

Bundle Health Board 22 April 2021

Joint Meeting with Community Health Council 2.00pm via Zoom

- 1 14:00 - B21/1 Joint Chairs' Welcome and Apologies for Absence
- 2 14:05 - B21/2 Draft Minutes of Joint Meeting Held on 15th October 2020 for accuracy and matters arising
Note - actions were incorporated into wider Health Board action log and were closed down at Board meeting held 12.11.20
B21.2 Minutes B2B CHC 15.10.20 V0.02_English.docx
- 3 14:10 - B21/3 BCUHB Chief Executive Update - Jo Whitehead
B21.3 CEO update.pdf
- 4 14:30 - B21/4 Covid-19 and Vaccination Programme - Chris Stockport
Presentation to be delivered at the meeting
- 5 15:00 - B21/5 Planned Care - Gill Harris
B21.5 Planned Care.ppt
- 6 15:30 - B21/6 Robotic Assisted Surgery - Arpan Guha
B21.6 Robotic Assisted Surgery update.ppt
- 7 15:40 - B21/7 Mental Health and Learning Disabilities Division Update - Teresa Owen
Recommendation:
The Board to Board meeting is asked to note the areas of improvement and the divisional plans going into the next phase.
B21.7 Mental Health Report_reformatted.docx
B21.7b Mental Health slide_Appendix 1.ppt
- 8 16:00 - B21/8 Vascular Services - Arpan Guha
B21.8 Vascular services.pptx
- 9 16:30 - B21/9 111 Implementation - Chris Stockport
B21.9 111 Implementation.pdf
- 10 B21/10 Date of Next Meeting
21st October 2021 @ 2pm



Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



**Betsi Cadwaladr University Health Board (BCU)
North Wales Community Health Council (NWCHC)
Joint Board Meeting**

Minutes of the meeting held on 15.10.20 via Webex Conferencing

Present:

Health Board

Mark Polin, Chair
Nicky Callow, Independent Member (University)
Cheryl Carlisle, Independent Member
John Cunliffe, Independent Member
Gareth Evans, Associate Board Member
Sue Green, Executive Director of Workforce & Organisational Development (OD)
Arpan Guha, Acting Executive Medical Director
Gill Harris, Acting Chief Executive
Debra Hickman, Acting Executive Director of Nursing & Midwifery
Sue Hill, Acting Executive Director of Finance
Jackie Hughes, Independent Member
Eifion Jones, Independent Member
Lyn Meadows, Independent Member
Teresa Owen, Executive Director of Public Health
Lucy Reid, Vice Chair
Dawn Sharp, Acting Board Secretary
Chris Stockport, Executive Director of Primary Care & Community Services (part meeting)
Adrian Thomas, Executive Director of Therapies & Health Sciences
Ffrancon Williams, Associate Board Member
Mark Wilkinson, Executive Director of Planning & Performance

Community Health Council

Jackie Allen, Chair
Geoff Ryall-Harvey, Chief Officer
Joy Baker Conwy Local Committee
Richard Bladon Ynys Mon Local Committee
Andy Burgen, Vice Chair
Rhys Davies Denbighshire Local Committee
Di Gill Flintshire Local Committee
Celia Hayward, Wrexham Local Committee
Stella Howard Flintshire Local Committee
Michael Lloyd Jones Gwynedd Local Committee
Aaron Osborne-Taylor Ynys Mon Local Committee
Sian Ramessur, Conwy Local Committee
Mike Theaker Denbighshire Local Committee
Carol Williams, Deputy Chief Officer
Roger Williams Conwy Local Committee

In Attendance:

Kate Dunn, Head of Corporate Affairs – for minutes
Simon Evans-Evans, Interim Director of Governance
Gavin McDonald, Interim Chief Operating Officer
John Morrell, Informatics Support
Llinos Roberts, Executive Business Manager
Emma Scott, Healthcare Inspectorate Wales (part meeting)

Agenda Item Discussed	Action By
<p>B20/1 Joint Chairs' Welcome</p> <p>B20/1.1 The Health Board Chair welcomed everyone to the joint Board meeting and noted that the meeting was being livestreamed to enable members of the public to observe the meeting in real time. He extended his congratulations to the new Chair of the Community Health Council (CHC) and welcomed Emma Scott as an observer from Healthcare Inspectorate Wales.</p> <p>B20/1.2 The Health Board Chair went on to set out a range of areas of work currently being progressed by the Board including:</p> <ul style="list-style-type: none"> • Preparation for the arrival of the new Chief Executive in January 2021; • The safe return to the provision of planned care, noting that there was a much better understanding of demand and capacity to enable a more constructive dialogue with Welsh Government (WG) going forward; • The development of the Quarter 3 and Quarter 4 plans; • The revisiting of a business case for orthopaedic services; • The establishment of a task force to support the business case development for a Medical and Health Sciences School for North Wales; • Establishment of diagnostic and treatment centres for North Wales; <p>B20/1.3 The Health Board Chair also extended his thanks to the Executive Team for their leadership and for the continued bravery and professionalism of frontline staff at this time.</p> <p>B20/1.4 The CHC Chair welcomed the opportunity to meet jointly with the Health Board and thanked members for taking the time to do so.</p>	
<p>B20/2 Apologies for Absence</p> <p>B20/2.1 Apologies were recorded for Morwena Edwards, Andy Roach and Helen Wilkinson from the Health Board, and for Linda Harper and Gordon Hughes from the CHC.</p>	
<p>B20/3 Declarations of Interest</p> <p>B20/3.1 Sian Ramessur declared an interest in item B20/6 Mental Health Services in that a family member was a service user of Child and Adolescent Mental Health Services (CAMHS).</p>	
<p>B20/4 Draft Minutes of the Joint Meeting held on 10.10.19 for accuracy and review of actions</p> <p>B20/4.1 The minutes were approved as an accurate record and all actions noted as closed or in hand. Sian Ramessur confirmed that in terms of action B19/10 she had met with the Executive Director of Primary & Community Services and was content with the response.</p>	

<p>B20/5 COVID-19 Update</p> <p>The CHC Chair then invited a range of presentations which would provide an update on the Covid-19 situation. She indicated that the order of the agenda items would be varied to enable Health Board officers' attendance at another ongoing meeting.</p>	
<p>B20/5.2 Immunisation</p> <p>B20/5.2.1 The Executive Director of Public Health delivered a presentation which reported that:</p> <ul style="list-style-type: none"> • There were well-developed mass vaccination plans for North Wales; • The timeline would be reliant on the availability of the vaccine and WG guidance was awaited regarding dosage and priority groups; • There would be a significant challenge in terms of the workforce element and maintaining business as usual; • The seasonal influenza vaccination campaign was well advanced. 	
<p>B20/5.3 Testing</p> <p>B20/5.3.1 The Executive Director of Public Health delivered a presentation which reported that:</p> <ul style="list-style-type: none"> • The implementation of the government's strategy for testing had been extremely positive in terms of partnership activity; • The three elements of Test, Trace and Protect (TTP) were explained together with the arrangements for antigen testing and antibody testing; • The Board's Strategy, Partnerships & Population Health Committee received regular updates on the development of TTP and the Board was also represented on regional and strategic co-ordinating groups. <p>B20/5.3.2 The Health Board Chair wished to record his thanks for the leadership demonstrated in this area of work.</p>	
<p>B20/6 Mental Health Services</p> <p>B20/6.1 The Executive Director of Public Health delivered a presentation which reported that:</p> <ul style="list-style-type: none"> • She had received an extremely positive welcome in terms of taking on Executive leadership for mental health services; • The areas of focus currently within primary care mental health teams particularly around face to face and virtual assessments; • Use of "Consultant Connect" service; • Re-establishment of community mental health teams; • Re-opening of elements of older people's mental health services; • Work to ensure robust in-patient care alongside seasonal planning; • Substance misuse services were fully functioning; • The plan for Phase 1 for learning disabilities was continuing; • The divisional Patient and Care Experience Group had been reintroduced; • Stabilisation of senior leadership across the Division had been improved together with reporting mechanisms; 	

- Set out the priorities for the division in terms of management and clinical governance arrangements; engagement with staff, users and stakeholders; undertaking a baseline review of capacity and capability reflecting clinical pathways work; and delivery of clinically led services in partnership.

B20/6.2 A discussion ensued. The CHC Chair referred to a recent report from the Mental Health & Learning Disabilities (MHLD) Division to the Quality, Safety & Experience (QSE) from the Interim Director of Nursing which had highlighted issues of significance and key challenges facing the Division. She suggested that these issues aligned with many of the CHC's findings relating to the Division which had been set out previously. She was also pleased to see that many of the key priorities shared with the QSE Committee were reflected in the presentation that had now been delivered. The CHC would wish to continue to be involved and engaged in the work to move mental health services forward and would appreciate an update from the Interim Director of Nursing in order to evaluate any improvements made since his appointment. The CHC Chief Officer made reference to a recent meeting with the Health Board and welcomed the frank conversation around how the public and partners could be better engaged in the delivery of change and improvements. He also felt that the appointment of a Minister for Mental Health was a positive step forward. A question was raised around CAMHS and it was confirmed this lay within the portfolio of the Executive Director of Primary and Community Services although there were clear links across to adult services. The Executive Director of Public Health would respond directly to a CHC member who enquired about how many children within CAMHS went on to receive support from adult mental health services. The CHC Chief Officer added that the joint engagement work would consider CAMHS alongside other mental health services. The Health Board Vice Chair agreed that there were continued challenges in terms of mental health services but she was heartened to hear that the CHC was supportive of the direction of travel and she assured them that the Health Board was absolutely committed to making improvements. She added that the membership and function of the Together for Mental Health Partnership Board would be reviewed to make it more dynamic. A Health Board Independent Member added that she welcomed the refocus in leadership that was apparent within the service. The Executive Director of Public Health concluded by stating that existing strengths within the service would be built upon, and an update would be provided to the Health Board in November with regular reporting through the QSE Committee. She wished to acknowledge the support of the CHC and the value of their visits across mental health services.

