

Bundle Health Board 21 October 2021

2.00pm Via Zoom

- 1 14:00 - B21/12 Joint Chairs' Welcome
- 2 14:05 - B21/13 Apologies for Absence
BCUHB - Morwena Edwards, Chris Stockport (Clare Darlington deputising)
CHC -
- 3 14:06 - B21/14 Declarations of Interest
- 4 14:07 - B21/15 Draft Minutes of the Joint Meeting held on 22.4.21 for accuracy and review of actions
Both actions were followed up through the wider Board Action Log arrangements and reported in public as completed to the Health Board meeting held on 15.7.21
21.15 Minutes B2B CHC 22.4.21 v0.02_English.docx
- 5 14:17 - B21/16 Unscheduled Care Pressures and Interventions - Gill Harris
B21.16 USC_English.pptx
- 6 14:37 - B21/17 Covid-19 Update - Gill Harris
B21.17 Covid final.pptx
- 7 14:57 - B21/18 Board Membership - Mark Polin
Verbal
- 7.1 15:02 - comfort break
- 8 15:12 - B21/19 Living Healthier Staying Well Update - Clare Darlington
B21.19 LHSW v3.1.pptx
- 9 15:27 - B21/20 Clinical Strategy Update - Nick Lyons
B21.20 Clinical Strategy Update V3.pptx
- 10 15:42 - B21/21 Urology Services - Gill Harris
B21.21 Urology.pptx
- 11 16:02 - B21/22 Timeline for Publication of Review : Morfa Ward at Llandudno General Hospital - Gill Harris
Verbal
- 12 16:12 - B21/23 Primary Care - Clare Darlington
B21.23 Primary Care.pptx
- 13 16:32 - B21/24 Update on Stronger Together and Operating Models - Jo Whitehead / Sue Green
B21.24 Stronger Together and Operating Model v0.4.pptx
- 14 B21/25 Date of Next Meeting
April 2022 to be advised



**Draft Minutes of the Board to Board meeting with the
North Wales Community Health Council (CHC) on the 22nd April 2021
Held in public and livestreamed**

Present BCUHB	
Mark Polin	Chair
Louise Brereton	Board Secretary (<i>part meeting</i>)
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Gareth Evans	Chair of Healthcare Professionals Forum
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO (<i>part meeting</i>)
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Eifion Jones	Independent Member
Lyn Meadows	Independent Member
Lucy Reid	Vice Chair
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences (<i>part meeting</i>)
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group
Present CHC	
Jackie Allen	Chair
Myfanwy Baines	Member, Conwy Local Committee
Richard Bladon	Vice Chair Ynys Mon Local Committee (<i>part meeting</i>)
Andy Burgen	Vice Chair
Adrian Drake-Lee	Member, Gwynedd Local Committee
Vicki Harvey	Member, Gwynedd Local Committee
Gordon Hughes	Acting Chair, Denbighshire Local Committee
Aaron Osbourne-Taylor	Chair, Ynys Mon Local Committee
Sian Ramessur	Member, Conwy Local Committee
Geoff Ryall-Harvey	Chief Officer
Michael Theaker	Member, Flintshire Local Committee
Carol Williams	Deputy Chief Officer
In Attendance	
Kate Dunn	Head of Corporate Affairs (for minutes)
Jody Evans	Corporate Governance Officer (for livestreaming support)
Lowri Gwyn	Translator
Llinos Roberts	Executive Business Manager – Chair's Office (for livestreaming support)
Iain Wilkie	Interim Director Mental Health & Learning Disabilities (<i>part meeting</i>)

B21/1 Joint Chairs' Welcome and Apologies for Absence

B21/1.1 The Health Board Chair welcomed everyone to the meeting which was being livestreamed, and an explanation of the Welsh to English translation service was given. Members were informed that due to an incident ongoing within the Wrexham Maelor Hospital site some BCU colleagues may need to leave the meeting.

B21/1.2 Apologies for absence from BCUHB colleagues were recorded for Teresa Owen and Arpan Guha. Apologies for absence from CHC colleagues were recorded for Michael Lloyd-Jones, Kelly Benton, Brace Griffiths, Linda Harper, Gill Williams, Stella Howard, Celia Hayward, Michael Boyle, Di Gill, Joy Baker and Paul Rowlinson.

B21/2 Draft Minutes of Joint Meeting Held on 15th October 2020 for accuracy and matters arising

B21.2.1 The draft minutes were confirmed as an accurate record and it was noted that all actions had been incorporated into the wider Health Board action log and were closed down at the Board meeting held on 12.11.20.

B21/4 Covid-19 and Vaccination Programme

[Agenda item taken out of order at Chairs' discretion]

B21/4.1 The Executive Director of Primary and Community Services delivered a presentation which encompassed the following matters:

- Prevalence and impact in terms of community levels;
- Prevalence and impact in terms of hospital in-patients;
- The Test Trace Protect (TTP) programme;
- Latest figures for vaccinations and performance against the cohorts;
- On-line engagement events regarding the vaccination programme;
- Revised guidance regarding the Oxford AstraZeneca vaccine;
- Early planning for booster programmes.

B21.4.2 A discussion ensued. The BCUHB Chair made reference to the vaccination rates within the Flintshire area and it was acknowledged there was a lower uptake which could be attributed to a range of reasons including capacity within primary care, capacity within the Mass Vaccination Centres (MVCs) and aspects of low localised confidence in the vaccine. It was noted that there was also a potential cohort of patients that may have been vaccinated in England as they worked within a health and social care environment over the border.

B21.4.3 A member of Conwy Local Committee commented on her personal experience that the vaccination programme had run very smoothly and that staff and teams should be commended on their achievements. The CHC Chair added that she was pleased with the level of involvement that the CHC had had within the vaccination programme across North Wales.

B21/3 BCUHB Chief Executive Update

B21/3.1 A presentation was received as part of the agenda pack and the Chief Executive provided a verbal summary. She thanked the CHC for the welcome on her appointment to the Health Board and acknowledged the independent role of the CHC in representing the public and patients and in holding the Health Board to account on its improvement journey in the planning and provision of care. She set out her aspirations to place the patient at the heart of everything that the Health Board did and to ensure that clinicians could thrive and be enabled to provide the best quality of care that they possibly could. The Chief Executive highlighted the importance of developing a stronger approach to engagement, including the co-design and co-delivery of services as part of the development of an organisational clinical services plan set within the context of 'Living Healthier, Staying Well' and the principles of 'A Healthier Wales'. She went on to reflect that the Board's response to the Covid-19 pandemic over the past year would impact on the ability to set and deliver organisational priorities, and she anticipated that the Board would continue to be in response mode for a while longer. She also recognised the impact of Covid-19 on deprived communities and certain cohorts of the population. Looking ahead, the prevention agenda would need to remain a priority as would supporting primary and community care services and improving the timeliness of both urgent and planned care.

B21/3.2 The CHC Chair acknowledged the scale of the challenge facing the Health Board but expressed continued concern at the numbers of patients waiting for their first appointment following a GP referral. The Chief Executive accepted this valid concern and added that the Board was also very much aware that a cohort of patients would have over the past year been managing their conditions and not even consulted their GP. A communications drive would aim to provide reassurance to patients and encourage them to contact their GP where they had concerns about their health. The Chief Executive stated that some planned care services were recommencing and Waiting List Initiatives were in operation on some sites, together with ongoing dialogue with Welsh Government regarding the investment of new monies to increase capacity for diagnostics and surgery. The CHC Chair welcomed this, however, suggested that there would still be issues of capacity to enable the monies to be utilised. The Chief Executive accepted that the ability to identify sufficient and appropriate clinicians was variable depending on the specialty. Other opportunities through partnerships, private sector arrangements and a more flexible use of theatre space were also being investigated. She also alluded to the development of a North Wales Medical School which she felt would improve capacity over time.

B21/3.3 A member of Gwynedd Local Committee made a suggestion that communications could be improved - particularly around initial referral to first appointment. She wondered if a confirmatory text message could be sent so that the patient at least knew the referral had been received and what the anticipated wait would be. The Chief Executive would arrange for this to be followed up by the Executive Director of Nursing and Midwifery / Deputy CEO.

B21/3.4 The Executive Director of Therapies and Health Science provided information relating to ongoing proposals to improve capacity within diagnostics and noted that there had been a significant reduction in patients waiting over 8 weeks between February and March 2021 which provided a good indication that the efforts were having a positive effect.

GH

B21/3.5 A member of Conwy Local Committee enquired regarding stroke services and the Chief Executive confirmed this remained a priority for the Health Board with recent investment confirmed for a stroke business case.

B21/3.6 The Health Board Chair concluded that whilst there were challenges there were also many reasons to be positive. He welcomed the approach that the new Chief Executive had brought to the organisation and the improved sense of shared priorities. He suggested that the £82m awarded over the coming 3 years by Welsh Government was an indication of recognition of growing confidence in the organisation to invest wisely, and to provide the flexibility to focus more on the transformation agenda. This confidence was also reflected in the de-escalation of the Health Board from Special Measures to Targeted Intervention. Finally he indicated there were positive and encouraging conversations around a North Wales Medical School and the development of Diagnostic Treatment Centres (DTCs).

B21/5 Planned Care

B21/5.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive introduced this agenda item by stating that planned care performance had been a challenge before the pandemic and was now a significant concern for the Health Board. She wished to record her gratitude to patients and families who were willing to travel to different sites in order to receive their care. She went on to deliver a presentation which encompassed the following matters:

- The four key elements of addressing planned care post-pandemic. Namely the single cancer pathway, differing ways of working, restarting routine activity and backlog recovery.
- Current position for the three District General Hospitals in terms of restarting routine activity.
- Performance against the eye care measure.
- The next steps

B21/5.2 A discussion ensued. The CHC Chief Officer reported that he had been involved in the waiting list validation exercise and was pleased to see clinical involvement in decisions to remove people from a waiting list. He looked forward to the development of a DTC(s) and felt this would be key to addressing the planned care backlog. He suggested that historical models would need to change. The Executive Director of Nursing and Midwifery / Deputy Chief Executive indicated there were positive conversations with clinicians and Welsh Government around developing DTCs with aligned elective capacity but this could not yet be quantified. She agreed that a separation of elective work was desirable to clinicians. The Stakeholder Reference Group Chair enquired why orthopaedics was behind other specialties in terms of restarting essential services. The Executive Director of Nursing and Midwifery / Deputy Chief Executive indicated that this was partly due to infection prevention control requirements in such a high risk area. The Chief Executive added that orthopaedics also tend to require the use of particular theatres.

B21/6 Robotic Assisted Surgery

B21/6.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive delivered a presentation which encompassed the following matters:

- Initial options reviewed regarding procurement of a robot.

- Related developments at an all Wales level and the decision to participate in the all Wales tender process.
- Planned remaining stages of tender process

B21/6.2 The CHC Chair welcomed the update and reiterated that the CHC remained very keen to see this matter resolved. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that she was not able to confirm which robot would actually be installed in Ysbyty Gwynedd but she assured the CHC that matters of timeliness with the process were being addressed.

B21/7 Mental Health and Learning Disabilities Division Update

B21/7.1 The Interim Director of Mental Health and Learning Disabilities presented the report and highlighted the priorities and focus. He drew attention to the following matters:

- The continued stabilization of senior leadership across the Division.
- The maturity matrix approach being developed to respond to Targeted Intervention for the Division.
- Divisional planning and service developments that will support people to maintain good mental health and renew the Division's focus on delivering the prevention agenda.
- A move from Gold command to divisional oversight and scrutiny arrangements in terms of good governance.
- Examples of partnership working in terms of refreshing the Together for Mental Health Strategy through the Partnership Board.
- Closer working with Child and Adolescent Mental Health Services, Area Integrated Service Boards and the Regional Leadership Group.
- The recommendations of the CHC Safe Space Events report were welcomed.
- Location options for the Ablett Unit were being reviewed following planning application issues and resident feedback.

B21/7.2 A discussion ensued. The Health Board Vice-Chair recognised there was a lot still to do but she had seen a positive change of energy within the Division with a demonstrable commitment to respond to patient and carer feedback to make improvements. She welcomed the refocus of the Together for Mental Health Strategy.

B21/7.3 The Health Board Chair made reference to a recent tragic suicide and the Interim Director of Mental Health and Learning Disabilities acknowledged this was a very difficult time for staff and other patients in the Hergest Unit and that they were being supported. An early meeting had been held with the corporate nursing team regarding a serious incident review and had been a useful opportunity to speak openly and honestly.

B21/7.4 The Stakeholder Reference Group Chair referred to the Together for Mental Health Partnership Board as he felt that co-design and co-delivery with partners was key to success. The Health Board Vice-Chair confirmed that it had not been disbanded but meetings had been stepped down during the pandemic in 2020 as per arrangements for other Board Committees. The opportunity had then been taken to hold a facilitated workshop to work through the role and function of the Partnership Board which informed a review of terms of reference.

B21/7.5 The CHC Chief Officer acknowledged the level of co-operation received in the safe space events and confirmed that the report would be available after the pre-election period.

He noted that the Division had agreed to come and meet with the participants and staff. He noted that the CHC remained concerned around the transition element from child to adult mental health services and were linking in appropriately to take these discussions forward.

B21/8 Vascular Services

B21/8.1 The Executive Director of Nursing and Midwifery / Deputy Chief Executive delivered a presentation which encompassed the following matters:

- The context of the current centralised model
- The valuable insights from engagement events
- The commissioning of a second and independent review
- Lessons learnt to date including cultural and behavioural elements as well as processes
- The continued role of the Task and Finish Group
- The review process undertaken by the Royal College of Surgeons (RCS) and initial findings
- Considerations to be taken into account relating to National Vascular Registry data
- Overview of the recommendations from the review and the Board's position
- Progress with multi-professional pathway work around diabetic foot care
- Timeline for dissemination of the full RCS report

B21/8.2 A discussion ensued. A member of Gwynedd Local Committee noted that the issue with the National Vascular Registry data was not necessarily related to accuracy. He suggested that if there was a national audit he would expect BCUHB to commit to ensuring clinicians submitted the data. He also felt that the positive comments from the Royal College review needed to be publicised in order to reassure patients. The Executive Director of Nursing & Midwifery reiterated the publication of the report would be via agreed governance processes but members of the Task and Finish Group would be aware of the themes and broad findings. The Health Board Chair noted his expectation that the full report would be received at the May Health Board meeting together with an associated action plan. He expressed disappointment that some of the pathways were not in place and made the point that this must not be the case in future for other service reconfigurations.

B21/8.3 The Vice-Chair of Ynys Môn Local Committee expressed his concern with the delay around progress with the diabetic foot pathway. He felt there was an unacceptable level of suffering that patients had been subject to from April 2019 onwards. The Executive Director of Nursing & Midwifery acknowledged his concern and assured CHC members that the Health Board was committed to ensuring transparent progress within vascular services and for this to be delivered at pace. She was concerned that patients were indicating they were nervous about accessing services within BCUHB. The Chief Executive added her assurance that the clinical teams were committed to excellence in care, and noted that in terms of the foot pathway there had been a reduction in the number of amputations. The Health Board Chair emphasised that there were lessons to be learned around service change.

B21/8.4 The CHC Chief Officer welcomed the openness and frankness offered by Health Board colleagues and was pleased to learn that the full report would be disclosed in the May Health Board meeting, acknowledging the constraints of the current purdah. He indicated that the CHC were keen to engage once again with patients around vascular services. In response to a question from the Stakeholder Reference Group Chair regarding the current position for national and local stroke data, the Executive Director of Nursing & Midwifery undertook to follow this up with the Acting Executive Medical Director and his team.

