Bundle Health Board 21 April 2022

Board to Board meeting agenda

1	B22/01 Joint Chair's Welcome
2	B22/02 Apologies for Absence
3	B22/03 Declarations of Interest
4	B22/04 Draft Minutes of the Joint meeting held on 21.10.22 for accuracy and review of actions 22.04 - Minutes B2B 21.10.21 V0.3 agreed by MP and CHC.docx
5	B22/05 Covid Update - Gill Harris (Nick Lyons in her absence) 22.05 - BCUHB_Covid Update Gill Harris.pptx
6	B22/06 CHC Visiting - CHC
7	B22/07 Targeted Intervention - Gill Harris 22.07 - TI Bilingual April 2022 - CHC presentation.pptx
8	B22/08 Speech and Language Therapy - CHC
9	B22/09 Integrated Medium Term Plan - Chris Stockport 22.09 - IMTP CY.pptx
10	B22/10 Clinical Strategy - Nick Lyons 22.10 - CHC B2B_CS_update 210422 V0.3 final draft.pptx
11	B22/11 Vascular Services Update - Nick Lyons 22.11 - Vascular Bilingual.pptx
12	B22/12 Urology Services Update - Gill Harris (Nick Lyons in her absence) 22.12 - Urology Bilingual.pptx
13	B22/13 YGC/HIW Update - Verbal - Gill Harris (Nick Lyons in her absence)
14	B22/14 Stronger Together/Operating Model - Sue Green 22.14 - 2022_04_21 Stronger Together_Operating Model B2B CHC English.pptx
15	B22/15 Progress in Mental Health - Teresa Owen 22.15 Progress in Mental Health.pptx
16	B22/16 Closing Business
17	B22/17 Date of Next Meeting - October 2022 to be advised

Draft Minutes of the Board to Board meeting with the North Wales Community Health Council (CHC) on the 21st October 2021 Held in public and livestreamed

Present BCUHB	
Mark Polin	Chair
Clare Budden	Chair of Stakeholder Reference Group
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Chair of Healthcare Professionals Forum
Sue Green	Executive Director of Workforce & Organisational Development
Gill Harris	Executive Director of Nursing & Midwifery / Deputy CEO
Sue Hill	Executive Director of Finance
Jackie Hughes	Independent Member
Nick Lyons	Executive Medical Director
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health
Lucy Reid	Vice Chair
Adrian Thomas	Executive Director of Therapies & Health Sciences
Linda Tomos	Independent Member
Jo Whitehead	Chief Executive
Present CHC	
Jackie Allen	Chair
Joy Baker	Chair, Conwy Local Committee
Richard Bladon	Vice Chair, Ynys Mon Local Committee
Shirley Bough	Member, Conwy Local Committee
Adrian Drake-Lee	Member, Gwynedd Local Committee
Linda Harper	Vice Chair, Flintshire Local Committee
Frank Hemmings	Chair, Wrexham Local Committee
Derek Holmes	Member, Denbighshire Local Committee
Stella Howard	Chair, Flintshire Local Committee
Gordon Hughes	Chair, Denbighshire Local Committee
Morfudd Jones	Member, Denbighshire Local Committee
Liz Liddall	Vice Chair, Conwy Local Committee
Michael Lloyd-Jones	Chair, Gwynedd Local Committee
Paul Rowlinson	Vice Chair, Gwynedd Local Committee
Geoff Ryall-Harvey	Chief Officer
Carol Williams	Deputy Chief Officer
Roger Williams	Member, Conwy Local Committee
Cheryl Williams	Vice Chair Denbighshire Local Committee
In Attendance	
Kate Dunn	Head of Corporate Affairs (for minutes)
Jody Evans	Corporate Governance Officer (for livestreaming support)
John Roberts	Translator
Llinos Roberts	Executive Business Manager – Chair's Office (for livestreaming support)

Agenda Item Discussed	Action By
B21/12 Joint Chairs' Welcome **B21/12.1** The CHC Chair welcomed everyone to the meeting.	
B21/13 Apologies for Absence **B21/13.1** Apologies had been received for the following BCUHB representatives – Medwyn Hughes, Morwena Edwards and Chris Stockport. Apologies had been received for the following CHC representatives - Andy Burgen, Val Monaghan, Mark Thornton	
B21/14 Declarations of Interest **B21/14.1** None declared	
B21/15 Draft Minutes of the Joint Meeting held on 22.4.21 for accuracy and review of actions **B21/15.1** The minutes were confirmed as an accurate record. It was noted that both actions had been followed up.	
B21/16 Unscheduled Care Pressures and Interventions **B21/16.1** The Executive Director of Nursing & Midwifery delivered a presentation which incorporated: • The current situation with unscheduled care flow • Acuity of patients presenting to Emergency Department (ED) • Current situation with ED flow • The six goals within the unscheduled care improvement programme • Update against the improvement programme • Operational and transformational actions • Joint work with the Ambulance service and Local Authorities • Winter plans **B21/16.2** A discussion ensued. The CHC Chair shared concerns that patients continued to report difficulties in accessing GP services. The Executive Director of Nursing & Midwifery accepted there were challenges but that practices continued to make best use of virtual appointments and the 111 service. The CHC Chair also enquired about the effect of unscheduled care pressures on care homes and delayed discharges. The Executive Director of Nursing & Midwifery reported that there was close liaison with Local Authorities in terms of ensuring risk assessment of patients awaiting discharge. She also shared the thinking around an assessment unit approach to ensure appropriate patients bypassed the Emergency Department. She would welcome CHC involvement into the development of this model.	

B21/17 Covid-19 Update

B21/17.1 The Executive Director of Nursing & Midwifery delivered a presentation which incorporated:

- Community levels of infection
- Confirmed cases by age group
- Hospital in patient levels
- Update on the Test Trace Protect programme
- Update on the vaccination programme and JCVI cohorts
- Plans for the booster programme
- The coronavirus control plan

B21/17.2 A discussion ensued. The Executive Director of Nursing & Midwifery added that current resilience phase was challenging due to levels of influenza circulating coupled with an increase in respiratory viruses in older people and children/young people, all of which would impact on health and social care delivery as winter approached. An Independent Member enquired regarding the low take up of the second dose vaccination in the ages 12-17. The Chief Executive indicated that this was challenging due to high levels of infection in this age group and that vaccination could not be administered directly after an individual having had Covid. She also understood that this age group was high in terms of did not attend rates.

B21/18 Board Membership

B21/18.1 The BCUHB Chair reported that since the last joint Board meeting the Health Board had welcomed a new Executive Medical Director (Nick Lyons) to the Board together with new Associate Board Member and Stakeholder Reference Group Chair (Clare Budden). He added that three new Independent Members had been recruited and details would be announced in due course. He extended his thanks to other Independent Members who were currently helping to cover the vacancies.

B21/19 Living Healthier Staying Well Update

B21/19.1 The Chief Executive delivered a presentation which incorporated

- The context for the need to refresh the Strategy
- The approach for engagement
- Early findings from initial feedback
- Next steps and the contribution of the CHC

B21/19.2 The CHC Chair welcomed the update and the opportunity for the CHC to be involved, with a response to the Health Board's survey in preparation.

B21/20 Clinical Strategy Update

B21/20.1 The Executive Medical Director delivered a presentation which incorporated:

- The strategic alignment between a clinical strategy and other key strategies
- The principles of a clinical strategy across secondary, primary and community care
- Design principles
- Next steps
- Working with the CHC and others

B21/20.2 The CHC Chair stated that openness and transparency was key to ongoing, effective engagement and that there needed to be honesty on both sides in order for the clinical strategy to be a success. A CHC Member made the observation that engagement needed to work at all levels including front line staff. The Executive Medical Director confirmed that building relationships with all staff groups and partners was key.

B21/21 Urology Services

B21/21.1 The Executive Director of Nursing & Midwifery delivered a presentation which incorporated:

- The context for the need to change and improve urology services
- Actions that the Board would implement
- Goals for the establishment of Regional Treatment Centres
- Proposed membership and terms of reference of the improvement programme

B21/21.2 A discussion ensued. The Executive Director of Nursing & Midwifery reiterated that the organisation was extremely keen to work with the population to maximise the benefits for the urology service. The CHC Chair noted with pleasure the progress in terms of robotic surgery and the Executive Director of Nursing & Midwifery indicated that the Performance, Finance & Information Governance Committee would be updated on associated contractual issues.

B21/22 Timeline for Publication of Review : Morfa Ward at Llandudno General Hospital

B21/22.1 The Executive Director of Nursing & Midwifery confirmed that the report was nearly finalised and she was content that it would be in line with the terms of reference for the review. She added that everyone who had contributed to the review would be given the opportunity to review their comments and how they were presented in the report before it was published. An agreed timeline would hopefully be shared with the QSE Committee on the 2.11.21 where it was also hoped to have a patient / service user representative in attendance. Finally she assured members that a range of improvements had been or were being implemented whilst the formal report was awaited, and that similar arrangements would be put in place for all other acute and community hospitals as part of learning from this review.

B21/22.2 The CHC Chief Officer welcomed the pace that had been delivered as part of the review process and the vital involvement of service users.

B21/23 Primary Care

B21/23.1 The Chief Executive delivered a presentation which incorporated:

- The primary care response to Covid-19 and activity within general practice
- Implementation of primary care transformation
- Increased demand
- Achievement against access standards
- Actions underway to improve access
- Access to dental services
- Core functions of the Primary Care Academy
- Current workplan
- Partnership working
- GP recruitment strategy

B21/23.2 A discussion ensued. The CHC Chair alluded to recruitment challenges that were faced prior to the pandemic particularly around the differences between the rules pertaining to the separate English and Welsh performer's lists. The Chief Executive acknowledged that some GPs in England could be attracted to work in North Wales if the performer's list rules allowed, however, the Executive Medical Director was not confident there would be any change in these regulations in the near future. The CHC Chief Officer felt that the North Wales Medical School would help but that benefits would be a long way ahead.

B21/23.3 The CHC Chief Officer highlighted that the CHC continued to receive a significant number of enquiries and comments from patients regarding difficulties in accessing GP services, and whilst Econsult and video conferencing were a useful alternative to face to face contact they were not popular or convenient for everyone. There was also a theme that patients were complaining of difficulties in getting through on the telephone and that many patients would welcome being able to book an appointment online. The Executive Medical Director accepted that the impact of Covid and changes in the way that primary care was delivered had been significant for some patients but he did feel that the longer term picture was hopeful, and that the primary care transformation programme had been escalated as a result of the need to respond to the pandemic.

B21/23.3 The Health Board Vice-Chair raised the point that negative media coverage of how primary care was operating during the pandemic was disheartening and could also impact negatively on recruitment. She also made reference to the performance list issue and confirmed that there was a fast track process in Wales but the key element was to ensure the safety net process of checks and balances was maintained. The CHC Chief Officer reported that there was a question and answer event within the next week with GP practices in the Arfon area of Gwynedd which he hoped would be a positive event.

B21/23.4 A CHC Member enquired whether steps were being taken to recruit practitioners and encourage them to come to North Wales and to live and work, such as financial incentives. The Executive Medical Director indicated that he would always be prepared to consider inducements but he felt the more sustainable approach was to offer the jobs and lifestyle that would attract and keep people in the area.	
B21/24 Update on Stronger Together and Operating Models **B21/24.1** The Chief Executive delivered a presentation which incorporated: • Context and aims of the Stronger Together journey • The operating model for improved ways of working • Progress to date **B21/24.2** A discussion ensued. The CHC Chair acknowledged the scale of the project and was pleased to see that staff had been involved from the beginning.	
B21/25 Date of Next Meeting **B21/25.1** April 2022 to be advised. The CHC Chair thanked all attendees for their participation and welcomed the joint Board meetings as a positive opportunity for discussion between the two organisations.	

