the IMTP and that with the appointment of the Chief Digital and Information Officer, Dylan Roberts, the Health Board was recognising the concerns and the drive to repair the fractured IT system. The Chief Executive Officer advised that she had escalated to the Wales Director General and CEO the requirement for a single patient record.</p> <p>B22/09.4 The Chair acknowledged the work that has gone into preparing the IMTP and that it was a step forward and a level of integration with finance and workforce that hadn't been seen before.</p> <p>B22/09.5 The BCUHB Chair acknowledged the work and time that had gone into producing the IMTP.</p>	
<p>B22/10 Clinical Strategy – Nick Lyons</p> <p>B22/10.1 The Executive Medical Director clarified what the Clinical Strategy was, noting that it was a blueprint for services, building upon Living Healthier, Staying Well and the Population Needs Assessment. The document was the start and that engagement would commence with CHC and partner organisations and that the Director of Partnerships, Communications and Engagement would support this work. It was noted that CHC would like to put this item on a Service Planning Meeting.</p>	CHC
<p>B22/11 Vascular Services Update – Nick Lyons</p> <p>B22/11.1 The Executive Medical Director described the background for the service confirming that the hub and spoke model had been implemented in 2019 in line with the recommendations of the Royal College of Surgeons (RCS). This model of provision was also in line with guidance from the Vascular Society and ensured that the most complex procedures were carried out in specialised units (the hub site in Ysbyty Glan Clwyd) but that provision of other aspects of the patient's journey take place closer to home in the spoke sites (Wrexham Maelor and Ysbyty Gwynedd). It was noted that the Board invited the RCS to carry out an Invited Service Review in 2020 and the results of this review were received in March 2021 and January 2022. The report made a number of recommendations to improve the quality of the service. The actions were being overseen by the Vascular Steering Group (VSG) and the Board, where regular updates are received.</p>	

The Executive Medical Director thanked CHC colleagues who sat on the group the previous day.

B22/11.2 The Executive Medical Director updated attendees on the recent actions following on from the second part of the RCS report, these being:

- Closer working with The Royal Liverpool University Hospital Foundation Trust, the regional specialist centre where the most complex procedures are performed has continued to be seen since 2019. An enhanced relationship commenced in March 2022 and continues to develop through a Memorandum of Understanding.
- Concerns about the quality of note keeping and consent which are being addressed through a rapid improvement process, the appointment of a professional standards lead for vascular services and through a series of workshops with the General Medical Council (GMC).
- The urgent need to further review the cases that the RCS had reviewed: these are being addressed through a rapid improvement process and the appointment of a professional standards lead for vascular services and through a series of workshops with the General Medical Council (GMC). The Health Board convened a Vascular Quality Panel and appointed a nationally respected external chair. Attendees noted that patients whose notes were being reviewed had been informed and the panel had started the review process and made recommendations.

B22/11.3 The Executive Medical Director advised that in March 2022 there were two Never Events related to the vascular service and in response to these, and the regular review of other incidents, additional steps were put in place in March 2022 and again in April 2022 to increase the level of consultant support and the quality of multidisciplinary decision making, those steps remain in place and will be reviewed in May 2022.

B22/11.4 Attendees noted that reporting to Health Inspectorate Wales (HIW), Audit Wales and Welsh Government continues. The Health Board welcomed the commitment of the CHC to participate in the monthly Vascular Steering Group. The Chief Officer noted that he had spoken to Susan Aitkenhead and had explained how the situation had arisen. CHC attendees shared the concerns about recruitment noting that they had hoped that there would be more support from Welsh Government.

B22/12 Urology Services Update – Gill Harris

B22/12.1 The Executive Medical Director updated attendees on the Urology Services in the absence of the Deputy CEO/Executive Director Of Integrated Clinical Services. It was noted that:

- The Board has committed to an external review of Urology Services, to be conducted by the Royal College of Surgeons
- This is in response to concerns primarily around access expressed by patients and a number of Ombudsman investigations. The review itself will be fully comprehensive of the service

<ul style="list-style-type: none"> • A multi-professional urology improvement group has been formed, led by the Executive Director of Integrated Clinical Services • The group includes patient representatives and clinical staff • A Urology Network Manager is being recruited • A urology improvement plan is in the process of being developed which incorporates the plan for robotic surgery 	
<p>B22/13 YGC/HIW Update – Gill Harris</p> <p>B22/13.1 The Executive Medical Director updated on YGC/HIW noting that an internal team had been brought in to review the ED department at the Wrexham Maelor hospital. It was noted that:</p> <ul style="list-style-type: none"> • HIW conducted an inspection of YGC ED which identified a range of concerns including in relation to: <ul style="list-style-type: none"> Record keeping • Observations and clinical risk assessments • Discharge processes • Leadership and culture issues • An immediate improvement plan had been submitted and accepted by HIW • Weekly scrutiny meetings between the HMT and Clinical Executives was in place • Bi-weekly assurance meetings with HIW were being arranged to provide evidence of progress • The inspection report is being drafted by HIW and will be published by them in due course <p>B22/13.2 The Chief Executive stated that recognition had been given to a number of issues with regards to YGC, that additional support to colleagues at YGC had been given and the hospital would be working with Improvement Cymru in providing additional support for the YGC Emergency Department.</p>	
<p>B22/14 Stronger Together/Operating Model - Sue Green</p> <p>B22/14.1 The Chief Executive Officer introduced the agenda item advising that the work built on conversations that she had undertaken early on in her tenure, the discovery work highlighted that there was a need to make sure all staff were clearer about the organisational goals and that the behaviours that underpin the values need to be developed.</p> <p>Feedback had also identified the need to improve engagement and communication with the organisation. Clarification was given on the change process, with the work sitting within the People Strategy and Plan. The Operating Model proposals for change were co-developed with the staff with the current thinking being a place based integrated approach but with continued pan wide services. The details of the plan were shared and it was agreed that the communications plan would be shared with CHC.</p>	HSJ

B22/15 Progress in Mental Health – Teresa Owen	
B22/15.1 The Executive Director of Public Health advised that there was a new, more strategic approach to Mental Health being undertaken within the organisation which focused on a whole, consistent model. The priorities highlighted were:	
<ul style="list-style-type: none">• Embedded sustained learning• The risk around 140 vacancies (including 47 doctors) and sickness absence• Environmental	
B22/15.2 It was agreed that a meeting would take place with the leaders of the service and the Chief Officer.	TO
B22/16 Closing Business	
B22/16.1 The Chairs thanked colleagues for the time they had given to attend the meeting.	
B22/17 Date of Next Meeting	
B22/17.1 20 October 2022	

Cyngor Iechyd Cymuned a Bwrdd i Fwrdd PBC – 20.10.22

Community Health Council and BCU Board to Board – 20.10.22



Agenda

- Croeso
- Datganiadau o Fuddiant ar yr agenda cyfredol
- Cofnodion y Cyfarfod Diwethaf – 21.04.22
- Cofnod Camau
- Trefniadau gwaith cyflenwi a recriwtio CEO
- Cynllun y Gaeaf
- Diweddariad ar Gynllun Gwella Iechyd Meddwl
- Diweddariad ar Ofal wedi'i Gynllunio (Gan gynnwys RTC ac Orthopaedeg)
- Diweddariad ar y Gweithlu
- Cynnydd mewn ymateb i weithredoedd yn dilyn adroddiadau HIW ac ymyriadau Adran Achosion Brys ac Adran Fasgwlaidd YGC
- Diweddariad o ran Ymyriadau wedi'u Targeddu
- Diweddariad Covid

Agenda

- Welcome
- Declarations of Interest on current agenda
- Minutes of Last Meeting – 21.04.22
- Action Log
- Cover arrangements and recruitment of CEO
- Winter Plan
- Update on Mental Health Improvement Plan
- Update on Planned Care (Including RTC & Orthopaedics)
- Update on Workforce
- Progress against the actions following the HIW reports and interventions YGC ED & Vascular
- Update in respect of Targeted Interventions
- Covid Update



Gwaith cyflenwi a recriwtio CEO

Cover and recruitment of CEO

Gwaith Cyflenwi a Recriwtio CEO

Cover and recruitment of CEO

- Penodi Prif Weithredwr Dros Dro o 16 Ionawr ymlaen wedi'i gymeradwyo a'i gadarnhau fel Gill Harris
- Prosesau Dirprwy CEO Dros Dro a Chyfarwyddwr Gweithredol Dros Dro Cyflenwi Clinigol Integredig ar waith i sicrhau bod rôl Gill yn cael ei chyflenwi
- Mwyafrif o rolau uwch arweinyddiaeth mewn Cymunedau Iechyd Integredig wedi'u gwneud
- Penodi partner chwilio ar gyfer recriwtio parhaol ar y gweill
- Ymrwymo i gynnwys partneriaid allweddol a rhanddeiliaid yn y broses ddewis fel o'r blaen
- Appointment of Acting CEO from 16th January approved and confirmed as Gill Harris
- Acting Deputy CEO and Acting/Interim Executive Director of Integrated Clinical Delivery processes underway to make sure that Gill's role is covered
- Majority of senior leadership roles in Integrated Health Communities made
- Appointment of a search partner for substantive recruitment underway
- Commitment to involve key partners and stakeholders in selection process as previously



Diweddariad Cynllun y Gaeaf Winter Plan Update

Chwe Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng

Gofal cywir, Lle Cywir, y Tro Cyntaf

2021-2026

1. Cydlynun cynllunio a chefnogaeth ar gyfer poblogaethau sydd mewn mwy o risg o fod angen gofal brys neu ofal mewn argyfwng
2. Cyfeirio pobl gydag anghenion gofal mewn argyfwng i fod yn y lle cywir, y tro cyntaf
3. Dewisiadau amgen diogel yn glinigol yn lle derbyn i'r ysbty
4. Ymateb cyflym mewn argyfwng iechyd meddwl neu argyfwng corfforol
5. Gofal ysbty ac arferion rhyddhau o'r radd flaenaf o'r pwynt derbyn
6. Dull cartref yn gyntaf i ostwng risg o ail-dderbyn



Six Goals for Urgent and Emergency care

Right care, Right Place, First time

2021-2026





Cynllun y Gaeaf

Ymgyrch 1000 Gwely

- Cynllun Rhanbarthol ar gyfer cynyddu capaciti cymunedol i gefnogi llif cleifion dros y gaeaf
- Angen 243 lleoliad yng ngogledd Cymru
- Bydd y lleoliadau mewn **gwelyau** (cartrefi gofal, Tai Gofal Ychwanegol, ysbty, gofal seibiant, ac ati) neu, **ofal cymunedol** (gofal dydd, gofalwr yn byw gyda'r claf, gwasanaethau dydd ac ati)
- Rôl 3^{yyd} Sector i'w archwilio
- Gogledd Cymru yn canolbwytio ar osgoi derbyn a chyflymu rhyddhau
- Mewnbwn therapi yn allweddol i sicrhau llif llwyddiannus

1

Rôl gofal brys/mewn argywng i'w
ystyried a'i gwmpasu ymhellach

2

GP OOH / UPCC

GP OOH / UPCC

- Cwmpasu rôl ac effaith defnyddio gwasanaethau GP OOH / UPCC i ddarparu gwaith cyflenwi meddygol



Datblygu Cynllun Gaeaf Cynaliadwy

- **Ymgyrch y Ffliw** – Argymhell ymgyrchoedd ffliw ar draws BIPBC.
- **Gofal yn nes at y cartref** – Prif ffocws yw rheoli gofal cleifion yn nes at y cartref drwy ddefnyddio gwasanaethau cymunedol.
- **Cynnal cynlluniau ar gyfer gwaethygiad COVID** – Fel rhan o gynllunio ar gyfer pwysau'r gaeaf, rydym yn dymuno sicrhau bod ein cynllun i gefnogi gofynion COVID pe bai'n gwaethyu yn parhau i gael ei ddiweddu a'i adfywio i sicrhau bod cynllun ar waith fel cefnogaeth os yw'r gofynion yn cynyddu.
- **Datblygiad gohebiaeth rheolaidd BIPBC** – Creu ymgyrch gyda neges barhaus megis "Strôc" a "Poen yn y Frest"

Cymorth dros y Ffôn 24/7

Cymorth 24/7 dros y ffôn i gartrefi gofal

- Sefydliad allanol (Airedale) wedi'i gomisiynu
- Hyd contract: 12 mis



Winter Planning

1000 Beds Campaign.

- Regional Plan for increasing community capacity to support patient flow over winter
- 243 placements required in north Wales
- Placements will be in **beds** (care homes, Extra Care housing, hospital, respite, etc.,) or, **community care** (domiciliary care, live-in, day services, etc.)
- Role of 3rd Sector to explored
- North Wales focus on admission avoidance & expedited discharge
- Therapy input key to ensure successful flow

Role of urgent/ primary care to be considered and further scoped

GP OOH / UPCC

GP OOH / UPCC

- Scope role and impact of utilising GP OOH / UPCC services to provide medical cover

24/7 Telephone Support

24/7 Telephone support for care homes

- External organisation (Airedale) commissioned
- Contract duration: 12 months



Developing a sustainable Winter plan

- **Flu Campaign**– Recommencing flu campaigns across BCUHB.
- **Care closer to home** – Primary focus of managing patient closer to home utilisation of community services.
- **Maintaining COVID Escalation planning** – As part of the winter pressure planning, we are looking to ensure our escalation planning to support COVID demand remains updated and refreshed to ensure planning is in place to support should demand increase.
- **Development of a BCUHB regular communications** – Creation of an ongoing messaging campaign similar to “Stroke” and “Chest Pain”

Gofal Brys

Perfformiad a Chynllunio 2022 – 2023

Gwaith parhaus gyda'r uned Gyflenwi mewn perthynas â rhaglen gwella'r gwasanaeth ambiwlans yn cynnwys yr holl ddefnyddwyr gwasanaeth.