GH

<p>B21/9 111 Implementation</p> <p>B21/9.1 The Executive Director of Primary and Community Services delivered a presentation which encompassed the following matters:</p> <ul style="list-style-type: none"> • The purpose of the 111 service • Timeline for implementation • A focus on the Welsh language in terms of the recruitment campaign • Patient benefits • Service and workforce benefits • Communication plans 	
<p>B21/10 Date of Next Meeting</p> <p>21st October 2021 @ 2pm</p>	
<p>B21/11 Any Other Business</p> <p>B21/11.1 The Chief Executive updated the meeting on the earlier incident within the Wrexham Maelor hospital which had now been stood down. She acknowledged the support of all partners and thanked staff, patients and ambulance service colleagues for their patience.</p> <p>B21/11.2 The CHC Chair wished to record her thanks to Mr Ffrancon Williams who was stepping down from the Stakeholder Reference Group and therefore from the Health Board. She wished to record that this energy and diligence would be missed. The Health Board Chair echoed these comments and acknowledged the quality of the contribution from Mr Williams during his time as an Associate Board Member.</p>	

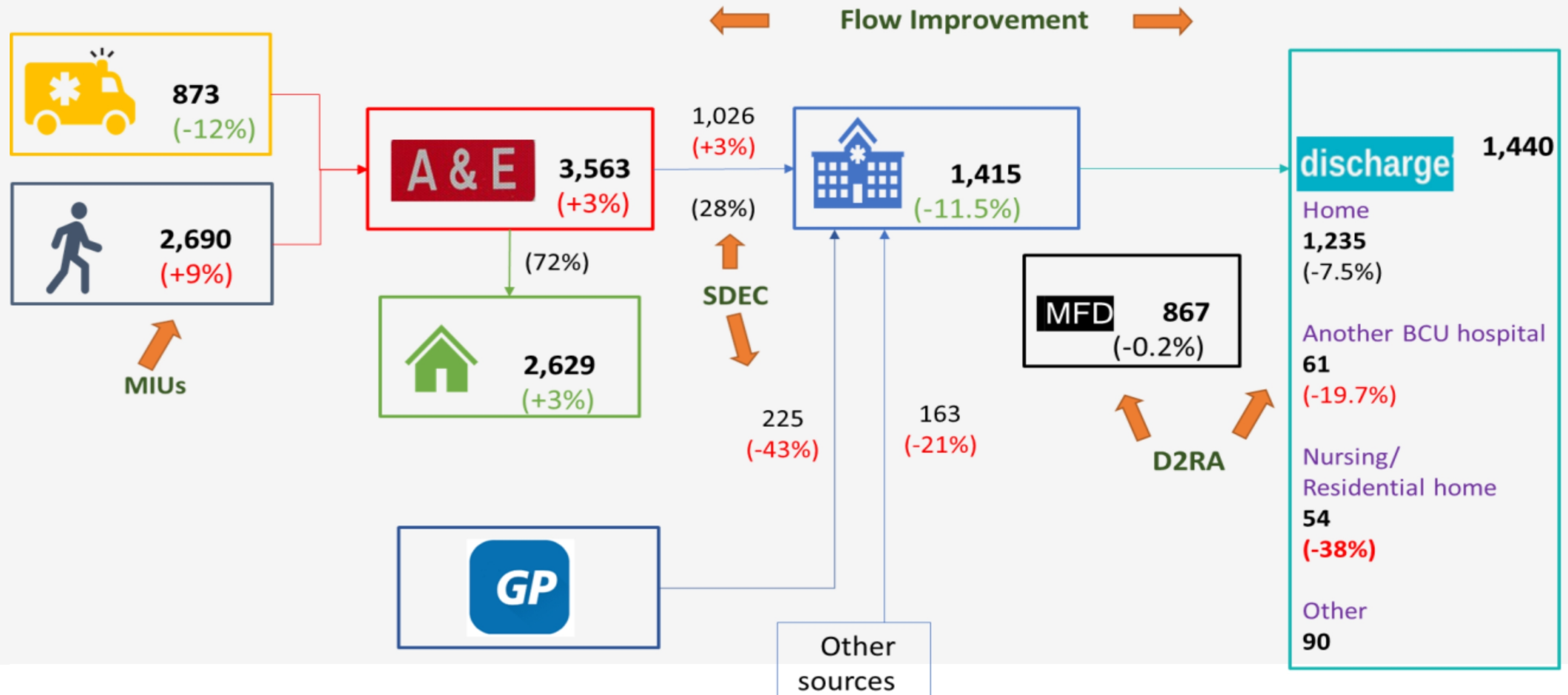
Board to Board
BCUHB and CHC
21st October 2021

BCUHB Unscheduled Care Pressures and Interventions

Where we are now-Unscheduled Care Flow

Post Covid self- presentations to ED have increased while ambulance have reduced. This however, doesn't mean acuity of patients presenting to ED have reduced. The data in next slide demonstrates our EDs are seeing more acute patients compared to pre-Covid. Post Covid there has been a reduction in emergency admissions and this is also true for over 60 yrs, where we've seen fewer admissions. This reduction in admissions is not matched by an equivalent reduction in occupancy and occupancy remains at similar levels to pre-Covid

BCU Average Weekly Emergency Activity | April – September 2021

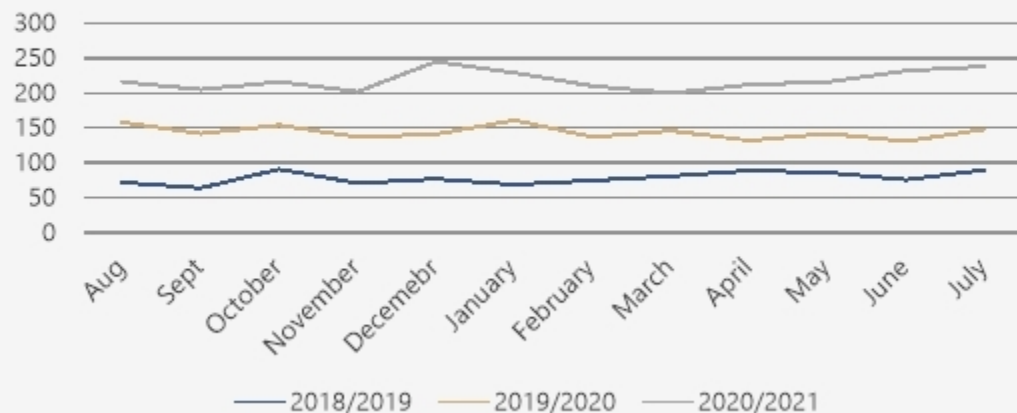


Where we are now- Acuity of ED Presentation

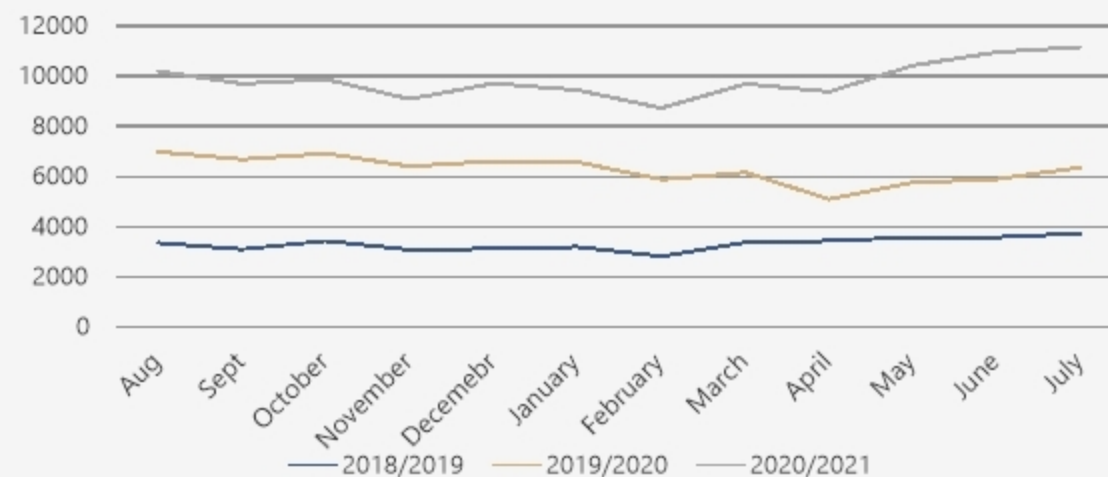
The following factors might contribute to the higher acuity of patient presenting to EDs:

1. Higher demand on WAST, which might advice patients to make their way to ED if they can
2. Reduction in direct GP admissions to assessment units and instead sending patients to ED
3. Impact of Pandemic that patients postponed/not able to see a health care professional during pandemic

Triage Category 1 Patients Pan BCUHB



Triage category 2 Patients Pan BCUHB

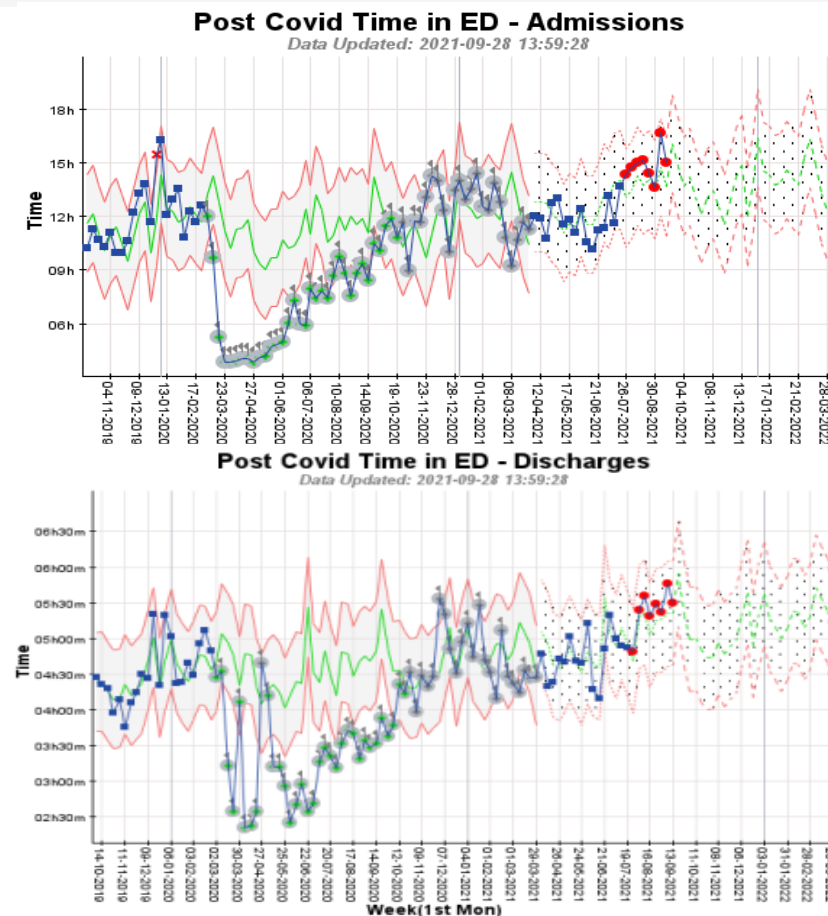
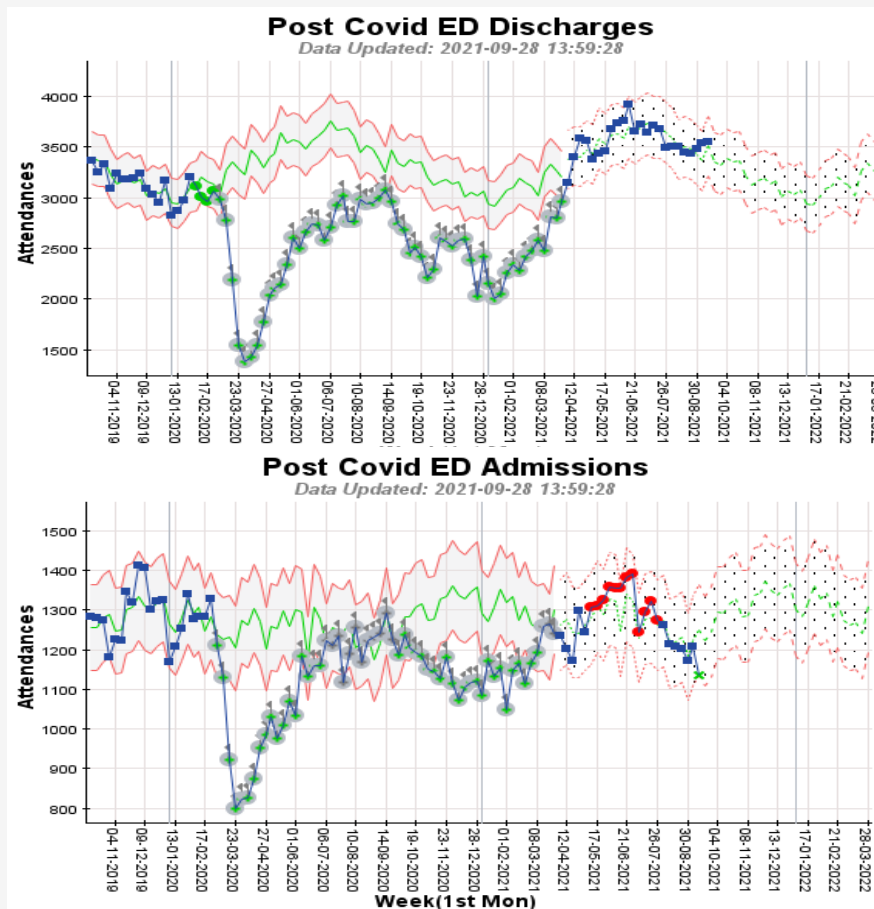


Where we are now- ED Flow

Post Covid ED admissions and discharges have both been broadly in line with the pre Covid trend. Time in ED has increased for both the discharge and the admit flow. New contributing factors to the increased waits in EDs could be:

- Higher acuity patients
- Reduction in inpatient capacity due to Covid and IPC measure
- Staff shortages due to sickness and the need to self isolation
- Additional pressures on adult social care due to pandemic, which delays the discharges of medically fit patients across all hospital sites due to a variety of reasons i.e. awaiting placement, awaiting funding decisions, packages of care or Care Home closures

Other factors such as slow flow within the hospital sites, blockages at the back door of the hospital and shortages of staff existed before Covid and continues to impact the waits in ED.



What is in place? BCUHB USC Improvement Programme

NHS WALES SIX GOALS FOR URGENT AND EMERGENCY CARE

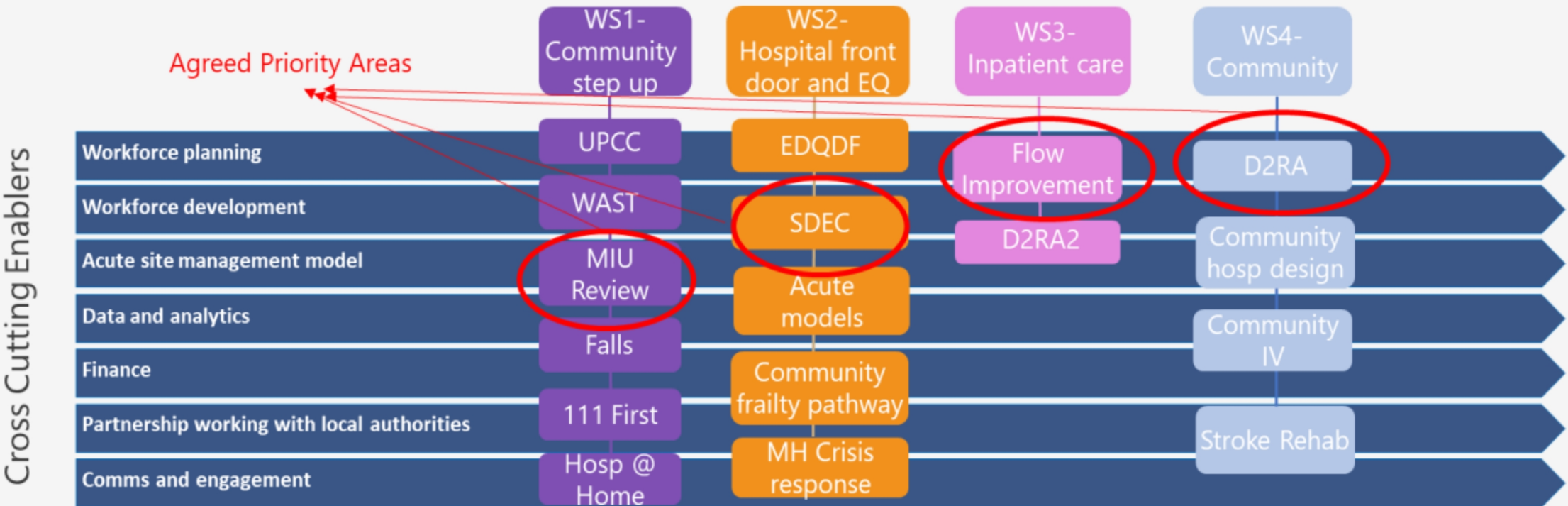
- Co-ordination,
planning and
support for high
risk groups
- Signposting to
the right place,
first time
- clinically safe
alternative to
hospital
- Rapid response
in a physical or
mental crisis
- Optimal
Hospital Care
following
Admission
- Home first
approach and
reduce risk of
readmission

BCUHB Urgent and Emergency Care Improvement Programme

SRO: Gill Harris

Senior Clinical Lead: Dr Chris Subbe

Programme Lead: Roshan Robati



Update on BCUHB USC Improvement Programme (1)

The third month of the programme focused on progressing interventions that address key strategic challenges in the 4 workstreams that were operationalised during August, supported by weekly workshops established over an initial 9 week period and led by the Senior Clinical Lead.