TO

B20/5.1 Safe Return to Services

[The Executive Director of Primary and Community Services joined the meeting]

B20/5.1 The Interim Chief Operating Officer delivered a presentation which reported on:

- The scale of the challenge facing the organisation including the impact of Covid, a concerning increase in the long waiters over 36 weeks; reduced theatre activity; reduced activity within essential services and delays in restarting routine services.
- The risk stratification approach adopted across Wales for stage 4 and the development of a North Wales capacity model;
- Progress against the Quarter 3 and 4 restart/recovery programme to understand baseline activity; maintaining essential services; development of a "Once for North Wales" approach in key specialties and re-starting more routine out-patient services;

- Restarting eye care and surgery through the risk stratification of the waiting list with cataract surgery having re-commenced in August;
- The challenge to maintain essential services alongside winter plans and increasing levels of elective surgery;

B20/5.2 A discussion ensued. The Acting Chief Executive added that the development of diagnostic and treatment centres would allow the backlog to be addressed and also improve delivery of the planned care strategy. She was also aware that learning from Covid had shown that clinicians were now thinking very differently about how they would wish to deliver safe care in the future. A CHC member expressed concern at the reliance on telephone triage or consultations and that this could result in the deskilling of some staff. The Acting Chief Executive acknowledged that although patients were being clinically prioritised, harm and distress was being caused by the delays in accessing care. The CHC Chief Officer noted that the numbers were worrying in terms of the long waiters but accepted that a range of solutions which had been applied in the past were not appropriate or possible in the current climate. The Health Board Chair assured the CHC that there were encouraging conversations with WG's Delivery Unit around moving forward with diagnostic and treatment centres as a solution. He undertook to keep the CHC informed of discussions which were due to be held at the Finance & Performance Committee later that month. The Stakeholder Reference Group Chair enquired where North Wales sat in comparison to other Boards, and whether investments from WG could be accelerated. It was stated that all Health Boards were reporting significant backlogs although the numbers were larger in North Wales. The Health Board Chair indicated that the outcome of broader conversations around additional WG financial support would hopefully be known during November. The CHC Chair referred to the reduced capacity within screening services which were stepped down at the start of the pandemic, in particular the impact on patients relating to diabetic eye screening which was one of the last to restart. The Executive Director of Primary & Community Services accepted that as a cohort of patients had had their diabetic eye monitoring postponed, it was likely that some of them would have subsequently developed warning signs. He assured the CHC that the Board was starting to stratify how to return to undertaking this screening to ensure those with the highest risk were seen first, however, this was a significant logistical piece of work.

MP

B20/5.4 Outbreak Management

B20/5.4.1 The Executive Director of Primary & Community Services delivered a presentation which reported:

- There were increasing levels of coronavirus infections within community settings over recent weeks;
- Current distribution was spread across all age ranges;
- There had been improvements in treatment since the first wave and there was an active research profile within BCUHB which contributed to international learning;
- Development of a vaccination programme was ongoing and which could be mobilised once a vaccine became available;
- The importance of flu vaccination was highlighted;
- An action planning process for the second wave was underway for which partnership working was fundamental, together with a phased approach to ensure the delivery of primary and community services;

- Action planning for secondary care services continued around pathway revision, early testing of in-patients, testing of care home patients ahead of discharge and surge plans;
- Escalation planning also incorporated the potential use of the temporary rainbow hospitals to best balance the benefits of additional space alongside the additional staffing resource that would be required;
- Statistics of note showed an increase in presentations of Covid symptomatic patients at general practices, and a significant increase in the incidence per 100,000.

B20/7 Vascular Services

B20/7.1 The Acting Executive Medical Director delivered a presentation which reported:

- A Vascular Services Task and Finish Group had been established in May 2020;
- The Royal College of Surgeons (England) and the Surgical Speciality Association had agreed to undertake the invited review which would cover a range of areas including quality and safety of surgical care, behaviours and team working, service/network design, clinical governance, communication with patients and multi-disciplinary work;
- A joint visit with the CHC had been undertaken to Ysbyty Glan Clwyd (YGC) on 13.8.20 and there was positive feedback from members;
- The vascular action plan which had been developed focused on the alignment of vascular bed base, pathways of care, communication and engagement, quality and safety and access to the service;
- The alignment of vascular beds formed part of the development of clinical pathways;
- A timeline for submission of pathways to the Clinical Advisory Group had been approved;
- A resource had been secured through the Programme Management Office to support the development of a non-arterial diabetic foot pathway;
- Significant and positive collaborative work on communication and engagement could be evidenced with patient experience feedback being collected at out-patient and in-patient settings;
- The development of a quality and safety dashboard for vascular services would aid the triangulation of data and identification of trends;
- In terms of access, the provision of emergency vascular services had continued throughout the pandemic although there was reduced capacity in outpatients and daycase theatre;
- A recovery plan had received the endorsement of the Clinical Advisory Group and had subsequently been approved by the Interim Chief Operating Officer and Executive Team.

B20/7.2 A discussion ensued. The CHC Chief Officer confirmed that the CHC would be repeating its engagement exercise in terms of vascular services. He also made reference to similar reviews in South Wales and the Acting Executive Medical Director confirmed that BCUHB had been in communication with counterparts to share learning. A CHC member indicated he had received vascular care and services on Ward 3 and would be providing feedback as a service user within the task and finish group. He wished to record that he had found all staff contacts to be extremely positive and he highlighted his view that the patient should always be at the centre of any service delivery. The Health Board Chair reflected on his recent visit to the vascular centre in YGC which he had found very helpful and noted that the staff and clinicians had been open and frank around what worked well and what needed to be improved. The CHC concurred and also wished to acknowledge the enthusiasm of the staff within the centre. The Acting Executive Medical Director added that the staff

<p>themselves had been encouraged by the visit and the dialogue that took place with Board members. The Acting Chief Executive wished to record her thanks to CHC colleagues and service users for their support in this area of work and suggested that the model could potentially be transferred to address challenges in other services, e.g.; mental health.</p>	
<p>B20/8 Closure of Penrhos Polish Nursing Home</p> <p>B20/8.1 The Executive Director of Primary & Community Services delivered a presentation which reported that:</p> <ul style="list-style-type: none"> • There had been multifactorial difficulties encountered for some time by the Board of the Society that ran the nursing home in terms of the ability to meet current standards; • The Health Board and other partners/regulators had been working with them with the shared aim of protecting the residents' welfare; • The Board of the Society had now concluded they were unable to continue therefore the Health Board had been working with partners to identify options for the closure process; • Additional funding was being provided by the Health Board to ensure safety of care during transfer arrangements; • In terms of future provision a project group was meeting to develop safe and sustainable community services with the ongoing involvement of residents, families and stakeholders. <p>B20/8.2 A discussion ensued. The CHC Chair expressed a concern at the adequacy of provision more generally within the area. She noted that the use of Ysbyty Bryn Beryl had been raised as a potential option but she was not confident this would provide the best solution. She also asked that if any future solution constituted major service change that the CHC be engaged with at the earliest opportunity. The Executive Director of Primary & Community Services agreed that Ysbyty Bryn Beryl would not be an appropriate long term option for those residents currently in Penrhos Care Home, however, it did form part of the Board's emergency plans in the event of suddenly having to rehouse the residents. He assured members that this was not considered to be an immediate risk but that the teams that worked out of Bryn Beryl could provide support to the cohort of residents out in the community. In terms of service change the Executive Director of Primary & Community Services assured members that irrespective of whether the change was deemed significant or not, the Health Board would be involving the CHC at all stages. The CHC Chief Officer welcomed these comments. The Health Board Chair referred to some media coverage and comments which suggested that the Health Board was solely responsible for the decision making around future provision and he wished to confirm that the solution would in fact have to be a partnership one through the collective work of the project group.</p>	
<p>B20/9 Access to NHS Dentistry in North Wales</p> <p>B20/9.1 The Executive Director of Primary & Community Services delivered a presentation and reported that:</p> <ul style="list-style-type: none"> • There had been an impact on dentistry as a result of the pandemic but this was less obvious than for other NHS services; • A plan had been agreed across Wales to stratify procedures to enable complex care to still be carried out; 	

- The main risk related to the use of aerosol generating procedures which did put those individuals within the vicinity at a higher risk and required an enhanced level of personal protective equipment;
- 1:50 deaths within the first wave was a frontline worker;
- A red-amber-green approach been adopted for dentistry with the red phase during April to June 2020 being for urgent care delivered on a reduced number of sites with appropriate protection. In July, dentistry moved to the amber phase with the reintroduction of more procedures across more sites.
- The most routine appointments continued to be delayed and dental teams were now working to catch up on postponed work, however, the level of a second Covid wave would impact further on progress.
- Work was continuing regarding the implementation of a Dental Training Unit in North Wales which formed part of the strategy to bring more dentists and enhanced staff to the area.

B20/9.2 A discussion ensued. A CHC member enquired as to the current process for accessing emergency dental care. The Executive Director of Primary & Community Services confirmed that registered patients should continue to contact their own dentist who would advise on treatment via an agreed pathway for emergency care. Dentists would deliver what care they were able to do safely but for treatment requiring aeration for example the patient would be referred to an enhanced centre. The Emergency Dental Service (EDS) continued to provide all aspects of emergency dental care for unregistered patients. In response to a question regarding the number and location of EDS clinics it was confirmed these were situated within the larger and more populated towns, however, some individual High Street dentists had been approached regarding taking on additional activity. The Health Board Chair noted that at a recent visit to community hospitals he had spoken to EDS staff who were happy to be back working at community hospital sites.

B20/10 Special Measures

B20/10.1 The Acting Chief Executive presented the paper which identified a range of areas where progress had been made and those where there was more work to do, such as mental health. She welcomed the input of the CHC in terms of how services needed to be shaped as part of the development of a clinical strategy. With regards to governance and the management of risk she advised members of the appointment of an Interim Director of Governance to help the Board progress these areas at some pace. In terms of the stability of leadership for the Health Board she was pleased that the organisation was to welcome a new Chief Executive in January and that recruitment was ongoing for other posts such as a substantive Executive Medical Director. With regards to performance the Acting Chief Executive noted that the organisation was now measuring harm rather than the time waiting and continued to work closely with WG and the wider health community in being transparent in managing this. Work was ongoing with WG regarding support packages for mental health services, and a more strategic delivery of planned and unscheduled care. She concluded by highlighting the importance of the clinical strategy and the establishing of diagnostic and treatment centres in ensuring improvements could be delivered on a long term basis.