Ymgyrch dewis doeth yn unol â model 111.

Datblygiad canolfannau gofal sylfaenol brys (UPCCC) a gofal brys yr un diwrnod (SDEC) yn unol â "Chwe Nod ar Gyfer Gofal Brys a Gofal mewn Argyfwng".

Pwysau parhaus – Llif yn unol ag oediadau “Ddim yn dychwelyd i'r normal” Meddygol Ffit ar gyfer Rhyddhau (MFFD) ar draws BIPBC yn ogystal â phwysau economi gymdeithasol ac ail-osod rhaglen USC y bwrdd yn unol â Bwrdd Chwe Nod ar Gyfer Gofal Brys a Gofal mewn Argyfwng.



Emergency Care

Performance and planning 2022-2023

On going work with the Delivery unit in relation to ambulance improvement programme involving all service users.

Choose wisely campaign in line with 111 modelling.

Development of urgency primary care centres (UPCC's) and Same day emergency care (SDEC) in line with "Six Goals for Urgent and Emergency Care.

Ongoing pressures – Flow in line with RCEM 2021 “Not returning to normal” Medically Fit For Discharge (MFFD) delays pan BCUHB and Social economy pressure and resetting of the USC programme board in line with the Six Goal for Urgent and Emergency Care Board.



Adrannau Achosion Brys



Ein Cynllun ar gyfer Gwelliant Parhaus yn Unol â'r Chwe Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng

Gofal a Pherfformiad yr Adran Achosion Brys

Safle cyfredol

- Mae'r oedi a'r perfformiad wedi parhau i waethyg dros y 12 mis diwethaf.
- Amryw o ragleni/ffrydai gwaith parhaus ar waith i ddechrau'r rhaglen gwelliant – maent yn cael eu cyfuno i 1 yn unol â'r 6 nod.
- Cymeradwyaeth achos busnes Hydref 2021 – Recriwtio bellach wedi'i gwblhau i recriwtio staff Meddygol/Nyrsio/AHPs a staff gweinyddol o fewn yr adrannau achosion brys.
- Ymyrraeth wedi'i dargedu'n cael ei weithredu yn YGC i roi sicrwydd i Lywodraeth Cymru.

Meysydd o bryder:

- Oediadau Ambiwlans** – Oedi'n parhau, gyda chytundeb ar gyfer adolygiadau ffurfiol ar unrhyw oedi > 4awr ar gyfer dadlwytho.
- Capasiti'r Adran** - Galw'n parhau yn uchel yn gynnar gyda'r hwyr pan fydd y gwasanaethau'n gostwng.
- Lif allan o'r Adrannau Achosion Brys** – Mae oedi'n parhau o ran lif allan o'r adrannau gyda chyfnodau o gleifion yn aros 24 awr i gael eu symud i ward.

Dull rhagweithiol ar gyfer gwelliant parhaus

Gweithredoedd i'w Blaenoriaethu:

- Datblygu dull Adran Achosion Brys PBC gyfan.**
 - Parhau â chyfarfodydd Bwrdd Adrannau Achosion Brys i rannu arferion da/gwersi a ddysgydd o'r 2 Adran Achosion Brys a arweinir yn glinigol.
 - Datblygiad ffrydio Adran Achosion Brys i gefnogi a magu hyder ymyst staff i ddefnyddio llwybrau amgen.
- Gwella cyfathrebu gyda rhanddeiliaid gofal sylfaenol a WAST.**
 - Creu a rhannu arddangosfa weledol i gefnogi pob rhanddeiliad sy'n caniatau blaengynllunio h.y: amseroedd aros MIU/Capasiti UPCC.
 - Gwella'r defnydd o SICAT ar gyfer ailgyfeirio a thrin a rhyddhau.
- Gwella cynnig ystadau i sicrhau profiad positif ar gyfer y staff a'r cleifion**
 - Gwella amgylchedd gwaith ac arwyddion
 - Sicrhau arddangosfeydd gweledol i gefnogi taith y claf.
 - Datblygu profiad ac adborth cleifion.





Emergency Departments



Our Plan for Continuous Improvement in line with the Six Goals for Urgent and Emergency Care

Emergency Department care and performance.

Current position

- Delays and performance have continued to deteriorate over the last 12 months.
- Multiple on going work streams/programmes in place to start improvement programme- They are being merged into 1 in line with the 6 goals.
- Business case approval October 2021 – With recruitment now completed to recruit Medical/Nursing/AHPs and admin staff within the Emergency departments.
- Targeted intervention on going at YGC to ensure assurance for Welsh government.

Areas of concern:

- **Ambulance delays** – Delays continue, with an agreement for formal reviews of any delays >4hrs for off loading.
- **ED Capacity** - Demand is still high early evenings when services reduce.
- **Flow out of the Emergency departments** – Flow out of the departments continue to be delayed with periods of patients waiting over 24hrs to access wards.

Proactive approach to continuous improvement

Priority Actions:

1. **Developing a pan BCU Emergency Department approach.**
 - Continuing of ED Board meetings to share good practice/lessons learnt from all 2 ED's that is clinically led.
 - Development of ED streaming to support and gain confidence with staff to utilise alternative pathways.
2. **Improve communication with primary care stakeholders and WAST.**
 - Creating and sharing a visual display to support all stakeholders that allow forward planning ie: MIU waiting times/UPCC Capacity.
 - Enhanced utilisation of SICAT for redirection and treat and discharge.
3. **Improve estates offer to ensure positive staff and patient experience**
 - Improve working environment and signage
 - Ensure clear visual displays to support the patient journey.
 - Patient experience and feedback to be developed.





Canolfannau Gofal Sylfaenol Brys

CGSB Dwyrain (Wrecsam 9^{fed} Rhag 20; Yr Wyddgrug 11^{eg} Ion 21)

- Math o Fodel:** Model Bwrdd Iechyd – Prif Ganolfan a Lloerennau
- Safle:** UPPC Wrecsam (Prif Ganolfan); UPPC yr Wyddgrug (Lloerennau)
- Yn Cwmpasu:** 39 o bractisau meddygon teulu wedi'u cynnwys, ED, UMA, 111/SICAT, Lymffedema
- Llwybr Cyfeirio:** Cyfeiriadau ar-lein gan Feddygon Teulu a Lymffedema; Wedi'i sgrinio o ED, MIU, 111/SICAT
- Math o Apwyntiad:** Ymgynghoriad dros y ffôn, F2F, Ymgynghoriad fideo
- Gwasanaethau dan Sylw:** Gofal brys; mân salwch; Asesiad ffisio

13,876
Cyfanswm y
Cyfeiriadau



CGSB Y Canol (23^{ain} Rhag 2021)

- Math o Fodel:** Model Clwstwr
- Safle:** Prestatyn lach
- Yn Cwmpasu:** 6 meddygfa wedi'u cynnwys
- Cyfeiriadau gan:** Gleifion a ychwanegir yn uniongyrchol at system glinigol yn eu practis eu hunain, mae CGSB yn cynnal asesiad/triniaeth
- Math o Apwyntiad:** Ymgynghoriad dros y ffôn, F2F
- Gwasanaethau dan Sylw:** Gofal brys; mân salwch; lechyd Meddwl

704
Cyfanswm y
Cyfeiriadau



CGSB Gorllewin (30^{ain} Mai 22)

- Math o Fodel:** Model bwrdd Iechyd – Lloerennau a Lloerennau
- Safle:** Tri safle, gyda dau yn gweithredu ar yr un pryd bum niwrnod yr wythnos yn ru tro: Ysbyty Gwynedd (Bangor); Ysbyty Penrhos Stanley (Caergybi); Ysbyty Alltwen (Porthmadog)
- Yn Cwmpasu:** 28 Practis Meddyg Teulu, ED, UMA, 111/SICAT a Fferyllfa Gymunedol
- Cyfeiriadau gan:** Cyfeiriadau ar-lein gan Feddygon Teulu a Fferyllfeydd Cymunedol; Wedi'i sgrinio o ED, MIU, 111/SICAT
- Math o Apwyntiad:** Ymgynghoriad dros y ffôn, F2F, Ymgynghoriad fideo
- Gwasanaethau dan Sylw:** Gofal brys; mân salwch; Asesiad Ffisio

975
Cyfanswm y
Cyfeiriadau



Arolygwyd 50 o Gleifion yn ystod mis Mawrth 2022

- Roedd 98% yn teimlo bod rhywun yn gwrandio arnynt, 2% yn teimlo y gwrandawyd arnynt 'rhywfaint'
- Roedd 92% yn 'fodlon iawn' ac 8% yn 'weddol fodlon' â'r amser a gymerwyd i gael eu gweld/cysylltu gan CGSB
- Teimlai 100% fod pethau'n cael eu hesbonio mewn ffordd y gallent ei deall
- Teimlai 98% eu bod yn cael eu cynnwys cymaint ag y dymunent fod, yn y penderfyniadau a wnaed yn eu cylch.

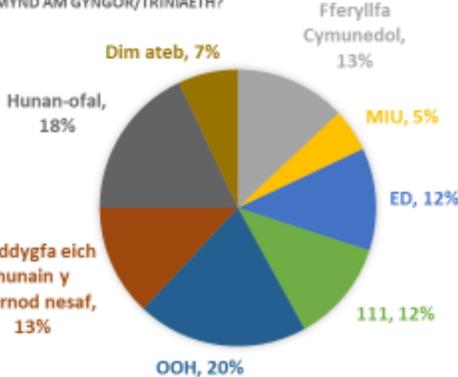
Arolygwyd 25 o Gleifion yn ystod mis Mawrth 2022

- Roedd 92% yn teimlo bod rhywun yn gwrandio arnynt, 2% yn teimlo y gwrandawyd arnynt 'rhywfaint'
- Roedd 88% yn 'fodlon iawn' ac 8% yn 'weddol fodlon' â'r amser a gymerwyd i gael eu gweld/cysylltu gan UPPC
- Teimlai 96% fod pethau'n cael eu hesbonio mewn ffordd y gallent ei deall
- Teimlai 84% eu bod yn cael eu cynnwys cymaint ag y dymunent fod, yn y penderfyniadau a wnaed yn eu cylch; roedd 12% yn teimlo eu bod yn cael eu cynnwys 'ychydig'

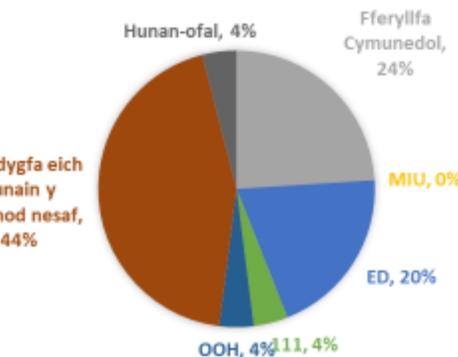
Arolygwyd 19 o Gleifion yn ystod mis Gorffennaf 2022

- Roedd 100% yn teimlo bod rhywun yn gwrandio arnynt
- Roedd 100% yn 'fodlon iawn' â'r amser a gymerwyd i gael eu gweld/cysylltu gan UPPC
- Teimlai 100% fod pethau'n cael eu hesbonio mewn ffordd y gallent ei deall
- Teimlai 100% eu bod yn cael eu cynnwys cymaint ag y dymunent fod, yn y penderfyniadau a wnaed yn eu cylch.