Workstream 1 update:

- A detailed focus on the review of MIUs and overview of minor injuries provision includes development of a curriculum for skills training of Emergency Nurse Practitioners (ENPs).
- MIU training needs analysis is being undertaken across each health community with the aim of increasing the scope from minor injuries provision to include defined minor illnesses and ED and GP minor injuries enhanced services.
- A registry of all Emergency Nurse Practitioners from BCUHB has been collated. The curriculum for skills training of Emergency Nurse Practitioners is being developed and faculty has been identified with support from educators from Bangor and Glyndwr Universities.
- The 111 First service continues to develop with the healthcare professional line building on the existing SICAT service and has recently expanded to provide support to care homes. SICAT has now access to WAST stack that will enable them to pull cases where their intervention would be beneficial

Workstream 1 Next Steps:

- Longer term work to ensure the offer within MIUs is consistent to allow ambulances to convey appropriately and that this is supporting by rebranding and relaunching within communities.
- Work is also continuing for the ongoing development of Urgent Primary Care Centres.

Workstream 2 update:

- Confirmation of WG funding of £1.6m to further develop SDEC. A BCUHB wide recruitment campaign started to recruit additional resource with weekly meetings established to support the workforce requirements for both SDEC and ED business case models.
- A register of pathways for surgical, medical and orthopaedic patients has been collated.
- Potential SDEC activity is being mapped, which shows the impact that SDEC can have on ED flow and emergency admissions.

Workstream 2 Next Steps:

- Recruitment of the additional required workforce
- Dedicated workshops will be hosted to focus on opportunities for streaming to specialties at the front door
- Development of discreet event simulation for all USC pathways including SDEC with consideration of attendance times, los, and the clinician time required to deliver gold standard care.

Update on BCUHB USC Improvement Programme (1)

Workstream 3 update:

- Pilot work has commenced with a focus on earlier in the day discharges and Criteria Led Discharge (CLD) supported by a suite of educational tools as *aide memoirs* to help structure the board round discussions which are expected to be live before the end of October.
- A BCUHB wide CLD SOP has recently been approved for implementation across all sites as a key enabler to increasing discharges, particularly over the weekends.
- Buddy ward system implemented on 2 of the acute sites and being rolled out to the third, moving from a safari ward approach.
- Example job plans shared demonstrating alignment of the work-flow of wards and work-life balance of senior clinicians, consideration of consultants rotating between outpatient and inpatient weeks.
- Weekly ward dashboards are now live for all acute and community hospital wards.

Workstream 3 next steps:

- Extend the pilot to more acute and community wards
- To develop and agree internal professional standards

Workstream 4 update:

- priority focus on addressing the care home shortage
- working with Local Authority partners to develop integrated plans for compensating the reduction in domiciliary and home care.
- Additional focus has also been agreed to review the 'trusted assessor' processes as a method of rapidly identifying the next step for medically fit for discharge (MfD) patients or prior to MfD.
- Proposals for dedicated pathways and/or wards for patients judged to be medically fit for discharged are being discussed on all three sites but are in exploratory stages.

Workstream 4 next steps:

- Development of a BCU wide SOP to be including escalation process to LA partners.

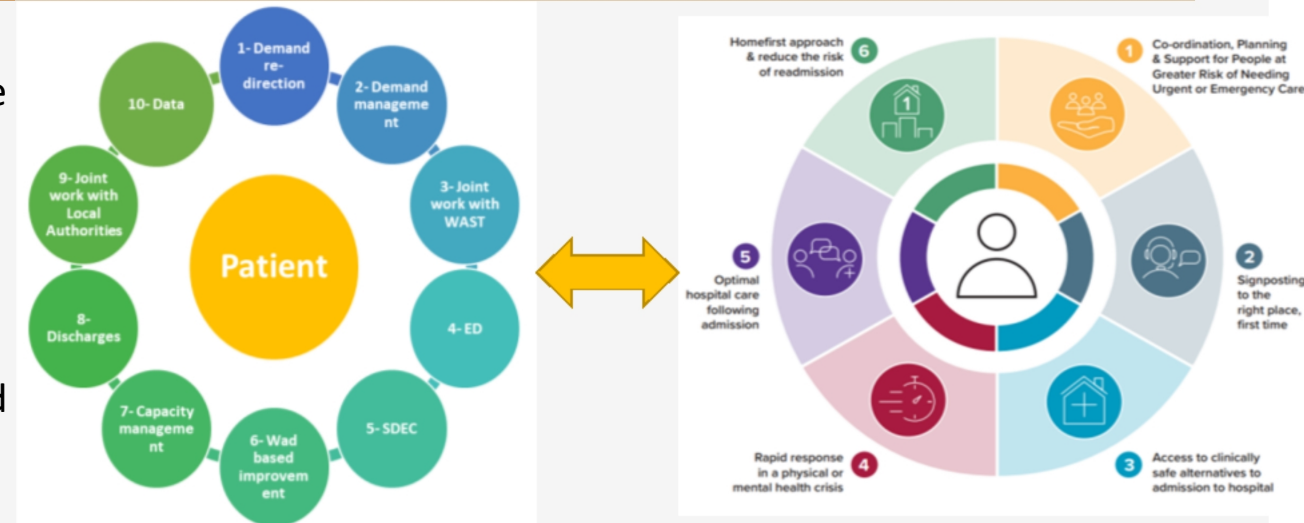
What is in place? Combination of Operational and Transformational Actions

BCU 10 Point USC Plan

Combination of our operational and transformational actions are set out in associated documents

Immediate Actions:

- Clinical criteria for managing patients waiting in ambulance
- Development and instigation of Hospital Full Protocol
- To expand the SDEC to convert urgent and emergency bedded care to same day ambulatory care at every opportunity
- Outcome focused Board Rounds with senior decision makers involved with patient discharge from day of admission, with the view to move to 7 days a week
- Adoption and expansion of Criteria Led Discharge to all wards
- Creation of medically optimized wards
- A single integrated clinical assessment and triage
- Additional nursing home beds staffed by NHS staff
- Expansion of D2RA



What is in place? Joint work with WAST

What already is in place:

- SICAT (Contact First)
- BCUHB Surge Capacity Plans
- Pacesetter & Advanced Paramedic Practitioners
- ED New Workforce Model
- Academy Wales Public Service Graduate Trainee
- Joint Conveyance Review Meetings
- Falls Pathways in community
- Urgent Primary Care Centres
- Hear and Treat
- Senior Paramedics
- ePCR

Further Actions to Pursue:

Chief Executives and Directors met to agree a collaborative plan, building on existing work, focusing on short, medium and longer term actions:

- Review pathways for the top 3 reasons for conveyance (falls, chest pain and breathing difficulties) and work up alternatives within existing resources
- Review of MIUs, confirming criteria and scope of each unit, increasing levels of consistency and maximising ability for paramedics and 111 to access
- Jointly review the Directory of Services, increasing services available to paramedics and 111 teams to direct patients to the most appropriate service
- Review opportunities for the WAST workforce to more widely support the urgent and emergency care system across North Wales

What is in place? Joint work with Local Authorities

- Better utilisation of step down capacity
- Develop joint solutions for additional capacity e.g NHS funded care home/step down
- To progress an integrated workforce to ensure sustainable care workforce
- Work together to develop more supply
- Proposal from LAs to WG on pay rates and capacity building in Domiciliary Care
- Trusted Assessment process.

Winter plans

We have received a number of proposed winter schemes from each Health Community for this year. Whilst we have not received any specific guidance from WG, it is their expectation that we do not have a separate winter plan this year and that the schemes are aligned to the USC improvement programme. Proposed winter schemes are being reviewed within the following criteria

1. Do the proposals align directly with the ambition of the USC plan?
2. Has it been done before and what metric demonstrated that it was successful?
3. Is there a realistic chance to recruit the staff against the timeline?

And will be evaluated against the below matrix:



THANK YOU



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Diweddariad Covid-19

Cyfarfod Bwrdd ar y Cyd
BIPBC a CICGC
21 Hydref

Covid-19 Update

Board to Board
BCUHB and NWCHC
21 October



GIG
CYMRU
NHS
WALES

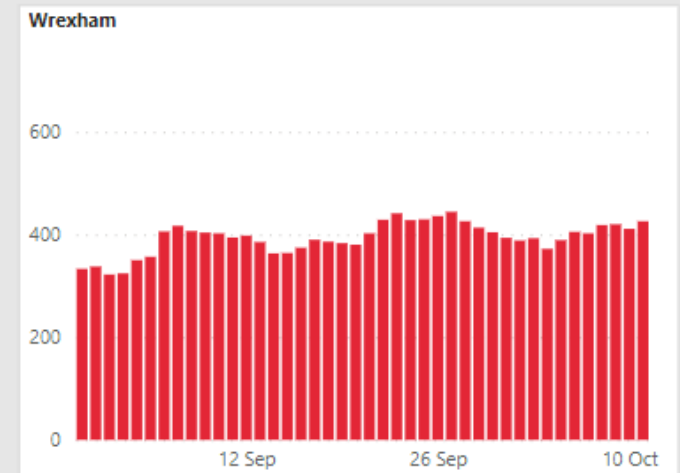
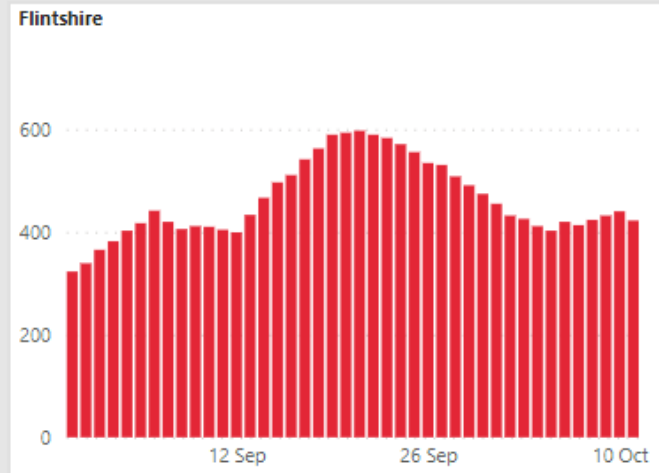
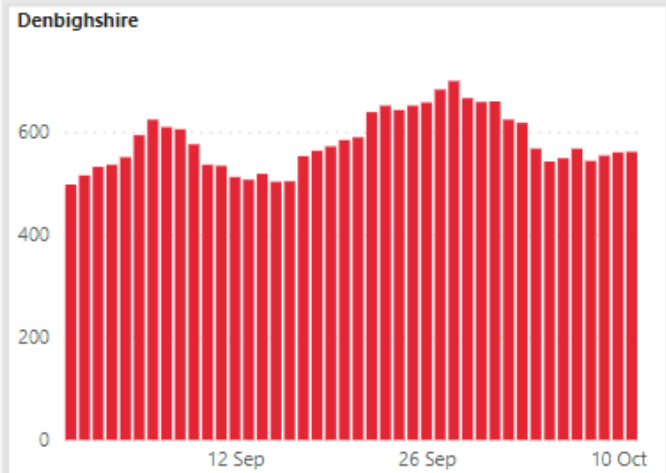
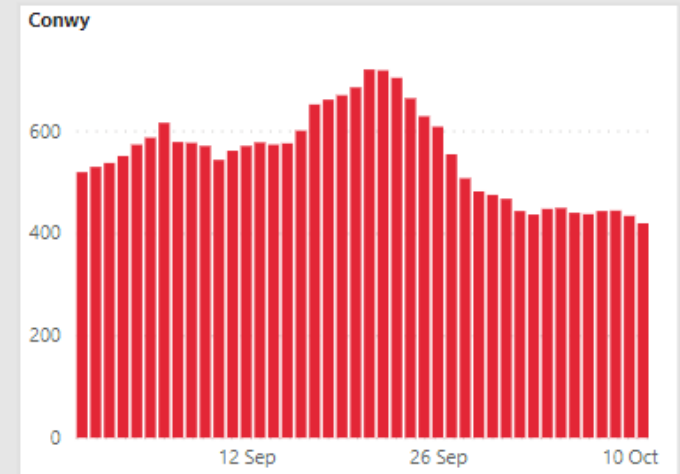
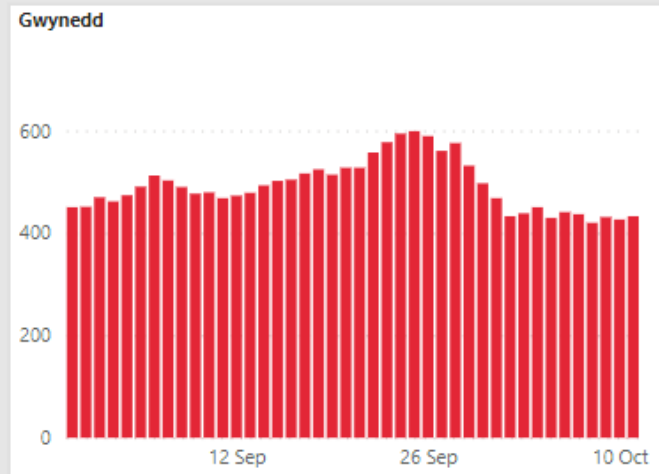
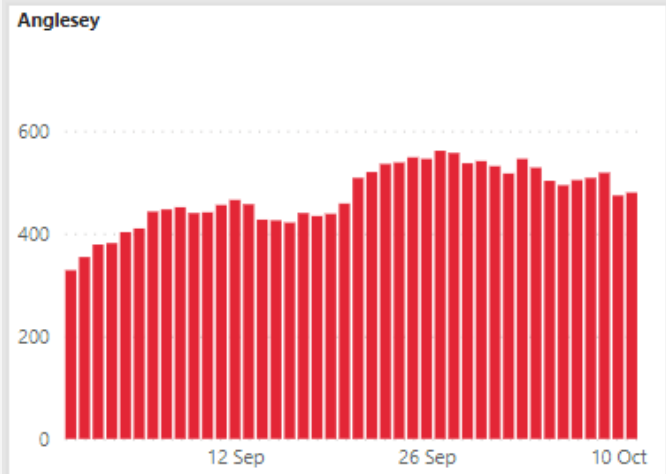
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Amllder ac Effaith