B20/10.2 A discussion ensued. A CHC member raised a concern that measuring harm could perhaps be a subjective process, and the Acting Chief Executive accepted it was challenging as the risk of harm to an individual could change overnight and there was a need to work dynamically. She assured members that this was being done on a clinical basis with

the support of clinicians. The Acting Executive Medical Director added his support to the approach and the importance of clinical ownership. It was also noted that a risk matrix from each Royal College was available to clinicians and that GPs also had the flexibility to access specialist support if they felt a patient was deteriorating. The Health Board Chair welcomed the progress in terms of establishing a substantive executive leadership team. He also added that the organisational strategic direction for the next few months was key and that a Board Workshop was scheduled for that afternoon regarding Quarter 3 and 4 Plans. He alluded to work already carried out to offer a more coherent approach to planned care and the analysis of demand and capacity, indicating that he hoped there would be a clearer position with WG before Christmas.

B20/11 Date of Next Meeting

B20/11.1 The Health Board Chair confirmed the next joint board meeting would be arranged for May 2021, however, he would be happy to consider earlier opportunities for discussions if urgent matters arose.



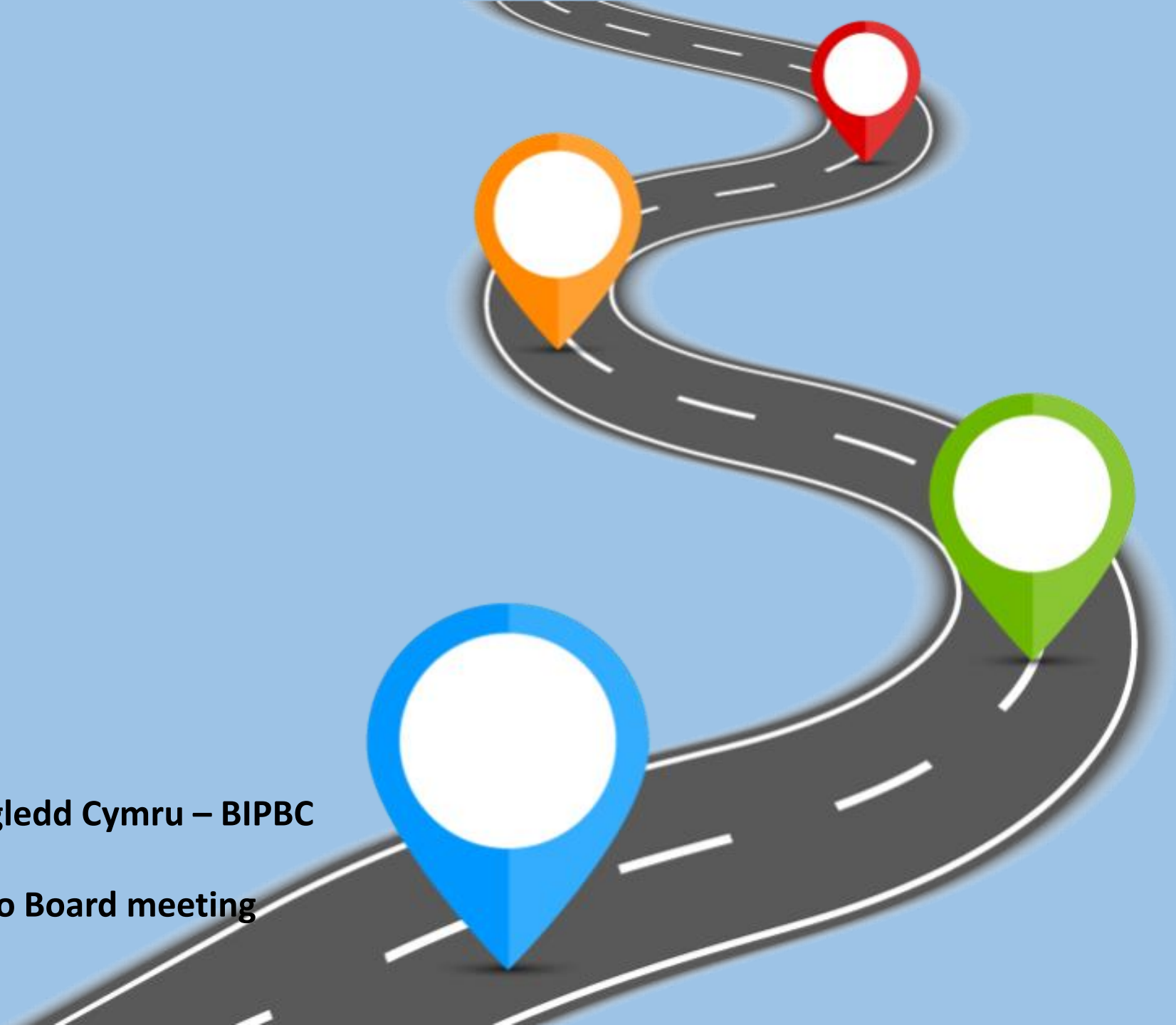
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Jo Whitehead

Chief Executive

Cyfarfod Bwrdd ar y Cyd CHC Gogledd Cymru – BIPBC
22 Ebrill, 2021
North Wales CHC-BCUHB Board to Board meeting
22 April, 2021



Cyflawniadau ar gyfer 2020/2021

Achievements for 2020 / 2021

Fe wynebom heriau digynsail yn ystod 2020 / 21 o ganlyniad i'r pandemig. Mae'r cymorth a gawsom gan staff, partneriaid a nifer o wirfoddolwyr wedi galluogi nifer o gyflawniadau allweddol.

We faced unprecedented challenges during 2020 / 21 as a result of the pandemic. Support from staff, partners and many volunteers enabled a number of significant achievements

Roedd y rhain yn cynnwys:

- ❖ Cynnal gwasanaethau hanfodol ar gyfer ein cleifion
- ❖ Sefydlu'r gwasanaeth Profi, Olrhain a Diogelu yn gyflym
- ❖ Darparu gwasanaethau 'cartref yn gyntaf'
- ❖ Sefydlu staff cymorth a hybiau lles
- ❖ Ymateb effeithiol i ofynion Covid-19 ar ein hysbytai
- ❖ Comisiynu tri ysbyty Enfys dros dro yng Nglannau Dyfrdwy, Llandudno a Bangor
- ❖ Sefydlu rhaglen frechu dorfol Covid-19 yn gyflym

These included:

- ❖ Maintaining essential services for our patients
- ❖ Rapid establishment of the Test, Trace and Protect service
- ❖ Delivering 'home first' services,
- ❖ Establishment of staff support and well-being hubs
- ❖ Effective response to Covid-19 demand on our hospitals
- ❖ Commissioning of three temporary Enfyys Hospitals in Deeside, Llandudno and Bangor
- ❖ Rapid establishment of the mass Covid-19 vaccination programme

Heriau Mynediad ac Ystadau

Access and Estates Challenges

Heriau Mynediad

- ❖ **Ymyrraeth i weithgarwch gofal wedi'i gynllunio** o ganlyniad i'r pandemig **Covid-19**
- ❖ **Ôl-groniad o driniaeth wedi'i gynllunio** ar gyfer cleifion.

Access Challenges

- ❖ **Disruption to planned care activity** due to the **Covid-19** pandemic
- ❖ **Back-log of planned treatment** for patients

Heriau Ystadau

- ❖ **Ystâd yn heneiddio**
- ❖ **Cyfalaf cyfyngedig ar gael**
- ❖ **Ni chaniateir y Bwrdd Iechyd i fenthylg**
- ❖ **Cyflwr ein hystadau**, ynghyd â maint y portffolio a'r gyllideb a ddisgwylir yn y dyfodol, mae'n golygu nad yw'r ystâd gyfredol yn gynaliadwy na'n ddichonadwy yn y tymor hir ac ni fydd yn cefnogi modelau newydd o ofal.

Estates Challenges

- ❖ **Ageing Estate**
- ❖ **Limited capital available**
- ❖ **Health Board not allowed to borrow**
- ❖ **Condition of our estates**, together with the size of the portfolio and expected future funding means that current estate is not sustainable or viable in the long term and will not support new models of care.



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Blaenoriaethau a Rennir Shared Priorities



**Cymru Iachach: ein Cynllun
Iechyd a Gofal Cymdeithasol**

In Brief – A Healthier Wales:
our Plan for Health and Social Care

Adnewyddu Strategaeth Byw'n Iach, Aros yn Iach LHSW Strategy Refresh

Byw'n Iach, Aros yn Iach, darn sylweddol o waith a gymerodd 2 flynedd i'w greu. Ymgysylltiad helaeth drwy gydol y broses

Nid yw adnewyddu'r strategaeth Byw'n Iach, Aros yn Iach yn cynnwys newid cyfeiriad strategol ond mae'n cynrychioli esblygiad yn y ffordd o feddwl. Mae eglurder am y sgôp yn orfodol.

Bydd yn ein galluogi i:

- ❖ Profi **dilysrwydd parhaus** yr ymrwymïadau mawr a amlinellwyd yn y strategaeth Byw'n Iach, Aros yn Iach
- ❖ Mynd i'r afael â'r elfennau hynny o'r strategaeth Byw'n Iach, Aros yn Iach a oedd yn heriol i'w rhoi ar waith e.e. dull system integredig eang i ofal iechyd
- ❖ Ail-ymweld â strwythurau **llywodraethu ac atebolrwydd**
- ❖ Darparu'r sail i ddatblygu **Strategaeth Gwasanaethau Clinigol**

LHSW a significant piece of work that took 2 years to produce. Extensive engagement throughout the process

A refresh of LHSW does not constitute a change of strategic direction but represents an evolution in thinking. Clarity about the scope is imperative.