Diweddariad Covid

Covid Update

Gill Harris - Dirprwy Brif Weithredwr/Cyfarwyddwr Gweithredol Cyflenwi Clinigol Integredig

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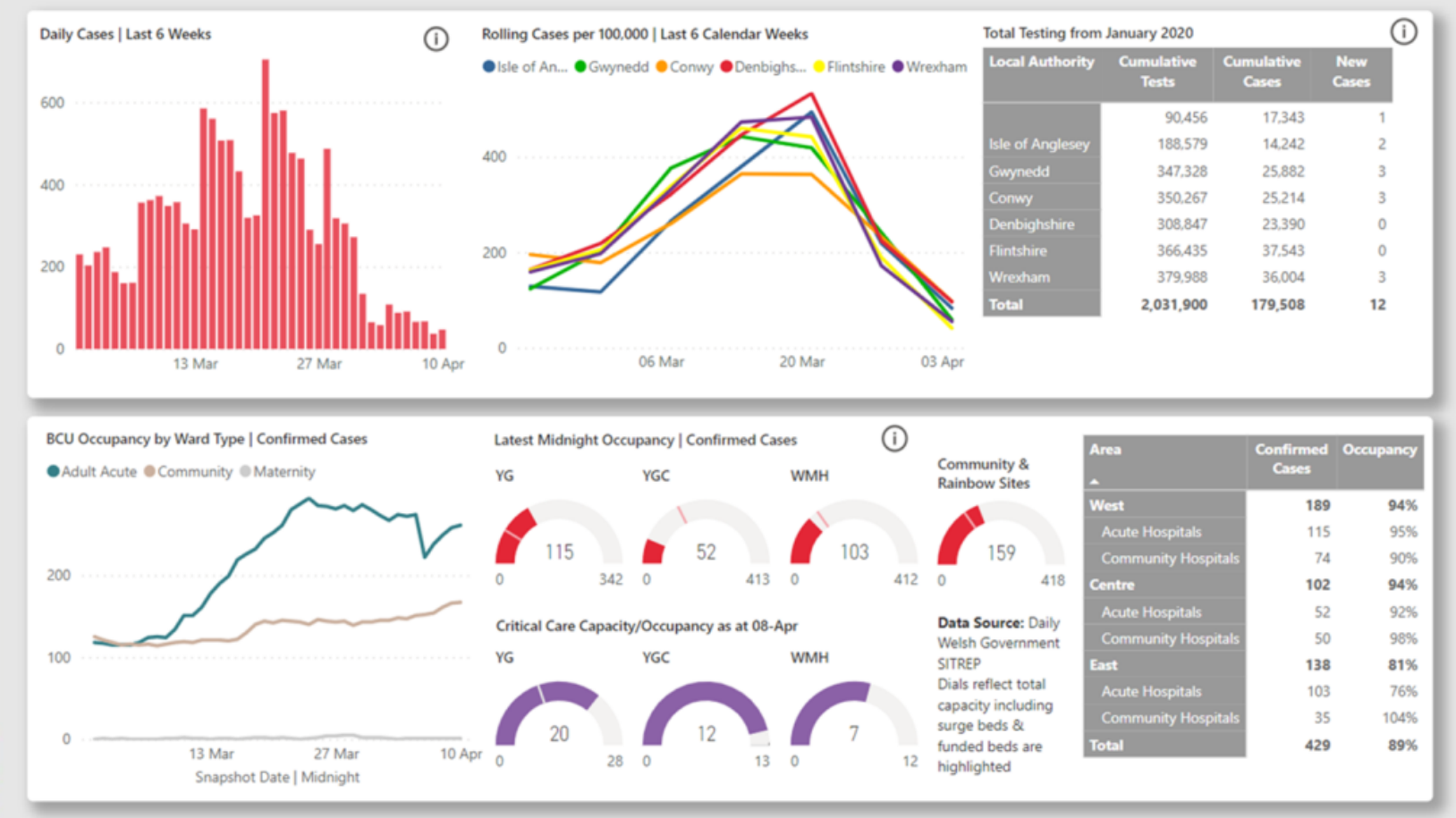
Crynodeb Gweithredol

Executive Summary



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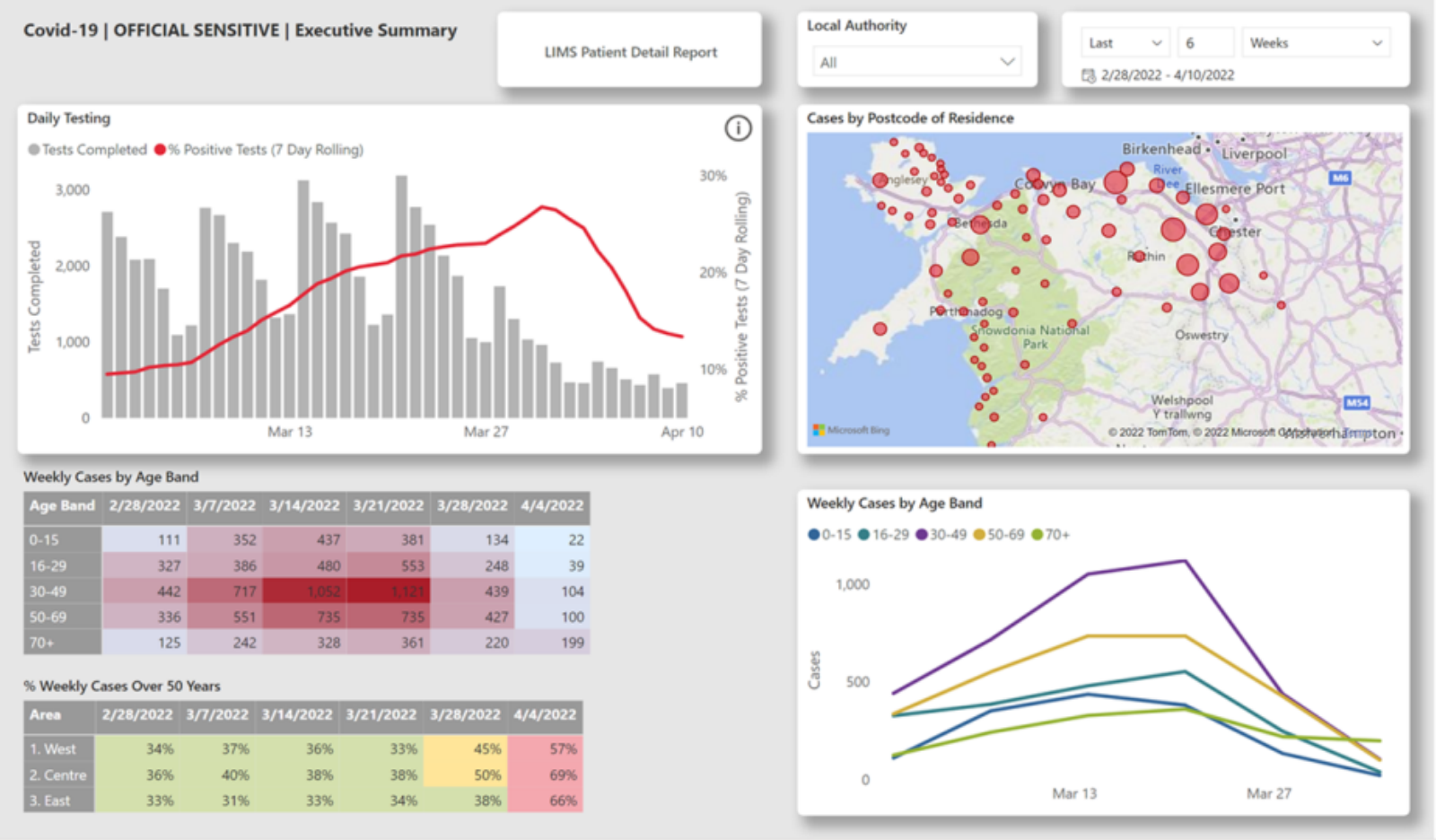
Cyfradd Bositifrwydd PCR

PCR Positivity Rate



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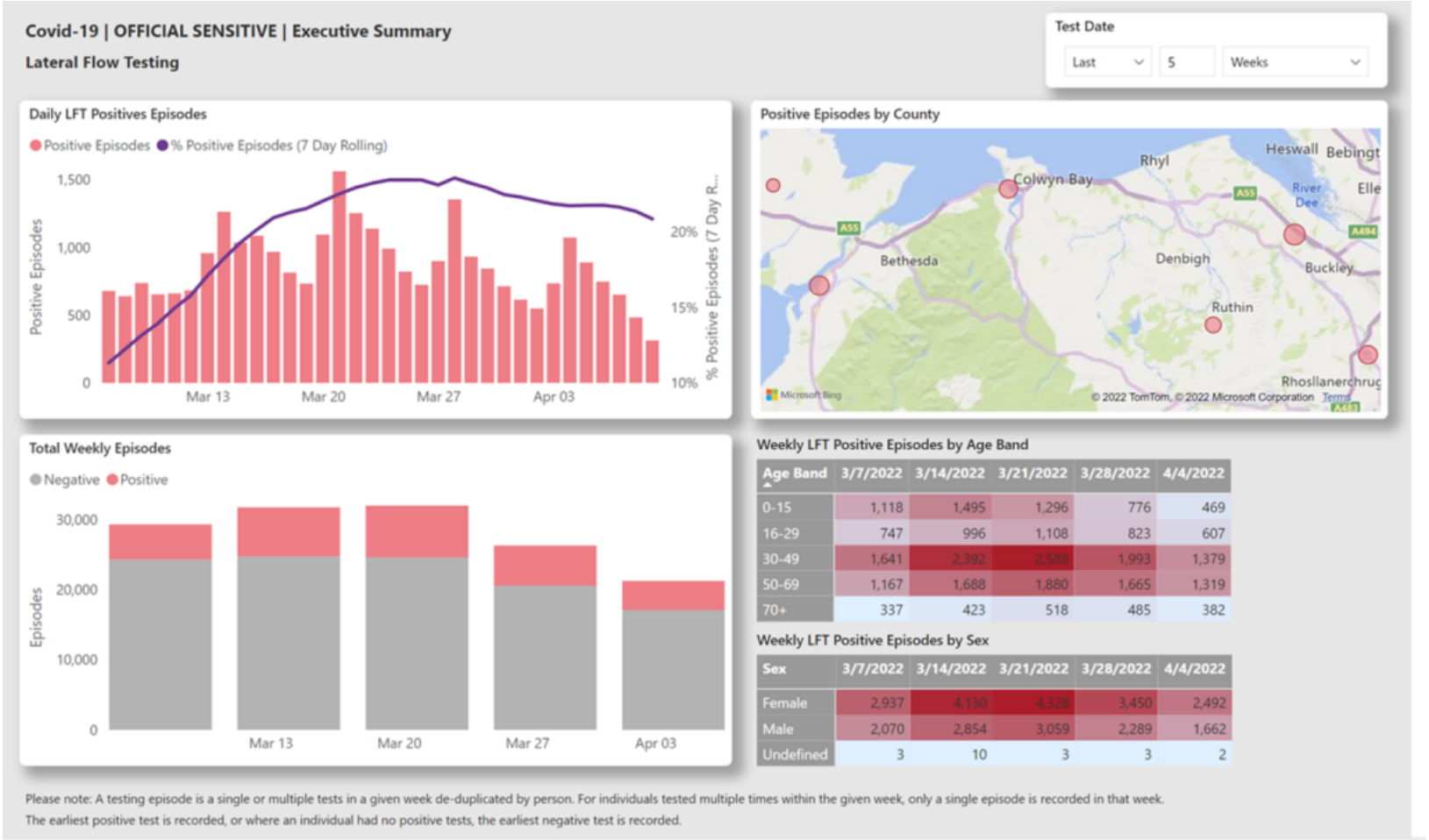
Lateral Flow Testing



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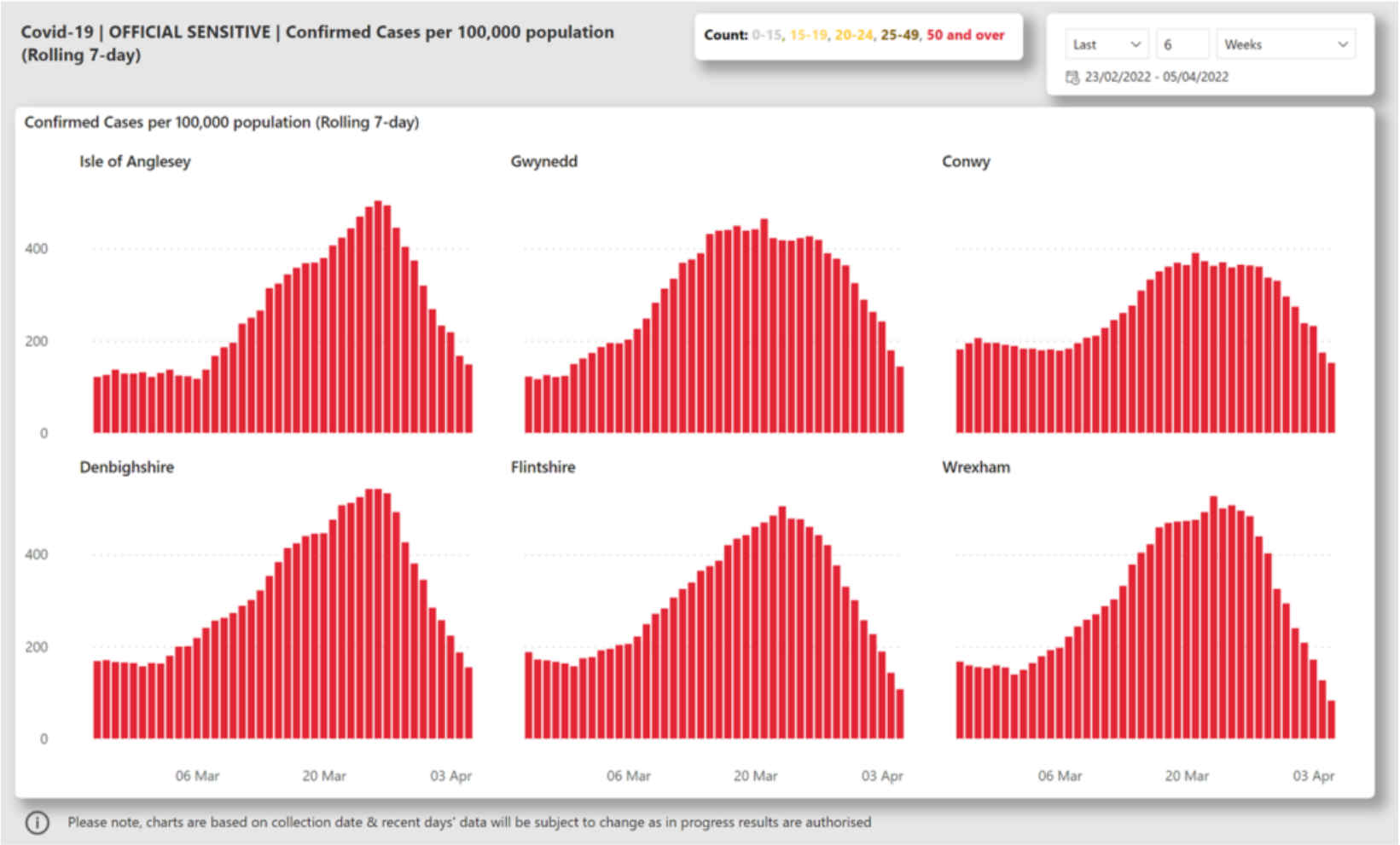
Achosion a Gadarnhawyd Confirmed Cases