Prevalence and Impact

Lefelau yn y Gymuned

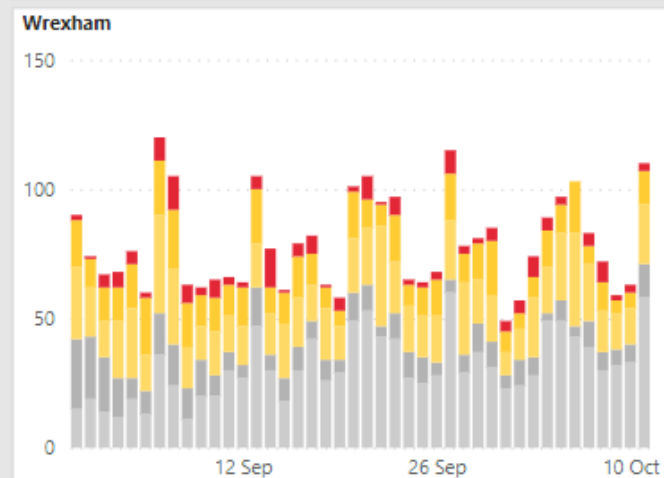
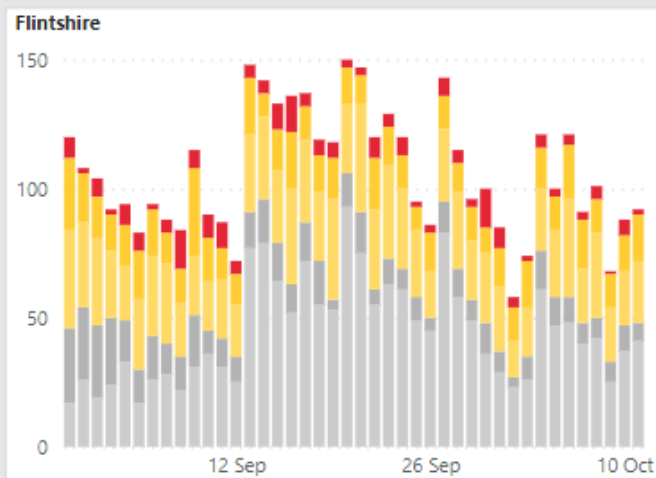
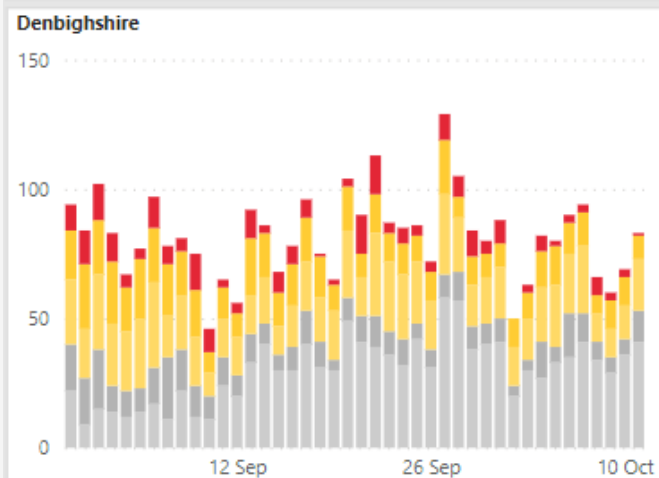
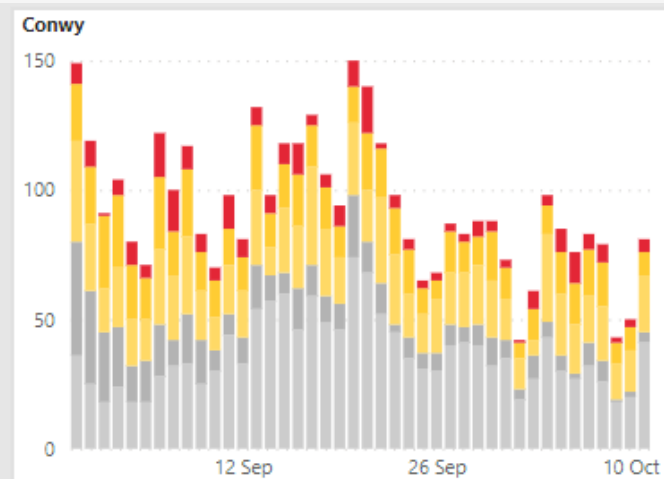
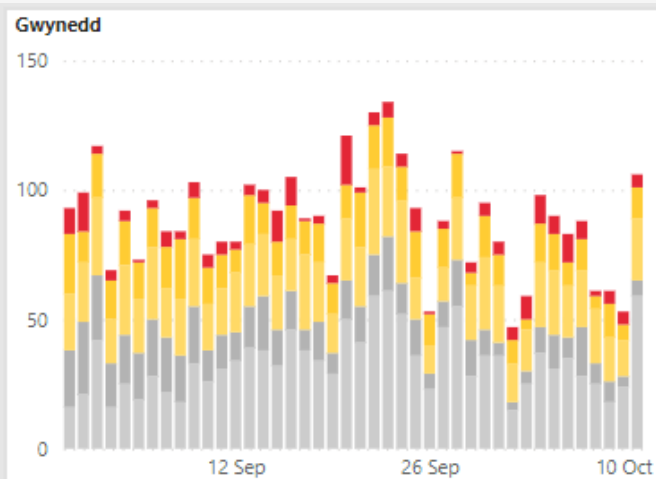
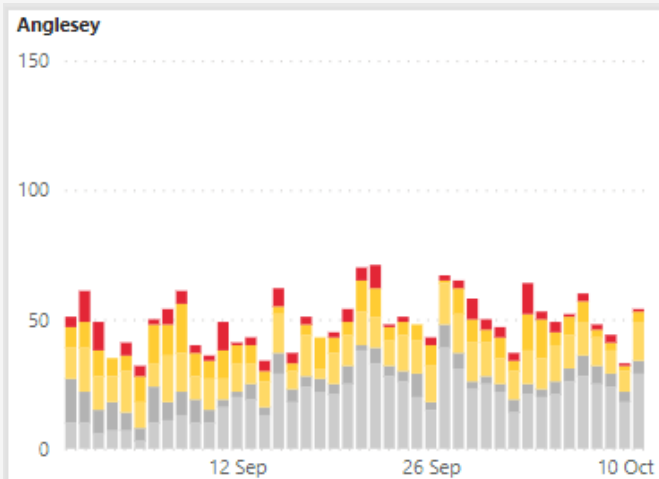
Community levels



11 Hydref / October 2021

Achosion wedi'u cadarnhau yn ôl oedran

Confirmed cases by age



11 Hydref / October 2021

Age: 0-15, 16-29, 30-49, 50-69, 70 and over



CYMRU
NHS
WALES

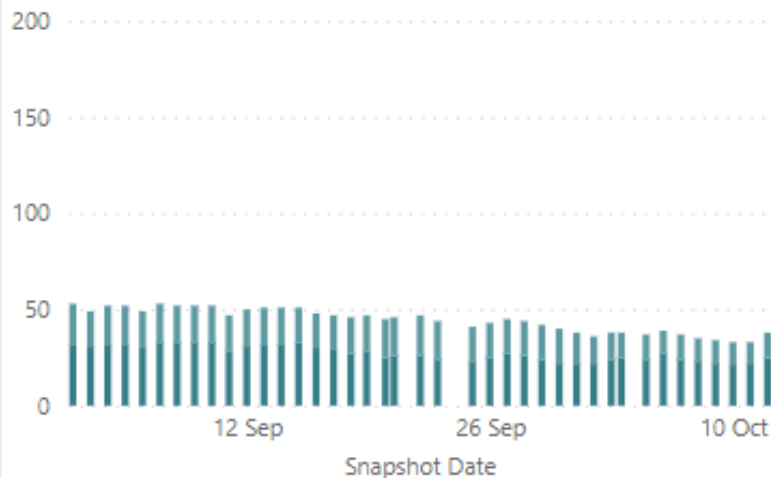
Betsi Cadwaladr
University Health Board

hyd Prifysgol

Cleifion Mewnol Ysbytai - Covid-19 - Hospital Inpatients

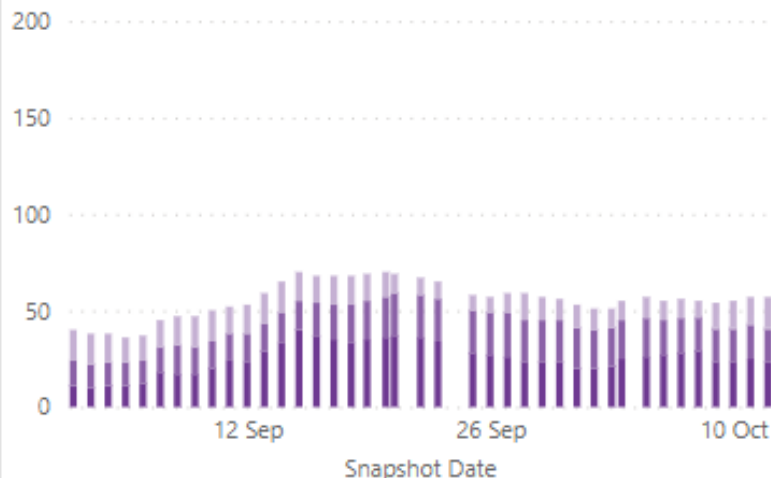
West

● Adult Acute ● Community



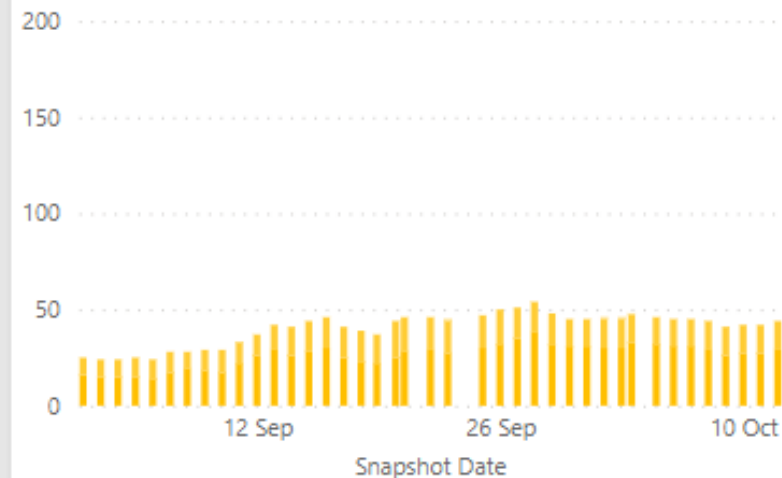
Centre

● Adult Acute ● Community ● Maternity ● DOSA



East

● Adult Acute ● Community ● Maternity



139 o gleifion mewnol
87 dros 15 days

139 inpatients
87 over 15 days

11 Hydref / October 2021

Profi, Olrhain, Diogelu Test, Trace, Protect

Diweddariad TTP

Profi: galw yn dechrau lleihau ar draws Gogledd Cymru; rhan fwyaf yr achosion o blith pobl ifanc.

Olrhain: achosion cyfeirio hefyd yn dechrau lleihau: i gynyddu: 3,390 yn y 7 diwrnod blaenorol. Cysylltiadau 8,034 ar gyfer yr un cyfnod

Amddiffyn: pum hwb Cefnogi Covid wedi'u sefydlu a'r chweched wedi lansio yng Nghonwy, mewn partneriaeth a CVSC

Risgau: Capasiti ar gyfer profi ac olrhain, a recriwtio.

TTP Update

Testing: demand beginning to decrease across North Wales; the majority of cases are amongst younger people.

Tracing: index cases also beginning to decrease: 3,390 in the previous 7 days. Contacts 8,034 for the same period

Protect: five Covid Support Hubs established and the sixth now launched in Conwy, in partnership with CVSC

Risks: capacity for both testing and tracing, and recruitment.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Rhaglen Brechu

Vaccination programme

Brechlynnau

Vaccinations

Hyd at 11 Hydref:

- rydym wedi rhoi bron i 1,039,000 brechlyn Covid-19 yng ngogledd Cymru
- mae cyfanswm brechiadau atgyfnerthu bron i 498,000

As at 11 October:

- we have given nearly 1,039,000 Covid-19 vaccines in North Wales
- the total number of booster vaccinations given is nearly 44,000

Carfannau JCVI

JCVI Cohorts

Carfan		Cohort	Dos 1af / 1 st dose	Ail ddos / 2 nd dose
Preswylwyr cartrefi gofal pobl hŷn a'u gofalwyr	1	Older adult care home residents and their carers	99% - 92%	97% - 88%
Pawb sy'n 80 oed a hŷn a staff rheng flaen iechyd a gofal cymdeithasol	2	All those 80 years of age and over and frontline health & social care workers	96% - 97% - 99%	96% - 95% - 98%
75 oed a hŷn	3	75 years of age and older	97%	96%
70 oed a hŷn	4a	70 years of age and older	96%	96%
16 – 69 oed gyda chyflyrau iechyd gwaelodol a gofalwyr di-dâl cymwys	4b	16 – 69 years with underlying health conditions and eligible unpaid carers	94%	92%
65 oed a hŷn	5	65 years of age and older	95%	94%
Oedolion yn wynebu risg cymedrol o dan 70 oed	6	Moderate risk adults under 70 years of age	89%	86%
Gweddill y rhai 60 oed a hŷn	7	Remaining 60 years of age and over	91%	90%
Gweddill y rhai 55 oed a hŷn	8	Remaining 55 years of age and over	89%	87%
Gweddill y rhai 50 oed a hŷn	9	Remaining 50 years of age and over	89%	86%
Gweddill yr oedolion dan 50 oed	10	Remaining adults aged under 50	80% - 72% - 76%	76% - 65% – 65%
Pawb rhwng 12 – 17 oed	10d	All those aged 12 – 17 years	62%	4%

sgol
oard

Brechu – symud ymlaen

- Dechreuodd y rhaglen atgyfnerthu ar 16 Medi, gyda BIP BC y cyntaf yng Nghymru i roi brechiadau atgyfnerthu.
- Rydym yn neilltuo apwyntiadau brechu yn wythnosol i bobl ifanc 12 – 15 oed gyda chyflyrau iechyd sy'n bodoli eisoes
- Rydym yn neilltuo apwyntiadau i bobl ifanc 12 – 15 oed eraill ers 4 Hydref
- Mae brechaidau atgyfnerthu mewn cartrefi gofal yn agos at gwblhau'r rownd gyntaf
- Rydym yn parhau i weithio gyda phartneriaid i dargedu grwpiau anodd i'w cyrraedd a chynyddu cyfraddau derbyn brechiadau. Ar hyn o bryd rydym yn diwygio'r asesiadau effaith i'r rhaglenni newydd

Vaccinations – going forwards

- Booster programme commenced on 16 September with BCU HB being the first in Wales to administer booster vaccinations.
- We are booking in appointments weekly for vaccination for 12 – 15 year olds with underlying health conditions
- We are booking other 12 – 15 year olds since 4 October
- Care home boosters nearing completion of first round
- We continue to work with partners to target hard to reach groups and increase vaccination uptake rates. We are currently revising the impact assessments for the new programmes



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Edrych ymlaen Looking ahead

Edrych ymlaen

- Cynllun Rheoli'r Coronafeirws: diweddariad hydref a gaeaf 2021
- Rheoli effaith Covid-19 ynghyd â phwysau eraill
- Parhau rhaglen TTP hyd at Mehefin 2022
- Parhau gweithgarwch adfer gyda'n partneriaid

Looking ahead

- Coronavirus Control Plan: autumn and winter update 2021
- Managing the impact of Covid-19 together with other pressures
- Continuation of the TTP programme to June 2022
- Continuing recovery activities with partners



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Diweddariad Byw'n Iach, Aros yn Iach