It will enable us to:

- ❖ Test the **continuing validity** of the major commitments outlined in LHSW
- ❖ Address those elements of LHSW that proved challenging to implement e.g an integrated system wide approach to healthcare
- ❖ Revisit **governance and accountability** structures
- ❖ Provide the base to develop a **Clinical Services Strategy**

Strategaeth Gwasanaethau Clinigol Clinical Services Strategy

Nodwyd bod diffyg Strategaeth Gwasanaethau Clinigol (CSS) yn rhwystr i drawsnewid gwasanaethau yn enwedig o ran Gwasanaethau Ysbytai Llym.

Y bwriad yw y bydd datblygu CSS yn:

- ❖ Datrys materion **cynaliadwyedd gwasanaeth** fel staffio meddygol, gallu bodloni twf a ragfynegir y mae galw amdano, effaith gofal heb ei drefnu ar effeithlonrwydd gwasanaethau ehangach ac ati.
- ❖ Bod yn allweddol i ddatblygu cynigion i gyflwyno **Canolfannau Diagnostig a Thriniaeth** ac ailddatblygu **safleoedd Ysbyty Maelor Wrecsam ac Ysbyty Gwynedd**.
- ❖ Helpu i ymateb i ganlyniadau'r **pandemig**.
- ❖ Darparu Gofal Iechyd ar Sail Gwerthoedd
- ❖ Sicrhau bod gwasanaethau clinigol yn cyd-fynd â'r model newydd o gynllunio a darparu fel yr amlinellwyd yn y 'Fframwaith Clinigol Cenedlaethol: System Ddysgu Iechyd a Gofal (2021)'

Lack of a Clinical Services Strategy (CSS) has been cited as a barrier to service transformation particularly in relation to Acute Hospital Services

It is proposed that the development of a CSS will :

- ❖ solve **service sustainability** issues such as medical staffing, ability to meet forecasted growth in demand, impact of unscheduled care on effectiveness of wider services etc.
- ❖ be key to developing proposals to introduce **Diagnostic and Treatment Centres** and the redevelopment of the **Wxm Maelor Hospital and YG sites**
- ❖ assist in responding to the consequences of the **pandemic**
- ❖ deliver Value Based Healthcare
- ❖ ensure clinical service alignment to the new model of planning and delivery as set out in the 'National Clinical Framework: A Learning Health and Care System (2021)'



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Canolbwyntio ar Flaenoriaethau'r Gwasanaeth ar gyfer 2021/22 Focus Service Priorities for 2021/22

Cyflawni'r safonau uchaf o ddiogelwch cleifion a darparu gwasanaeth cyhoeddus, gwella iechyd, lleihau anghydraddoldebau a chael y canlyniadau gorau posibl i'n dinasyddion.

Achieving the highest standards of patient safety and public service delivery, improve health, reduce inequalities and achieve the best possible outcomes for our citizens.

- **Ymateb COVID-19**
- Cryfhau ein pwyslais ar **iechyd y boblogaeth**
- Gofal **Cychwynnol** a **Chymuned**
- Adfer mynediad at lwybrau gofal **cynlluniedig** prydlon
- Gwell llwybrau gofal **heb ei drefnu**
- Integreiddio gwasanaethau **iechyd meddwl** a'u gwella

- **COVID-19 response**
- Strengthen our **population health** focus
- **Primary** and **Community** Care
- Recovering access to timely **planned** care pathways
- Improved **unscheduled** care pathways
- Integration and improvement of **mental health** services

Wedi'i alluogi gan

Enabled by

- **Trawsnewid** ar gyfer gwella
- **Cyd-fynd** yn effeithiol â'n hunigolion
- **Llywodraethu** mwy cadarn
- Gwneud **defnydd effeithiol** a chynaliadwy o adnoddau

- **Transformation** for improvement
- Effective **alignment of our people**
- Stronger **governance**
- Making **effective and sustainable** use of resources



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Canolbwyntio ar Flaenoriaethau Ystadau ar gyfer 2021/22 Focus Estates Priorities for 2021/22

Strategaeth Ystadau a gyhoeddwyd ym mis Ionawr 2019 – i'w ddiweddarau yn 2021 i fyfrio ar y Strategaeth Glinigol sy'n codi

Estates Strategy published in January 2019 – to be updated in 2021 to reflect emerging Clinical Strategy

Datblygu Achosion Busnes ar gyfer:

- ☐ Model gofal **Diagnostig a Thriniaeth**
- ☐ Cydymffurfiaeth **Ysbyty Gwynedd**
- ☐ Parhad **Ysbyty Maelor Wrecsam**
- ☐ Meddygaeth **Niwclear**
- ☐ Rhaglen **Radiotherapi**
- ☐ Ailddatblygu **Ysbyty Brenhinol Alexandra**
- ☐ Ailddatblygu'r **Uned Ablett**
- ☐ **Ail-alluogi** mewn partneriaeth â phartneriaid awdurdod lleol ym Mae Colwyn, Dinbych a'r Fflint
- ☐ **Preswylfeydd** ynghyd â phartner Landlord Cymdeithasol
- ☐ Buddsoddiad **gofal cychwynnol** sydd ar y ffordd

Business Cases in development for:

- ☐ **Diagnostic and Treatment** model of care
- ☐ **Ysbyty Gwynedd** compliance
- ☐ **Wrexham Maelor Hospital** continuity
- ☐ **Nuclear** medicine
- ☐ **Radiotherapy** programme
- ☐ Redevelopment of **Royal Alexandra Hospital**
- ☐ Redevelopment of **Ablett Unit**
- ☐ **Reablement** in partnership with local authority partners in Colwyn Bay, Denbigh and Flint
- ☐ **Residencies** together with Social Landlord partner
- ☐ **Primary care** investment pipeline

Trawsnewid ar gyfer Gwella

- ❖ Gwella ansawdd profiad y claf
- ❖ Strategaeth glinigol yn gyrru gwelliannau
- ❖ Wedi'i alluogi'n ddigidol / strategaeth ddigidol
- ❖ Arloesedd / ymchwil a datblygiad
- ❖ Buddsoddi mewn galluedd a chapasiti sefydliadol ychwanegol
- ❖ Isadeiledd a diwylliant dysgu yn cynnwys ysgol feddygaeth a gwyddorau iechyd

Transformation for Improvement

- ❖ Quality Improvement of patient experience
- ❖ Clinical strategy driving improvement
- ❖ Digitally enabled / digital strategy
- ❖ Innovation / research and development
- ❖ Investment in additional organisational capacity and capability
- ❖ Learning culture and infrastructure including medical and health science school



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Cymryd Rhan ac Ymgysylltu Involvement and Engagement

Er mwyn i drawsnewid ddigwydd:

Mae angen **newid mawr mewn diwylliant a dull** i ganiatau'r cyhoedd i gofleidio'r ffyrdd newydd o weithio sydd ei angen ar y GIG yn y dyfodol

Mae angen i ni wella **dealltwriaeth a derbyniad y cyhoedd** o ailddylunio gwasanaeth, gwella gwybodaeth pobl o'r gwasanaethau y maent yn ei dderbyn a gwella ymwybyddiaeth y cyhoedd o'r effaith sydd gan eu dewisiadau ar eu lles.

Mae'n rhaid i'n cleifion fod yn **bartneriaid hafal** yn eu hiechyd a chyd-ddylunio gwasanaethau lechyd.

Mae cyfraniad pwysig y CHC o ran gweithredu fel llais y cyhoedd yn un o'r mecanweithiau i greu amgylchedd ar gyfer dylanwadu a newid

For transformation to happen:

A **major change in culture and approach** is required to enable the public to embrace the different ways of working that the NHS of the future demands

We need to **increase public understanding and acceptance** of service redesign, improve people's knowledge of the services they receive and increase public awareness of the impact their choices have on their well-being.

Our patients must be **equal partners** in their health and co-designing health services

The important contribution of the CHC in acting as the public voice is one of the mechanisms in creating an environment for influence and change

Ymyrraeth wedi'i Dargeddu Targeted Intervention

Ym Mis Tachwedd 2020 tynnwyd y Bwrdd Iechyd o'r **Mesurau Arbennig**.

In November 2020 the Health Board was de-escalated from **Special Measures**.

Bellach mae angen gwelliannau **Ymyrraeth wedi'i Dargeddu (TI)** yn y meysydd canlynol:

- ❖ Iechyd Meddwl (oedolion a phlant)
- ❖ Strategaeth, cynllunio a pherfformiad
- ❖ Arweinyddiaeth (gan gynnwys llywodraethu, trawsnewid a diwylliant)
- ❖ Ymgysylltiad (cleifion, y cyhoedd, staff a phartneriaid)

Targeted intervention (TI) improvements are now required in the following areas:

- ❖ Mental Health (adult and children)
- ❖ Strategy, planning and performance
- ❖ Leadership (including governance, transformation and culture)
- ❖ Engagement (patients, public, staff and partners)

Mae'r **fframwaith TI** yn seiliedig ar ddiffiniad o beth sy'n cael ei ystyried yn dda ym mhob un o'r meysydd hyn.

The **TI framework** is based on a definition of what good looks like for each of these areas

Bydd **Trawsnewid ac arloesedd** yn hanfodol i adeiladu ar lwyddiannau'r 5 mlynedd ddiwethaf. Mae'n rhaid i ni weithredu mewn ffyrdd newydd a dod o hyd i ddatrysiadau gweithredol, clinigol a digidol mewn partneriaethau gyda chleifion, staff a rhanddeiliaid.

Transformation and innovation will be essential to build upon the successes of the last 5 years. We must operate in new ways and find new operational, clinical and digital solutions in partnership with patients, staff and stakeholders

Diweddariad ar Ofal wedi'i drefnu *Planned care update*

Mae gofal wedi'i drefnu yn flaenoriaeth bwysig i'r sefydliad yn yr oes ôl-covid.