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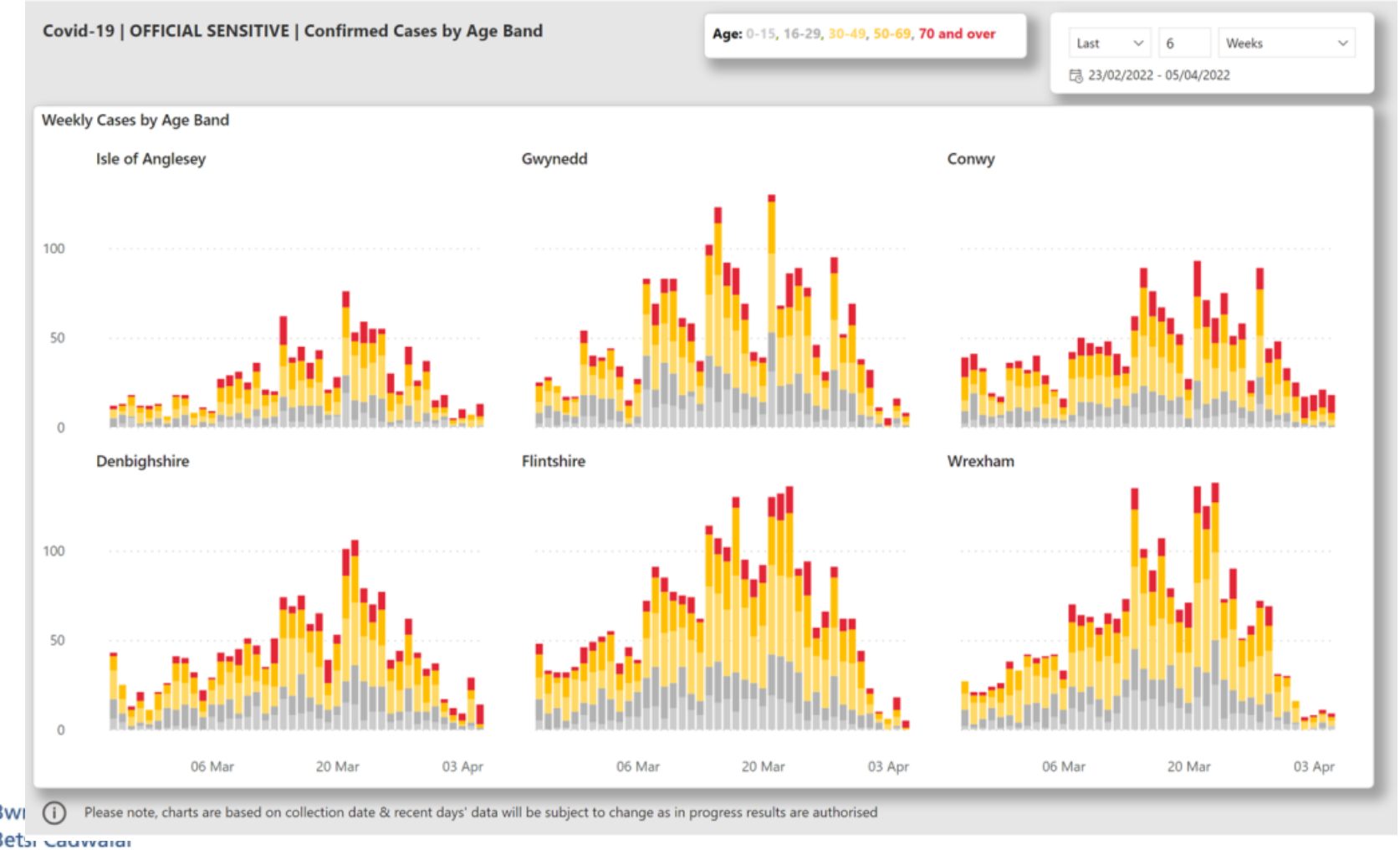
Achosion a Gadarnhawyd yn ôl Band Oedran

Confirmed Cases by Age Band



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Vaccination Summary

Local Authority	Vaccines Given Yesterday	Vaccines Given This Month	Total Vaccines Given
1. Isle of Anglesey	4	1,179	159,810
2. Gwynedd	483	2,399	260,238
3. Conwy	495	2,315	267,294
4. Denbighshire	144	1,377	218,173
5. Flintshire	260	2,832	339,282
6. Wrexham	412	2,206	292,761
Other	9	116	36,190
Total	**1,807**	**12,424**	**1,573,748**

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Defnydd o Covid

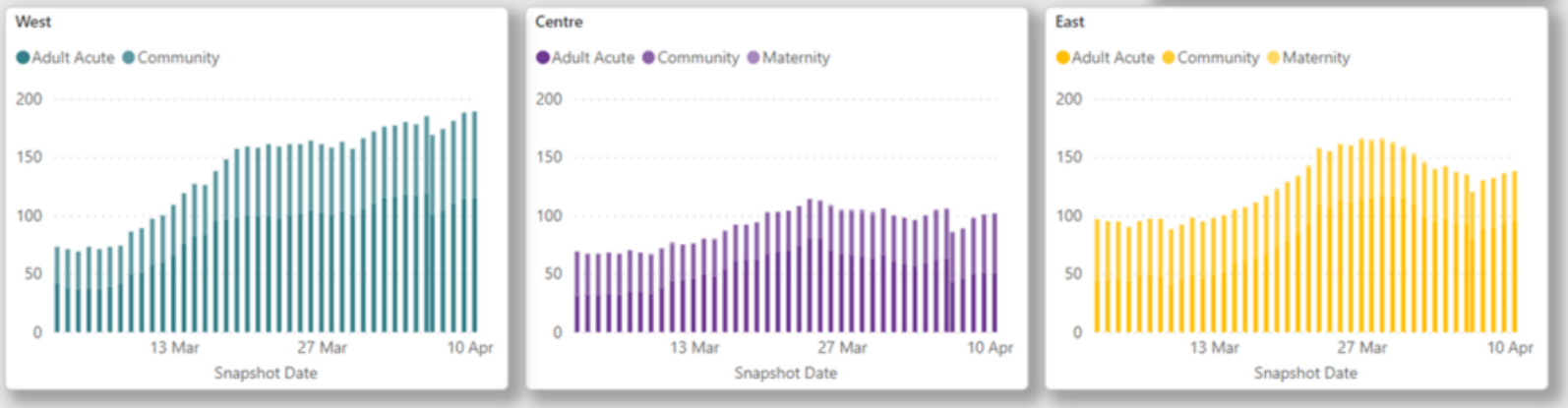
Covid Occupancy

Covid-19 | OFFICIAL SENSITIVE | Hospital Occupancy for SITREP

Last 6 Weeks

01/03/2022 - 11/04/2022

Midnight Occupancy for Acutely Ill Adult Inpatients with Confirmed Covid-19



Midnight Occupancy by Hospital

West	Confirmed	15+ Days Post Test
Ysbyty Gwynedd	115	59
Tywyn & District War Memorial	2	2
Penrhos Stanley	20	13
Eryri	16	16
Dolgellau	1	1
Bryn Beryl	19	19
Alltwen	16	3
Total	**189**	**113**

Centre	Confirmed	15+ Days Post Test
Ysbyty Glan Clwyd	52	19
Ruthin	0	0
Llandudno	16	8
Holywell Community Hospital	16	9
Denbigh Infirmary	3	3
Colwyn Bay Hospital	15	10
Abergele Hospital	0	0
Total	**102**	**49**

East	Confirmed	15+ Days Post Test
Wrexham Maelor	103	71
Penley	1	1
Mold	13	13
Deeside	18	16
Chirk	3	3
Total	**138**	**104**

Confirmed | Includes current admissions who have had a positive/low level test result within their health board spell (or in the 2 days prior to admission)
- The following ward types are included Critical Care, Adult Acute, Maternity, Community, Rainbow; Paediatric & Mental Health patients are excluded
15+ Days Post Test | Calculates patients in the above cohort who are more than 14 days post their first positive test

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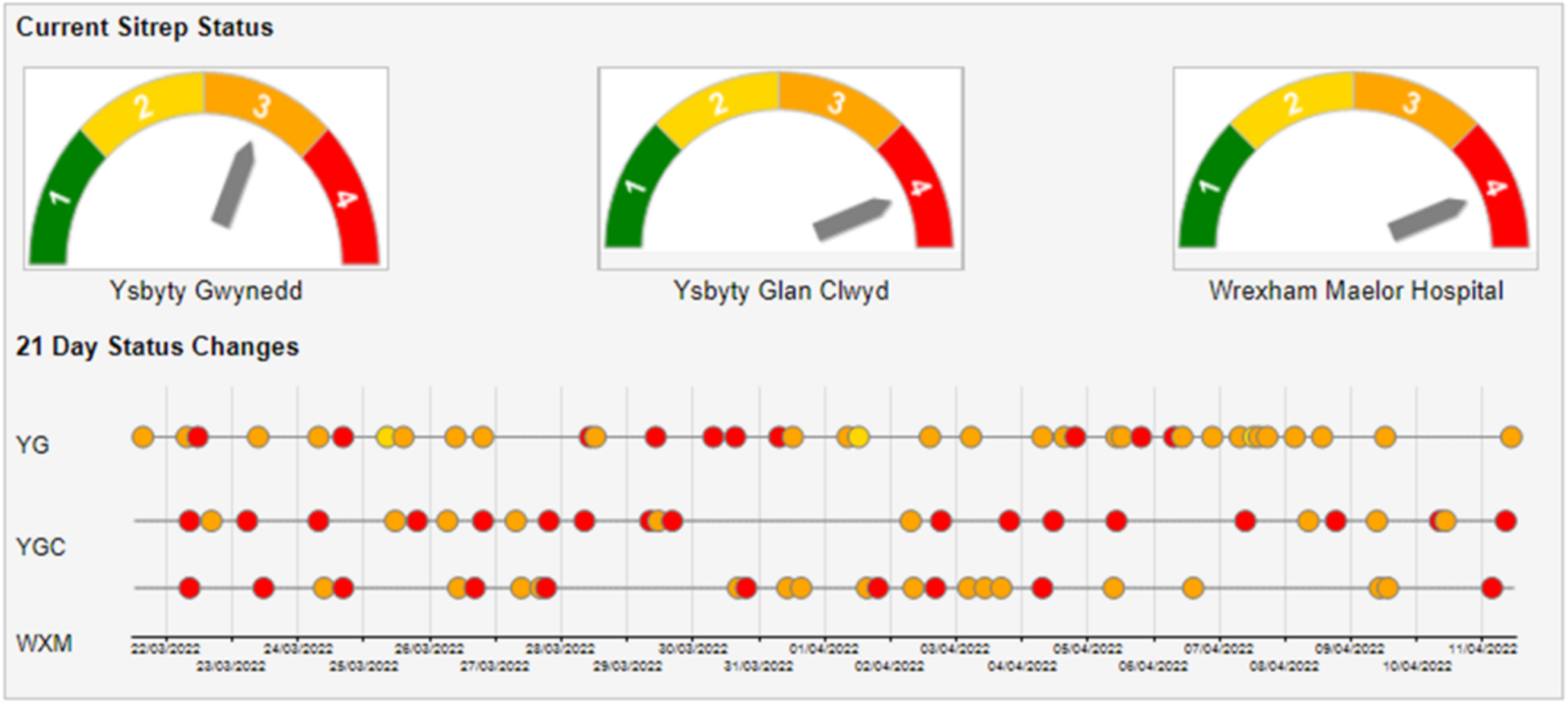
Sitrep Ysbyty