Cyfarfod Bwrdd ar y Cyd
BIPBC a CICGC
21 Hydref

Living Healthier, Straying Well Update

Board to Board
BCUHB and NWCHC
21 October



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Byw'n lach, Aros yn lach

Living Healthier, Staying Well

Ein cynllun strategol tymor hir a gyhoeddyd yn 2018

Our long term strategic plan
published in 2018



Pam mae angen diweddariad arnom

Why we need a refresh

Bydd diweddaru'r strategaeth BIAI yn ein galluogi i:

- Wirio gyda'n staff, cleifion, partneriaid a'r cyhoedd a yw'r egwyddorion yn dal yn ddilys
- Adolygu ein blaenoriaethau strategol er mwyn sicrhau eu bod yn gyson â "Cymru Iachach"
- Mynd i'r afael ag elfennau BIAI a oedd yn heriol i'w gweithredu
- Darparu'r fframwaith ar gyfer datblygu yr IMTP a'r Cynllun Gwasanaethau Clinigol
- Profi bod y strategaeth yn dal yn berthnasol yn y cyd-destun cyfredol (gan gynnwys effaith y pandemig)

The LHSW strategy refresh will enable us to:

- Check in with our staff, patients, partners and public whether the principles are still valid
- Review our strategic priorities to ensure they are consistent with "A Healthier Wales"
- Address those elements of LHSW that proved challenging to implement
- Provide the framework for development of the IMTP and Clinical Services Plan
- Test the strategy is still relevant in the current context (including the impact of the pandemic)

Dull ymgysylltu

- Proses ymgysylltu cyffyrddiad ysgafn – cyfnod ymgysylltu 6 wythnos, gyda dadansoddiad o'r prif themâu ac adroddiad llawn i ddilyn
- Deunyddiau ymgysylltu, yn cynnwys:
 - Dogfen drafod a thaflen grynoded
 - Gwybodaeth hawdd i'w darllen ac iaith Arwyddion Prydain
 - Arolwg cyhoeddus wedi'i hyrwyddo a'i rannu'n eang (copïau caled ar gael)
- Tudalennau gwe Byw'n Iach, Aros yn Iach ac ymgyrch cyfryngau cymdeithasol i ymestyn y cyrhaeddiad a chael gwared â rhwystrau iaith
- Sianelau adborth yn cynnwys e-bost a llinell ffôn benodol
- Ymgysylltu â staff yn gysylltiedig â Mewn Undod Mae Nerth

Engagement approach

- Light touch engagement process – 6 week engagement window, with analysis of main themes and full report to follow
- Engagement materials including:
 - A discussion document and summary leaflet
 - Information in easy read and BSL
 - A widely promoted and shared public survey (hard copies available)
- LHSW web pages and social media campaign to extend reach and remove language barriers
- Feedback channels including, email and dedicated telephone line
- Staff engagement linked to Stronger Together

Canfyddiadau *cynnar* o'r adborth

Early findings from feedback

- Y rhan fwyaf yn cefnogi'r nodau OND pryder am gapasiti i weithredu
- Pryder am staff a'r isadeiledd yn y gymuned ehangach i gefnogi'r elfen o weithredu
- Diwylliant, arweinyddiaeth, datblygiad
- Mynediad, trafnidiaeth, natur wledig
- Effaith Covid-19
- Pwysigrwydd atal
- Pryderon am amseroedd aros ar gyfer apwyntiadau Meddygon Teulu, gofal ysbyty
- Pryder am iechyd meddwl a lles gwaelach, ac amseroedd aros ar gyfer cefnogaeth
- Profiad y claf – ansawdd, bylchau mewn gwasanaethau, cyfathrebu rhwng rhannau o'r system a gyda cleifion a theuluoedd
- Most support for the goals BUT concern about capacity to deliver
- Concern about staff and wider community infrastructure to support delivery
- Culture, leadership, development
- Access, transport, rurality
- Impact of Covid-19
- Importance of prevention
- Concerns about waiting times for GP appointments, hospital care
- Concern about poorer mental health and well-being, and waiting times for support
- Patient experience – quality, service gaps, communications between parts of the system and with patients and families

Camau nesaf

Next steps

- Arolwg yn cau 27 Hydref
- Dadansoddi adborth – bydd adroddiad llawn yn cael ei lunio
- Byddwn yn rhannu darganfyddiadau sydd yn ymddangos yn Tachwedd a thrafod gyda phartneriaid, rhanddeiliaid a'r rhai a gyfrannodd
- Bydd adborth pwysig eraill yn cael eu dwyn i ystyriaeth e.e. adborth Mewn Undod mae Nerth, yr arolwg canfyddiad partneriaid
- Byddwn yn rhannu drafft wedi'i ddiwygio gyda phartneriaid mewnol ac allanol allweddol cyn llunio feriswn terfynol i'w gyhoeddi yn Rhagfyr
- Survey closes 27 October
- Analysis of feedback – a full report will be produced
- We will share emerging findings in November and discuss with partners, stakeholders and those who contributed
- Other important feedback will be taken into account e.g. Stronger Together feedback, the partner perception survey
- We will share a draft revision with internal and external key partners before finalising for publication in December

Camau nesaf (2)

- Bydd y themâu o'r adborth a'r strategaeth ddiwygiedig yn bwydo i mewn wrth lunio drafft terfynol y Cynllun Tymor Canolig Integredig
- Bydd y strategaeth ddiwygiedig yn gosod y fframwaith wedyn ar gyfer datblygu'r Strategaeth Glinigol
- Bydd y strategaeth yn egluro nodau tymor hir y Bwrdd Iechyd wrth weithio gyda'n partneriaid
- Rydym yn croesawu cyfraniad y CIC i'r drafodaeth hon yn ogystal â mewnbwn i'r drafft diwygiedig wrth i ni ddatblygu hyn

Next steps (2)

- The themes from feedback and the refreshed strategy will feed into the final drafting of the Integrated Medium Term Plan
- The refreshed strategy will then act as the framework within which the developing Clinical Strategy will be developed
- The strategy will provide clarity on the long-term goals of the Health Board working with our partners
- We welcome the contribution of the CHC to this discussion and input on the draft refresh as we develop this

Diolch
Thank you



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Diweddariad ar y Strategaeth Glinigol

Cyfarfod Bwrdd ar y Cyd
BIPBC a CICGC
21 Hydref

Clinical Strategy Update

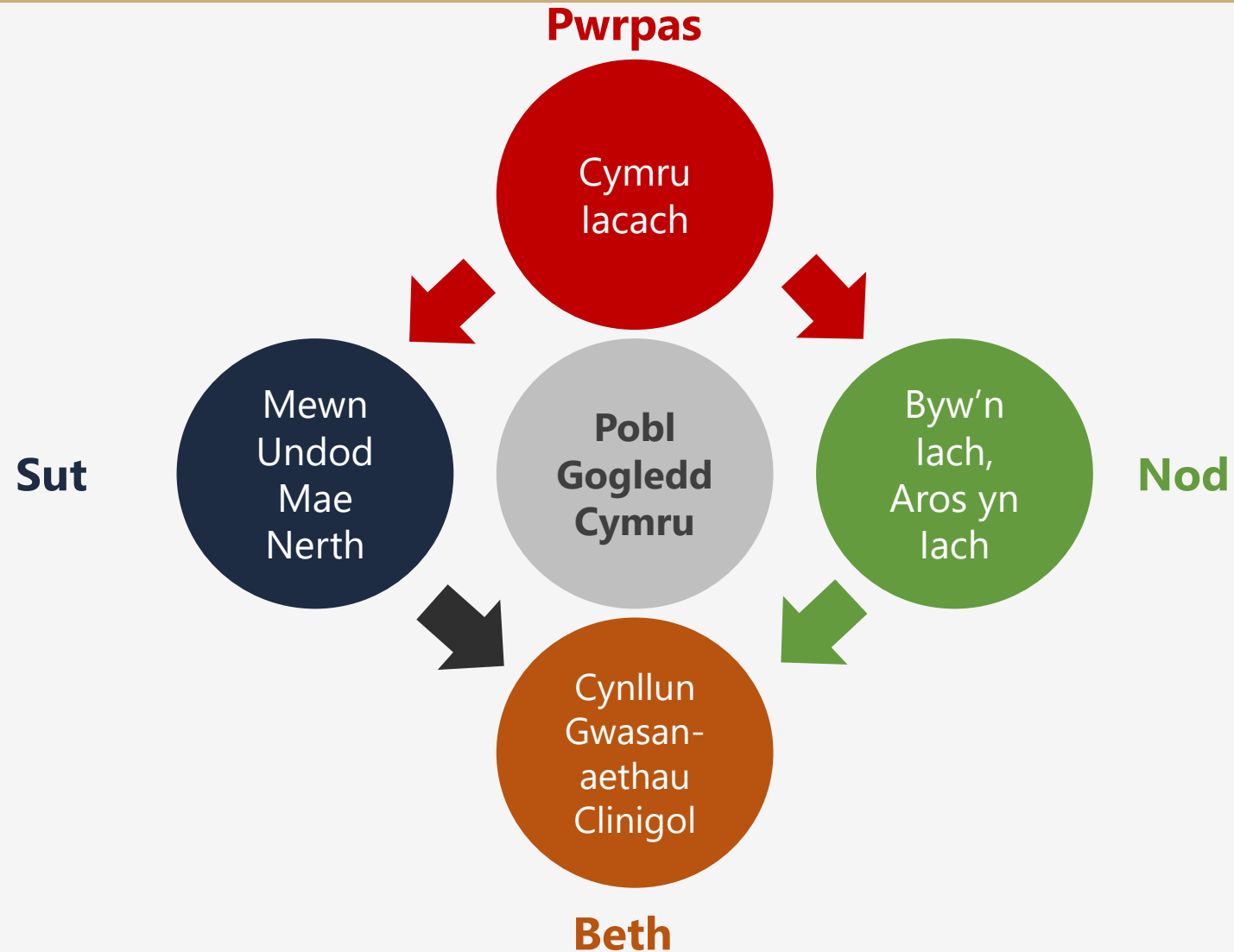
Board to Board
BCUHB and NWCHC
21 October



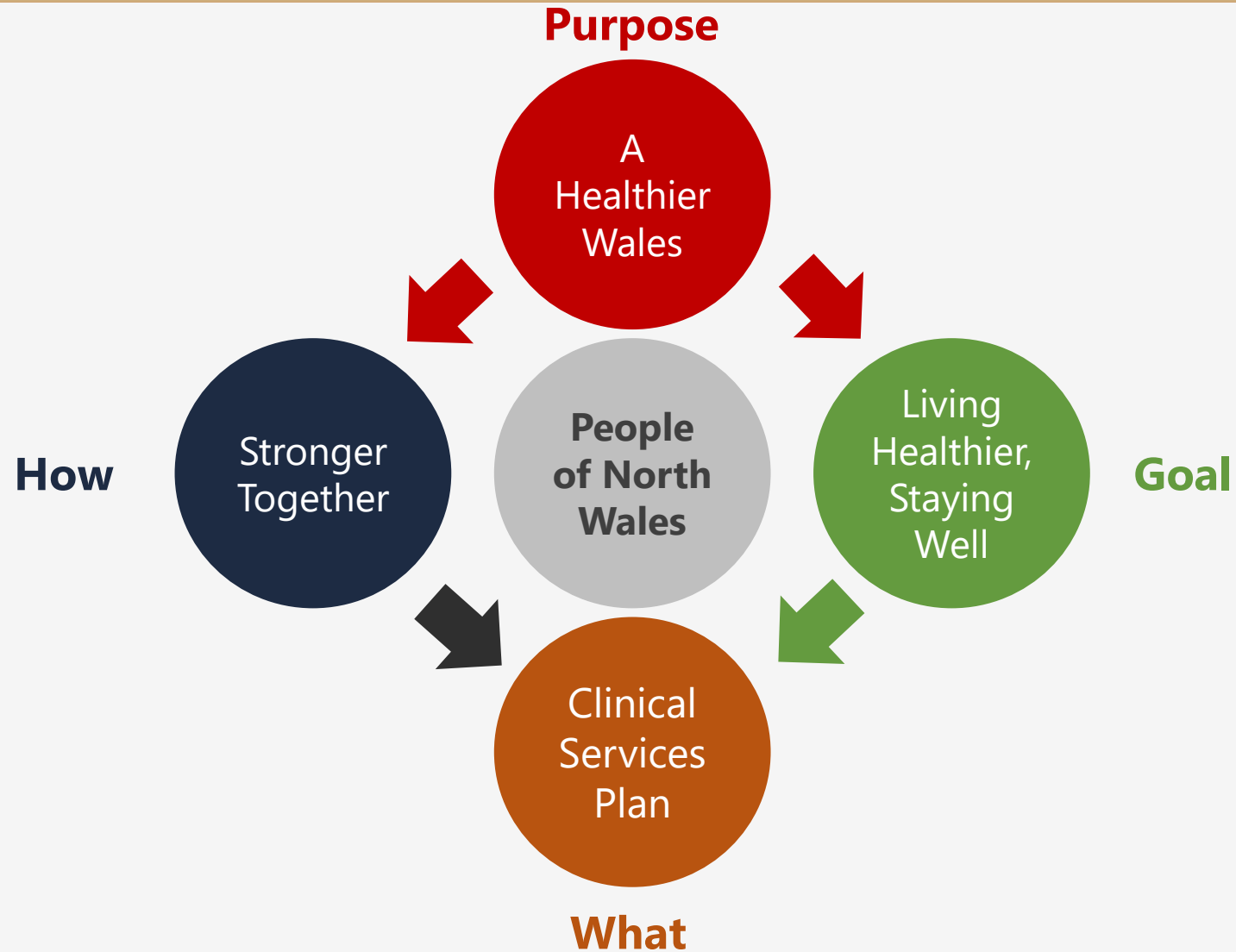
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Alinio strategol



Strategic alignment



Strategaeth Glinigol

- Mae Cymru Iachach a Byw'n Iach, Aros yn Iach yn gosod y **PWRPAS** a'r **NOD**
- Mae Mewn Undod Mae Nerth yn ein helpu gyda **SUT**
- Mae ein Strategaeth Glinigol yn nodi **BETH** – mwy o fanylion ynglŷn â sut fyddai angen i'n gwasanaethau edrych er mwyn cyflawni ein pwrpas a'n nod

Clinical Strategy

- A Healthier Wales and Living Healthier, Staying Well set the **PURPOSE** and **GOAL**
- Stronger Together helps us with **HOW**
- Our Clinical Strategy sets out **WHAT** - greater detail about what services would need to look like to achieve our purpose and goal

Strategaeth Glinigol

- Nid yw'n strategaeth ar gyfer gofal eilaidd; fodd bynnag, bydd yn cadarnhau yr ymrwymiad i gael 3 prif ysbyty llym ymysg yr egwyddorion dylunio
- Er gwaethaf hyn, mae symud gofal yn agosach at y claf ac i mewn i ofal cychwynnol a gwasanaethau cymunedol yn sylfaenol
- Mae felly'n strategaeth ar gyfer iechyd y boblogaeth, gofal cychwynnol a gwasanaethau cymunedol, iechyd meddwl a thu hwnt
- Rhaid adlewyrchu ein hymrwymadau partneriaeth
- Ni fydd yn cael ei ysgrifennu gan y Tîm Gweithredol
- Rhaid ei ysgrifennu drwy drafodaeth â'n staff, partneriaid, cleifion, gofalwyr a'r cyhoedd: **cyd-ddylunio**

Clinical Strategy

- It is not a strategy for secondary care; however it will confirm commitment to 3 main acute hospitals amongst the design principles
- Notwithstanding this, the move of care closer to the patient and into primary and community care is fundamental
- It is therefore a strategy for population health, primary care and community services, mental health and beyond
- It must reflect our partnership commitments
- It will not be written by the Executive Team
- It must be written in discussion with our staff, partners, patients, carers and the public: **co-design**

Strategaeth Glinigol - egwyddorion

Rydym wedi dechrau trafodaeth am yr egwyddorion.