4 elfen:

Un llwybr canser

Gwahanol ffyrdd o weithio

Ail-ddechrau gweithgaredd arferol

Adfer ôl-groniad

Planned care is a important priority for the organisation in post covid era.

4 elements :

Single cancer pathway

Differing ways of working

Re-start of routine activity

Backlog recovery

Ail-ddechrau gweithgarwch arferol

- Mae Ysbyty Maelor Wrecsam wedi ail-ddechrau'r holl weithgarwch dewisol, ac eithrio Orthopaedig, sydd i fod i ddechrau ym mis Mai
- Mae Ysbyty Glan Clwyd yn dechrau gweithgarwch dewisol ddiwedd mis Ebrill, a gweithgarwch Orthopaedig ym mis Mai
- Mae Ysbyty Gwynedd yn dechrau gweithgarwch dewisol - efallai y bydd gweithgarwch Orthopaedig yn dechrau ym mis Mai

Re-start of routine activity

- Wrexham Maelor Hospital has re-commenced all elective activity, except Orthopaedics, which is scheduled for early May
- Ysbyty Glan Clwyd is commencing elective activity in late April, Orthopaedics in May
- Ysbyty Gwynedd - is commencing elective activity -Orthopaedics may commence in May

Perfformiad mesur Gofal y Llygaid Performance of Eye care measure

Canran y cleifion offthalmoleg R1 sydd i'w gweld erbyn eu dyddiad targed clinigol neu o fewn 25% yn fwy na'u dyddiad targed clinigol ar gyfer eu gofal neu eu triniaethau			Chwefror-21
	Gorllewin	Gwironeddol	50.60%
	Ardal y Canol	Gwironeddol	45.90%
	Dwyrain	Gwironeddol	34.50%
	PBC	Gwironeddol	42.60%

Dechreuwyd ôl-groniadau cataract, gan ddefnyddio model sylweddol a mewnlol

Yn cwmpasu'r defnydd o wasanaeth “symudol ar gyfer cataractau”

Percentage of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments			Feb-21
	West	Actual	50.60%
	Centre	Actual	45.90%
	East	Actual	34.50%
	BCU	Actual	42.60%

Cataract backlogs commenced, using substantive and insourcing model

Scoping the use of “mobile cataract” service

Gofal wedi'i drefnu – Cancer Planned care -Cancer

Sefydlu un llwybr cancer:

Addysg iechyd i'r boblogaeth - sylwi
ar yr arwyddion

Cyswllt cynnar â gweithiwr
proffesiynol gofal iechyd

Diagnosteg gynnar - yn agosach at
y claf – diagnosteg o fath
cymunedol

Gwella'r arosiadau o fewn
llwybrau'r ysbyty - gan leihau
amrywiad ar draws Gogledd
Cymru

Dull unwaith ar gyfer Gogledd
Cymru

Establishing a single cancer pathway:

Health education for the population-
spotting the signs

Early contact with a health care
professional

Early diagnostics- closer to the
patient - community type diagnostics

Improving the waits in the hospital
pathways-reducing variation across
north Wales

Once for North Wales approach

Lleihau'r ôl-groniadau:

Fe achosodd Covid oedi i'r holl weithgarwch “arferol” fel y gallai'r sefydliad ganolbwyntio ar wasanaethau hanfodol fel y gorchmynnwyd gan Lywodraeth Cymru a covid

- Ar ddiwedd Mawrth 21 - mae 44,265 o bobl yn aros dros flwyddyn
- Cam 4 (yn aros am lawdriniaeth neu driniaeth) = 12,868

Reducing the backlogs:

Covid paused all “routine” activity so the organisation could focus on essential services as mandated by Welsh Government and covid

- As of end of March 21 - 44,265 people are waiting over a year
- Stage 4 (awaiting an operation or procedure) = 12,868

Lleihau'r ôl-groniadau:

Amcangyfrifir y bydd yr adferiad yn 4-5 mlynedd, yn enwedig ar gyfer arbenigeddau fel Orthopaedig:

Bydd robot wroleg yn cael ei ddefnyddio yr haf hwn

Ar hyn o bryd mae pob safle ac ardal yn adeiladu cynlluniau adfer

Reducing the backlogs:

Estimated recovery is estimated at 4-5 years, particularly for specialties such as Orthopaedics:

Urology robot will be deployed this summer

Each site and area are currently building recovery plans

Gofal wedi'i Drefnu – camau nesaf *Planned care-next steps*

- Haeniad risg fel dull yn hytrach nag amser aros yn unig
- Addysg iechyd a hyrwyddo i gadw cleifion yn iach ac opsiynau triniaeth nad ydynt yn rhai llawfeddygol
- Ehangu gofal iechyd rhithiol
- Capasiti ychwanegol - wardiau / theatrau modiwlaid
- Parhau ac ehangu'r dull unwaith ar gyfer Gogledd Cymru ar gyfer pob claf
- Gwneud y mwyaf o'r capasiti cyfredol, mae'r holl gapasiti yn werthfawr
- Dod o hyd i staff cymorth parhaol gan ddefnyddio ffynonellau mewnol
- Risk stratification as an approach rather than just time waiting
- Health education and promotion- keeping patients healthy, non-surgical treatment options
- Expand virtual health care
- Extra capacity – modular wards/theatres
- Continuing and extending the once for north Wales approach for all patients
- Maximising current capacity, every piece of capacity is precious
- Insourcing supporting substantive staff

***Cyfarfod Bwrdd ar y Cyd CHC Gogledd Cymru – BIPBC
22 Ebrill, 2021***

Llawfeddygaeth â Chymorth Robot

Arpan Guha

Cyfarwyddwr Meddygol Gweithredol Dros Dro

***North Wales CHC-BCUHB Board to Board meeting
22nd April, 2021***

Robotic Assisted Surgery

Arpan Guha

Acting Executive MD

- Bu awydd hirdymor i gleifion yng Ngogledd Cymru allu manteisio ar lawdriniaeth gan ddefnyddio technegau robotig
 - galluogi defnydd o arfer clinigol modern yn y Gogledd
 - lleihau'r gofyniad teithio ar gyfer ein cleifion i naill ai Swydd Gaer a Glannau Mersi neu Dde Lloegr
- There has been a long term desire for patients in North Wales to be able to access surgery using robotic techniques
 - enabling use of modern clinical practice in N. Wales
 - reduce requirement for travel for our patients to either Cheshire & Merseyside or South of England

- Gwnaeth BIPBC adolygu opsiynau yn y lle cyntaf i ystyried caffael robot
 - dechreuodd proses gaffael leol trwy gyfle prydlesu
 - yn y lle cyntaf i ategu darpariaeth ym maes Wroleg
 - cydnabod llawer o gyfleoedd eraill i ddefnyddio roboteg mewn llawer o arbenigeddau llawfeddygol
- BCUHB initially reviewed options to explore the procurement of a robot
 - initiated a local procurement process via a lease opportunity
 - initially to support provision within Urology
 - recognising many other opportunities for the use of robotics in many surgical specialities

- Yn ystod y cyfnod paratoi i symud ymlaen i gaffael o fewn BIPBC, roedd hefyd ddatblygiadau ar lefel Cymru Gyfan
 - Roedd hyn yn fodd o fanteisio ar gyfleoedd i gaffael yn effeithlon
 - Modd posibl o wella dysgu trwy ddarparu'r gyfres gyntaf o robotiaid wedi'u rhwydweithio'n 'fyd-eang' mewn un wlad (Cymru)
 - Defnyddio cyfleoedd a gallu ar sail aml-arbenigedd, oherwydd nifer y cyfleusterau cysylltiedig, i weithio mewn partneriaeth â'r diwydiant
 - Datblygu arloesi a datblygu robotiaid yn ffisegol yn ogystal â symud tuag at Ddeallusrwydd Artiffisial (AI)
- During the time of the preparation to move forward with a BCUHB own procurement there were also developments at an All Wales level
 - This lent itself to opportunities for procurement efficiencies
 - Potential enhancement of learning through the provision of a 'first globally' networked series of robots within one country (Wales)
 - Multi-specialty use opportunities and an ability, because of the number of linked facilities, to work in partnership with industry
 - Develop innovation and development of robotics physically as well as the movement into AI (Artificial Intelligence)

- Gan ystyried yr holl fanteision uchod, penderfynwyd cyfrannu at broses tendro Cymru Gyfan
 - Wedi cytuno, yn syth ar ôl dyfarnu'r tendr, y byddai BIPBC yn cael ei flaenoriaethu i dderbyn y robot cyntaf a fyddai'n cael ei osod yn Ysbyty Gwynedd (YG)
 - Rhaglen wedi'i chyflymu, gan arweiniad C&V CEO gan fod SRO y rhaglen wedi dechrau ac mae ar fin cael ei chwblhau gyda'r oedi lleiaf hyd yma
- I'r perwyl hwn, mae'r uwch reolwyr a'r timau gweithredol, clinigwyr ac arbenigwyr caffael wedi bod yn gweithio tuag at gymeradwyo'r broses dendro a chomisiynu'r gwasanaeth newydd.
- Taking account of all the above advantages a decision was made to participate in the All Wales tender process
 - Understanding reached that immediately following the awarding of the tender BCUHB would be prioritised to receive the first robot which would be placed in Ysbyty Gwynedd,(YG)
 - An accelerated programme, led by C&V CEO as the programmes SRO has been initiated and is close to completion, with only minor delays thus far
- To this end, the senior management and operational teams, clinicians and procurements experts have been working towards finalising the tender process and commissioning of the new service.