Hospital Sitrep



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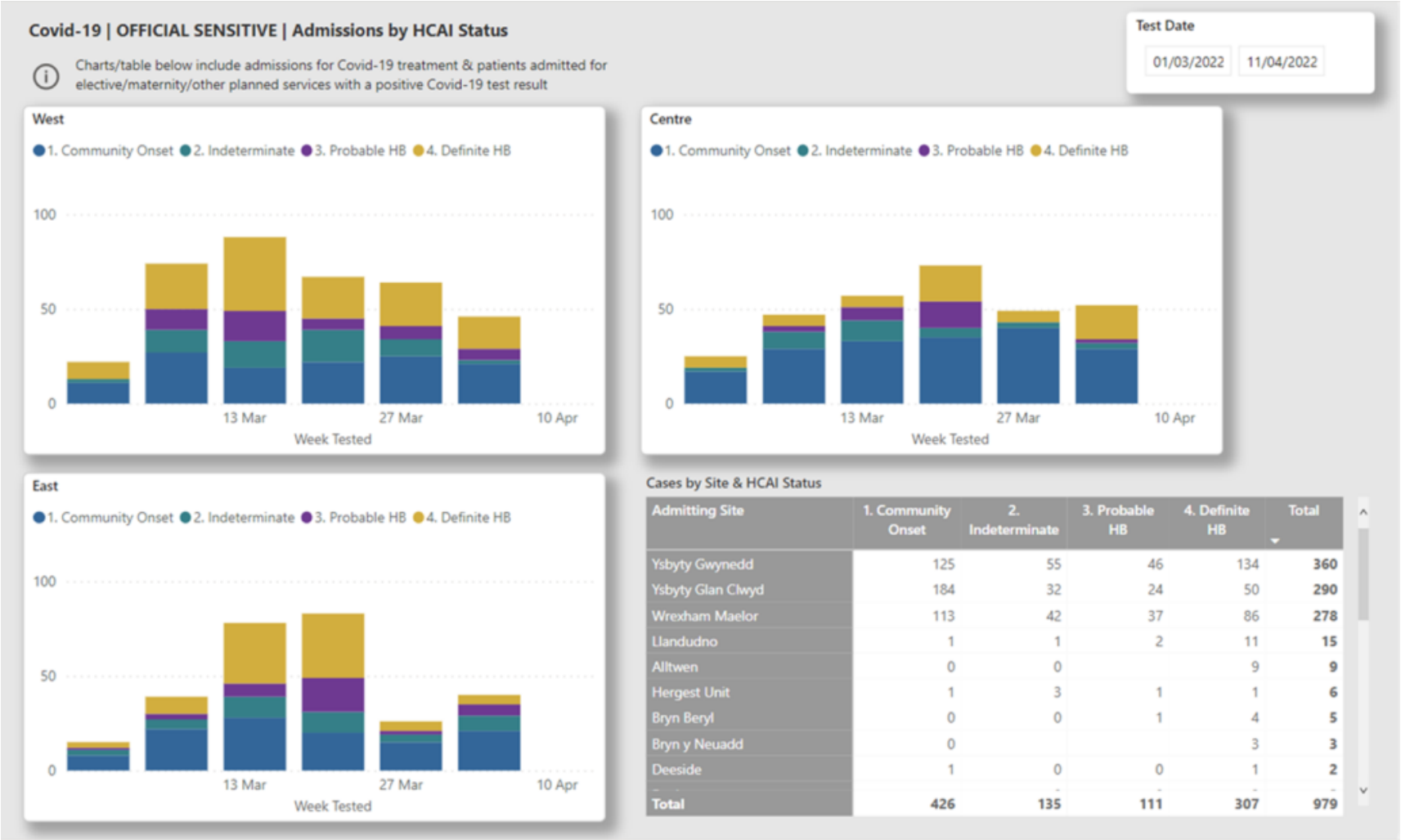
Derbyniadau yn ôl Statws HGGI

Admissions by HCAI Status



Admitting Site	1. Community Onset	2. Indeterminate	3. Probable HB	4. Definite HB	Total
Ysbyty Gwynedd	125	55	46	134	**360**
Ysbyty Glan Clwyd	184	32	24	50	**290**
Wrexham Maelor	113	42	37	86	**278**
Llandudno	1	1	2	11	**15**
Alltwen	0	0		9	**9**
Hergest Unit	1	3	1	1	**6**
Bryn Beryl	0	0	1	4	**5**
Bryn y Neuadd	0			3	**3**
Deeside	1	0	0	1	**2**
Total	**426**	**135**	**111**	**307**	**979**

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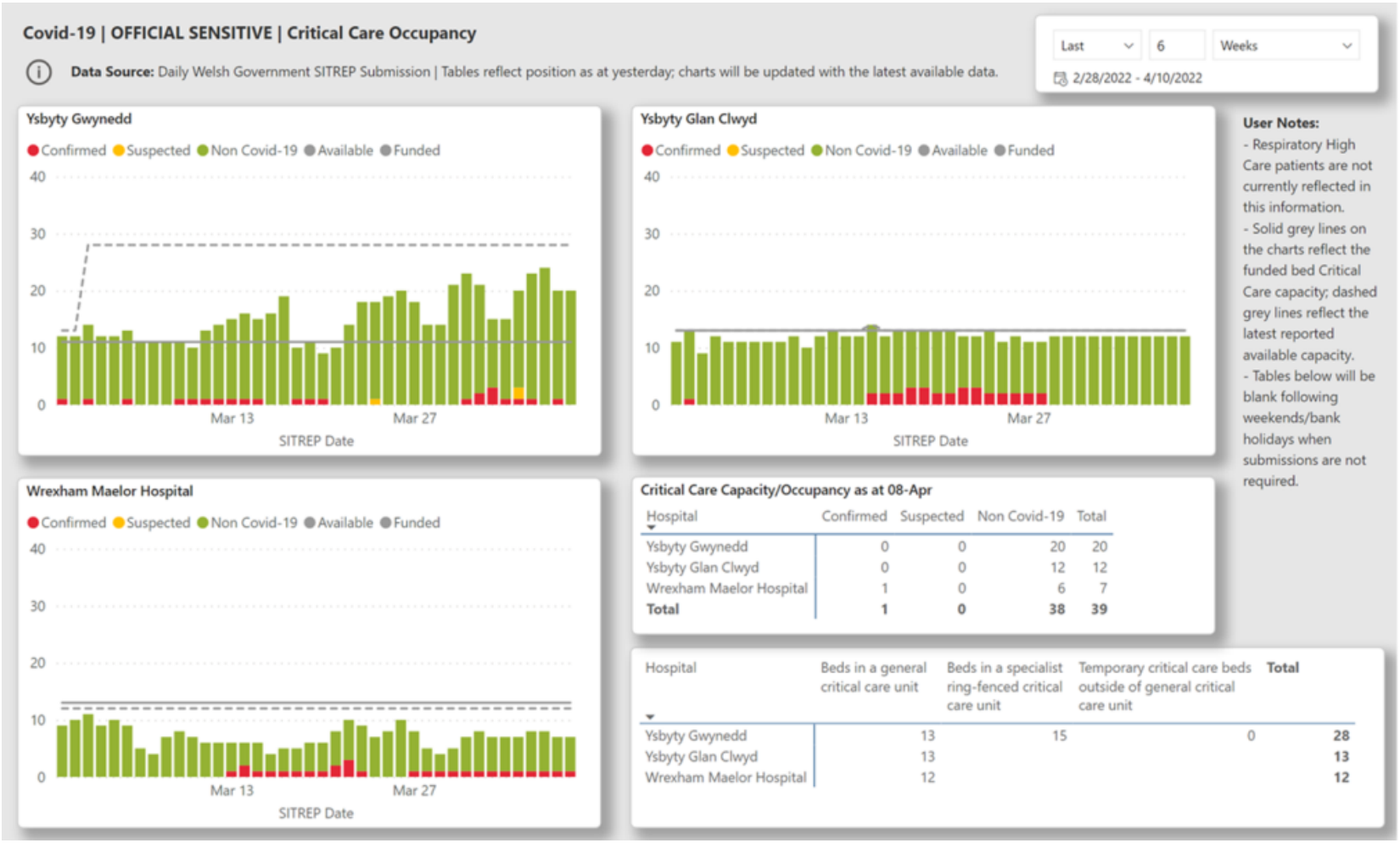
Gofal Critigol

Critical Care



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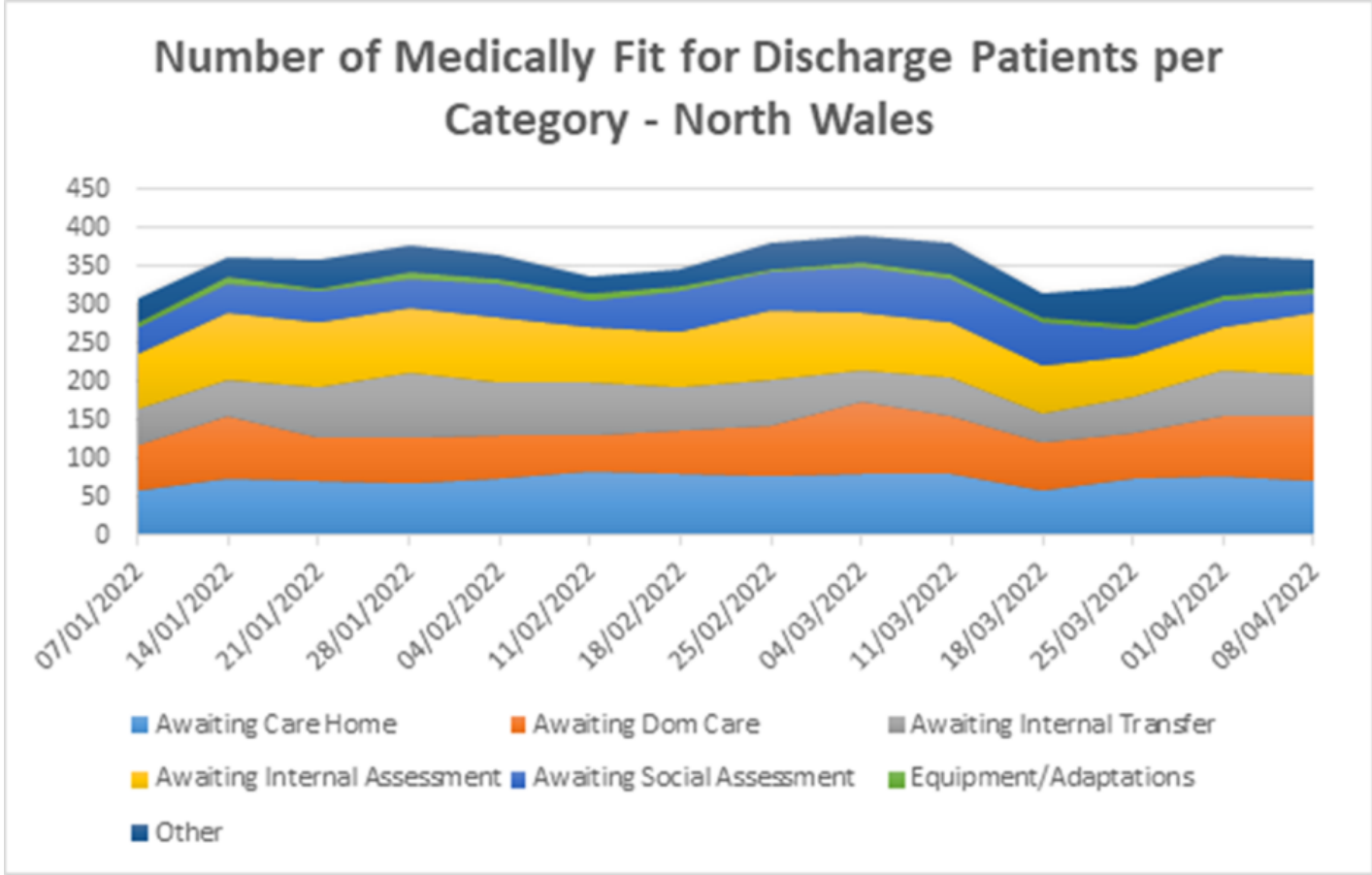
Addas yn Feddygol i'w Ryddhau

Medically Fit for Discharge



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Cartrefi Gofal | Y Sefyllfa Bresennol

Care Homes | Current Position

Number of Homes Closed to Admissions / Week Commencing April 4th 2022

			Residential Care				Nursing Care			
			% Outbreak	% Not in outbreak but multiple	% Single positive case	% No Current Cases	% Outbreak	% Not in outbreak but multiple	% Single positive case	% No Current Cases
Care Home Restrictions due to Covid-19 policies	No current cases	Anglesey	↔0%	10%	28%	↔62%	↔0%	75%	0%	↔25%
		Gwynedd	↓32%	0%	0%	↓68%	↓36%	0%	0%	↓64%
	Single positive case	Conwy	↑12%	19%	14%	↑55%	↓53%	13%	20%	↓14%
	Not in outbreak but multiple cases	Denbighshire	↓9%	14%	19%	↓58%	↓20%	20%	10%	↓50%
	Outbreak	Flintshire	↑24%	24%	14%	↓38%	↑33%	17%	17%	↑33%
		Wrexham	↔0%	7%	8%	↓85%	↔0%	0%	11%	↑89%