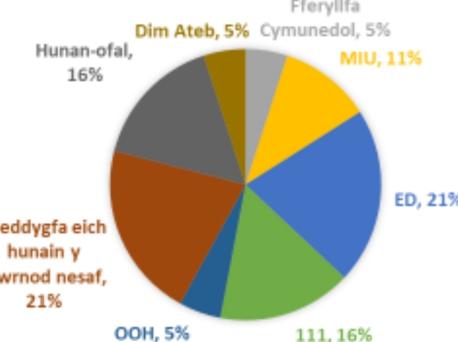
OS NAD OEDD Y GWASANAETH GOFAL SYLFAENOL BRYS AR GAEL AC NAD OEDD GAN EICH PRACTIS MEDDYG TEULU UNRHYW APWYNTIADAU I BLE FYDDECH CHI WEDI MYND AM GYNGOR/TRINIAETH?



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OS NAD OEDD Y GWASANAETH GOFAL SYLFAENOL BRYS AR GAEL AC NAD OEDD GAN EICH PRACTIS MEDDYG TEULU UNRHYW APWYNTIADAU I BLE FYDDECH CHI WEDI MYND AM GYNGOR/TRINIAETH?





Urgent Primary Care Centres

1

UPPC East (Wrexham 9th Dec 20; Mold 11th Jan 21)

- Model Type:** Health Board model – Hub & Spoke
- Location:** Wrexham UPPC (Hub); Mold UPPC (Spoke)
- Coverage:** 39 GP practices covered, ED, MIU, 111/SICAT, Lymphedema
- Referral Route:** Online referrals from GPs & Lymphedema; Screened from ED, MIU, 111/ SICAT
- Appointment Type:** Telephone consultation, F2F, Video consultation
- Services Covered:** Urgent care; minor illness; Physio assessment

13,876
Total Referrals



2

UPPC Central (23rd Dec 2021)

- Model Type:** Cluster model
- Location:** Healthy Prestatyn Iach
- Coverage:** 6 GP practices covered
- Referrals from:** Patients added directly to clinical system in own practice, UPPC undertakes assessment/ treatment
- Appointment Type:** Telephone consultation, F2F
- Services Covered:** Urgent care; minor illnesses; mental health

704
Total Referrals



3

UPPC West (30th May 22)

- Model Type:** Health Board model – Spoke & Spoke
- Location:** Three sites, with two operating concurrently five days a week in rotation: Ysbyty Gwynedd (Bangor); Ysbyty Penrhos Stanley (Holyhead); Ysbyty Alltwen (Porthmadog)
- Coverage:** 28 GP Practices, ED, MIU, 111/SICAT & Community Pharmacy
- Referrals from:** Online referrals from GPs & Community Pharmacies; Screened from ED, MIU, 111/ SICAT
- Appointment Type:** Telephone consultation, F2F, video consultation
- Services Covered:** Urgent care; minor illnesses; Physio assessment

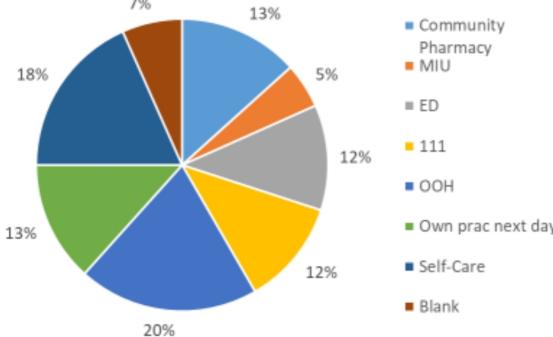
975
Total Referrals



50 Patients surveyed during March 2022

- 98% felt they were listened to, 2% felt ‘somewhat’ listened to
- 92% were ‘very satisfied’ and 8% ‘fairly satisfied’ with the time taken to be contacted/seen by the UPCC
- 100% felt things were explained in a way they could understand
- 98% felt they were involved as much as they wanted to be, in the decisions made about them.

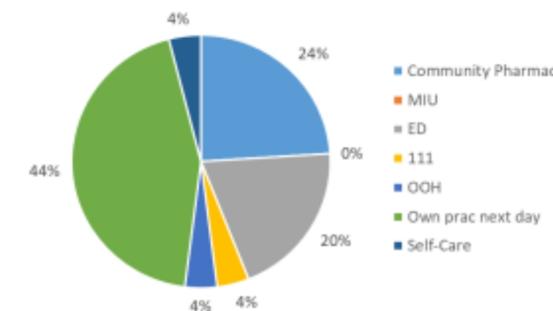
8. If the Urgent Primary Care Service wasn't available and your GP Practice had no appointments where would you have gone for advice/treatment?



25 Patients surveyed during March 2022

- 92% felt they were listened to, 2% felt ‘somewhat’ listened to
- 88% were ‘very satisfied’ and 8% ‘fairly satisfied’ with the time taken to be contacted/seen by the UPCC
- 96% felt things were explained in a way they could understand
- 84% felt they were involved as much as they wanted to be, in the decisions made about them; 12% felt ‘somewhat involved’

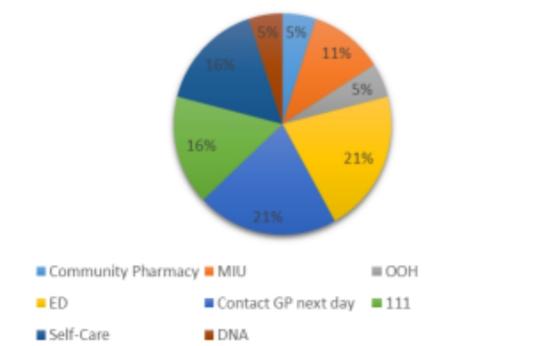
8. If the Urgent Primary Care Service wasn't available and your GP Practice had no appointments where would you have gone for advice/treatment?



19 Patients surveyed during July 2022

- 100% of patients surveyed felt they were listened to
- 100% of patients were ‘very satisfied’ with the time taken to be contacted/seen by the UPCC.
- 100% of patients felt things were explained in a way they could understand.
- 100% of patients felt they were involved as much as they wanted to be, in the decisions made about them

If the Urgent Primary Care Service wasn't available and your GP Practice had no appointments where would you have gone for advice/treatment?



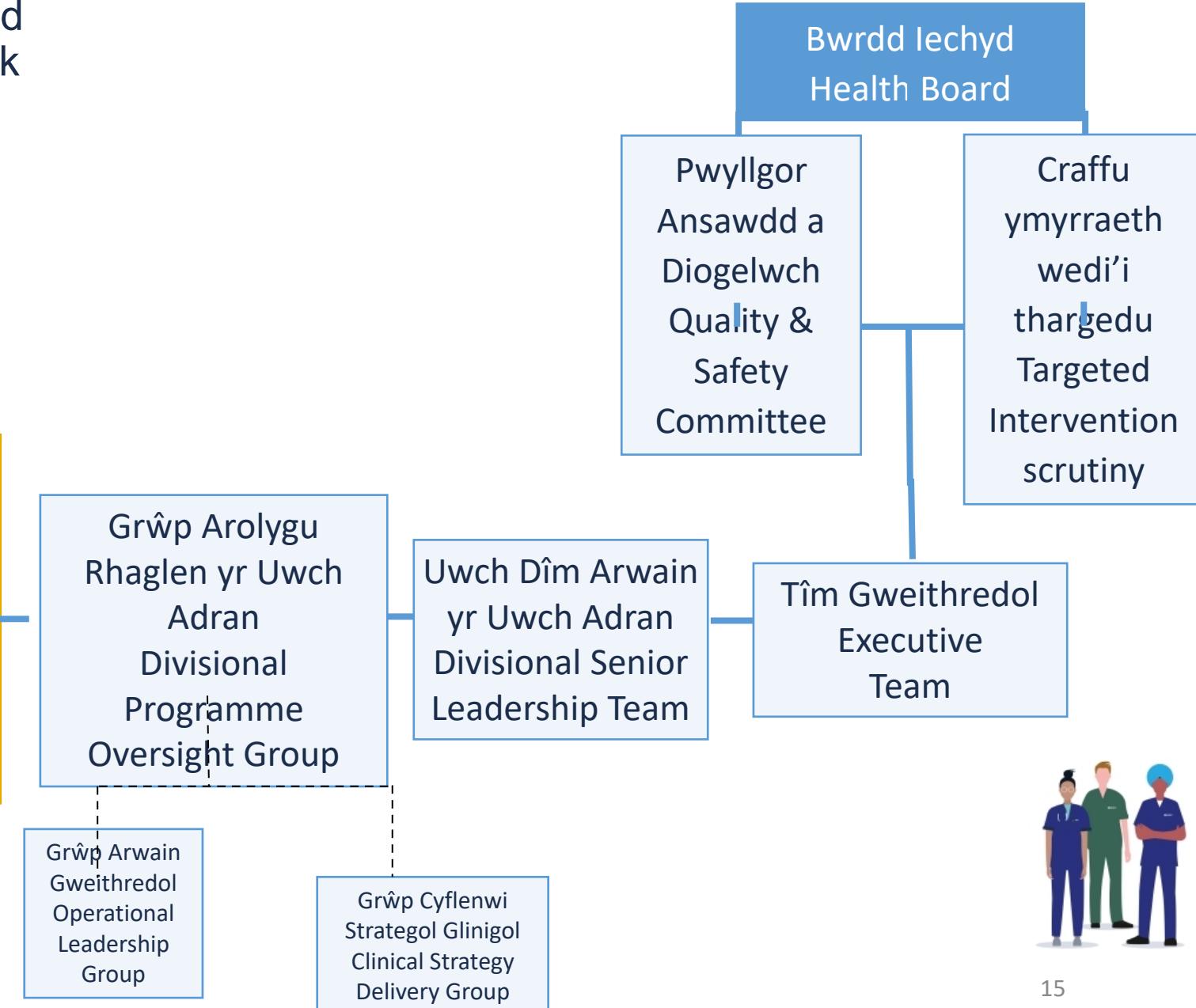
Cynllun Gwella Iechyd Meddwl ac Anableddau Dysgu Mental Health and Learning Disabilities Improvement Plan

Framwaith Llywodraethu Perfformiad Programme Governance Framework

Arweinydd Ffrwd Waith yn cwblhau adroddiad uchafbwyntiau
Work Stream Lead completes highlight report

Arweinydd Cynllun Gwella'r Uwch Adran yn coladu adroddiad uchafbwyntiau
Div Imp Plan Lead collates highlight report

Adroddiad Uchafbwyntiau misol i POG a DSLT
Highlight Report monthly to POG and DSLT



Canlyniadau Ymyrraeth wedi'i Thargeddu a Sbardunau – lechyd Meddwl

Nod Strategol

Canlyniadau Ymyrraeth wedi'i Thargeddu

M/01: Datblygiad Trefniadol

M/02: Ymgysylltiad Staff Gwell

M/03: Capasiti Arweinyddiaeth

M/04: Trawsnewid

M/05: Partneriaeth Strategol

M/06: Profiad Defnyddiwr Gwasanaeth

M/07: Llywodraethu Da

M/08: Mesur lechyd Meddwl

M/09: Mynediad at Therapiâu

M/010: Adolygiadau Allanol

Sbardunau Cynllun Gwella Digidol

Gweithredu Model Gweithredu Targed
Fframwaith llywodraethu clir, rolau a chyfrifoldebau

Gweithredu mentrau lles staff yn llawn
Gwell ymgysylltiad staff a datblygiad gyfra

Cryfhau cynaliadwyedd a sefydlogrwydd rolau arwain
Mwy o welededd arweinyddiaeth

Gwell datblygiad llwybr argyfwng
Cefnogaeth gryfach i gleifion â dementia

Datblygu Cynllun Strategaeth Law yn Llaw at lechyd
Meddwl
Datblygu Cynllun Strategaeth Atal Hunan-niwed a
Hunanladdiad

Amgylchedd corfforol sy'n gwella profiad y claf
Arweinyddiaeth dosturiol a gweladwy ar bob lefel

Cryfhau rheolaeth risg ar draws yr uwch-adran
Sicrhau Preifatrwydd, Parch ac Urddas pob claf

Gwell Mynediad i Therapiâu Seicolegol
Llai o amserau aros am gefnogaeth briodol

Mynediad amserol at gymorth cynnar
Mynediad amserol at gyngor cynnar

Dysgu o bryderon, digwyddiadau a chlaf a gofalwr
Gwell adnabod risg a datrysiaid

Mesurau Enghreifftiol

Mwy o gydymffurfio â hyfforddiant gorfodol
Mwy o recriwtio staff

Mwy o gydymffuriaeth PADR
Cynnydd yn nifer y sesiynau hyfforddi/therapiwtig

Gostyngiad yn nifer y swyddi gwag ar gyfer swyddi
uwch
Cynnydd yn nifer y sesiynau briffio IM ac AD y
flwyddyn

Llai o gyflwyniadau brys mewn adrannau
damweiniau ac achosion brys
Cynnydd yn nifer y galwadau 111+2 a brysbenner
priodol