Byddwn yn ceisio mwy o safbwyntiau ar y rhain. Mae awgrymiadau cychwynnol yn cynnwys:

- Y claf yn ganolog
- Cymryd rhan a grymuso dilys, yn cynnwys pobl nad yw eu llais fel arfer yn cael ei glywed
- Atal, ymyrraeth gynnar a mynd i'r afael ag anghydraddoldebau iechyd
- Cefnogi pol i edrych ar ôl eu hiechyd eu hunain
- Seiliedig ar dystiolaeth – asesiad anghenion poblogaeth cadarn
- Seiliedig ar ganfyddiadau – wedi'i gynllunio o amgylch taith y claf
- Partneriaeth a chydweithio – gyda phrofiad y claf cydgysylltiedig, gweithio ochr yn ochr â chymunedau
- Mynediad rhwydd – amser iawn, lle iawn
- Gofal Iechyd Darbodus – y cyhoedd a phroffesiynau yn bartneriaid cyfartal, gofalu am y rhai â'r anghenion mwyaf yn gyntaf, dim ond gwneud yr hyn sydd ei angen a pheidio ag achosi niwed, lleihau amrywiadau amhriodol

Clinical Strategy – Principles

We have started a discussion about the principles. We will be seeking further views on these. Initial suggestions include:

- Patient centred
- Authentic involvement and empowerment, including people whose voice is not usually heard
- Prevention, early intervention and tackling health inequalities
- Supporting people to look after their own health
- Evidence-based – robust population needs assessment
- Outcome based – planned around the patient journey
- Partnership and collaboration – with joined-up patient experience, working alongside communities
- Easy access – right time, right place
- Prudent healthcare – public and professions as equal partners, care for those with greatest need first, do only what is needed and do no harm, reduce inappropriate variation.

Egwyddorion dylunio

- Atal ac ymyrraeth gynnar ym mhopeth yr ydym yn wneud
- Gofal yn agosach at adref lle bynnag bo'n bosibl
- Ffocws clir ar rôl ysbytai cymuned
- Tri phrif ysbyty llym yng Ngogledd Cymru – darparu gofal brys a gwasanaethau clinigol cysylltiedig
- Cynigion i ddatblygu Canolfannau Triniaeth Rhanbarthol i gynyddu capasiti ar gyfer gofal wedi'i gynllunio
- Ar draws y safleoedd hyn, bydd rhai gwasanaethau'n cael eu datblygu
 - Ar fodel 'hwb ac adain' – uned arbenigol ar un safle yn arwain a chefnogi gwasanaethau mewn ysbytai a lleoliadau cymunedol ar draws Gogledd Cymru
 - Ar 'fodel rhwydwaith' – un gwasanaeth yn cael ei ddarparu ar nifer o safleoedd
 - Bydd rhai yn parhau i gael eu cynllunio a'u darparu yn rhanbarthol, megis gofal iechyd meddwl

Design principles

- Prevention and early intervention in everything we do
- Care closer to home wherever feasible
- Clear focus on the role of community hospitals.
- Three principal acute hospitals in North Wales – providing emergency care and associated clinical services
- Proposals to develop Regional Treatment Centres to increase capacity for planned care
- Across these sites, some services will be developed
 - On a 'hub and spoke' model - a specialist unit on one site leads and supports services at hospital and community sites across North Wales
 - On a 'networked model' - a single service is delivered across multiple sites
 - Some will continue to be planned and delivered on a regional basis, such as mental health care

Camau nesaf

- Sefydlu mecanwaith cyd-ddylunio – adnabod pobl o wahanol grwpiau a gwahanol safbwyntiau sydd yn fodlon helpu i siapio'r strategaeth
- Sefydlu senedd glinigol, gyda chlinigwyr o bob proffesiwn, i adeiladu perchnogaeth glinigol
- Amseru: rydym angen adeiladu ar adborth ymgysylltu Byw'n Iach, Aros yn Iach, ymgorffori ein Model Gweithredu diwygiedig, ac alinio gyda'n proses cynllunio tymor canolig yn 21/22 sydd ar garlam
- Rydym angen deal canfyddiadau Mewn Undod mae Nerth
- Byddwn yn cwblhau'r gwaith hwn erbyn diwedd Mawrth 2022

Next steps

- Establishing co-design mechanisms – identifying people from different groups and different perspectives who are willing to help shape the strategy
- Establishing a clinical senate, with clinicians from all professions, to build clinical ownership
- Timing: we need to build on LHSW engagement feedback, incorporate our refreshed Operating Model, and align with our accelerated medium-term planning process in 21/22
- We need to understand the findings of Stronger Together
- We will complete this work by the end of March 2022

Sut allen ni weithio gyda'r CIC?

- Dysgu o adroddiadau ac ymgysylltu Gofod Diogel
- Gwrando ar brofiadau cleifion sydd wedi eu hadrodd i'r CIC
- Cynnwys aelodau CIC o'r cychwyn
-sut ydych chi eisiau cymryd rhan?

How can we work with the CHC?

- Learning from reports and Safe Space engagement
- Listening to patients' experiences told to the CHC
- Involving CHC members from the beginning
-how do you want to be involved?

Diolch
Thank you



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cyfarfod Bwrdd ar y Cyd / Board to Board

BIPBC a CICGC

21 Hydref 2021 / 21st October 2021

Gwella Gwasanaethau Wroleg ar gyfer Cleifion yng Ngogledd Cymru

Improving Urology Services for North Wales Patients

Clive Walsh, Interim Regional Director of Delivery

Gwella Gwasanaethau Wroleg ar gyfer Cleifion yng Ngogledd Cymru

Amgylchedd y mae angen newid ynddo:

- Pryderon gan gleifion a rhanddeiliaid
- Technoleg newydd – Roboteg a Llwybrau Symudol
- Ymchwiliadau ac Adroddiadau gan yr Ombwdsmon
- Digwyddiadau Difrifol Blaenorol
- Recriwtio Uwch Staff Clinigol
- Rhestrau Aros yn Cynyddu

Improving Urology Services for North Wales Patients

An environment in which change is needed:

- Concerns from Patients and Stakeholders
- New Technology – Robotics and Ambulatory Pathways
- Investigations and Reports from the Ombudsman
- Previous Serious Incidents
- Recruitment of Senior Clinical Staff
- Rising Waiting Lists

Pa Gamau wnaiff y Bwrdd eu Cymryd?

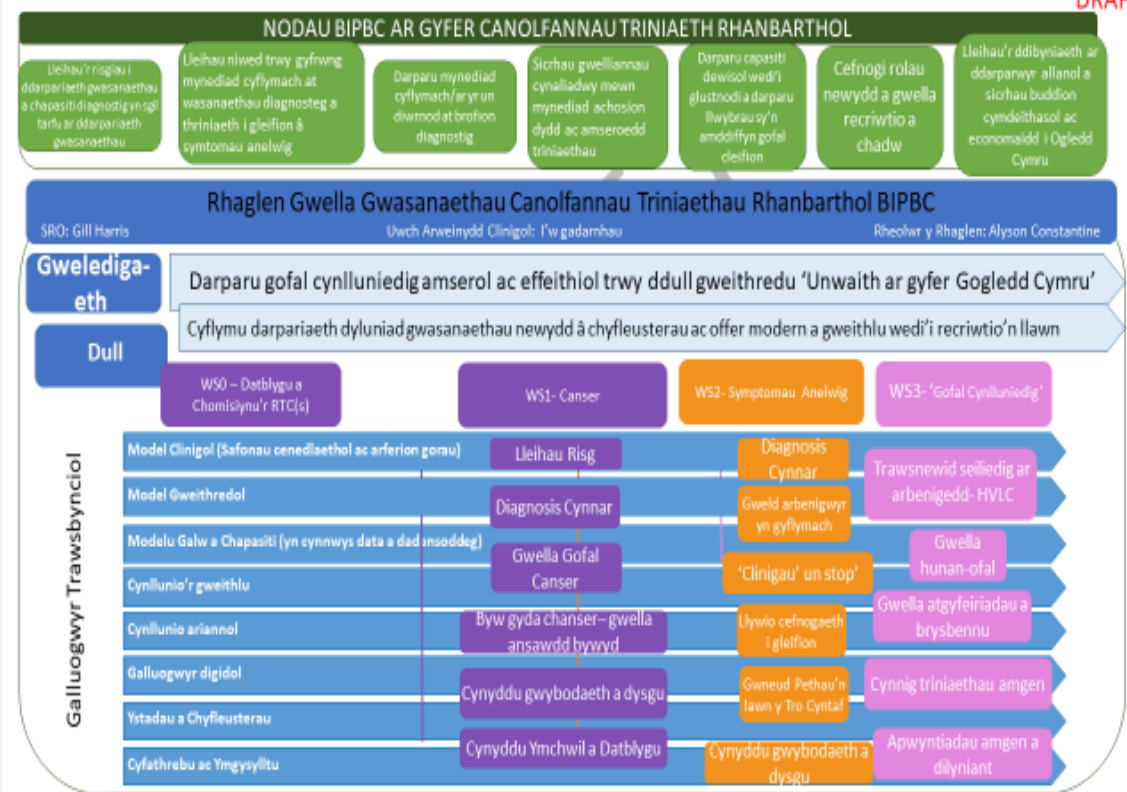
- Sefydlu Rhaglen Wella yng Ngogledd Cymru dan arweiniad Gill Harris y Dirprwy Brif Weithredwr
- Gwneud cais i Goleg y Llawfeddygon am Adolygiad Pellgyrhaeddol
- Gwneud pethau'n iawn y tro cyntaf (GIRFT)
- Ehangu'r Gweithlu Clinigol
- Datblygu Canolfannau Triniaeth Rhanbarthol

What Actions will the Board Take?

- Establish a North Wales Improvement Programme with Gill Harris (Deputy Chief Executive) as Lead
- Make a request to the Royal College of Surgeons for a wide ranging review
- Getting It Right First Time (GIRFT)
- Expand the Clinical Workforce
- Development of Regional Treatment Centres

Nodau PBC ar gyfer Canolfannau Triniaeth Rhanbarthol

DRAFT



BCU Goals for Regional Treatment Centres

DRAFT



Rhaglen Gwella BIPBC

Aelodaeth – Unrhyw Sylwadau

- Cyfarwyddwr Gweithredol Nyrsio / PW yr Adran – Cadeirydd
- Rheolwr Gyfarwyddwr Gweithredol – Is-gadeirydd
- Cynrychiolwyr y Cyngor Iechyd Cymuned.
- 2 Gynrychiolydd Cleifion.
- 3 Chyfarwyddwr Meddygol Safle.
- Gwasanaethau Canser – Arweinydd Perfformiad.
- CD Wroleg.
- Radioleg Diagnostig (yn ôl yr angen).
- Arweinydd Clinigol Gweithredu Roboteg (i'w gadarnhau).
- Cynrychiolydd Ansawdd Corfforaethol.
- Cynrychiolydd Trawsnewid a Gwella Corfforaethol.
- Rheolwr Rhwydwaith.

BCU Improvement Programme

Membership – Any Comments

- Exec Director of Nursing / Deputy CEO – Chair
- Exec Medical Director – Vice Chair
- Representative from Community Health Council.
- 2x Patient Representatives.
- 3x Site Medical Directors.
- Cancer Services – Performance Lead.
- Urology CD.
- Diagnostic Radiology (as required).
- Clinical Lead for Robotic Implementation tbc.
- Representative from Corporate Quality.
- Representative from Corporate Transformation and Improvement.
- Network Manager.

Rhaglen Gwella BIPBC

Cylch Gorchwyl:

- Ystyried a gweithredu argymhellion adolygiad RCS ac adroddiadau'r Ombwdsmon
- Nodi a gweithredu ar adborth a adroddir gan gleifion
- Datblygu cynllun gweithlu yn cynnwys recriwtio, cadw, hyfforddiant a datblygu, addysg feddygol a rolau newydd
- Gwneud y mwyaf o'r cyfle sydd ar gael trwy RTC a llwybrau newydd yn cynnwys gofal heb ei drefnu, llawfeddygaeth cancer, a Gofal Symudol
- Nodi cyfleoedd ar gyfer Ymchwil a Datblygu
- Nodi gofynion ar gyfer systemau gwybodaeth a data
- Darparu sicrwydd ar gyfer gweithredu llawfeddygaeth robotig
- Datblygu strategaeth glinigol ar gyfer yr arbenigedd, yn rhyng-gysylltiedig â strategaeth Gogledd Cymru
- Argymhell trefniadau llywodraethu'r dyfodol.

BCU Improvement Programme

Terms of Reference:

- Consider and Implement the recommendation of the RCS review and Ombudsman reports
- Identify and act upon reported patient feedback
- Develop a workforce plan including recruitment, retention, training & development, medical education & new roles
- Maximise the opportunity available through RTC and new pathways Inc. unscheduled care, cancer surgery and Ambulatory Care
- Identify opportunities for Research & Development
- Identify requirements for data and information systems
- Provide assurance for the implementation of robotic surgery
- Develop a speciality clinical strategy, interlinked with the North Wales strategy
- Recommend future governance arrangements.

Diolch
Thanks

Cyfarfod Bwrdd ar y Cyd â'r Cyngor Iechyd Cymuned / Board to Board with Community Health Council

21 Hydref 2021 / 21st October 2021

Diweddariad Gofal Cychwynnol / Primary Care Update

Clare Darlington

Cyfarwyddwr Cyswllt Dros Dro Gofal Cychwynnol (Strategaeth) - Acting Associate Director Primary
Care (Strategy)

Covid-19

Ymateb Gofal Cychwynnol i Covid-19

- Nid yw rhyw 80% o gleifion covid-19 yn cael eu derbyn i'r ysbyty
- Parhad gwasanaethau hanfodol
- Cydymffurfiaeth â mesurau atal a rheoli heintiau – mynediad at PPE a chyflawni AGPs
- Datblygu hybiau 'coch' ar gyfer gwasanaethau meddygon teulu, gwasanaethau deintyddol cyffredinol ac optometryddion
- Hybiau meddyginiaethau Gofal Diwedd Oes
- Cofleidio technolegau newydd a mynediad rhithiol
- Cyflwyno'r rhaglen imiwneiddio
- Roedd gweithgarwch mewn practisau meddygon teulu rhyw 20% yn fwy, ac mae tystiolaeth bod hyn yn parhau i gynyddu

Primary Care Response to Covid-19

- Approx 80% of covid-19 patients are not admitted to hospital
- Continuation of essential services
- Compliance with IPC measures – access to PPE & delivery of AGPs
- Development of 'red' hubs for GP services, general dental services and optometrists
- End of Life Care medicines hubs
- Embracing new technologies and virtual access
- Delivery of the immunisation programme
- Activity in GP practices was around 20% greater, and evidence that this continues to increase

Rhoi Trawsnewid Gofal Cychwynnol ar Waith

Implementation of Primary Care Transformation

- Mae'r pandemig wedi arwain at ddatblygiadau ar lwybr carlam
- Brysbennu a mynediad o bell ychwanegol, e.e. accuRx, e-Ymgynghori
- Consultant Connect
- Cynllunio dilyniant busnes clystyrau
- Hybiau meddyginiaethau Diwedd Oes

- The pandemic has resulted in a fast track of developments
- Enhanced remote triage and access, e.g. accuRx, e-Consult
- Consultant Connect
- Cluster business continuity planning
- End of Life medicines hubs

Galw Cynyddol ar Bractisau Meddygon Teulu

- 518,424 o ymweliadau â phlatfform E-Ymgynghori a 210,175 o e-Ymgynghoriadau (ar 31 Awst 2021)
- Mae galwadau ffôn sy'n dod i mewn wedi dyblu, gyda chynnydd o 66% mewn negeseuon e-bost a chynnydd o fwy na 100% mewn ymholiadau e-ymgynghori
- Cynnydd o 38% mewn apwyntiadau wyneb yn wyneb/dros y ffôn
- Rhaglen brechu rhag y ffliw 20/21 – 189,446
- 424,328 o frechiadau Covid mewn Gofal Cychwynnol (ar 7 Hydref 2021)
- Ôl-groniad Gofal wedi'i Gynllunio