- O ran ble rydym arni nawr, mae'r canlynol yn dangos y dilyniant disgwylledig o ddigwyddiadau:
 - Mae'r ddogfennaeth dendro derfynol wedi'i chyflwyno i gynigwyr posibl
 - Bydd cyfnod o dair wythnos i'r holl gynigwyr ymateb
 - Caiff yr holl ymatebion eu coladu a'u gwerthuso o fewn wythnos i'r dyddiad hwn a byddant yn barod am benderfyniad a dyfarniad wythnos ar ôl hynny.
 - Bydd amseroedd dechrau'r gwasanaeth yn dibynnu ar ba gynigiwr sy'n llwyddiannus, gan nad yw'r holl gynigwyr yr un fath.
 - Disgwylir i'r cynigiwr llwyddiannus gael mynediad i'r personél priodol yn BIPBC i drafod manylion am ddarpariaeth, hyfforddiant a llawfeddygol a chynorthwyo prosesau a gweithdrefnau o fewn y mis nesaf.
 - Bydd amseroedd dechrau'r gwasanaeth yn dibynnu ar ba gynigiwr sy'n cael ei ddewis a chaiff hyn ei gadarnhau
- Caiff y broses gaffael ei chynnal yn gyfrinachol, mewn amgylchedd hynod gystadleuol ac sy'n heriol yn gyfreithiol, a dyna pam nad oes modd rhannu llawer o fanylion am y gwaith, yn aml.
- With regards to where we are now, the following is the expected sequence of events:
 - The final tender documentation has been submitted to potential bidders
 - There will be a time period of three weeks for response by all bidders
 - All responses will be collated and evaluated within a week of this date and be ready for decision and award one week thereafter.
 - Service start times will be dependent on which bidder is successful, since not all bidders are the same.
 - It is anticipated that the successful bidder will be granted access to appropriate BCUHB personnel to discuss details regarding delivery, training and surgical and supporting processes and procedures within the next month.
 - Service start times will depending on which bidder is chosen and this will be confirmed
- The procurement process is undertaken confidentially, in a highly competitive and legally challenging environment, which is why it is often not possible to share much of the detail around the work.



Cyfarfod a dyddiad: Meeting and date:	Joint Board to Board Meeting – BCUHB and Community Health Council 22nd April 2021						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Mental Health and Learning Disabilities (MHLD) Division Update						
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen - Executive Director of Public Health						
Awdur yr Adroddiad Report Author:	Iain Wilkie – Interim Divisional Director, MHLD						
Craffu blaenorol: Prior Scrutiny:	Senior Leadership Team, Mental Health and Learning Disabilities Division						
Atodiadau Appendices:	1. Presentation slides						
Argymhelliad / Recommendation:							
The Board to Board meeting is asked to note the areas of improvement and the divisional plans going into the next phase.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	x	Er gwybodaeth For Information	
<i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.</i>							
						Y/N to indicate whether the Equality/SED duty is applicable	N
Sefyllfa / Situation:							
<p>The MHLD Division are moving from the initial period of responding to covid-19 and within the limitations of government restrictions and infection control, to establish a medium term, safe and sustainable MHLD service, with partners, that will ultimately deliver the Together for Mental Health Strategy.</p> <p>The Division has reflected upon the impact and outcomes of actions during the initial phase of the pandemic. As part of our initial phase we enacted a swift clinically led service change to ensure that:</p>							

- Our bed based provision was organised to manage an unknown number of possible positive cases and was organised around an evidence based patient pathway model i.e. Older People's Mental Health (OPMH), Adults, Rehabilitation Services, Substance Misuse and Learning Disabilities.
- We maintained area operational management to ensure continuity for essential services, amidst disruption of community services through staff dispersion/absences and social distancing.
- Our resources were focussed on supporting the most vulnerable and high-risk patients to avoid unnecessary social contact, travelling or hospitalisation.
- We quickly published a comprehensive Divisional Operational Plan and contingency arrangements to deliver care for patients presenting, or possibly presenting with symptoms of covid-19. This Operational Plan was developed by clinical and operational leads from within the Division, agreed and supported by executive directors through the Health Board's Clinical Pathways Group.

This paper will highlight the key areas of improvement and outline the divisional plans going into the next phase.

Cefndir / Background:

Targeted Interventions – Mental Health

Following de-escalation from Special Measures, the Health Board was placed in Targeted Intervention with improvement required in mental health services. The MH&LD division has been working with Health Board Executives and Welsh Government in producing a maturity matrix which will act as a system health check on the improvement journey. The targeted intervention process includes a financial investment package and the division has secured additional investment on a 3 year recurring basis in order to support service transformation.

Divisional Planning

The division plans to introduce a number of service developments that will support people to maintain good mental health and renew our focus on delivering the prevention agenda and these are outlined within the divisional operational plan 2021/22. Our renewed focus will be to support the whole-life outcomes of those with experience of mental health problems. We will focus on the prevention/crisis avoidance agenda, and for those individuals who need support to cope with a mental health problem, our services will be united in supporting the recovery of a good quality life and the achievement of goals and ambitions.

Governance

The division has maintained robust oversight and scrutiny of both clinical and non-clinical activities throughout the Covid-19 pandemic via its tactical Command structure. The division is now standing down the command structure and re-introducing its usual governance oversight and scrutiny arrangements to ensure safe and effective services.

Partnership Working

The Together for Mental Health Partnership Board has been re-established and is in the process of reviewing its terms of reference and planning a refresh of the Together for Mental Health Strategy with partners. This process will be supported by evidence from the outcome of the North Wales population needs assessment.

Closer working arrangements have been established across MH&LD division and Child Adolescent Mental Health Services (CAMHS) to ensure clear and safe transition arrangements are in place.

Opportunities to work closely with Area Teams and Local Authorities have been established by regular attendance at Area Integrated Service Boards and also via the North Wales Leadership Group.

Towards the latter part of 2020/21, North Wales Community Health Council (CHC) held a number of safe space events to seek the views of people on their experiences of Mental Health Services during the pandemic. The division will be using the themes from this report to work with partners to address the points raised via a blended model of Video Conference and face to face meetings with patients and their carers. We would like to thank North Wales CHC for facilitating the safe space sessions, and to all the individuals who have shared their experiences to date.

Ablett Unit

In January 2021, Denbighshire County Council's Planning Committee rejected the application for Outline Planning Permission on a site to the south-west of Glan Clwyd Hospital grounds, citing an unacceptable impact on local residents. Based on the concerns of local residents, we are now examining the possibility of building on the north western corner of the hospital campus, away from local residents' boundaries. If the revised location proves to be a feasible option, we will look at how our existing building design can be adapted to maximise the benefits for both patients and staff.

We are in the early stages of developing our new plans alongside people who use our services. Once we are in a position to do so, we will invite our partners and the local community to examine them in detail and have their say on how we move forward together.

Asesiad / Assessment & Analysis

Strategy Implications

Actions outlined will support delivery of the Together for Mental Health Strategy previously supported by the Board.

Options considered

n/a

Financial Implications

As detailed

Risk Analysis

The MHLDD maintains a risk register, and utilises the DATIX systems.

Legal and Compliance

N/A

Impact Assessment

Not required at this stage.

Iechyd Meddwl ac Anableddau Dysgu / Mental Health & Learning Disabilities

- Parhau i sefydlogi uwch arweinyddiaeth ar draws yr Uwch Adran
- Ymyriadau wedi'u targedu – Matrics aeddfedrwydd Iechyd Meddwl
- Cynllunio Uwch Adrannau – datblygiadau gwasanaeth a fydd yn helpu pobl i gynnal iechyd meddwl da ac adnewyddu ein ffocws ar gyflwyno'r agenda ataliaeth
- Llywodraethu – symud oddi wrth orchymyn Aur i drefniadau arolygu a chraffu mewn uwch adrannau
- Gweithio mewn Partneriaeth – T4MHPB (adnewyddu strategaeth), gweithio'n agosach gyda CAMHs, Byrddau Gwasanaeth Integredig Ardal, Grŵp Arweinyddiaeth Ranbarthol
- Digwyddiadau Mannau Diogel CHC – croesawu'r adroddiad a'r argymhellion. Camau nesaf – cyfres gymysg o gyfarfodydd fideogynadledda ac wyneb yn wyneb gyda chleifion.
- Uned Ablett – adolygu dewisiadau am leoliadau yn dilyn materion ceisiadau cynllunio ac adborth gan breswylwyr
- Continued stabilization of senior leadership across the Division
- Targeted Interventions – Mental Health maturity matrix
- Divisional Planning - service developments that will support people to maintain good mental health and renew our focus on delivering the prevention agenda
- Governance – moving from Gold command to divisional oversight and scrutiny arrangements
- Partnership Working – T4MHPB (strategy refresh), closer working with CAMHs, Area Integrated Service Boards, Regional Leadership Group
- CHC Safe Space Events – report and recommendations welcomed. Next steps – blended series of VC and F2F meetings with patients.
- Ablett Unit- reviewing location options following planning application issues and resident feedback



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*Diweddariad y gwasanaethau
fasgwlaidd
Cyfarfod Bwrdd CHC-BIPBC Gogledd
Cymru
22 Ebrill, 2021*

Arpan Guha
Cyfarwyddwr Meddygol
Gweithredol Dros Dro BIPBC

*Update of vascular services
North Wales CHC-BCUHB Board
22nd April, 2021*

Arpan Guha
Acting Executive Medical
Director, BCUHB

- Canoli'r gwasanaeth fasgwlaidd yn Ebrill 2019
 - Model prif safle a safleoedd ategol
- Mewnwelediadau gwerthfawr iawn gan y digwyddiadau ymgysylltiad CHC dilynol
 - Bwrdd yn comisiynu ail adolygiad annibynnol i sicrhau gwrthrychedd a mynd i'r afael â phryder y cyhoedd/CHC
 - Comisiynwyd adolygiad mewnol a'i gyflwyno i'r Bwrdd cyhoeddus ym mis Mai 2020
 - Comisiynwyd adolygiad allanol gan Goleg Brenhinol y Llawfeddygon gan y Bwrdd ym mis Medi 2020
 - Cytunwyd ar y ToR ar gyfer yr adolygiad rhwng RCS Lloegr, BIPBC a'r tîm adolygu ar 14 Rhagfyr 2020.
 - Ysgrifennwyd y ToR ar y cyd a chytunwyd arno gan aelodau o'r Grŵp Gorchwyl a Gorffen Fasgwlaidd a oedd yn cynnwys aelodau o'r Cyngor Iechyd Cymuned.
- Centralisation of the vascular service in April 2019
 - Hub and spokes model
- Extremely valuable insights from the CHC engagement events subsequently
 - Board commissioned a second and independent review to ensure objectivity and to address public/CHC concern
 - Internal review commissioned and presented to public Board in May 2020
 - External review by the Royal College of Surgeons was commissioned by the Board in September 2020
 - ToR for this review was agreed between the RCS England, BCUHB and the review team on 14th December 2020.
 - ToR jointly written and agreed by members of the Vascular Task and Finish group which included Community Health Council members