Change from last week's reported position
↑ Improved
↓ Worsened
↔ No change

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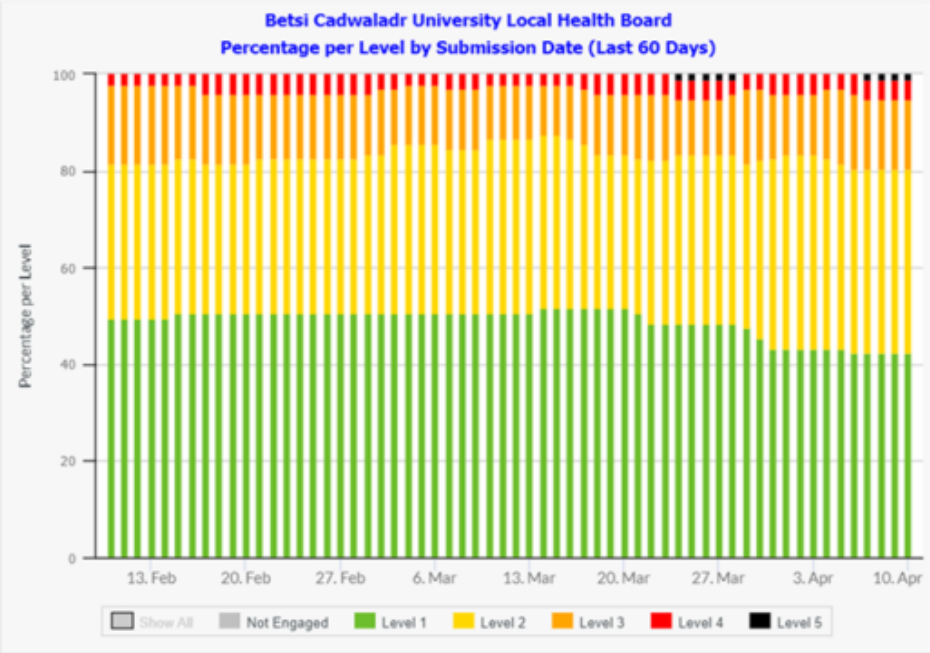
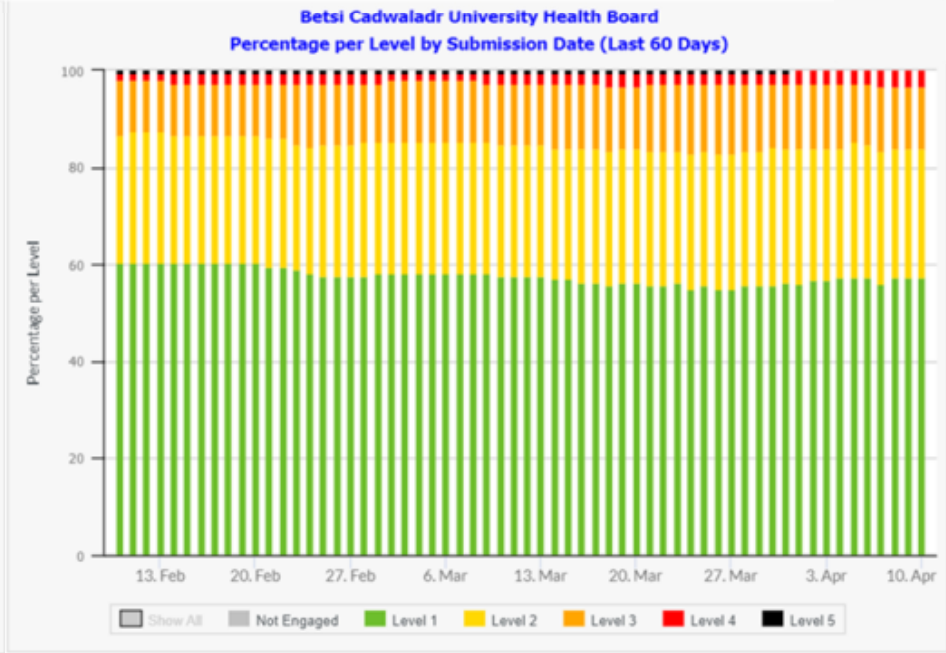
Gofal Sylfaenol

Primary Care

General Practice Escalation



Pharmacy Escalation



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Gweithlu Gofal Sylfaenol Primary Care Workforce

	GP			MDT			Admin		
Health Board	Absent	Total Staff	Percentage	Absent	Total Staff	Percentage	Absent	Total Staff	Percentage
Aneurin Bevan University Local Health Board	39	396	9.85	23	377	6.10	89	907	9.81
Betsi Cadwaladr University Local Health Board	61	482	12.66	84	540	15.56	160	1,109	14.43
Cardiff and Vale University Local Health Board	51	331	15.41	27	174	15.52	113	638	17.71
Cwm Taf Morgannwg University Local Health Board	46	238	19.33	48	173	27.75	87	462	18.83
Hywel Dda University Local Health Board	41	271	15.13	39	285	13.68	77	639	12.05
Powys Teaching Local Health Board	27	84	32.14	19	134	14.18	41	202	20.30
Swansea Bay University Local Health Board	40	285	14.04	14	202	6.93	58	615	9.43
Wales	305	2,087	14.61	254	1,885	13.47	625	4,572	13.67

Workforce Question	GP	MDT	Admin
Self Isolating and NOT symptomatic	4	8	16
Self Isolating and ARE symptomatic	6	9	8
Covid19 positive and off sick	25	36	67
On carer leave due to Covid19	2	0	1
12 week Social Distancing	0	0	2
Non COVID Related Absence	24	31	66

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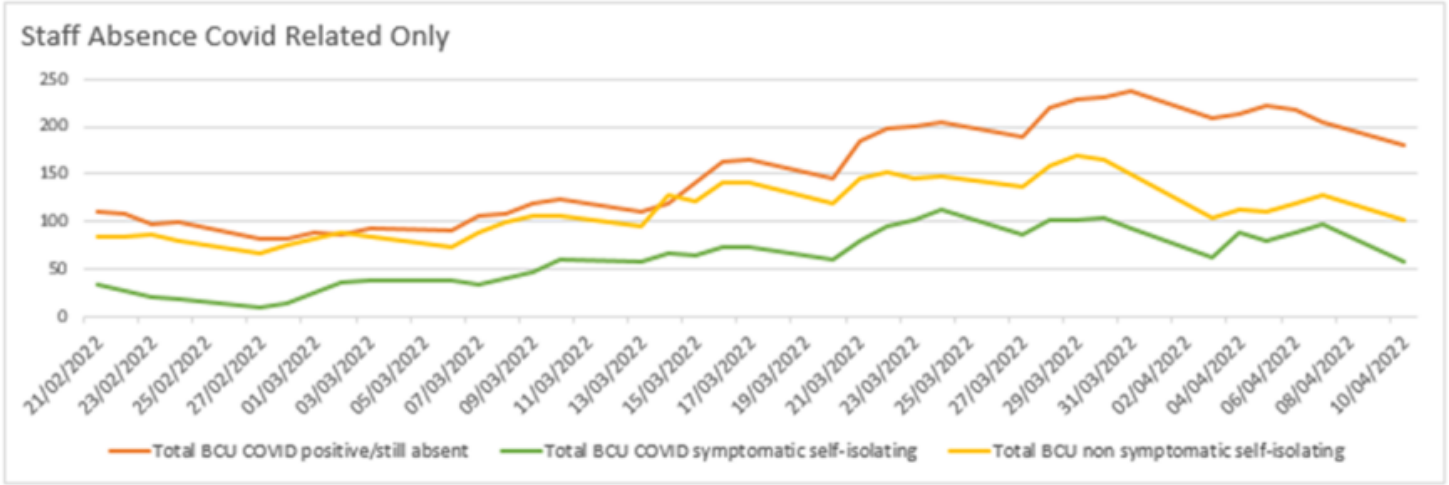
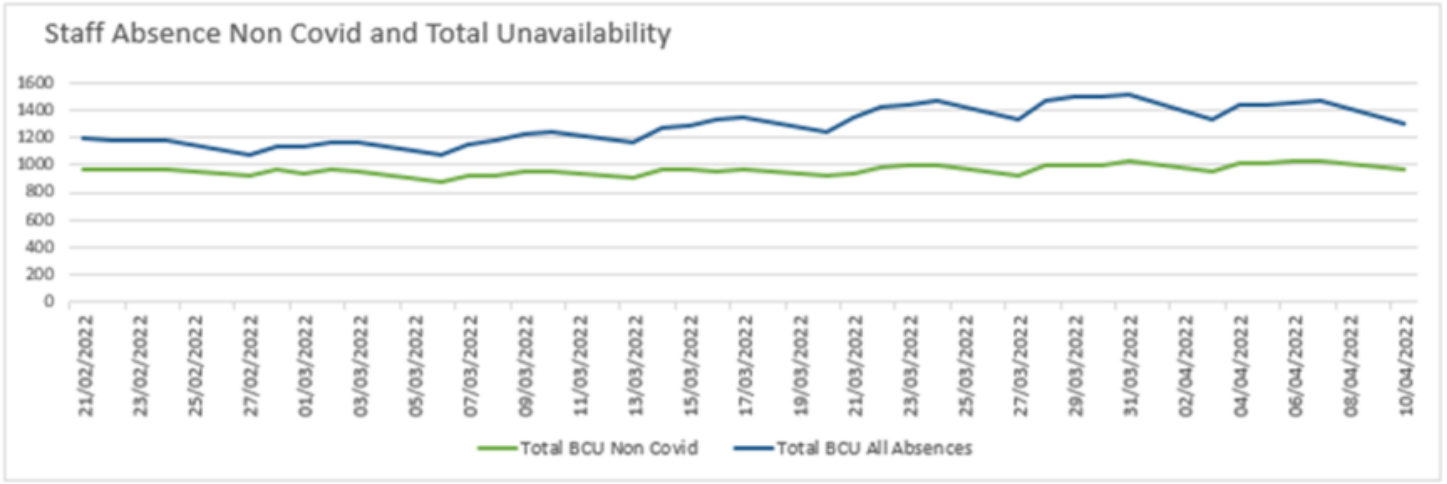
Gweithlu

Workforce





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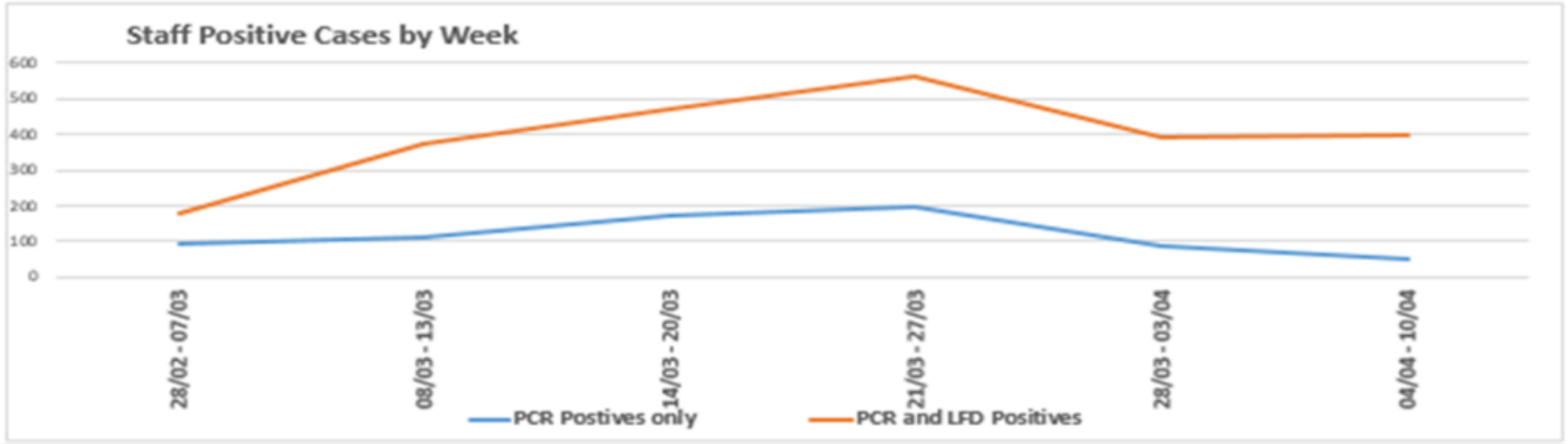
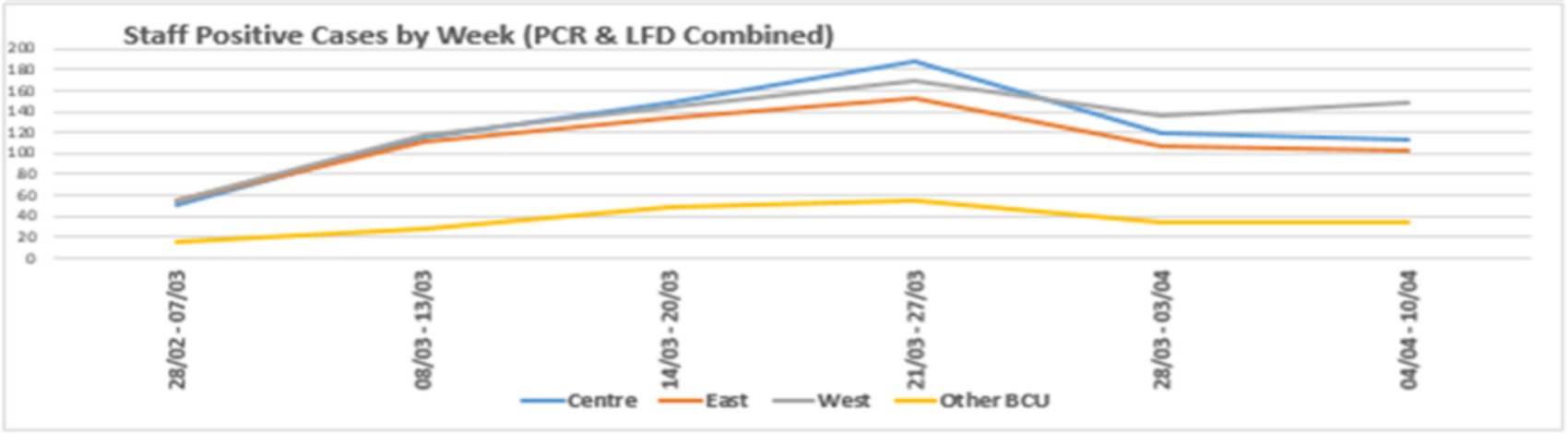
Workforce