Gostyngiad yn nifer y digwyddiadau diogelu
Llai o hunanladdiadau fesul pen

Cynnydd yn nifer y canmoliaethau
Llai o gwynion

Gwell statws achredu ward
Gostyngiad mewn adrodd ar risg Carfanau Cymysg

Gwell cyfeiriadaeth ar hwb miFedrai
Cynnydd yn nifer y galwadau i'r Llinell Alwadau

Gwell cydymffuriaeth ag arsylwadau therapiwtig
Llai o risg o ddigwyddiadau clymu

Canlyniadau a Gyrwyr Ymyrraeth wedi'i Thargedu – Iechyd Meddwl

Targeted Intervention Outcomes & Drivers – Mental Health

Strategic Aim	Targetted Intervention Outcomes	Divisional Improvement Plan Drivers	Example measures
Improvement in Quality, Safety and Capacity/Wellbeing with improved Patient Experience, Access and Return on Investment.	M/01: Organisational development	Target Operating Model implementation Clear governance framework, roles and responsibilities	Increased mandatory training compliance Increased staff recruitment
	M/02: Enhanced Staff Engagement	Full implementation of staff wellbeing initiatives Improved staff engagement and career development	Increased PADR compliance Increased no. of coaching / therapeutic sessions
	M/03: Leadership Capacity	Strengthened sustainability & stability of leadership roles Increased leadership visibility	Reduction in number of senior role vacancies Increased number of MH&LD Briefings per year
	M/04: Transformation	Enhanced crisis pathway development Strengthened support for patients with dementia	Reduced number of A&E crisis presentations Increased number of 111+2 calls and appropriate triage
	M/05: Strategic Partnership	Together for Mental Health Strategy-Plan development Self Harm & Suicide Prevention Strategy-Plan development	Reduction in the number of safeguarding incidents Reduced suicides per capita
	M/06: Service User Experience	A physical environment that enhances patient experience Compassionate and visible leadership at all levels	Increased number of compliments Reduced number of complaints
	M/07: Good Governance	Strengthened risk management across the Division Ensuring the Privacy, Respect and Dignity of every patient	Improved ward accreditation status Reduction in Mixed Cohorting risk reporting
	M/08: Mental Health Measure	Improved Access to Psychological Therapies Reduced waiting times for appropriate support	Improved referral to assessment Improved referral to treatment
	M/09: Access to Therapies	Timely access to early support Timely access to early advice	Increased number of iCAN Hub access Increased number of calls to Call Line
	M/10: External Reviews	Learning from concerns, incidents and patient & carer Enhanced risk identification and resolution	Enhanced compliance with therapeutic observations Reduced number of risk of ligature incidents

Camau Nesaf– Dull Graddol

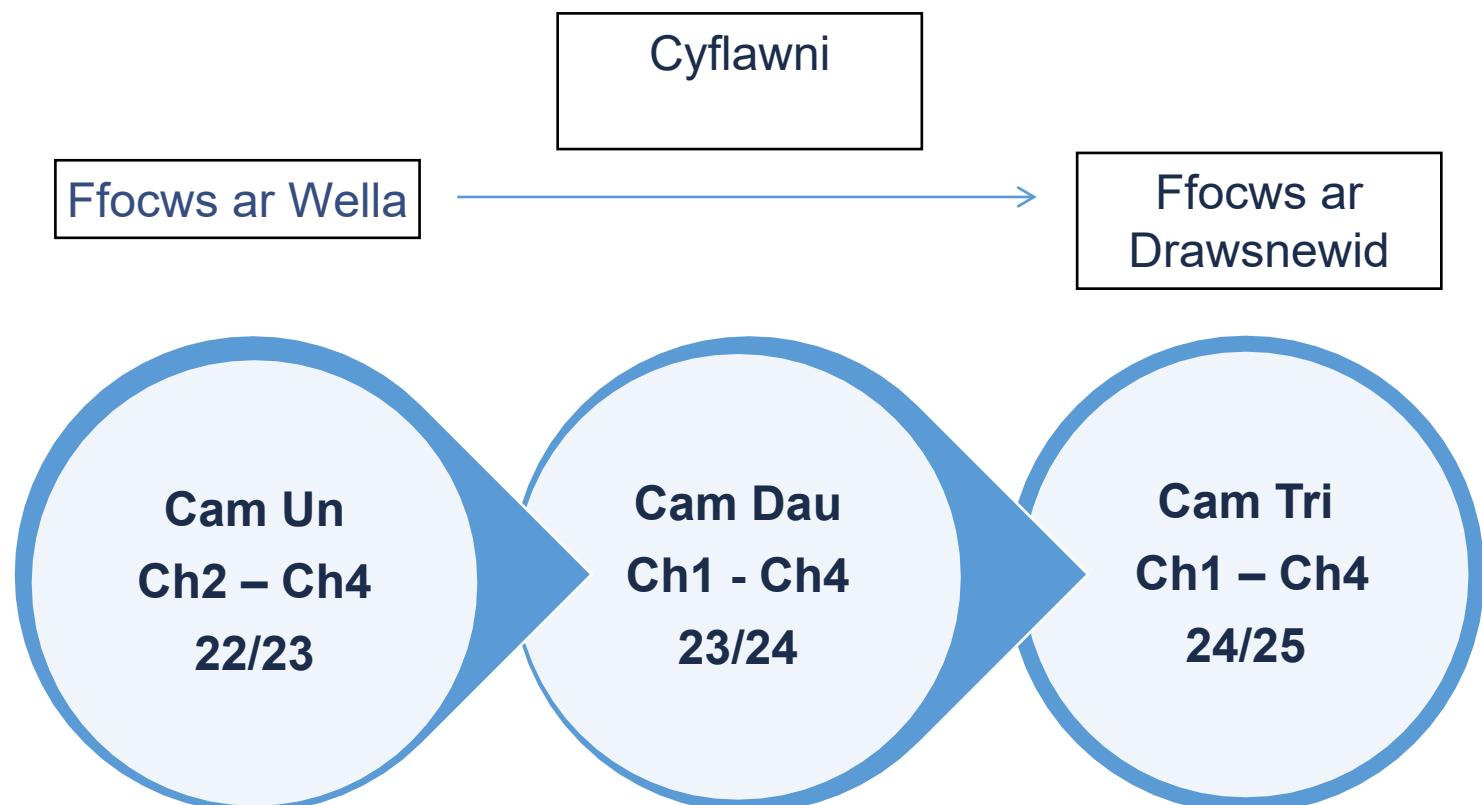
- **Cam 1 (Blwyddyn Ariannol 22/23 Ch2 – Ch4) – Canlyniadau â Blaenoriaeth:** Diogelwch, Ansawdd a Chapasiti. Sefydlu a gweithredu Cynllun Gwella Uwch-adrannol cadarn, cynhwysfawr sy'n seiliedig ar dystiolaeth – gan flaenoriaethu mentrau a chamau gweithredu sy'n cael yr effaith fwyaf ar ddiogelwch cleifion a deall yn llawn achosion sylfaenol heriau gwasanaeth, pobl a diwylliannol hirsefydlog.
- **Cam 2 (Blwyddyn Ariannol 23/24 Ch1 - Ch4) - Canlyniadau â Blaenoriaeth:** Mynediad, Profiad y Claf, Lles Staff. Canolbwytio ar gyflwyno a gwreiddio'r cynllun gwasanaeth, pobl a diwylliannol cynaliadwy a ddatblygwyd yng Ngham 1 a datblygu Cynllun Trawsnewid Cam 3.
- **Cam 3 (Blwyddyn Ariannol 24/25 Ch1 - Ch4) – Canlyniadau â Blaenoriaeth:** Cynhyrchiant / Effeithlonrwydd. Cyflwyno ac ymgorffori trawsnewid ar raddfa fawr, gan adeiladu ar y sylfeini cadarn a grëwyd yng Nghamau 1 a 2.

Next Steps – Phased Approach

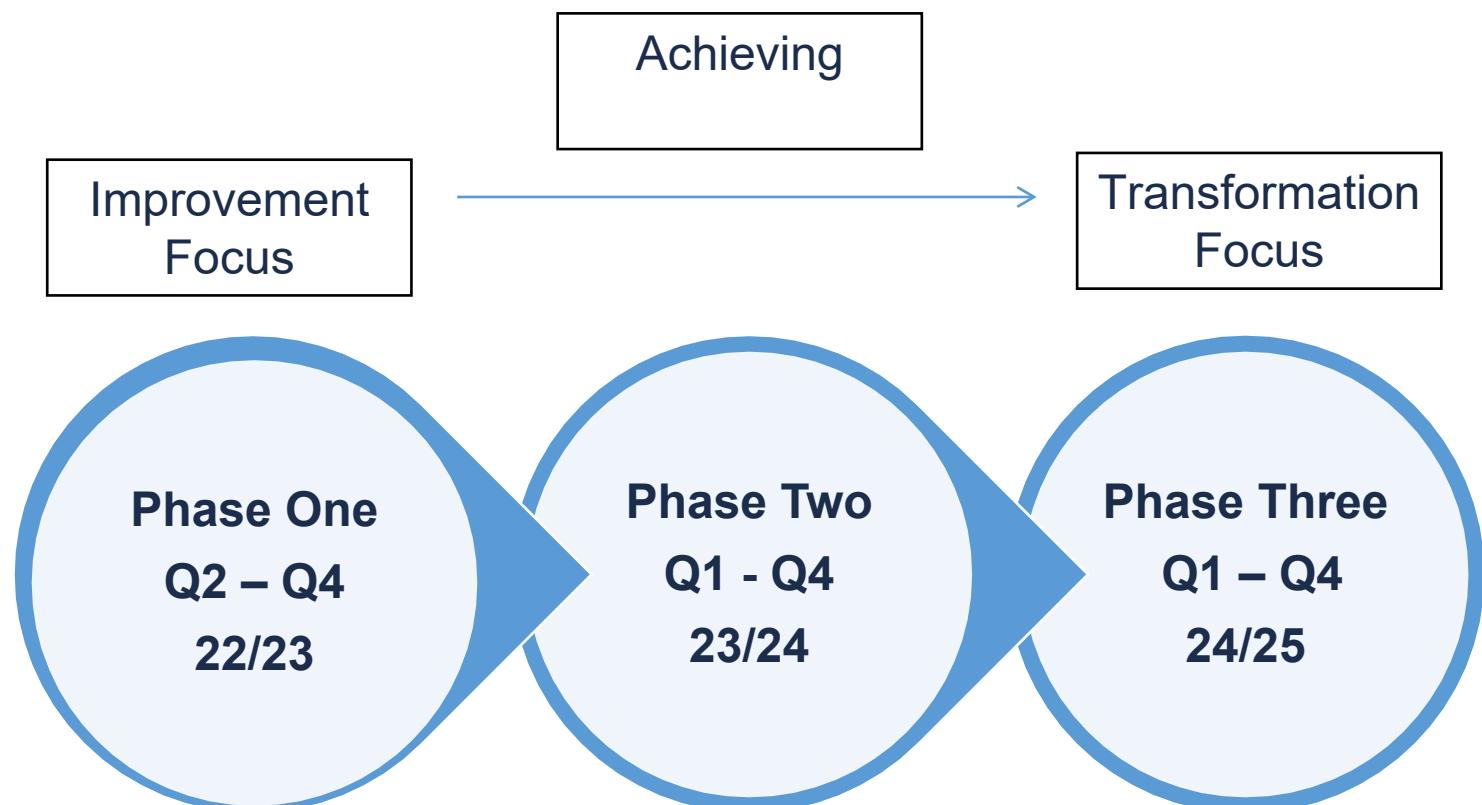
- **Phase 1 (Financial Year 22/23 Q2 – Q4) – Prioritised Outcomes: Safety, Quality and Capacity.** Establish and mobilise a robust, evidence based and comprehensive Divisional Improvement Plan – prioritising initiatives and actions that have the biggest impact to patient safety and fully understanding the root causes of long-standing service, people, and cultural challenges.
- **Phase 2 (Financial Year 23/24 Q1 - Q4) - Prioritised Outcomes: Access, Patient Experience, Staff Wellbeing.** Focus on delivering and embedding the sustainable service, people and cultural plan developed in Phase 1 and developing the Phase 3 Transformation Plan.
- **Phase 3 (Financial Year 24/25 Q1 - Q4) – Prioritised Outcomes: Productivity / Efficiencies.** Deliver and embed large-scale transformation, building upon the solid foundations created in Phases 1 and 2.