Ambell sylw | Some observations

- Mae gwersi arwyddocaol i'w dysgu o ganoli'r gwasanaeth fasgwlaidd
 - Angen mynd i'r afael ag elfennau diwylliannol ac ymddygiad yn ogystal â'r prosesau gweithredol a chlinigol
- Gwerth parhau ymgysylltiad CHC yn y Grŵp Gorchwyl a Gorffen
 - Gwrthrychedd wrth bennu a yw'r argymhellion wedi eu hystyried yn llwyr
- Heb fod yn rhan o'r dechrau, rwy'n benderfynol fel EMD i sicrhau eu bod yn cael eu cyflawni
- There are significant lessons to be learnt from the centralisation of vascular service
 - a need to address cultural and behavioural elements in addition to operational and clinical processes
- Value of continuation of CHC involvement in the T & F Group
 - objectivity in determining whether recommendations have been fully addressed
- Not being involved from the outset, I am determined as EMD to ensure they are completed

- Adroddiad yn cefnogi'r model prif safle a safleoedd ategol
 - Cydnabod bod angen gwneud mwy i gefnogi safleoedd ategol
- Cydnabod bod fframwaith o arbenigedd MDT clinigol gwerthfawr yn parhau yn y prif safleoedd a'r safleoedd ategol i gefnogi model fasgwlaidd integredig sydd angen ei adfywio
- Nodi'r ymrwymiad llwyr a adroddir gan y rhai a gafodd eu cyfweld i fynd i'r afael â heriau a nodwyd a pharhau i ddatblygu a gwella'r gwasanaeth.
 - Cynnig nifer o argymhellion a fydd yn gwella'r gwasanaeth
- Report supports the hub and spoke model
 - Acknowledges that more needs to be done to strengthen the spoke sites
- Acknowledges that there remains a framework of valuable clinical MDT expertise in both the hub and the spoke sites to support the integrated vascular network model which needs to be reinvigorated
- Notes an overwhelming commitment reported from those interviewed to address the challenges identified and continue to develop and improve the service.
 - Makes several recommendations that will improve the service

Proses Adolygu'r RCS

RCS Review process

- Ystyried y ddogfennaeth gefndirol parthed y gwasanaeth llawfeddygaeth fasgwlaidd
- Wedi cyfweld aelodau o'r gwasanaeth llawfeddygaeth fasgwlaidd, y rhai sy'n gweithio gyda nhw i ddarparu'r gwasanaeth ac aelodau perthnasol eraill o staff BIPBC, gan gynnwys y rhai nad ydynt yn cael eu cyflogi gan BIPBC bellach
- Adolygiad RCS o gofnodion clinigol 50 achos
 - Gellir trefnu hyn bellach am fod cyfyngiadau symud Covid wedi eu llacio
- Considered the background documentation regarding the vascular surgery service
- Interviewed members of the vascular surgery service, those working with them to provide the service and other relevant members of BCUHB staff, including those who were no longer employed by the Health Board
- A clinical records review of 50 cases by the RCS
 - can now be arranged given Covid movement restrictions have been lifted

Data Cofrestrfa Fasgwlaidd Genedlaethol [cyhoeddwyd Tach 2020]

National Vascular Registry data [published Nov 2020]

- Ystyriodd y tîm adolygu'r canlyniadau, cymhlethdodau a marwoldeb yng nghyd-destun y safonau/tueddiadau rhyngwladol a chenedlaethol a gaiff eu derbyn, yn benodol, data Cofrestrfa Fasgwlaidd Genedlaethol (NVR) 2020.
- Amlygodd y tîm adolygu y dylid trin y data yn ofalus wrth adolygu canlyniadau cymharol cyn ac ar ôl canoli'r gwasanaeth gan ei fod yn adlewyrchu'r ddwy sefyllfa mewn un set ddata.
- Yn ogystal, barn y tîm adolygu yw bod cymhariaeth o'r data cyn ac ar ôl canoli yn gyfyngedig o ran pa mor ddefnyddiol ydynt, am mai megis dechrau oedd datblygiad y rhwydwaith fasgwlaidd integredig
- Nodwyd bod dehongliad y data angen cyfnod hirach a lefelau cyson o gyflwyno. Yn ogystal, bydd effaith y pandemig COVID-19 yn debygol o wyro'r canlyniadau.
- The review team considered outcomes, complications and mortality in the context of accepted national and international standards/norms, in particular, the National Vascular Registry (NVR) data 2020
- The review team highlighted that the data should be treated with caution whilst reviewing comparative outcomes before and after centralisation of the service as it reflects both scenarios in one data set
- In addition, it was the opinion of the review team that comparisons of data of before and after centralisation are limited in their usefulness, given the relative infancy of the development of the integrated vascular network
- They noted that interpretation of data requires a longer time period and consistent levels of submission. In addition, the impact of the COVID-19 pandemic will likely have skewed outcomes.



- Gan gadw hyn mewn cof, gwnaeth y tîm adolygu'r arsylwadau canlynol:
- (i) Nid oedd yn ymddangos bod unrhyw fater o bryder yn y data NVR ar gyfer BIPBC yn nhermau marwoldeb, ail-dderbyniadau a hyd arosiadau.
- (ii) Mae'n bwysig wrth ystyried cyfraddau trychiadau, i sôn am y cyfraddau o drawsnewid o islaw'r pen-glin (BK) i uwchlaw'r pen-glin (AK). Gall hyn fod yn arwydd o reolaeth glinigol dda.
- (iii) Parthed ymlediadau, nid yw'n bosib dod i ganlyniad o'r data NVR, am fod data BIPBC o 2019 yn trafod 35 achos yn unig.
- O'r data cyfyngedig hwn, er nad oedd y cyfraddau marwoldeb cyffredinol yn ymddangos fel mater o bryder, mynegwyd pryderon am ganlyniadau 2020 nad oeddent, ar adeg yr adolygiad, wedi'u cyhoeddi.
 - Gofynnodd EMD i RCS ymchwilio i hyn yn annibynnol
- Cyhoeddir data lefel Meddygon Ymgynghorol ar ôl tair blynedd ac felly, o ystyried y tîm llawfeddygon ymgynghorol fasgwlaidd cymharol newydd, roedd yn cynnwys data ar gyfer ymlediadau yn unig ar gyfer llawfeddygon ymgynghorol fasgwlaidd a oedd wedi ymddeol o BIPBC.
- With this in mind, the review team made the following observations:
- (i) There did not appear to be any red flags in the NVR data for BCUHB in respect of mortality, readmissions and length of stays.
- (ii) It is important when considering amputation rates, to address the rates of conversion from below knee (BK) to above knee (AK). This can be a marker of successful clinical management
- (iii) Regarding aneurysms, it was not possible to draw conclusions from the NVR data, given that the BCUHB data from 2019 related to only 35 cases.
- From this limited data, whilst overall mortality rates did not appear to indicate a red flag, concerns were raised about 2020 outcomes which, at the time of the review, were as yet unpublished.
 - EMD has asked RCS to look at this independently
- The consultant level data is published after three years and so, given the relatively newly appointed consultant vascular surgeon team, included only data for aneurysms for a consultant vascular surgeon who had retired from BCUHB.

Regarding outcomes, complications and mortality in the context of accepted national and international standards/norms, the most recent NVR information (for the previous three years to 2020)⁵⁰ provided is shown in *table 1* below.

Description	BCUHB rate	National rate
Adjusted in-hospital mortality for abdominal aortic aneurysms	0.9%	1.4%
Adjusted in-hospital mortality for bypass	2.3%	2.4%
Adjusted in-hospital mortality for amputation	15.9%	4.6%
Adjusted stroke and/or death rate (2015-2017)	4.4%	1.9%

- Adolygwyd y gyfradd 15.9% ar gyfer trychu gan brosesau clinigol mewnol ac mae'r cynllun gweithredu a nodiadau yn rhan o'r broses adolygu nodiadau clinigol y RCS ar gyfer craffu annibynnol, allanol.

- The 15.9% rate for amputation has been reviewed by internal clinical governance processes and the action plan and notes are part of the clinical notes review process of the RCS for external, independent scrutiny.