Gweithlu





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Please note, staff testing figures only includes Welsh system tests and does not capture those tested in England. LFD Positives are included within the figures from 07/01/22.

Gweithlu

Workforce

Data Staff (Pob Gweithiwr yn inc. Sylweddol, Banc ac Asiantaeth)

Nifer y gweithwyr yr adroddwyd eu bod yn profi'n gadarnhaol yn y 7 diwrnod blaenorol - 399

Staff Data (All Workers inc. Substantive, Bank and Agency)

Number of workers reported as testing positive in the previous 7 days - 399

Main Staff Group	Central		East		West		Pan-BCU		Grand Total	
	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week
Add Prof Scientific and Technic	3	1	4	7	5	6	1	2	13	16
Additional Clinical Services	29	19	28	30	36	51	4	1	97	101
Administrative and Clerical	31	18	17	14	20	10	9	14	77	56
Allied Health Professionals	10	8	9	14	9	5	1	1	29	28
Estates and Ancillary	9	4	6	2	11	9	1	1	27	16
Healthcare Scientists	2	1			2	5			4	6
Medical and Dental	6	8	4	1	6	7	9	8	25	24
Nursing and Midwifery Registered	29	55	38	35	46	55	7	7	120	152
Students							1		1	
Grand Total	**119**	**114**	**106**	**103**	**135**	**148**	**33**	**34**	**393**	**399**

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Please also note, staff testing figures only includes Welsh system tests and does not capture those tested in England. LFD Positives are included within the figures from 07/01/22.

Gweithlu

Workforce

Absenoldeb staff (a gofnodir yn ESR/Eroster) yn ôl Grŵp Staff ac Ardal

Staff absence (recorded in ESR/Eroster) by Staff Group and Area

Main Staff Group	Central		East		West		Pan-BCU		Grand Total	
	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week
Add Prof Scientific and Technic	14	9	6	9	9	7	8	6	37	31
Additional Clinical Services	114	121	115	114	120	121	18	14	367	370
Administrative and Clerical	57	51	56	58	51	42	41	45	205	196
Allied Health Professionals	26	24	18	20	30	23	2	2	76	69
Estates and Ancillary	57	55	59	48	51	63	2	3	169	169
Healthcare Scientists	4	2	2	3	1	2	3	1	10	8
Medical and Dental	16	14	6	5	16	16	5	4	43	39
Nursing and Midwifery Registered	128	137	139	140	137	126	17	20	421	423
Students							1	1	1	1
Grand Total	**416**	**413**	**401**	**397**	**415**	**400**	**97**	**96**	**1329**	**1306**

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**Table updated to only include staff with self-isolation absence of 7 days or less as per updated reporting process*

Gweithlu

Workforce

Math o Absenoldeb Staff yn ôl Ardal

Staff Absence Type by Area

Absence Reason	Central		East		West		Pan-BCU		Grand Total	
	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week	Previous Week	Current Week
Covid19 Positive & still absent	77	70	53	51	55	44	24	15	209	180
Employee is caring for dependants (eg school closure/bubble or caring for vulnerable adults)				1	1		1	1	2	2
Fit but Symptomatic	3	3	6	5	11	3			20	11
Self-Isolating not symptomatic-household	12	15	23	25	21	27	1	1	57	68
Self-Isolating not symptomatic-pregnancy	3	2	4	3	4	5			11	10
Self-Isolating not symptomatic-Test & Trace					5				5	
Self-Isolating not symptomatic-underlying health issue	15	13	1		13	9			29	22
Self-isolating symptomatic	15	11	7	9	19	23	2	4	43	47
Sickness - Other	228	242	240	228	212	217	52	56	732	743
Sickness - Stress	63	57	67	75	74	72	17	19	221	223
Grand Total	**416**	**413**	**401**	**397**	**415**	**400**	**97**	**96**	**1329**	**1306**

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**Table updated to only include staff with self-isolation absence of 7 days or less as per updated reporting process*

Gweithlu Gofal Sylfaenol Primary Care Workforce

Brechiadau Covid Staff

Staff Covid Vaccinations

Assignment Category.	Direct Patient Care Staff	Staff Group	% Not Vaccinated	% At least 1 dose	Doses	% Booster Dose
Permanent and Fixed Term Staff	Direct Patient Contact	Add Prof Scientific and Technic	7.7%	92.3%	90.9%	83.4%
		Additional Clinical Services	6.0%	94.0%	92.8%	81.0%
		Administrative and Clerical	1.7%	98.3%	96.6%	84.2%
		Allied Health Professionals	6.2%	93.8%	92.8%	84.8%
		Estates and Ancillary	4.9%	95.1%	94.2%	83.3%
		Healthcare Scientists	6.2%	93.8%	92.8%	84.1%
		Medical and Dental	15.1%	84.9%	80.8%	70.2%
		Nursing and Midwifery Register	6.2%	93.8%	92.4%	81.6%
	Non Direct Patient Contact	Administrative and Clerical	5.5%	94.5%	93.8%	84.1%
		Estates and Ancillary	4.8%	95.2%	94.4%	86.1%
	Students		11.6%	88.4%	86.0%	65.1%
Permanent and Fixed Term Staff Total			**6.5%**	**93.5%**	**92.2%**	**81.7%**
Bank, Locum and Honorary	Direct Patient Contact	Add Prof Scientific and Technic	10.4%	89.6%	88.1%	79.1%
		Additional Clinical Services	15.0%	85.0%	82.0%	60.7%
		Administrative and Clerical	19.2%	80.8%	80.8%	73.1%
		Allied Health Professionals	8.3%	91.7%	90.0%	73.3%
		Estates and Ancillary	14.3%	85.7%	84.7%	70.4%
		Healthcare Scientists	25.0%	75.0%	75.0%	75.0%
		Medical and Dental	34.8%	65.2%	60.4%	43.9%
		Nursing and Midwifery Register	12.6%	87.4%	86.8%	76.9%
	Non Direct Patient Contact	Administrative and Clerical	15.4%	84.6%	82.8%	72.0%
		Estates and Ancillary	8.1%	91.9%	91.9%	62.2%
Bank, Locum and Honorary Total			**17.6%**	**82.4%**	**79.6%**	**61.9%**
Grand Total			**8.6%**	**91.4%**	**89.8%**	**78.0%**

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Gwelliannau wedi'u Targedu

Y Fframwaith Gwella Ymyriadau wedi'u Targedu

Targeted Improvement

Targeted Intervention Improvement Framework

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Safle Bresennol

Meysydd	Hunanasesiad Mai 2021	Hunanasesiad Tachwedd 2021	Targed Mai 2022
Iechyd meddwl Pob Oedran	0	1	2 Uchel
Strategaeth, Cynllunio a Phartneriaethau	0	1	2 Uchel
Arweinyddiaeth	1	1	2
Ymgysylltu	1	1	2 Uchel

0 – Dim Cynnydd
1 – Lefel Sylfaenol
2 - Cynnydd Cynnar
3 – Canlyniadau
4 – Aeddfedrwydd
5 - Enghraifft
Uchel = Tystiolaeth o Effaith

Current Position

Domain	Self Assessment May 2021	Self Assessment November 2021	Target May 2022
All Ages Mental Health	0	1	High 2
Strategy Planning and Partnerships	0	1	High 2
Leadership	1	1	2
Engagement	1	1	High 2

0 – No Progress
1 – Basic Level
2 - Early Progress
3 – Results
4 – Maturity
5 - Exemplar
High = Evidence of Impact

Llywodraethu mewnol a goruchwylio allanol

- Timau gweithredol
- Tîm archwilio a herio canolog
- Grwpiau Tystiolaeth (aelodau allanol) – tystiolaeth o weithredu
- Grŵp Goruchwylio (aelodau allanol) – tystiolaeth o'r canlyniad
- Grŵp Llywio'r Fframwaith Gwella Ymyriadau wedi'u Targedu – goruchwylio a chymedroli
- Y Bwrdd Integredig – hunanasesiad 19 Mai 2022

- Sefydliad Llywodraethu Da

Internal governance and external oversight

- Operational teams
- Central check and challenge team
- Evidence Groups (external members) – evidence of action
- Oversight Group (external members) – evidence of outcome
- TIIF Steering Group – oversight and moderation
- The Integrated Board – self-assessment 19 May 2022

- Good Governance Institute

Enghreifftiau o welliannau – Iechyd Meddwl

CAMHS

- Dim drws anghywir
- Siarter y Plant
- Meincnodi a defnyddio data deallusrwydd

Gwasanaethau Iechyd Meddwl i Oedolion

- Lleihau risg pwyntiau clymu

Examples of improvements – Mental Health

CAMHS

- No wrong door
- Children's Charter
- Benchmarking and use of intelligent data

Adult Mental Health

- Ligature risk reduction

Enghreifftiau o welliannau – Strategaeth, Cynllunio a Pherfformiad

- Dull trawsnewid wrth ailgynllunio'r gwasanaethau
- Datblygu Cynllun Tymor Canolig Integredig (IMTP)
- Pecyn gwella perfformiad Betsi

Examples of improvements – Strategy Planning and Performance

- Transformation approach to service redesign
- Development of an IMTP
- Betsi Way improvement toolkit

Enghreifftiau o welliannau – Arweinyddiaeth

- Rhaglen datblygu'r Bwrdd
- Yn gryfach gyda'n gilydd
- Sut rydym yn trefnu ein hunain
- Strategaeth Pobl

Examples of improvements – Leadership

- Board development programme
- Stronger together
    - How we organise ourselves
- People Strategy

Enghreifftiau o welliannau – Ymgysylltu

- Casglu, dadansoddi, monitro a dysgu o brofiadau cleifion a gofal
- Ymgysylltu â'n cymunedau a'u cynnwys yn rheolaidd
- Cynnwys ac ymgysylltu â'n rhanddeiliaid

Examples of improvements – Engagement

- Gathering. analysing, monitoring and learning from patient and care experiences
- Routinely involving and engaging with our communities
- Involving and engaging with our stakeholders

Diolch

Thank you

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Cynllun Tymor Canolig Integredig (IMTP) 2022-25

Integrated Medium Term Plan (IMTP) 2022-25

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Beth yw IMTP?

What is an IMTP?

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Beth yw IMTP?

What is an IMTP?