Increased GP Practice Demand

- 518,424 visits to the eConsult platform and 210,175 eConsults (as at 31st August 2021)
- Incoming telephone calls have doubled, with a 66% increase in emails and over 100% increase in eConsult queries
- 38% increase in face to face/telephone appointments
- Flu vaccination 20/21 programme – 189,446
- 424,328 Covid vaccinations in Primary Care (as at 7th October 2021)
- Planned Care backlog

Mynediad at Wasanaethau / Access to Services

Safonau Mynediad – Grŵp 1 Seilwaith a Systemau

Access Standards – Group 1 Infrastructure and Systems

Safon <i>Standard</i>	Disgrifiad o'r Safon <i>Standard Description</i>	Cyflawni Canran o 30/06/21 Ch 1 <i>Achievement as at 30/06/21 Q1</i>
1	Mae systemau teleffoni a delio â galwadau ar waith sy'n rhoi cymorth o ran anghenion y sawl sy'n galw ac yn osgoi'r angen i bobl ffonio'n ôl sawl gwaith. Mae systemau hefyd yn rhoi data dadansoddol i'r practis. <i>Appropriate telephony and call handling systems are in place which support the needs of callers and avoids the need for people to call back multiple times. Systems also provide analysis data to the practice.</i>	83.6%
2	Mae pobl yn derbyn ymateb prydlon i'w cyswllt â phractis dros y ffôn. <i>People receive a prompt response to their contact with a practice via telephone.</i>	58.8%
3	Mae gan yr holl bractisau neges groeso ddwyieithog wedi'i recordio ar waith, sy'n cynnwys cyfeirio at wasanaethau lleol eraill a gwasanaethau brys ar gyfer cyflyrau penodol sy'n bygwth bywyd. <i>All practices have a recorded bilingual introductory message in place, which includes signposting to other local services and to emergency services for clearly identified life threatening conditions.</i>	92.8%
4	Mae gan bractisau ddulliau cyswllt amgen priodol a hygyrch ar waith, gan gynnwys datrysiadau digidol fel negeseuon testun SMS ac e-bost, yn ogystal â rhai wyneb yn wyneb. <i>Practices have in place appropriate and accessible alternative methods of contact, including digital solutions such as SMS text messaging and email, as well as face-to-face.</i>	99%
5	Gall pobl wneud cais am ymgynghoriad nad yw'n un brys, gan gynnwys yr opsiwn o gael galwad yn ôl trwy e-bost, yn amodol ar y trefniadau llywodraethu cenedlaethol angenrheidiol sydd ar waith. <i>People are able to request a non-urgent consultation, including the option of a call back via email, subject to the necessary national governance arrangements being in place.</i>	93.8%

Safonau Mynediad – Grŵp 2

Deall Anghenion Cleifion

Access Standards – Group 2

Understanding Patient's Needs

Safon <i>Standard</i>	Disgrifiad o'r Safon <i>Standard Description</i>	Cyflawni Canran o 30/06/21 Ch 1 <i>Achievement as at 30/06/21 Q1</i>
6	Gall pobl gael gafael ar wybodaeth am y ffyrdd gwahanol o wneud cais am ymgynghoriad â meddyg teulu a gweithwyr gofal iechyd proffesiynol eraill. Bydd practisau'n arddangos gwybodaeth am y safonau hyn. <i>People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals. Practices will display information relating to these standards.</i>	94.9%
7	Mae pobl yn derbyn ymateb prydlon, cyd-drefnus ac sy'n glinigol briodol i'w hanghenion. <i>People receive a timely, co-ordinated and clinically appropriate response to their needs.</i>	99%
8	Mae gan yr holl bractisau ddealltwriaeth glir am anghenion a gofynion cleifion yn eu practis a sut gellir diwallu'r rhain. <i>All practices have a clear understanding of patient needs and demands within their practice and how these can be met.</i>	Safon wedi'i Dileu ar gyfer Chwarter 1 <i>Standard Removed for Quarter 1</i>

Pob Safon Mynediad wedi'i Chyflawni

All Access Standards Achieved

Q4 2020/21

PREVIOUS QUARTER

% Practices Achieving All Standards

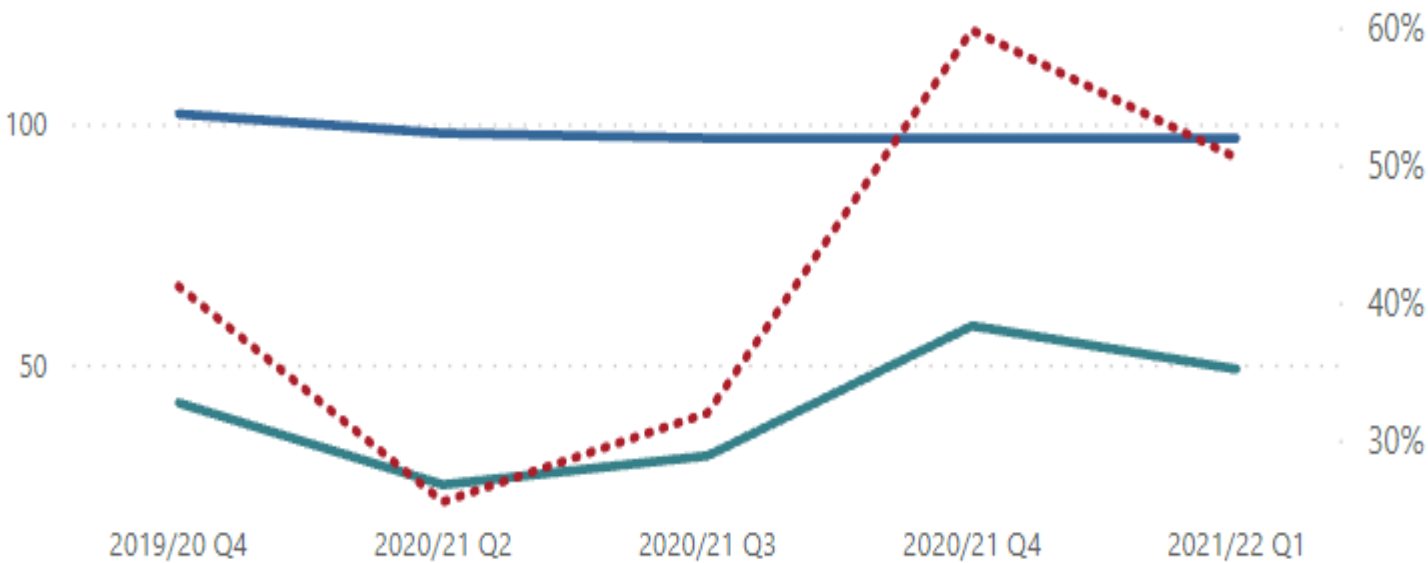
59.8%

Number of Practices Achieving All Standards

58

Access Standards Points Achieved

● Practices ● Achieved ● *% Achieve Standard Points



Q1 2021/22

CURRENT QUARTER

% Practices Achieving All Standards

50.5%

Number of Practices Achieving All Standards

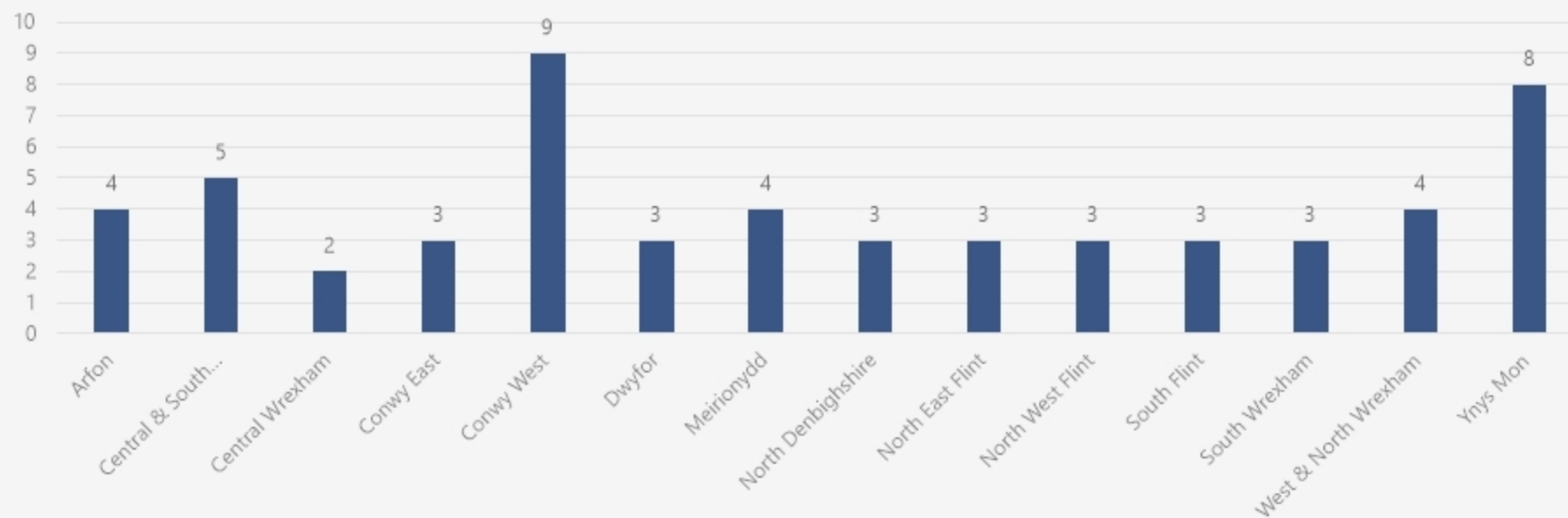
49

Safon 2 – Mae pobl yn derbyn Ymateb Prydlon i'w Cyswllt â Phractis Meddyg Teulu dros y Ffôn

- i. Caiff 90% o alwadau eu hateb o fewn dau funud.
- ii. Caiff llai na 20% o alwadau eu gadael

Standard 2 – People Receive a Prompt Response to their Contact with a GP Practice via Telephone

- i. 90% of calls are answers within 2 minutes.
- ii. Less than 20% of calls are abandoned



Clwstwr / Cluster
Q1 2021/22

Camau sy'n cael eu cymryd i wella mynediad

- Holiadur mynediad i geisio sicrwydd gan Bractisau Meddygon Teulu ynghylch eu trefniadau mynediad a'r galw presennol, yn ogystal â chanfod datrysiadau
- Annog practisau meddygon teulu a fferyllfeydd cymunedol i roi gwybod am eu lefelau uwchgyfeirio, gyda thimau Ardal yn cymryd camau i roi cymorth lle bo angen
- Adolygu platfformau ar-lein
- Gwellu neu newid systemau ffôn mewn practisau a reolir
- Gwellu gwefannau ar gyfer practisau a reolir

Action being taken to improve access

- Access questionnaire to seek assurance from GP Practices of their access arrangements and current demand, as well as identify solutions
- Encourage GP practices and community pharmacies to report their escalation levels, with Area teams taking action to provide support where necessary
- Review of online platforms
- Enhancement or replacement of telephone systems in managed practices
- Enhancement of websites for managed practices

Camau sy'n cael eu cymryd i wella mynediad

Action being taken to improve access

- Buddsoddi mewn cynlluniau trawsnewid dan arweiniad clystyrau
- Cynllun cyfathrebu lleol rhagweithiol, ochr yn ochr â chyfathrebu cenedlaethol
- Cymorth i fynd i'r afael â'r ôl-groniad o Ofal wedi'i Gynllunio
- Parhau i ddatblygu a gwerthuso canolfannau gofal cychwynnol brys

- Investment in cluster led transformation schemes
- Proactive local communication plan, alongside national communication
- Support to address Planned Care backlog
- Continue to develop and evaluate urgent primary care centres

Mynediad at Wasanaethau Deintyddol Cyffredinol

- Ailddechreuodd gwasanaethau GDS o dan SOP Covid-19. Gall pob practis ddarparu dulliau sy'n cynhyrchu aerosolau (AGPs)
- Gwnaeth 85,277 o gleifion gyrchu gwasanaethau GDS yn ystod chwe mis Medi 2021. Mae hyn yn 42% o lefelau cyn Covid.
- Triniaeth frys ac angen mawr yn cael ei blaenoriaethu
- Sesiynau GDS ychwanegol wedi'u rhoi ar waith ar gyfer EDS a chleifion ag angen mawr sydd heb gofrestru
- Mae mynediad cyfyngedig ar gyfer archwiliadau rheolaidd yn debygol o barhau hyd nes i lacio pellach o ran SOP ganiatáu gwella trwybwn cleifion
- Comisiynu gwasanaethau pellach i gael ei dargedu at grwpiau sydd mewn perygl – plant, oedolion sy'n agored i niwed, cleifion sydd heb gofrestru

Access to General Dental Services

- GDS services restarted under Covid -19 SOP. All practices able to provide aerosol generating procedures (AGPs)
- 85,277 patients accessed GDS services during 6 months September 2021. This is 42% of pre-covid levels
- Urgent and high needs treatment being prioritised
- Additional GDS sessions put in place for EDS and high needs unregistered patients
- Limited access for routine check-ups likely to continue until further relaxation of SOP permits increase in patient throughput
- Further service commissioning to be targeted at at-risk groups – children, vulnerable adults, unregistered patients

Primary & Community Care **academy**



Swyddogaethau Craidd

- Gwellu capasiti'r gweithlu mewn lleoliadau Gofal Cychwynnol a Chymunedol, gan gynnwys ymgyrchoedd recriwtio a marchnata
- Datblygu a chynyddu nifer y rhaglenni addysg a hyfforddiant sydd â'r bwriad o ddiwallu anghenion y gweithlu mewn Gofal Cychwynnol a Chymunedol
- Datblygu a phrofi ffyrdd newydd o weithio i roi cymorth o ran cynaliadwyedd gwasanaethau gofal cychwynnol a chymunedol
- Gwellu nifer yr astudiaethau ymchwil a datblygiad o fewn Gwasanaethau Cychwynnol a Chymunedol

Core Functions

- Increase the workforce capacity within Primary and Community Care settings, including recruitment and marketing campaigns
- Develop and increase the number of education & training programmes designed to meet the needs of the workforce in Primary and Community Care
- Develop and test new ways of working to support the sustainability of primary and community care services
- Increase the number of research and development studies within Primary and Community Services



Y Cynllun Gwaith Presennol

1. Uwch Ymarferydd Parafeddygol PBC / WAST:
Datblygu Modelau ar Batrwm Cylch mewn Gofal Cychwynnol
2. Cymdeithion Meddygol yn Rhaglen Interniaeth Gofal Cychwynnol
3. Rhaglen Datblygu Arfer Clinigol Uwch
4. Nyrsys Practis a Chynorthwywyr Gofal Iechyd
5. Hwb Hyfforddiant
6. Rhaglen Datblygu'r Gweithlu Anghlinigol
7. Ysgol Feddygol Gogledd Cymru
8. Strategaeth Recriwtio Meddygon Teulu / Gofal Cychwynnol
9. Datblygu Academi Ddeintyddol

Current Work Plan

1. BCU / WAST Advanced Paramedic Practitioner: Developing Rotational Models in Primary Care
2. Physician Associates in Primary Care Internship Programme
3. Advanced Clinical Practice Development Programme
4. Practice Nurses and Health Care Assistants
5. Training Hub
6. Non Clinical Workforce Development Programme
7. North Wales Medical School
8. GP / Primary Care Recruitment Strategy
9. Dental Academy Development



Gweithio mewn Partneriaeth

- Hwb Rhanbarthol Arloesi a Gwella (RPB)
- WAST
- HEIW
- Rhaglen Strategol Genedlaethol ar gyfer Gofal Cychwynnol
- Prifysgolion Bangor a Glyndŵr
- RCGP

Working in Partnership

- Regional Innovation & Improvement Hub (RPB)
- WAST
- HEIW
- National Strategic Programme for Primary Care
- Bangor & Glyndwr Universities
- RCGP



Strategaeth Recriwtio Meddygon Teulu

- Datblygu strategaeth recriwtio hirdymor o adeg Myfyrwyr Meddygol tan ar ôl ymddeoliad
- Datblygu ystod o rolau a chyfleoedd datblygu trwy yrfaedd meddygon teulu
- Penodi Meddyg Teulu Arweiniol a thîm Recriwtio Meddygon Teulu i roi cymorth o ran gweithredu a datblygu'r strategaeth i ddiwallu anghenion cyfnewidiol y gweithlu
- Gweithio gyda'r Ysgolion Meddygol lleol a chenedlaethol / HEIW a LMC i hybu rôl y meddyg teulu

GP Recruitment Strategy

- Development of a long term recruitment strategy from Medical Student to post Retirement
- Developing a range of roles and development opportunities through GP careers
- Appointment of GP Recruitment Lead GP and team to support implementation and develop the strategy to meet emerging needs of the workforce
- To work with the local and national Medical Schools / HEIW and LMC to promote the role of the GP



Rhagor o wybodaeth..... Find out more.....



www.paccacademy.co.uk



Academy North Wales



@nwacademy1
#APPSinPrimaryCare



bcu.Academy@wales.nhs.uk

Primary & Community Care
academy

FEBRUARY 2021

QUARTERLY UPDATE

The latest news and updates from the Primary & Community Care Academy



IN THIS ISSUE

Primary Care Advanced Clinical Practitioners Forum

Pacesetter - Advanced Paramedic Practitioners (APPs)

Physician Associates Internships

eConsult

Training for Admin/ Reception Staff

Academy Training Hub at HPI

Primary Care Advanced Clinical Practitioners Forum

Advanced Clinical Practitioners working in Primary & Community Care are invited to attend an informal forum focused on Primary Care presentations, Case Studies and Networking. These forums can be used towards your CPD hours.