Camau Nesaf

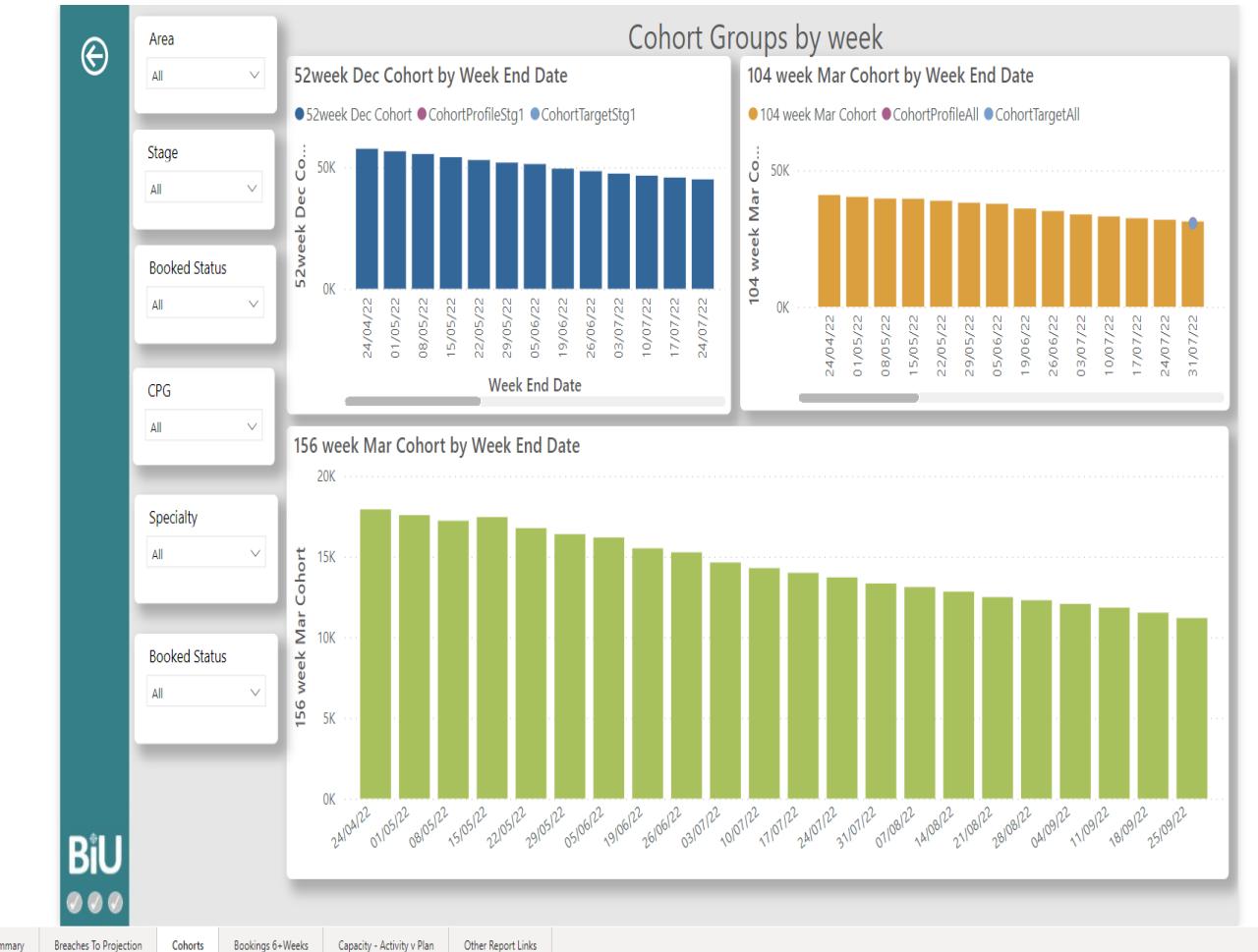


Next Steps



Diweddariad ar Ofal Wedi'i Gynllunio Planned Care Update

Gofal Wedi'i Gynllunio



Mae'r nodau ar gyfer Gofal wedi'i Gynllunio yn cynnwys lleihau'r amser y mae ein cleifion yn aros i gael eu gweld a'u trin. Wrth drawsnewid ein gwasanaethau.

Ysgrifennodd Llywodraeth Cymru raglen (Ebrill, 2022) sy'n cefnogi'r dull hwn, gyda'r blaenoriaethau gweinidogol (2) ar gyfer y flwyddyn ariannol hon, 2022/23 yn canolbwyntio ar hyn. Rhain yw:

- Dim cleifion dros 52 wythnos ar gyfer eu hapwyntiad Cam 1 ar ddiwedd 2022
- Dim cleifion dros 104 wythnos ar gyfer unrhyw Gam o'u llwybr ar ddiwedd mis Mawrth 2023

Gyda hyn mewn golwg, rydym wedi creu dangosfwrdd o'r wybodaeth sydd ei hangen i fonitro ein cynnydd.

Rydym hefyd wedi adolygu'r ffordd yr ydym yn darparu Gwasanaethau Gofal wedi'i Gynllunio

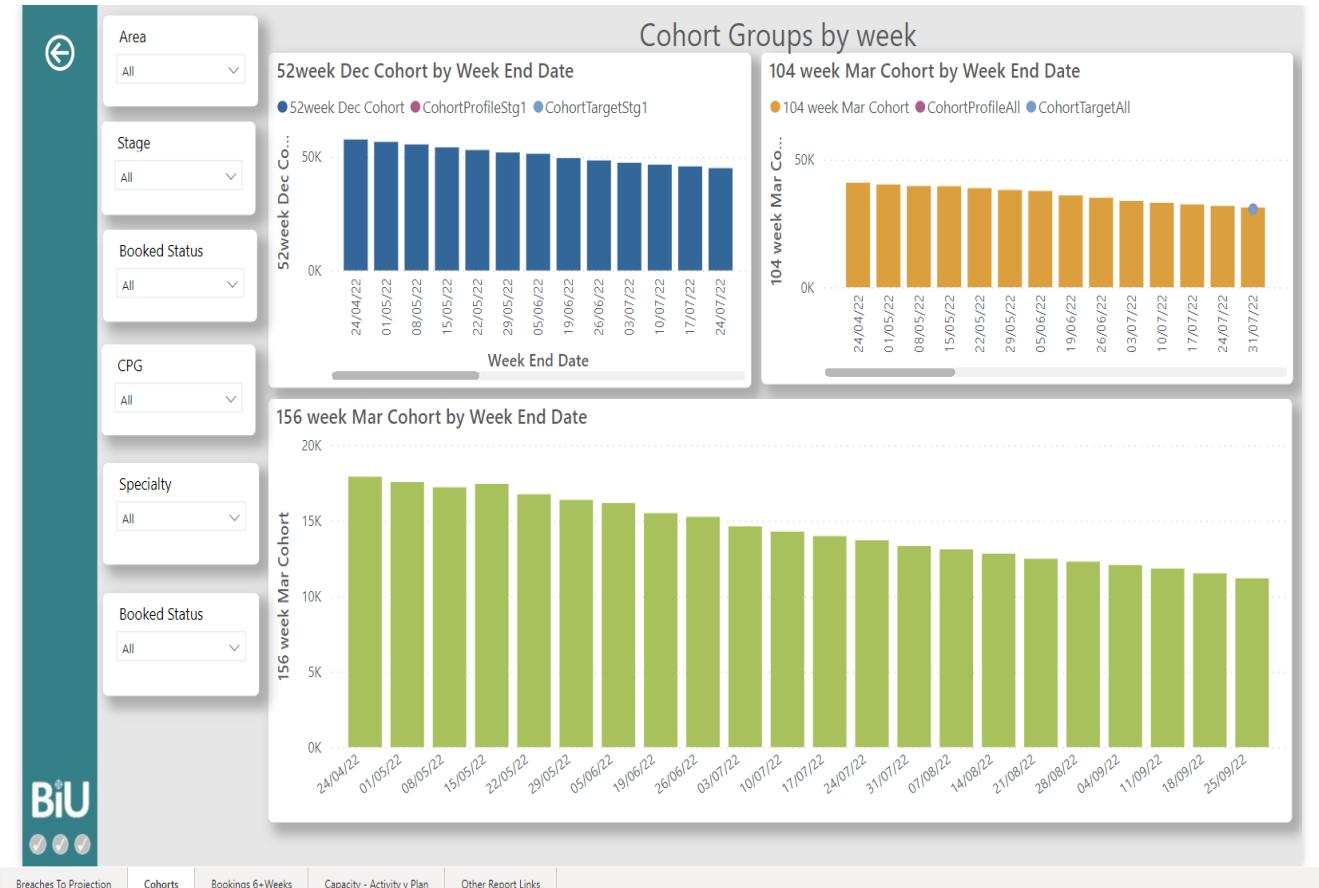
Planned Care

The goals for Planned Care involve reducing the length of time our patients are waiting to be seen and treated. Whilst transforming our services.

Welsh Government wrote a programme (April, 2022) that supports this approach, with the ministerial priorities (2) for this financial year, 2022/23 being centred on this. These are;

1. No patients over 52 weeks for their Stage 1 appointment at the end of 2022
2. No patients over 104 weeks for any Stage of their pathway at the end of March 2023

With this in mind, we have created a dashboard of the information needed to monitor our progress.



We have also reviewed the way in which we deliver Planned Care Services

Beth Rydym yn ei Wneud

- Dychwelyd i ddarparu'r un capaciti i weld cleifion ag yr oeddem ni cyn Covid
- Gweithio gyda thimau i sicrhau ein bod yn glynnu at y polisi 'mynediad' o ran cleifion nad ydynt yn mynchu eu hapwyntiadau (DNA)
- Datblygu rhagolygon o'r toriadau tebygol yn y blaenorriaethau gweinidogol
- Sicrhau ein bod yn gweld cleifion yn ôl blaenorriaeth glinigol ac yn eu trefn gronolegol

What We Are Doing

- Returning to delivering the same capacity to see patients as we did, pre Covid
- We are working with teams, to ensure the 'access' policy is adhered to with regards to patients who 'DNA' (*Do not attend*)
- We have developed forecasts of the levels of breaches against the ministerial priorities we are likely to have
- We are ensuring that we are seeing patients by clinical priority and in chronological order.



Beth Rydym yn ei Wneud

Mae'r dangsofwrdd yn gallu dangos yr holl elfennau uchod, ar bob lefel

- Rydym yn 1 of 4 Bwrdd Iechyd sy'n gweithio gyda darparwr allanol fel rhan o raglen ddilysu genedlaethol.
- Er mwyn sicrhau ein bod yn integreiddio'r hyn a ddysgir o'r rhaglen genedlaethol, rydym wedi sicrhau gwasanaethau arbenigwr pwnc sy'n dilysu. Bydd yn adeiladu'r dull dilysu 'Unwaith i Ogledd Cymru' sy'n cynnwys offer, technegau (gan gynnwys dilysu digidol), creu adroddiadau, prosesau a gweithdrefnau gweithredu safonol, wrth i ni drosglwyddo'r cymorth allanol yn ôl yn fewnol. Mae hyn yn rhan o PACE (Canolfan Ragoriaeth Gweinyddu Cleifion) sy'n rhan o'n dyhead i fod y gorau yn y wlad o ran gweinyddu cleifion.
- Rydym hefyd wedi creu capaciti ychwanegol, ar ffurf gweithio gyda darparwyr amgen ar gyfer; Orthopedeg, Offthalmoleg a Dermatoleg. Rydym yn bwrw ymlaen â 'Mewnoli' (Dod â chapasiti ychwanegol i'r Bwrdd Iechyd a defnyddio ein cyfleusterau ar y penwythnosau). Mae hyn ar darged i fod yn weithredol ym mis Rhagfyr.
- Yn ogystal â'r uchod, rydym yn gwneud cynnydd o ran cyflawni ac ymgorffori'r prosiectau a ddisgrifir yn ein raglen drawsnewid.



What We Are Doing

The dashboard is able to give us the visibility, at all levels, on all the elements above.