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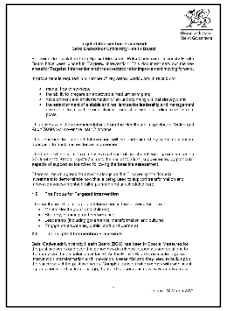
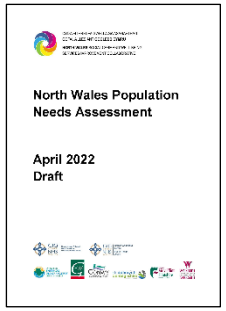
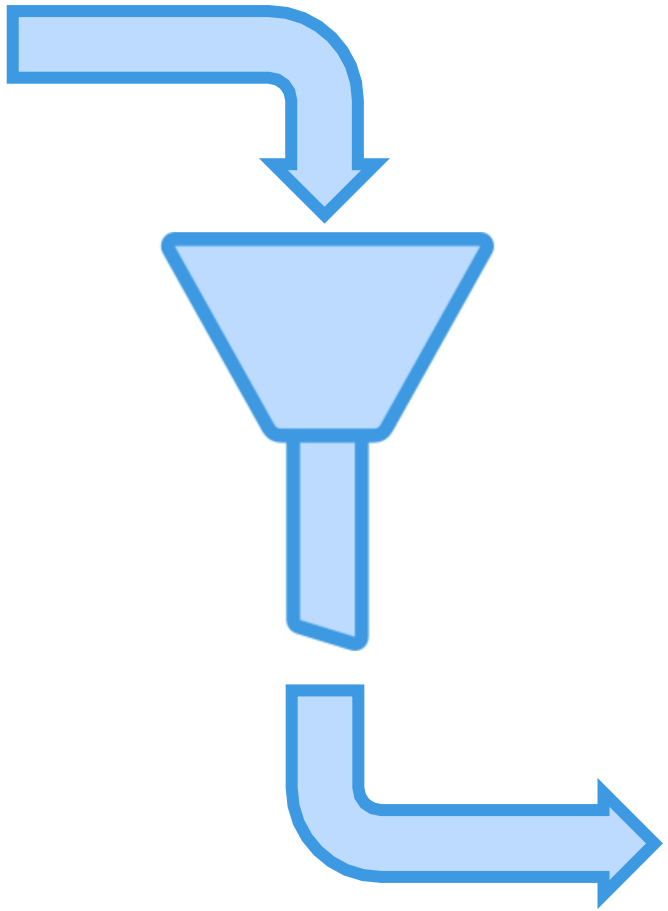
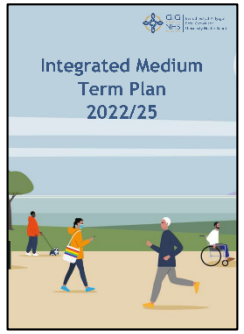
Beth yw IMTP?





What is an IMTP?





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IMTP BIPBC yn ei gyd-destun

The BCUHB IMTP context

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IMTP BIPBC yn ei gyd-destun

Ein cynllun 3 blynedd swyddogol cyntaf.

Mae COVID-19 yn parhau i fod yn her, boed hynny o ran rheoli effaith yr heintiau gweithredol neu adfer y gwaith yr effeithiwyd arno gan y pandemig yn ystod y 2 flynedd diwethaf.

Statws ymyriad wedi'i dargedu.

The BCUHB IMTP context

Our first official 3 year plan.

COVID-19 remains a challenge, be that in terms of managing the impact of active infections, or the recovery of work affected by the last 2 years of COVID-19 pandemic.

Targeted intervention status.

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Integreiddio a chydbwysedd

Integration and balance

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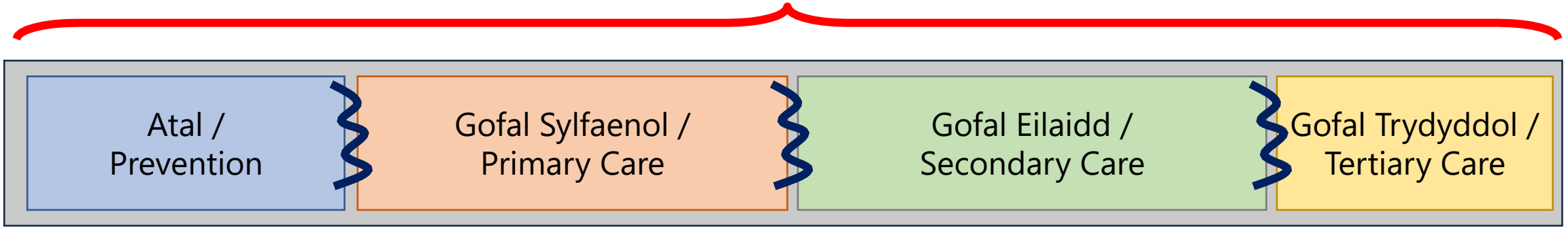
Integreiddio a chydbwysedd

Integration and balance



O rannau gwahanol y system, o fewn un Bwrdd.....

From discrete parts of a system, sitting within one Board.....

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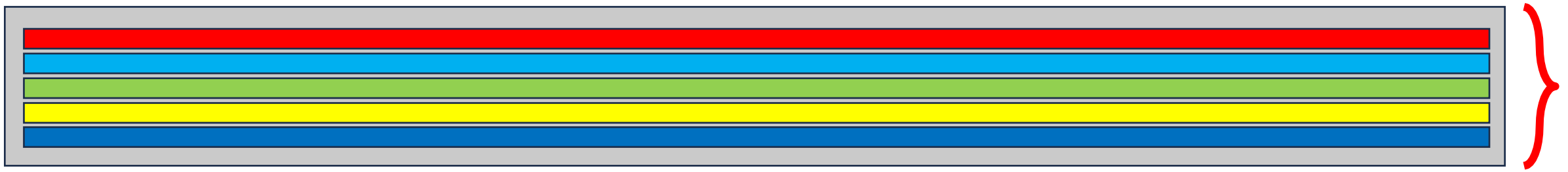
Integreiddio a chydbwysedd

Integration and balance



….. at lwybrau gofal o'r dechrau i'r diwedd, wedi'u seilio ar angen

….. to end-to-end pathways of care, built around need

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Integreiddio a chydbwysedd

Yn ogystal â chydbwyso angen a blaenoriaethau, mae arnom ni angen cynllun cytbwys o ran defnyddio'r **adnoddau sydd ar gael.**

Ni fedrwn gynllunio defnyddio adnoddau nad yw'n rhesymol disgwyl iddyn nhw fod ar gael.

Yn aml, disgrifir adnoddau mewn termau ariannol syml, ond mae'n cynllun ni'n dangos ei fod cymaint mwy na hynny.

...nid yw cynllun ariannol cytbwys o werth i ni os yw wedi'i seilio ar recriwtio carfan o weithwyr proffesiynol nad ydynt ar gael

Integration and balance

As well as balance of need and priorities, we need a balanced plan in terms of use of **available resource**.

We can only plan to use the resources that we reasonably expect to be available.

Resource is often described in simple monetary terms, but in our planning we are clear it is much more than this.

..... a financially balanced plan is no more use to us if it is built upon recruiting an unavailable cohort of professionals than a financially unbalanced plan.

Elfennau allweddol yr IMTP

Key components of the IMTP

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Y brif ddogfen a geirfa

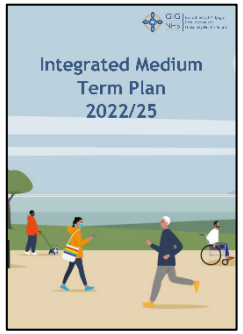
Mae'n amlinellu ein blaenoriaethau a'n dulliau cyffredinol ar gyfer y flwyddyn nesaf, a thu hwnt.

Mae'r blaenoriaethau'n adeiladu ar y Fframwaith Cynllunio, adfer ar ôl COVID-19, asesiadau anghenion, Ymyriad wedi'i dargedu.

The core document & glossary

Outlines our general approach and priorities for the next year, and beyond.

Priorities build upon Planning Framework, COVID-19 recovery, needs assessment, Targeted intervention



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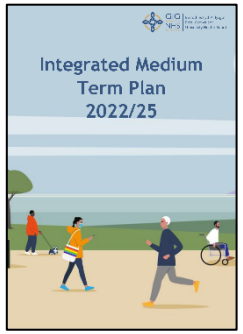
Atodiad 1: Alinio

Modelau sy'n dangos sut mae'n blaenoriaethau'n cyd-fynd â'r Fframwaith Cynllunio, Fframwaith T1, y blaenoriaethau sydd eisoes ar waith a sut y byddwn yn cydlynu'r blaenoriaethau hyn er mwyn cael y cyfleoedd trawsnewid gorau posibl.

Appendix 1: Alignment

Matrices showing how our priorities align with the Planning Framework, TI Framework, our priorities already underway, and how we will coordinate these priorities to get the best possible transformational opportunity from them.



Atodiad 2: Adfer Gofal Wedi'i Gynllunio

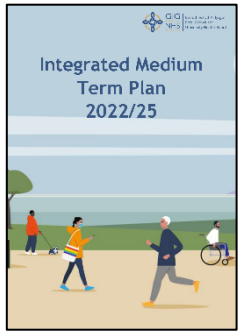
Cynllun ar lefel uwch na'r cyffredin i adfer y gofal wedi'i gynllunio sydd wedi cronni o ganlyniad i COVID-19.

[Bydd y manylion yn parhau i gael eu datblygu gyda chymorth yr Uned Gyflawni]

Appendix 2: Planned Care Recovery

High level recovery plan for the planned care backlog related to COVID-19.

[The detail behind this will continue to develop with support from the Delivery Unit]



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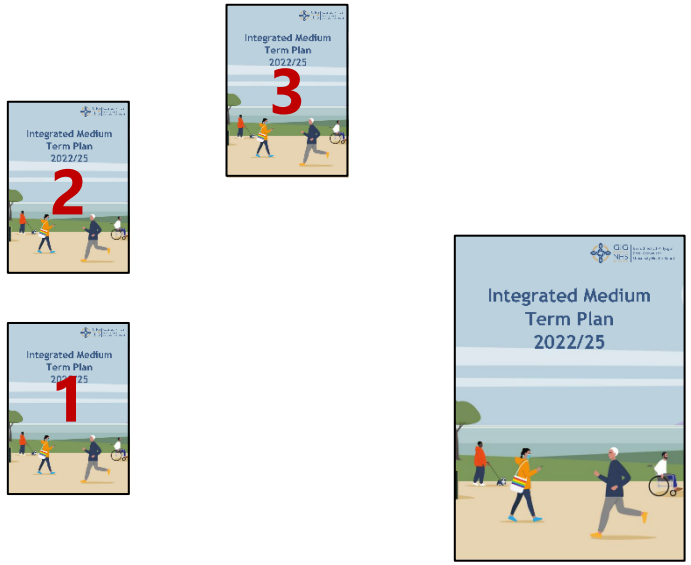
Atodiad 3: Manylion blaenoriaethu

Rhagor o fanylion ynglŷn â'r meysydd sydd wedi'u blaenoriaethu ar gyfer eu datblygu yn 2022/23 gan egluro'r hyn a fydd yn cael ei gyflawni, a phryd

Appendix 3: Priority detail

Greater detail upon our priority areas for development in 2022/23, explaining what they will deliver, and when



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Atodiad 4: Y Gweithlu

Data proffilio yn dangos beth yw'r gofynion gweithlu i gyflawni'r cynllun, a thystiolaeth ynglŷn â'r gallu i'w recriwtio

Appendix 4: Workforce

Profiling data showing our workforce requirements to deliver the plan, and evidence of assessment of 'recruitability'

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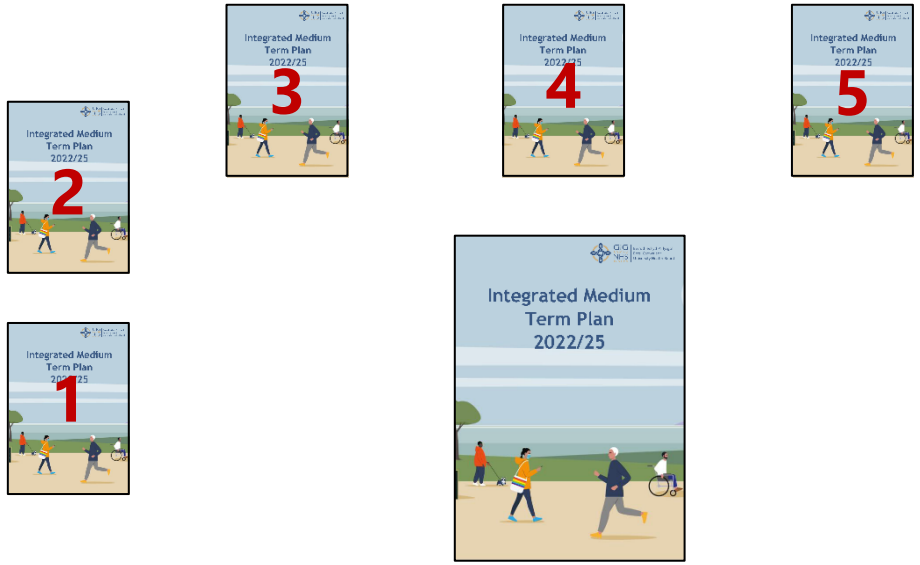
Atodiad 5: Blwyddyn 2 a 3

Amlinellu gwybodaeth ynglŷn â blaenoriaethau blwyddyn 2 a 3 rydym ni eisoes yn gwybod amdanyn nhw neu sy'n dod i'r amlwg. Bydd y rhain yn cael eu mireinio yn ystod 2022/23 ac yn cefnogi llif prosiectau datblygu'r Bwrdd Iechyd.