Following on from feedback from attendees, we have made a few changes that we hope will improve the forum going forward.

Firstly, the sessions will be focused on 5 key items about a topic, and will be held at 5pm....or as we have called it 5 @ 5!

These sessions will be focused on 'bite size' learning for Primary Care Advanced Clinical Practitioners, breaking down complex subjects into more manageable chunks with five take home learning outcomes that can easily be put in practice

Dates for your Diary! 5pm - 6pm via Microsoft Teams;
2nd March - Top 5 Tips for Managing ENT problems in Primary Care
6th April - Top 5 Tips for Management of Menorrhagia in Primary Care
4th May - Top 5 Tips for Management of Heart Failure in Primary Care

To book a place, please email BCU.Academy@wales.nhs.uk

Diolch
Thanks

Bwrdd ar y Cyd Cyngor Iechyd Cymuned
21 Hydref 2021

Board to Board Community Health Council
21st October 2021

Diweddariad Mewn Undod mae Nerth a Dylunio'r Model Gweithredu
Cyngor Iechyd Cymuned

Stronger Together Update and Operating Model Design
Community Health Council



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Mewn Undod mae Nerth | Stronger Together

Pwrpas y Sgwrs Heddiw.....

Rhannu diweddariad ynglŷn â

- Mewn Undod mae Nerth
- Syniadau ac ystyriaethau ar gyfer y Model Gweithredu

Purpose of Today's Conversation

Share an update on

- Stronger Together
- Operating Model ideas and considerations

Mewn Undod mae Nerth | Stronger Together

Dewch i ni siarad am... / Lets Talk about



Bronwen



Bethan



Waheed

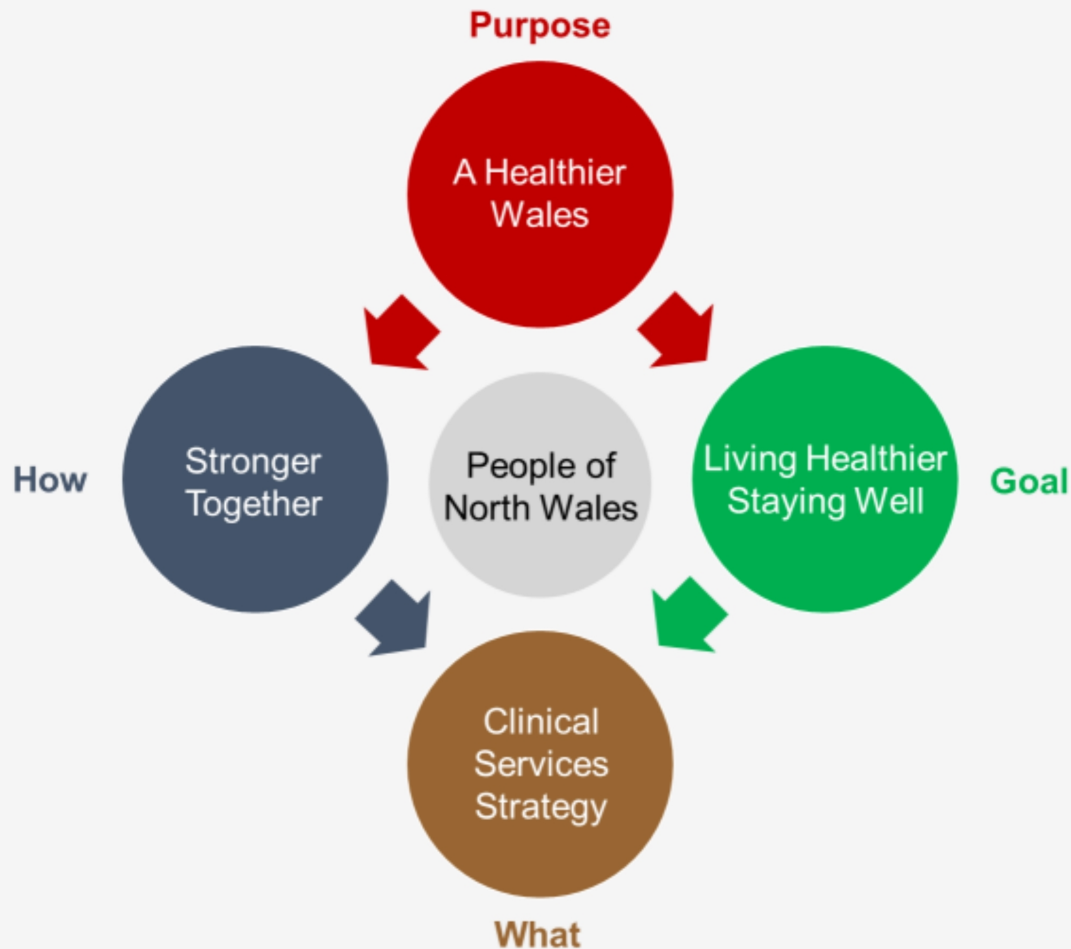
Mewn Undod mae Nerth | Stronger Together

Mewn Undod mae Nerth

Taith uchelgeisiol 3+ mlynedd yw Mewn Undod mae Nerth a fydd yn mynd â'r sefydliad drwy gylch cyflawn o Ddarganfod, Dylunio a Darparu. Y ffordd y bydd y Bwrdd lechyd yn gwrandao, dysgu, arloesi a rhoi newidiadau ar waith yn sgil cymryd rhan ac adborth.

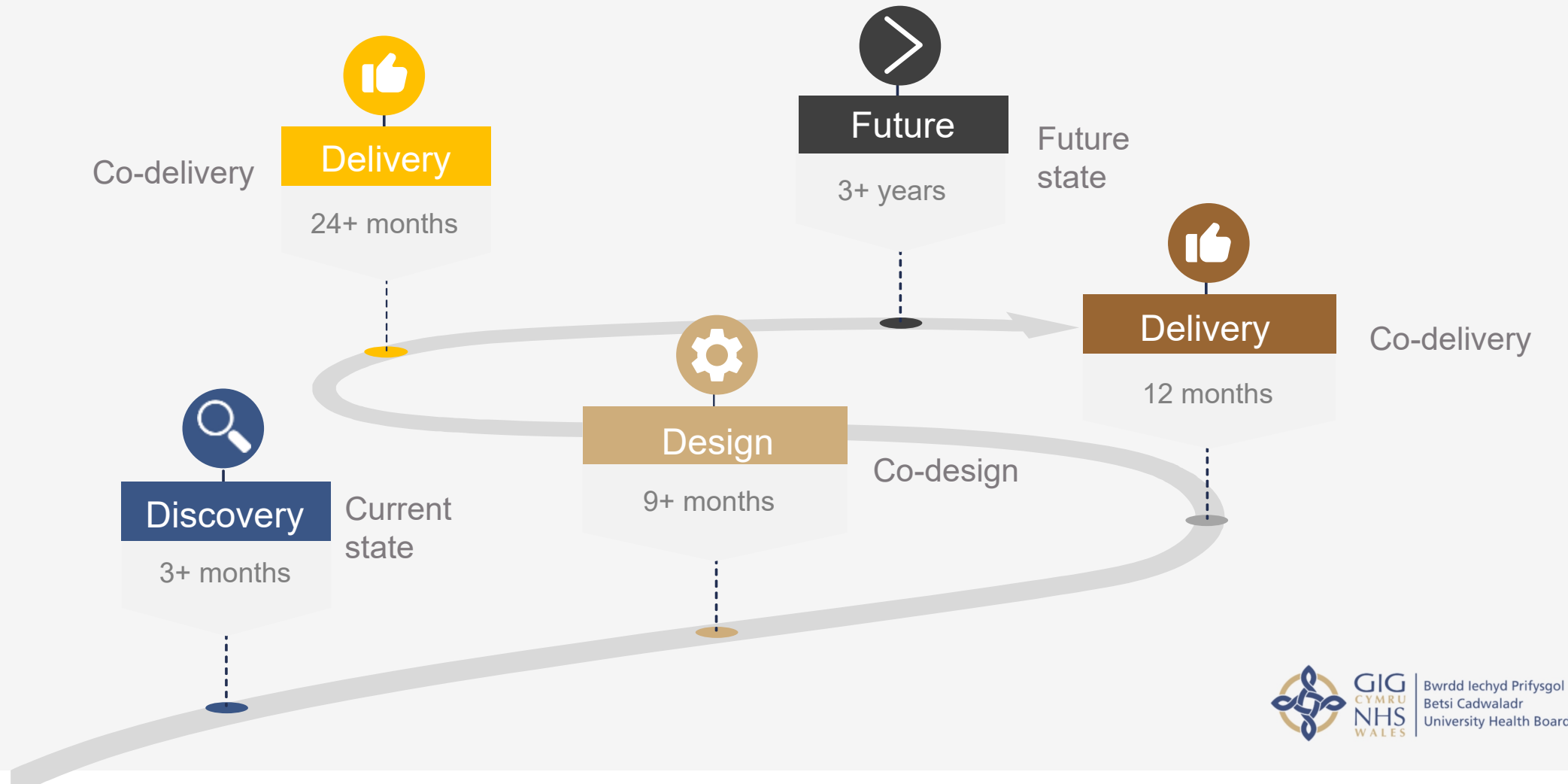
Stronger Together

Stronger Together is an ambitious 3+ year journey which will take the organisation through a complete cycle of Discovery, Design and Delivery. The way in which the Health Board will listen, learn, innovate and make change happen from involvement and feedback.



Mewn Undod mae Nerth | Stronger Together

Sut y byddwn yn gwneud hyn / How will we do this



Mewn Undod mae Nerth | Stronger Together

Model Gweithredu

Mae yna sawl thema yn dod yn amlwg yn y cam Darganfod. Mae'r rhain yn cynnwys nifer o syniadau o ran sut allwn wella ein ffyrdd o weithio.

Un thema yw y gellid gwella sut yr ydym yn trefnu ac yn rheoli 'busnes' y Bwrdd Iechyd i wella pethau ar gyfer y bobl rydyn ni'n eu gwasanaethu ac ar gyfer y staff sy'n gweithio yma.

Rydym yn galw hyn yn 'Model Gweithredu'.

Beth hoffech chi weld yn newid neu'n gwella yn y ffordd yr ydym yn gweithredu ein busnes?

Ebost: BCU.StrongerTogether@wales.nhs.uk

Operating Model

There are several themes emerging from Discovery. These include many ideas for how we could improve our ways of working.

One theme is that we could improve how we organise and manage the 'business' of the Health Board to improve things for the people we serve and staff who work here.

We are calling this our 'Operating Model'.

What would you like to see change or improve in the way we do business?

Email: BCU.StrongerTogether@wales.nhs.uk

Mewn Undod mae Nerth | Stronger Together

Model Gweithredu – Rhai opsiynau

A: Gwneud dim

B: Trefnu ein trefniadau rheoli a busnes gyda ffocws rhanbarthol

C: Trefnu ein trefniadau rheoli a busnes gyda ffocws yn seiliedig ar leoedd / cymunedau

D: Trefnu ein trefniadau rheoli a busnes gyda ffocws ar leoedd efo rhwydweithiau a reolir ar gyfer rhai gwasanaethau

E: Rhywbeth arall

Operating Model – Some Options

A: Do nothing

B: Organise our management and business arrangement with a regional focus

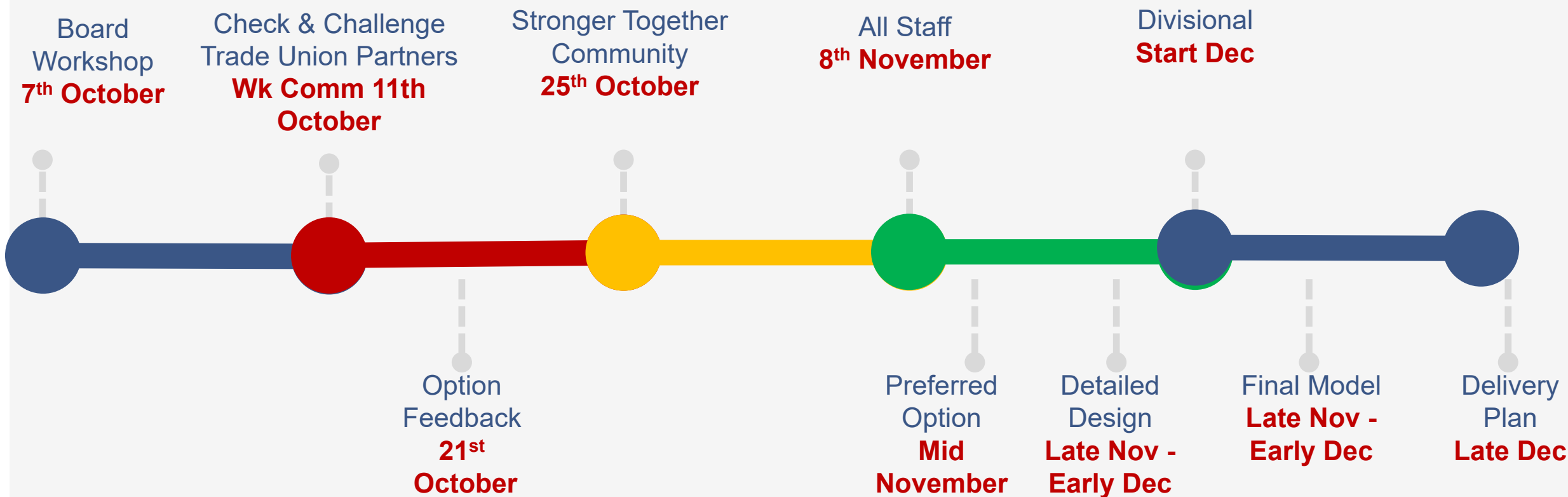
C: Organise our management and business arrangement with a place based /community focus

D: Organise our management and business arrangement with a place based focus with managed networks for some services

E: Something else

Mewn Undod mae Nerth | Stronger Together

Rhannu canfyddiadau / Sharing insights



Dyluniad Model Gweithredu / Operating Model design

Diolch
Thank you



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board