- We are 1 of 4 Health Boards, to be part of a national validation programme, working with an external provider.
- To ensure that we integrate the learning from the national programme, we have secured a validation SME (Subject Matter Expert) who will be building the 'once for North Wales' validation approach (consisting of tools, techniques (including digital validation), reporting, processes and SOP's, as we transition from external support back in-house, this as part of PACE (Patient Administration Centre of Excellence) suite that fall under our aspiration to be the best in the country in the administration of our patients.
- We have also created additional capacity, in the form of working with alternative providers for; Orthopaedics, Ophthalmology and Dermatology. We are progressing 'Insourcing' (Bringing additional capacity to the HB and utilising our facilities at the weekends), this is on trajectory to be operational in December.
- In addition to the above, we are moving forward on delivering and embedding projects, described within our transformation programme

WS1 – Atgyfenrthu’r Rhynwyneb â Gofal Sylfaenol / Strengthening the Interface with Primary Care
Yn Arwain / Lead: TBC (T&FG)

Cyngor ac Arweiniad Arbenigol / Specialist Advice and Guidance

- E-gyngor WPRS / WPRS e-advice
- Consultant Connect
- Gwneud Penderfyniadau ar y Cyd / Shared Decision Making

Llwybrau ychwanegol lle nad oes angen mynediad i'r ysbyty / Enhanced non-admission pathways

- Iechyd y Cyhoedd / Public Health Prevention
- Presgripsiynu Cymdeithasol / Social Prescribing,
- Escape pain, Rheoli Ffordd o Fyw ac opsiynau rhagsefydlu eraill / Escape Pain, Lifestyle Mgt and other Prehab options

Rheoli Cyfeiriadau / Referral Management

- Trothwyon Triniaeth Meini Prawf Cyfeirio Safonol / Standard Referral Criteria Treatment Thresholds
- INNUS

Cyfathrebu di-dor rhwng Gofal Eilaidd a Chynradd (gweler hefyd Cyngor ac Arweiniad) / Seamless communications Secondary between Primary Care (see also Advice & Guidance)

WS 2 - Cleifion Allanol Darbodus / Prudent Outpatients
Yn Arwain / Lead: Adam Jackson (T&FG)

Diagnosteg Cyflym ac Amserol / Rapid & Timely Diagnostics

- Yn Syth I Brawf / Straight to Test
- Un Stop / One Stop

E-ymgynhoriad ac ymgynghoriadau o bell / Remote & e-Consultation

- SOS/PIFU
- Monitro Dilynlol Awtomataidd / Automated Follow up Monitoring
- Apwyntiadau Clinig Rhithiol / Virtual Clinic Appointments
- Clinigau Grŵp Fideo / Video Group Clinics
- e-POAC
- e-Consent
- e-SOS
- Dilynant dan arweiniad PROMs / PROMs led follow up

Unwaith I Ogledd Cymru / Once for North Wales

- Egwyddorion Cleifion Allanol /Outpatient Principles
- Archebu Apwyntiadau'n Ganolog / Centralised Booking

WS3 – Cyfathrebu a'r Claf Ymgysylltiedig / Comms & The Engaged Patient
Yn Arwain / Lead: Yvonne Rimmer (T&FG)

Optimeiddio Cleifion / Patient Optimisation

- Cyngor ac Arweiniad Rhithiol / Virtual Advice & Guidance
- Rhagsefydlu / Pre-habilitation

Adolygiad Clinigol / Clinical Review

- Dilysu Clinigol a Blaenorhaethu / Clinical Validation & Prioritisation

Gwybodaeth i Gleifion a Chyfathrebu / Patient Information and Communication

- My Planned Care (fersiwn Cymru / Wales version)
- Amseroedd aros Tryloyw / Transparent Waiting Times
- Taflenni Gwybodaeth i Gleifion (Eido) / Patient Information Leaflets (Eido)
- Strategaeth Gyfathrebu / Communication Strategy

WS4 – Darparu Gofal Effeithlon ac o Ansawdd Uchel / Delivering High Quality & Efficient Care
Yn Arwain / Lead: Robyn Purves (T&FG)

Degradd Uchaf Dosbarthiad GIRFT / Top Decile GIRFT Delivery

- Egwyddorion Theatr GIRFT / GIRFT Theatre Principles
- Theatr Gynhyrchiol ac Egwyddorion Theatr GIRFT / Productive Theatre & GIRFT Theatre Principles

Hyd Arhosiad Owed'i Optimeiddio / Optimised Length of Stay

- Achos dydd fel rhagosodiad / Day case as default
- ERAS a Llwybrau Carlam / ERAS & Fast Track Pathways

Gofal lawn yn y Lle lawn / Right Care Right Place

- Modelau Safle Oer h.y. Hybiau Cymunedol Rhanbarthol h.y. dwylo / Cold Site Models i.e. Regional Community Hubs i.e. hands
- Modelau GGPwSI / GPwSI Models

Capasiti Ychwanegol / Additional Capacity

- Mewnoli / Insourcing
- Allanoli / Outsourcing

Ailgynllunio Llwybrau ac Adolygiadau Clinigol Allanol GIRFT (ac adolygiadau allanol y Coleg B renhinol) /Pathway Redesign & External Clinical Reviews (GIRFT & external Royal College Reviews)

Canolfannau Triniaeth Rhanbarthol / Regional Treatment Centres

Moderneiddio'r Gweithlu / Workforce Modernisation

Trawsnewid digidol gan gynnwys Ai, RPA ac ati / Digital Transformation incl AI, RPA etc.

Ystadau gan gynnwys Ysbyta’r Dyfodol (Mannau Gwag) Estates incl Future Hospital Programme (Vacated Space)



Diwedddariad ar y Ganolfan Driniaeth Rhanbarthol

Mae gwelliannau mewn llywodraethu rhagleni yn parhau ochr yn ochr â dablygu'r ffrydai gwaith canlynol:

- Galw a chapasiti
- Modelu'r gweithlu
- Lleoliad safle/safleodd a niferoedd
- Ymgysylltu â'r cyhoedd
- Ymgysylltu â staff
- Caffael ac adeiladu
- Effeithlonrwydd ac effeithiolrwydd
- Llwybrau clinigol

Neges allweddol:

- Disgwyd yr Achos Busnes Amlinellol yn ystod haf 2023
- Dechrau adeiladu yn 2025, cwblhau yn 2027
- Gweithdy gweledigaeth allweddol 20 Hydref 2022
- Bydd Ilinell amser ffrwd gwaith ymgysylltu â'r cyhoedd yn cael ei ddatblygu'r mis hwn

Regional Treatment Centre update

Improvements in programme governance continues alongside the development of the following work streams:

- Demand and capacity
- Workforce modelling
- Site(s) and number location work stream
- Public engagement
- Staff engagement
- Procurement and construction
- Efficiency and effectiveness
- Clinical pathways

Key message:

- OBC expected summer of 2023
- Construction commencing 2025, completion 2027
- Key visioning workshop 20th October 2022
- Public engagement work stream timeline being developed this month



Orthopedeg

- Ail-ddylunio llwybr (CTS – cam peilot; Arthroplasti Clun / Pen-glin - cam dylunio).
- Cynllun Aros yn lach y Groes Goch Brydeinig – i ddechrau ym mis Tachwedd 22 ar gyfer cleifion sy'n aros yn hir (>2 flynedd).
- Cyflwyno egwyddorion WISE – Gwasanaeth Gwella Lles (hyfforddiant hunanreoli).
- Cynllun peilot rhagsefydlu'n dangos canlyniadau cadarnhaol a lleihad yn y data hyd arhosiad (LOS). Edrych i'w ymestyn.
- Ailsefydlu capaciti ystafell cleifion allanol a dull tîm amldisgyblaethol o ymdrin i'r lefelau cyncovid.
- Gwaith yn cael ei wneud i wneud y defnydd gorau o theatrau, gan gynnwys gweithdrefnau fesul rhestr a dull gweithio ar hyd rhwydwaith y Bwrdd Iechyd i sicrhau nad oes rhestrau gwag.

Orthopaedics

- Pathway re-design (CTS – Pilot stage; Hip / Knee Arthroplasty – design stage).
- British Red Cross Waiting Well Scheme – due to start in Nov 22 for long waiting patients (>2yrs).
- Introduction of WISE principles – Wellness Improvement Service (Self management coaching).
- Pre-habilitation pilot demonstrating positive results and reduced LOS data. Looking to extend.
- Re-instating outpatient room capacity and MDT approach to pre-covid levels.
- Work being done to maximise current theatre usage, including procedures per list and a Health Board network approach to ensuring no empty lists.



Orthopedeg

- Gwaith yn cael ei wneud i safoni mewnbwn therapi yn y clinigau dewisol.
- Cydlynwyr PROMs bellach yn eu swyddi.
- Mae Ysbyty Maelor Wrecsam yn y camau olaf o ran datblygu ystafell Mân Lawdriniaethau i'r dwylo ac rydym yn edrych ar y posibilrwydd o gael uned law yn Ysbyty Cyffredinol Llandudno.
- Mae gwaith ar gapasiti dewisol ychwanegol (theatru a gwelyau wedi'u neilltuo) yn mynd rhagddo.

Orthopaedics

- Work being done to standardise therapy input within elective clinics.
- PROMs co-ordinators now in post.
- Wrexham Maelor are in the final stages of developing a hand Minor Ops room and we are looking at the possibility of a hand unit in Llandudno General Hospital.
- Additional elective capacity (theatres and ring fenced beds) work is being progressed.



Diweddariad ar y Gweithlu Workforce Update

Recriwtio a Chadw

- Strategaeth a Chynllun Pobl – yn nodi'r uchelgais i fod yn Gyflogwr o Ddewis dros y 3-5 mlynedd nesaf
- Mae pob un o'r 5 rhaglen waith yn cyfrannu at gyflawni'r uchelgais hon
- Mae'r rhaglen "Arweiniol" Lead" Best of our Abilities yn canolbwytio ar
 - ✓ Addysg a Dysgu
 - ✓ Rheoli Talent a Datblygu Gyrfa
 - ✓ Gwella'r Broses Recriwtio
 - ✓ Cynllunio'r gweithlu a Chomisiynu
 - ✓ Amgylcheddau Diogel
- Mae'r holl ffactorau uchod yn effeithio ar allu'r Bwrdd lechyd i ddenu, recriwtio a chadw pobl ar bob lefel a phroffesiwn.
- Ymgyrchoedd Recriwtio Pwrpasol – wedi'u cefnogi gan bartneriaid mewnol ac allanol, wedi'u datblygu mewn nifer o feysydd e.e. MHLD, CAMHS.. Amlyu'r heriau rhwng atyniad a throsi i apwyntiad.
- Recriwtio rhyngwladol – recriwtiwyd 160+ o nyrssys yn ystod y 18 mis diwethaf ac mae cynllun yn ei le ar gyfer 300 o nyrssys cyffredinol pellach ac 80 o nyrssys iechyd meddwl dros y 2 flynedd nesaf.
- Rhai prif fetrigau – mae ein sefydliad cylidebol wedi cynyddu gan 772 wte ac mae gennym ni 713 wte yn fwy o staff mewn swyddi ym mis Medi 2022 nag ym mis Medi 2021 gan gynnwys 174 wte a 107 yn fwy o nyrssys yn y drefn honno.

Recruitment & Retention

- People Strategy & Plan – sets out the ambition to be an Employer of Choice over the next 3-5 years
- All of the 5 programmes of work contribute to achieving this ambition
- "Lead" programme Best of our Abilities focusses upon
 - ✓ Education and Learning
 - ✓ Talent Management and Career Progression
 - ✓ Recruitment Process Improvement
 - ✓ Workforce Planning & Commissioning
 - ✓ Safe Environment
- All of the factors above have an impact upon the Health Boards ability to attract, recruit and retain people into roles at all levels and professions
- Bespoke Recruitment campaigns – in house and external partner supported, developed in a number of areas e.g. MHLD, CAMHS. Highlight the challenges between attraction and conversion to appointment
- International recruitment – 160 + nurses recruited in last 18 months and plan for further 300 general nurses and 80 mental health nurses over the next 2 years in place
- Some headline metrics – our budgeted establishment has increased by 772 wte and we have 713 wte more staff in post in Sept 2022 than in Sept 2021 including 174 wte and 107 more nurses respectively



Cyflawni ein Cynlluniau

- Roedd datblygu ein cynlluniau ar gyfer 2022/23 yn cynnwys asesiadau manwl o'r gallu i gyflawni pob elfen naill ai gyda'r capaciti pobl sydd gennym ni eisoes neu'r gallu i recriwtio i'r rolau ychwanegol gofynnol.
- Arweiniodd hyn at ddatblygu Cynllun Pobl ar gyfer 2022/23 sy'n canolbwytio ar 4 blaenoriaeth:
 - ✓ Pontio'r bwlc'h (lleihau nifer y swyddi gwag drwy ganolbwytio ar wella recriwtio a chadw)
 - ✓ Recriwtio'r rolau ychwanegol sydd eu hangen i gyflawni'r cynlluniau gwella oedd ar y gweill cyn 2022/23
 - ✓ Recriwtio'r rolau ychwanegol sydd eu hangen i gyflawni'r cynlluniau sy'n dechrau yn 2022/23
 - ✓ Gwydnwch mewn gofal sylfaenol
- Yn ogystal â hyn, mae cynlluniau ar waith i fewnoli ac allanol i gweithgarwch er mwyn darparu capaciti ychwanegol naill ai yn y tymor byr neu'r tymor canolig.