- 9 argymhelliad brys
 - Rhai wedi eu cyflawni'n barod fel rhan o waith y Grŵp Gorchwyl a Gorffen Fasgwlaidd
 - (rhestr ar y sleidiau nesaf)
- 2 arweiniad bras ar gyfer gwelliant gwasanaeth
- Cynllun gwelliant cynhwysfawr sy'n cael ei oruchwylio gan y Cyfarwyddwr Meddygol Gweithredol Dros Dro ac y'i gweithredir gan Gyfarwyddwr Safle Llym YGC

- 9 urgent recommendations
 - Some have been concluded already as part of the Vascular Task and Finish Group work
 - (list in next slides)
- 2 broad headings for service improvement
- Comprehensive improvement plan being overseen by the Acting Executive MD and operationally by the Acute Site Director for YGC

9 argymhelliad brys i fynd i'r afael â peryglon diogelwch cleifion

9 urgent recommendations to address patient safety risks

1. Llwybr y cytunwyd arno ar gyfer triniaeth amserol ac effeithiol ar y safleoedd ategol
 - trefnwyd llwybr ar gyfer y Grŵp Cynghori Clinigol ar 16/04/2021
2. Dylai capasiti gwelyau fasgwlaidd ac adnoddau nyrsio cysylltiedig fod yn ddigonol i alluogi trosglwyddiad amserol o safle ategol i'r prif safle
 - dadansoddi'r data diweddaraf erbyn 31/5/21 a chyfuniad y gwelyau erbyn 30/06/2021
3. Defnydd mwy effeithiol o'r theatr hybrid
 - data defnyddio theatr i'w ddadansoddi a'i adrodd i swyddogion Ansawdd a Diogelwch safle ar 28/05/2021 a'i fonitro
4. Presenoldeb Meddyg Ymgynghorol fasgwlaidd i alluogi adolygiad claf o fewn 24 awr ar safleoedd ategol
 - Adolygu a chyflwyno data presenoldeb meddygon ymgynghorol ar 30/04/2021 i fynd yn ei flaen yn briodol
5. Gorffen llwybr ar gyfer rheoli cleifion ar ôl llawfeddygaeth fasgwlaidd brifwythiennol mawr i sicrhau adsefydliad a gwelliant amserol
 - Cymeradwywyd yn CAG ar 27/01/21. Cyfnod gweithredu

1. Agreed pathway for timely & effective treatment at the spoke sites
 - pathway scheduled for Clinical Adv Group on 16/04/2021
2. Vascular bed capacity and associated nursing resources should be adequate to allow timely transfer from spoke to hub site
 - latest data analysed by 31/5/21 and pathway alignment of beds by 30/06/2021
3. More effective use of the hybrid theatre
 - theatre utilisation data to be analysed and reported to site Q&S on 28/05/2021 and monitored
4. Vascular consultant presence to enable patient review within 24hrs at spoke sites
 - Consultant presence data review and presentation on 30/04/2021 to proceed appropriately
5. Finalise pathway for management of patients post major arterial vascular surgery to ensure timely rehabilitation and repatriation
 - Approved at CAG on 27/01/21. Implementation phase



9 argymhelliad brys i fynd i'r afael â peryglon diogelwch cleifion [parhad]

9 urgent recommendations to address patient safety risks [contd.]

6. Datblygu llwybr troed diabetig nad yw'n brifwythiennol

- » Y broses wedi dechrau a rhagwelir y bydd yn dod i ben ar 31/6/21

7. Gorffen llwybrau eraill sydd yn y cyfnod drafftio

- » Angioplasti, adsefydliad: wedi ei gwblhau a'i gymeradwyo gan CAG; i'w weithredu
- » Crawnïad gafl: cyflwynwyd i'r CAG ond gofynnwyd am addasiadau pellach. Dyddiad targed ar gyfer ei gwblhau ar 25.6.21

8. Cadarnhau llwybr ar gyfer ymyriadau risg isel/nad ydynt yn gymhleth ar safleoedd ategol

- » Cadarnhau llwybrau erbyn 30/06/2021

9. Gwella effeithiolrwydd o broses llywodraethu glinigol

- » Proses wedi ei chryfhau gyda'r broses llywodraethu clinigol ar draws PBC yn adrodd drwy'r strwythur Gofal Eilaidd
- » Fodd bynnag, bydd craffu ac adroddiad erbyn 28.5.21 gan Gyfarwyddwr Meddygol Gofal Eilaidd, Cyfarwyddwr Nyrsio Gofal Eilaidd a'r Cyfarwyddwr Clinigol Fasgwlaidd

6. Develop non-arterial diabetic foot pathway

- » Process started and is due to be completed 31/6/21

7. Finalise other pathways currently in draft

- » Angioplasty, rehabilitation: completed and approved by CAG; for implementation
- » Groin abscess: presented to CAG but further amendments requested. Target completion date 25.6.21

8. Confirm pathway for non-complex/low risk vascular interventions at spoke sites

- » Confirm pathway by 30/06/2021

9. Improve effectiveness of clinical governance process

- » Process has been strengthened with pan-BCU clinical governance process reporting through the Secondary Care structure
- » However, further scrutiny and report by 28.5.21 by Sec Care MD, Sec Care Nurse Director and Vascular Clinical Director



Adolygiad Fasgwlaidd RCS Vascular RCS Review

- ***Argymhellion ar gyfer gwella gwasanaeth [dau arweiniad bras]***

1. Egluro Cyfnod 2 y cynlluniau canoli (gwasanaethau hygyrch ar y safleoedd ategol)
 - Ymgorffori argymhellion RCS
2. Gwella cyfathrebu a gwaith tîm ar draws prif safleoedd a rhai ategol
 - Newid diwylliannol gyda gwaith ar y cyd â'r tîm Datblygiad Sefydliadol

- ***Recommendations for service improvement [two broad headings]***

1. Clarify Phase 2 of centralisation plans (services accessible at spoke sites)
 - Incorporate RCS recommendations
2. Improve communication and team working across hub and spoke sites
 - Cultural change with work in collaboration with Organisational Development team



Llwybr troed Diabetig *Diabetic foot pathway*

- Gwaith llwybr aml-broffesiynol bellach yn cael ei arwain gan y Tîm Ardal [cyfrifoldeb diabetes]
 - Dechreuwyd gyda'r cyfarfod cyntaf yn Ysbyty Maelor Wrecsam
 - Wrth symud ymlaen, caiff y broses ei chadeirio gan Gyfarwyddwr Meddygol Ardal y Gorllewin o dan y broses datblygiad diabetes
 - Cynrychiolaeth gan glinigwyr gofal cychwynnol ac eilaidd, gan gynnwys podiatreg
 - Llwybr yn seiliedig ar dystiolaeth yn seiliedig ar arweiniad NICE a ddynodwyd a'r angen i'w wneud yn fwy addas ar gyfer Gogledd Cymru
 - Efallai y bydd rheolaeth troed Charcot angen llwybr allanol
 - Mae arbenigedd orthopaedeg leol yn cael ei archwilio
- Multi-professional pathway work now being led by the Area Team [diabetes responsibility]
 - Initiated with the first meeting at Wrexham Maelor Hospital
 - Going forward, the process will be chaired by Area MD West under the diabetes development process
 - Representation from primary and secondary care clinicians, including podiatry
 - Evidence based pathway based on NICE guidance identified and needs to be made suitable for North Wales
 - Charcot's foot management may need an external pathway
 - local orthopaedic expertise being explored



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Llinellau amser ar gyfer cyflwyno adolygiad yr RCS

Timelines for RCS review dissemination

- Adroddiad adolygiad RCS
 - cyhoeddi (yr adroddiad cyfan) drwy ein strwythurau llywodraethu
 - Pwyllgor Ansawdd, Diogelwch a Phrofiad – Sesiwn Breifat [4 Mai]
 - Cyfarfod Bwrdd Cyhoeddus [20 Mai]
- RCS review report
 - publication (of the full report) through our governance structures
 - Quality, Safety & Experience Committee – Private Session [4 May]
 - Public Board meeting [20 May]

BIPBC – Lansio 111

BCUHB – Launch of 111

Cyfarfod y Bwrdd Iechyd
Health Board Meeting

Dyddiad: 22 Ebrill 2021
Date: 22 April 2021

Dr Chris Stockport



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111

- Mae 111 yn rhif **rhaf ffôn** syml, sy'n hawdd ei gofio.
- Mae'n darparu un rhif i gael mynediad at wybodaeth iechyd, cyngor a chyfeirio brys i'r cyhoedd.
- Mae'n dwyn ynghyd y swyddogaethau trin galwadau ac asesiadau nyrsio o fewn Gwasanaeth Meddyg Teulu y Tu Allan i Oriau a Galw Iechyd Cymru mewn un gwasanaeth.

111

- 111 is a simple, easy to remember **freephone** number.
- It provides a single number to access urgent health information, advice and signposting for the public.
- It brings together the call handling and nurse assessment functions in GP Out of Hours and NHS Direct Wales in to a single service.

- PBC fydd y 6ed Bwrdd Iechyd i gyflwyno'r gwasanaeth yng Nghymru.
- Mae'r amserlen wedi'i dwyn ymlaen am resymau technegol. Y dyddiad lansio arfaethedig yw **diwedd Mehefin 2021**.

- BCU will be the 6th Health Board to roll the service out in Wales.
- The timescale has been brought forward for technical reasons. The planned date of launch is **end of June 2021**.

Y Gymraeg

- Ymgyrch recriwtio dda, gyda nifer o siaradwyr Cymraeg o Ogledd Cymru.

Welsh language

- Good recruitment campaign, with a number of welsh speakers from North Wales.

Manteision i Gleifion

- Cysondeb ar draws Cymru (a'r DU), gan leihau dryswch
- Llai o drosglwyddo a dyblygu rhwng gwahanol rannau o'r system
- Mwy o wytnwch system
 - Delio â galwadau
 - Darpariaeth ar y we e.e gwirio symptomau ar-lein
- Llwybrau clinigol safonol, yn seiliedig ar dystiolaeth ar draws Cymru

Patient benefits

- Consistency across Wales (and the UK), reducing confusion
- Reduced hand-offs and duplication between different parts of the system
- Greater system resilience
 - Call handling
 - Web offering e.g. online symptom checker
- Standardised, evidence based clinical pathways across Wales

Manteision i'r gwasanaeth / gweithlu

- Y defnydd gorau o'r tîm amlddisgyblaethol cyfan, gan wneud y mwyaf o weithlu cyfyngedig a medrus iawn
- Llwybrau effeithlon – yr unigolyn iawn, yr amser iawn, y ffordd iawn, y lle iawn
- Algorithmau llif gwaith i fonitro pwysau system gyfan ac addasu'n rhagweithiol
- Trosglwyddo di-dor ar draws cofnod y claf

Service/workforce benefits

- Best use of the whole multidisciplinary team, maximising a limited and highly skilled workforce
- Efficient pathways – right person, right time, right way, right place
- Workflow algorithms to monitor whole system pressure and adjust proactively
- Seamless transfer across patient record

Cyfathrebu

- Cynllun cyfathrebu'n cael ei baratoi gan dîm 111, gan ddal dysgu o'i gyflwyno mewn pum Bwrdd Iechyd blaenorol
- Mynediad cyfochrog ar draws y rhifau presennol a 111

Communication

- Comms plan being prepared by 111 team, capturing learning from rollout in previous five Health Boards
- Parallel access across existing numbers and 111