Delivery of our Plans

- The development of plans for 2022/23 included detailed assessments of the ability to deliver each element with either the people capacity we have or the ability to recruit to the additional roles required
- This culminated in the development of a People Plan for 2022/23 focussed upon 4 priorities:
 - ✓ bridging the gap (reducing the number of vacancies through focussed recruitment and retention improvement)
 - ✓ Recruiting the additional roles required to deliver the improvement schemes underway before 2022/23
 - ✓ Recruiting the additional roles required to deliver the schemes starting in 2022/23
 - ✓ Primary care resilience
- In addition, plans are in place to both outsource and insource a level of activity to provide extra capacity either in the short or medium term



Cynnydd mewn ymateb i
Adroddiadau AGIC

Progress against
HIW Reports

Diweddariad ynghylch AGIC ac YaD- YGC

- 144 Cam Gweithredu yn deillio o Adroddiadau Mawrth a Mai 2022
- Rhennir y themâu yn 5 maes:
 - Arweinyddiaeth
 - Llywodraethu
 - Diogelwch
 - Y Gweithlu
 - Rheoli Gwasanaethau Pediatreg
- Cwblhawyd yr holl gamau gweithredu erbyn diwedd Medi 2022, ac eithrio'r canlynol, sy'n dal i gael eu datblygu:
 - GGS Rheoli Gwasanaethau Pediatreg AAB
 - Fframwaith hyfforddiant a chymwyseddau Pediatreg AAB
- Mae'r camau gweithredu sy'n mynd rhagddynt ac archwiliadau'r llwybrau gwella wedi'u hymgorffori yn y "Daith ar Ragoriaeth".
- Mae AGIC wedi cael eu hysbysu am y cynnydd, ac maent yn gefnogol o'r dull.

YGC HIW and TI Update

- 144 Actions from March and May 2022 Reports
- Themed under 5 areas;
 - Leadership
 - Governance
 - Safety
 - Workforce
 - Paediatric Management
- All actions complete by end of September 2022, with the exception of the ongoing development of;
 - ED Paediatric Management SOP
 - ED Paediatric training and competency framework
- The ongoing actions and the audits of the improvement pathways have been incorporated into the "Journey to Excellence".
- The progress has been presented to the HIW who are supportive of the approach.



Diweddariad ynghylch AGIC ac YaD - Gwasanaethau Fasgwlaidd

- Uwchgynhadledd ynghylch Isgemia'r Cymalau Isaf, 5ed Hydref. Cynrychiolwyr Amloddisgyblaethol o'r tri Ysbyty a chynrychiolwyr y CIC/Cleifion.
- Mae'r Rhaglen Drawsnewid bellach yn cael ei llunio a bwriedir cynnal rhagor o syniadau i roi sylw i gamau gweithredu (bob 6-8 wythnos)
- Cynhaliwyd Dadansoddiad o'r Bylchau yn llwybrau cleifion pob safle
- Cytunwyd ynghylch Materion Allweddol i'w Gwella - Gwahanol ar gyfer Pob Safle
- Cyfweliadau i Benodi Llawfeddyg Ymgynghorol Allweddol ym maes y Coesau a'r Fferau yn Ardal y Dwyrain, Hydref 2022
- Cytunwyd ynghylch cyllid ar gyfer y Cynllun Tymor Canol Integredig a chychwynnir reciwtio i lenwi swyddi gwahanol

Vascular HIW and TI Update

- Lower Limb Ischemia Summit October 5th Multi Disciplinary Attendance across all three Hospitals CHC /Patient representation
- Transformational Programme now being designed further action oriented sessions planned 6-8 weekly
- Gap Analysis Conducted on the patient pathways on each Site
- Key Issues for Improvement Agreed – Different for Each Site
- Key Consultant Foot and Ankle Surgeon East Interviews October 2022
- IMTP funding agreed recruitment commencing for different posts



Diweddariad ynghylch AGIC ac YaD - Gwasanaethau Fasgwlaidd

Sesiwn Diwrnod Oddi Allan i'r Gweithle i Lawfeddygon Fasgwlaidd

- Canolbwyntiwyd ar feithrin gwaith tîm, y Gweithlu, Cynllunio Swyddi, Llywodraethu, AGIC, Panel Ansawdd y Gwasanaethau Fasgwlaidd a'r Cynllun Gwella Gwasanaethau Fasgwlaidd, Prosesau Wardiau
- Archwiliad o Brosesau Rhyddhau'r Gwasanaethau Fasgwlaidd yn Cychwyn
- Mapio prosesau brys ynghylch Isgemia'r Cymalau Isaf ar y cyd â'r AAB, Gwasanaethau Fasgwlaidd WAST a Diagnosteg - nodi camau allweddol i leihau oedi yn nheithiau cleifion, cytuno ynghylch hyfforddiant ar gyfer timau AAB, eglurder ynghylch llwybrau
- Mapio Prosesau Rhyddhau Wardiau Cleifion Mewnol a nodi meysydd allweddol i weithredu yn eu cylch
- Penodi Arweinydd Llywodraethu a Nyrso y Rhwydwaith Fasgwlaidd, Trawsnewid a chyflawni camau gweithredu'r Ymyriadau a Dargedir (cychwyn yn Hydref/Tachwedd 2022)

YGC HIW and TI Update

Vascular Surgeons Away Day Session

- focus on team building, Workforce, Job Planning, Governance, HIW , Vascular Quality Panel and Vascular Improvement Plan, Ward Processes
- Vascular Discharge Audit commencing
- Process mapping of Emergency Lower Limb ischaemic leg with ED, Vascular WAST & Diagnostic –key actions identified to reduce delays in the patient journey, training agreed for ED teams , clarity on pathways
- Process mapping of inpatient ward Discharge Process identified key areas for actions
- Appointment of Vascular Network Governance and Nursing lead, Transformation and delivery of TI actions (commencing October/ November 2022



Ymyrraeth wedi'i Thargedu

Targeted Intervention

Cyflwyniad i Ymyriadau a Dargedir (YaD) BIPBC a'r Cefndir

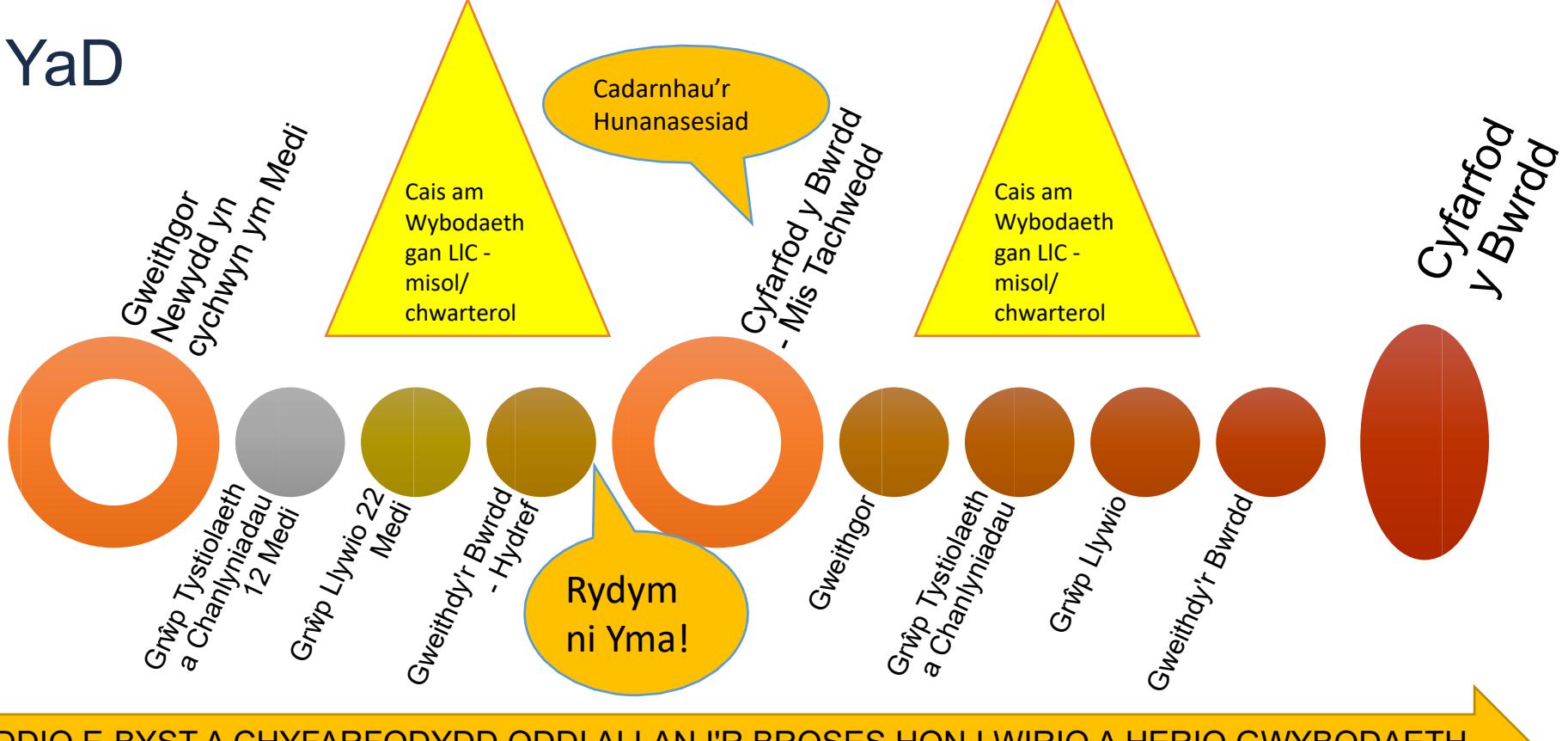
- Roedd gennym 4 Maes YaD ac mae gennym 6 erbyn hyn (YGC ac mae Perfformiad a Strategaethau/Cynllunio bellach ar wahân).
- Mae Maes YGC wedi'i ddatblygu'n gyflym a bellach mae gennym ni Fersiwn 2 sy'n adlewyrchu Cynlluniau Gwella'r "Daith at Ragoriaeth" yn YGC.
- Mae'r angen am Gynllun YaD yn YGC yn golygu fod angen i BIPBC ystyried ei holl Feysydd YaD.
- Felly, mae arnom ni angen rhagor o gyd-ddibyniaeth rhwng y meysydd.
- Dull Llywodraeth Cymru i geisio diweddarriad yngylch YaD mewn cyfarfodydd ymgysylltu (Y 4 cwestiwn - gweler sleid 5 a'r manylion yn yr Atodiad)
- Mae angen i broses yr YaD ganolbwytio mwy ar sut "mae'r Dystiolaeth yn Effeithio ar y Canlyniadau a gytunwyd." Cynhelir Gweithdy'r Bwrdd ar 13 Hydref.
- Cymeradwywyd argymhellion y Sefydliad Llywodraethu Da yng Nghyfarfod y Bwrdd ym mis Awst a chymeradwywyd cynllun gweithredu yn llawn gan y Grŵp Llywio ar 22 Medi.
- Mae'r Tîm YaD wedi canolbwytio'n sylweddol ar ail-lunio proses yr YaD fel y gallwn gyflawni argymhellion y Sefydliad Llywodraethu Da ac awydd LIC a BIPBC i fwrw ymlaen ag YaD.
- Yn ôl yr adborth a gafodd Phil Meakin gan LIC ar 17 Awst, roedd y cyfarfod dal i fyny diweddaf wedi bod yn "well". Roedd defnyddio fformat yn cynnwys y 4 Cwestiwn yn eu galluogi i weld ym mha feysydd yr oedd cynnydd yn digwydd.
- Os bydd YaD yn parhau, bydd yn "daith hirach" i gyflawni "3" na beth oeddem yn ei ystyried yn wreiddiol.

BCU TI introduction and Background

- We had 4 TI Domains and now we have 6 (YGC and separation of Performance from Strategy and Planning).
- YGC Domain has been developed at a fast pace and we now have a Version 2 that reflects the "Journey to Excellence" Improvement Plans at YGC.
- The need for a TI Plan in YGC requires BCUHB to reflect on all its TI Domains..
- Therefore, we need more inter-dependence between the domains.
- Welsh Government approach to seeking update on Targeted Intervention in touchpoint meetings– (The 4 questions –see slide 5 and detail in Appendix)
- The TI process needs to focus more on how "the Evidence is having an Impact on the Outcomes agreed." Board Workshop is on 13 October.
- Good Governance Institute recommendations were approved at our Board Meeting in August and implementation plan have been fully approved by Steering Group on 22 Sept.
- The TI Team has been very focussed on re-engineering the process of TI so we can be deliver on the GGI recommendations and the desire of WG and BCUHB to drive TI forward.
- Feedback from WG from 17 August to Phil Meakin was that the last catch up had been "better". The format of using the 4 Questions enabled them to see where progress was made.
- If TI continues it will be a "longer journey" to get to a "3" than we considered initially.



Proses yr YaD



DEFNYDDIO E-BYST A CHYFARFODYDD ODDI ALLAN I'R BROSES HON I WIRIO A HERIO GWYBODAETH

Y Pedwar Cwestiwn Y Byddwn Yn Eu Defnyddio I Ddiweddu Llywodraeth Cymru

C1 – Beth sydd wedi newid / beth ydym ni wedi'i ddatblygu ers y Diweddariad diwethaf i Lywodraeth Cymru yn Awst?

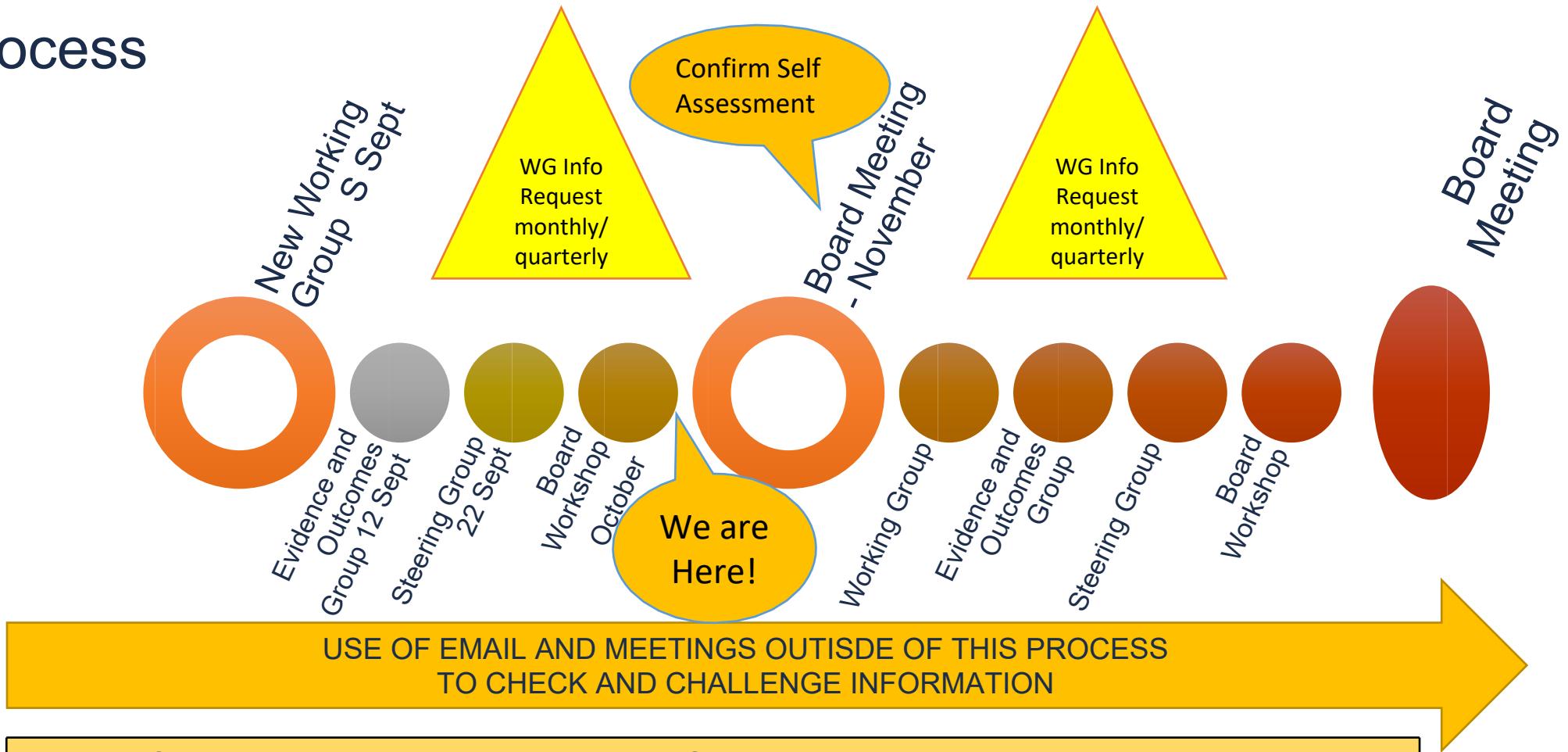
C2 - Pa welliannau sydd wedi deillio o hyn?

C3 - Beth yw ein pryderon (beth sydd heb sicrhau effaith / beth ydym ni wedi'i gael yn anodd?)

C4 - Beth yw'r ffocws yn ystod y cyfnod nesaf? (Medi-Tachwedd)



TI Process



The Four Questions We Will Use To Update Welsh Government

Q1 – What has changed / what have we developed since the last Welsh Government Update in August?

Q2 - What improvements has this resulted in?

Q3 - What are our concerns (what has not had an impact / what have we struggled with?)

Q4 - What is the focus for the next period? (September-November)



Diweddariad ynghylch Covid

Covid Update

Diweddariad ynghylch y Rhaglen Brechu- 10/10/22

- Erbyn 08:30 ar 10.10.22, roedd **90,301** o Frechlynnau Atgyfnerthu Hydref 2022 wedi'u rhoi. Rydym bellach wedi cwblhau 16.7% o Raglen Brechlynnau Atgyfnerthu'r Hydref a dyddiad arfaethedig cwblhau'r rhaglen yw 31^{ain} Rhagfyr 2022.
- Erbyn 08:30 ar 10.10.22, roedd cyfanswm o **1,778,424** o frechlynnau wedi'u rhoi.
- Mae hyfforddiant ychwanegol ynghylch rheoli meddyginaethau yn dal i gael ei gynnal ar gyfer Gofal Sylfaenol, a chynhelir sesiynau gweminar wythnosol. Cyfranogiad da.
- Mae anhawster ar y lefel genedlaethol ynghylch cyflenwadau o frechlynnau Moderna ac fe wnaiff hynny effeithio ar ein gwasanaeth. Rydym yn disgwyli cael cadarnhad y bydd brechlynnau deufalent Pfizer yn unioni'r diffyg o ran argaeedd brechlynnau Moderna. Darperir rhagor o hyfforddiant ar gyfer y sector Gofal Sylfaenol ynghylch rhoi brechlynnau deufalent Spikevax a Pfizer. Ni wyddys pryd y caiff sefyllfa brechlynnau Moderna ei datrys, sy'n awgrymu y bydd yr effeithiau'n para rhwng 1 a 3 wythnos. Codwyd lefel y risg.
- Methodd oergell yng Nghanolfan Optig, ac yn dilyn cyswllt uniongyrchol â Pfizer, mae'r holl frechlynnau wedi'u cadarnhau i'w defnyddio oherwydd nid yw'r asesiad o sefydlogrwydd yn dangos bod priodoeddau ansawdd y cynnyrch wedi'i effeithio.
- Mae gan Pfizer amrywiolyn o frechlyn sy'n targedu'r rhai sydd rhwng 6 mis a 4 blwydd oed. Nid oes penderfyniad wedi'i wneud hyd yn hyn ynghylch ei ddefnyddio yn y DU os bydd yn llwyddiannus.
- Mae'r clinigau brechlynnau ffliw ar gyfer staff bellach wedi'u cwblhau. Mae'r data wrthi'n cael eu dadansoddi ar hyn o bryd a chynhelir sesiwn ar gyfer staff sydd heb eu brechu eto ar ddiwedd Tachwedd.

Camau gweithredu gofynnol:

- Parhau i gyllunio a darparu cymorth ynghylch y clinigau ar gyfer Wcrainiaid a chlinigau brech y mwnciod, yn cynnwys cadarnhau'r costau a'r adnoddau ar gyfer bob maes.

Vaccination Programme Update – 10/10/22

- As of 10.10.22 at 08:30 **90,301** Autumn 2022 Booster Vaccinations administered. We are now 16.7% through the Autumn Booster Programme and the Scheduled programme end date is 31st December 2022.
- As of 10.10.22 at 08:30 **1,778,424** total vaccinations have been administered.
- Continued medicines management training is undergoing for Primary Care, webinar sessions are scheduled weekly. Good engagement.
- National Moderna supply issue which will impact our service. We are waiting confirmation that Pfizer Bivalent will cover the Moderna shortfall. Further training is being provided for Pfizer switch into Primary Care. Unknown resolution date for Moderna at present, indicating 1-3 week impact. Risk raised.
- Fridge failure in Optic, following contact from Pfizer direct, all vaccine has been confirmed for use as the stability assessment indicates no impact to product quality attributes.
- Pfizer has a vaccine variant targeting those 6 months – 4 years of age. No decision as yet to utilise within the UK if successful.
- Staff Flu clinics have now been completed. The data is currently being analysed and a mop up session has been scheduled for the beginning of November.

Actions required:

- Continued planning and support for Ukrainian and Monkeypox clinics, including capturing cost and resources for each area.

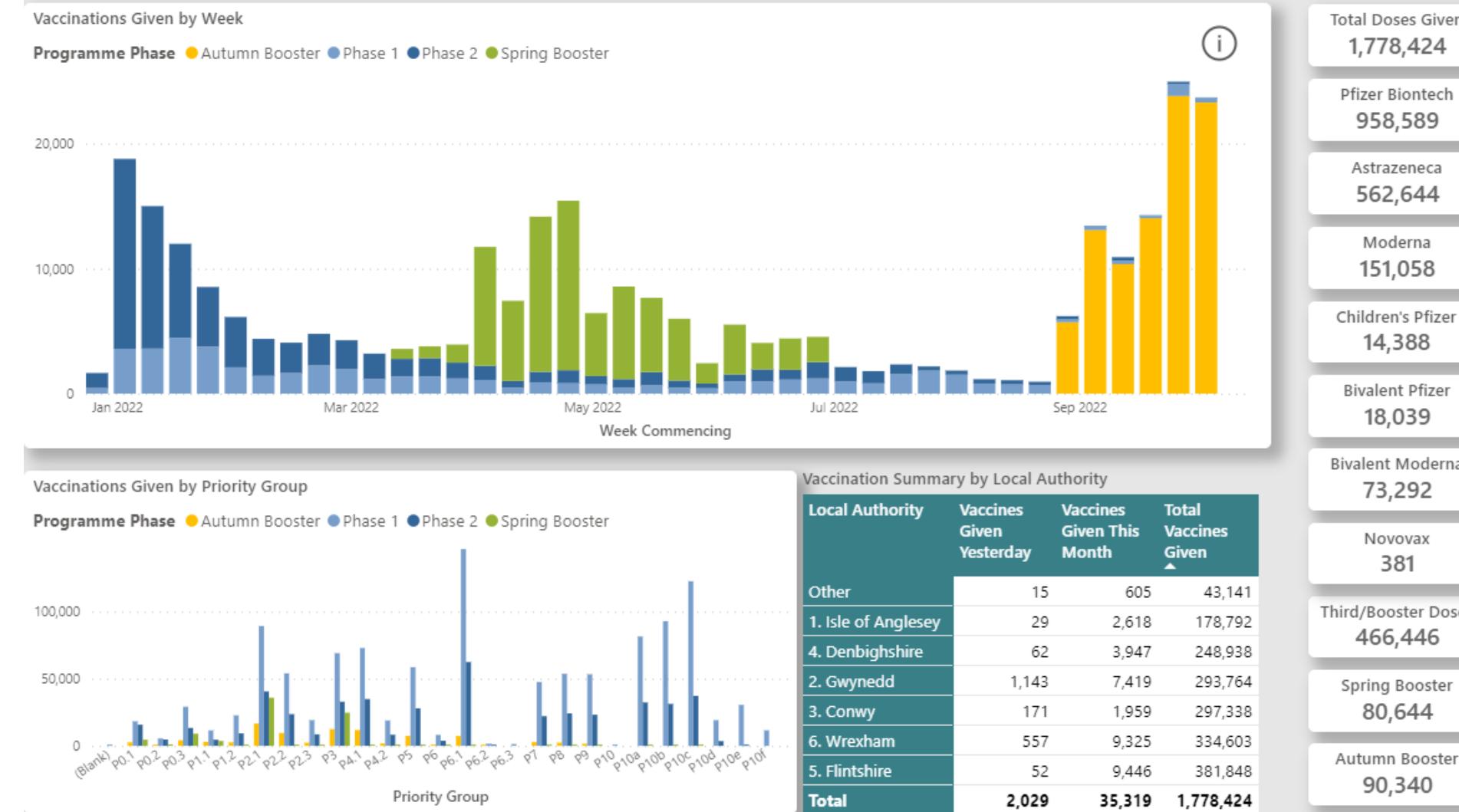


Brechu - Data ynghylch y Rhaglen Gronnol – hyd at 10/10/22

(Cafwyd y data am 08:29 ar 10/10/22)

Vaccination - Cumulative Programme Data – to 10/10/22

(Data extract 08:29 hrs 10/10/22)



Y Diwedd

Ends