Appendix 5: Years 2 and 3

Outline indications of our known or emerging priorities for years 2 and 3. During 2022/23 these will be increasingly sharpened, supporting our developmental pipeline for the Health Board.



Atodiad 6: Modelau Rhesymeg

Mae'r modelau rhesymeg yn dangos effaith y gweithredoedd sydd wedi'u hamlinellu yn y cynllun, ar ein poblogaeth.

Sut y bydd ein gweithredoedd yn gwella iechyd ein poblogaeth?

Appendix 6: Logic Models

Logic models translate our actions outlined in the plan into impact for our population.

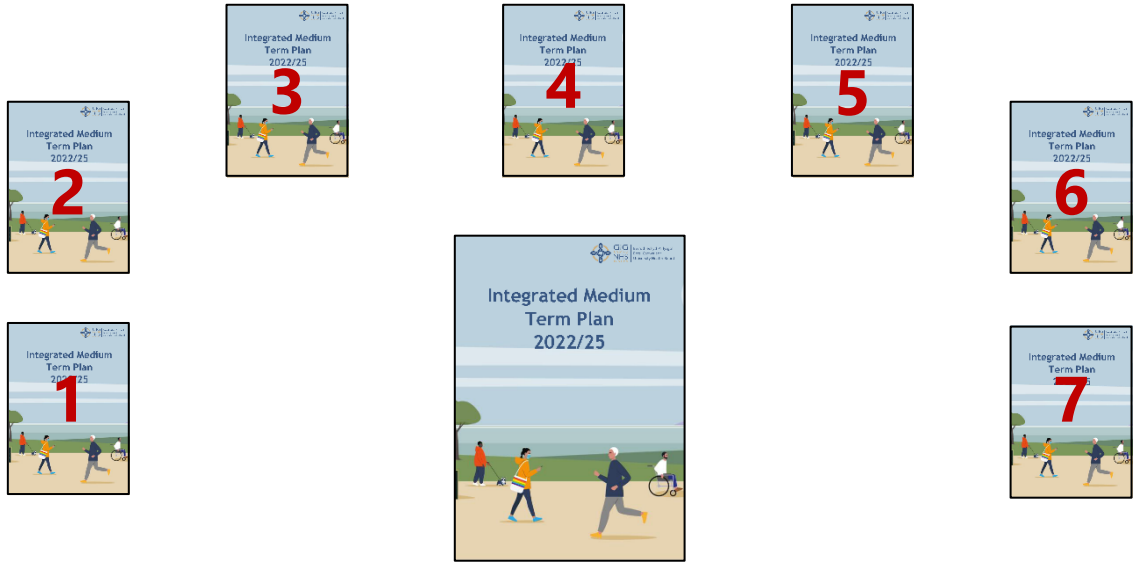
How will our actions improve the health of our population?

Atodiad 7: Dolenni

Dolenni ar gyfer y dogfennau ategol allweddol

Appendix 7: Links

Links to key supporting documents



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Risgiau

Credwn fod y cynllun a gyflwynwyd yn arddangos lefel briodol o uchelgais. Ein prif risgiau:

1. Arian
2. Gweithlu
3. Adfer gofal wedi'i gynllunio

Risks

We believe the plan put forward adopts an appropriate level of ambition. Our key risks:

1. Financial
2. Workforce
3. Planned care recovery

Crynodeb

Credwn fod y cynllun a gyflwynwyd yn

- Gytbwys o ran adnoddau
- Arddangos cydbwysedd priodol o ran uchelgais
- Wedi'i flaenoriaethu'n briodol o ran anghenion ein poblogaeth
- Wedi'i flaenoriaethu'n briodol o ran anghenion datblygu ein sefydliad
- Wedi cael ei seilio ar weithio mewn partneriaeth, ac wedi ei greu mewn partneriaeth

In summary

We believe the plan put forward here is

- Balanced against resource.
- Adopts an appropriate balance of ambition
- Is appropriately prioritised against our population needs
- Is appropriately prioritised against our organisational development needs
- Has been built around working in partnership, and has been created in partnership

Diolch

Thanks

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Betsi Cadwaladr
University Health Board

Datblygu'r Strategaeth Glinigol ar gyfer Gogledd Cymru

Cyfarfod Bwrdd ar y Cyd
BIPBC a CICGC
21 Ebrill

Developing the Clinical Strategy for North Wales

Board to Board
BCUHB and NWCHC
21 April

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Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

What is the clinical strategy?

- A framework to shape the future direction and support the strategic clinical and commissioning intentions of the Health Board
- Providing a ‘blue print’ for large scale service redesign – using a consistent approach to development of pathways, person centred, and co-designed to address “what matters”, and in accordance with the guidance on engagement and consultation
- It will **NOT** include detailed proposals for specific service changes
- **Key drivers** – National and local strategy, plans and enablers including but not limited to:

National

- The National Clinical Framework
- A Healthier Wales: Long term plan for health and social care
- Well-being of Future Generations Act
- Social Services and Well-being Act
- Prudent and Value Based HealthCare
- Together for Mental Health
- National Delivery Framework
- National Planned Care Programme and Pathways

Local

- Living Healthier, Staying Well
- Population needs assessment
- 2022/25 IMTP
- Cluster Plans
- BCUHB Transformation Programme / Pathways
- Mewn Undod mae Nerth / Stronger Together
- Regional Partnership Board (RPB) and Public Services Board (PSB) plan

- The strategy will align with enabling strategies (quality, people, digital, and estates)
- It will recognise the need to adapt to local needs and focus on place based care

Progress

- Refresh of '*Living Healthier, Staying Well'* concluded, engagement feedback used to inform development of draft strategy principles.
- Clinical Senate established to provide multi-professional independent clinical advice, guidance and leadership to support development of the strategy. Inaugural meeting took place on 18th March.
- Two workshops in March with circa 50 BCU staff to consider and provide feedback on:
  - Proposed vision for clinical services,
  - Draft guiding and design strategy principles (informed by BCU workshop in October 2021)
  - Criteria to identify services for strategic reconfiguration
  - Content and format of Strategy document
- Draft strategic service redesign checklist and prioritisation framework produced
- First working draft strategy document produced (31st March 2022)
- Draft discussed at Health Board workshop, feedback received and revisions made (April 7th 2022)
- Engagement plan is being developed for the next months to ensure we test what's important to people and build on this to finalise the strategy. We would welcome CHC views on this continuing engagement

Building a clinical vision

- **To create a healthier north Wales, with opportunities for everyone to realise their full potential so that over time the people of north Wales should experience a better quality and length of life.**

- **To commission and provide excellent person centred care, delivered in the right place at the right time, with a focus on improving outcomes and user experience.**

- **To empower our staff to transform and innovate and to be an organisation where the pursuit of continuous improvement is the norm.**

- **To work with our partners to maximise value from the resources we have available to support health and well-being in north Wales.**

Proposed clinical strategy guiding principles (1)

- **Person centred and outcome focused:** Services will be planned around the service user's journey and designed to ensure consistently good outcomes and a positive experience of BCUHB services.

- **Co-designed and owned:** We will co-design services with our service users, staff and partners and will aim to ensure authentic involvement and empowerment of all involved in the process. We will actively seek out views from people whose voice is seldom heard.

- **Population health need:** We will design our services based on the current and forecast health needs of our population.

- **Keeping people well, early intervention and reducing health inequalities:** We will use an 'end to end' pathway approach to underpin our service design and will ensure we start the design process by considering upstream opportunities to promote good health and support people to stay well.

- **Clinically led and information driven:** We will provide clinical colleagues with the information systems and tools needed to understand current service provision and performance. We will put systems in place to identify unmet need and to highlight areas for improvement. Examples of the systems and information we will use include - demand and capacity analysis, benchmarking information, compliance with national and professional standards and pathway mapping.

Proposed clinical strategy guiding principles (2)

- **Transformation and innovation:** We will test our proposals using prudent healthcare and Value Based Health Care (VBHC) principles. We will strive for continuous improvement and support social models of care wherever appropriate. We will seek to remove adverse variation in practice and adopt a consistent evidence based approach to service delivery.

- **Right care right place**: We recognise that acute care should not mean hospital care and aspire to make 'Hospital at Home' a reality. We will adopt a 'Community First' approach supporting self-care and management where clinically appropriate and safe to do so.

- **Excellent high quality care wherever it takes place:** Our clinical services will be safe, sustainable, resilient and deliver high quality. We will develop service models that protect our elective capacity and promote ambulatory care i.e. same day care that does not require hospital admission.

  We will reduce the number of avoidable conveyances to hospital and preventable admissions by ensuring we have effective pathways to support care in primary and community settings. We will make the best use of Health Board resources by adopting a 'Once for North Wales' approach where appropriate.

- **Effective collaboration and partnerships:** We recognise that we cannot meet the health needs of the population we serve on our own. We will seek out opportunities for effective collaboration and partnerships with other NHS institutions, the third sector and other public sector bodies.

Effective enablers – aligned to existing enabling strategies

- **People**
  We will encourage the development of innovative models of care to make the most effective use of our clinical workforce. We will seek to create a culture that supports and empowers our staff to understand the value of the services they deliver and where continuous improvement is the norm.

- **Estates**
  We will seek out opportunities to leverage service transformation through our Estate, including our existing commitment to redevelop the Wrexham Maelor Hospital site and undertake fire safety compliance works at Ysbyty Gwynedd. In line with our Estates Strategy, we will review our use of local hospitals, primary and community facilities to ensure we are making best use of these resources, particularly to support the provision of services delivered closer to home.

- **Digital**
  In line with our digital strategy we will consider a ‘Digital first, leaving no one behind’ approach to service redesign and improvement. We are committed to implementing an electronic Patient Health Record, improving our digital infrastructure and connectivity and ensuring that we have standardised and consistent systems, which are fit for purpose and have the confidence of our staff and service users. We want to be at the forefront of the digital revolution in healthcare leading the way in the use of new technologies including Artificial Intelligence.

Proposed design principles (1)

- **Primary Care:** The majority of clinical care is rightly delivered through primary care and this will continue. The Accelerated Cluster Development programme will facilitate the further development of primary care and contribute to the reduction of dependence on acute hospital care.

- **Community hospitals**: We will continue to value our Community Hospitals and develop them as local healthcare facilities and resources.

- For both **primary care and community facilities**, we will use these to their full potential as we seek to deliver services closer to home. We will support development of health and well-being centres in partnership.

- **Acute Hospitals:** There will continue to be three principal acute hospitals in north Wales - Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital, each will provide emergency care and associated clinical services.

- **Regional Treatment Centres (RTCs)**: RTCs are standalone facilities designed to deliver a range of outpatient, diagnostic and therapy services and with the potential to include specified day case procedures. We will establish RTCs to increase and protect our planned care capacity.

Proposed design principles (2)

- **Service models**: We will utilise a range of different service models to make the best use of our resources to address the needs of the population.

  These models may include:

  Networked: a single service delivered across multiple sites
  Hub and spoke: more specialist services leading and supporting services at hospital and community sites across North Wales
  Regional: planned and delivered on a regional basis, for example, mental health care

- **Specialised services:** Where we are unable to provide services within north Wales due to their specialised nature, wherever possible we will seek to deliver elements of the care pathway locally and will ensure that from the service user perspective care is seamless.

- **North Wales Medical and Health Sciences School**: Together with Bangor University, alongside other higher education bodies and partners in the region, we have an ambition to develop a transformational inter-professional Medical and Health Sciences School by 2025. This represents a significant opportunity in North Wales for us to align education and training to our clinical strategy, support the delivery of our research strategy and address key challenges in our clinical workforce including the development of bilingual skills

Draft criteria for reconfiguration of services

- **Pre-existing Commitment:** For example, RTCs, redevelopment of Wrexham Maelor site, North Wales Medical and Health Sciences School.

- **National Clinical Framework suggests to consider reconfiguration where one or more of the criteria below are met:**
  Criteria 1*: There is evidence that the outcomes for people are significantly below comparator providers or there are significant patient safety concerns.*
  Criteria 2: *There is no viable prospect of the service meeting professional standards and/or recommended minimum volumes of activity to maintain high standards of care.*
  Criteria 3: *The workforce required to safely and sustainably deliver the service is not available because it cannot be recruited, developed or retained - or can only be delivered by a dependency on agency or locum staff.*
  Criteria 4: *There is professional consensus on the merits of reconfiguring services to deliver an enhanced pathway or a new service model.*
  Criteria 5: *There is significant public support or democratic mandate to change a service model.*

- **Delivers strategic objectives:** For example, opportunities to improve quality, outcomes and service user experience and contribute to improved health and well-being.

Blue print for strategic service redesign and prioritisation framework

- **Checklist** - To be used to when developing proposals for strategic service change. Using the checklist will ensure that the evidence to support proposals is available and

- **Framework** – the strategy will adopt a prioritisation framework which is consistent across the Health Board. It will help to inform decisions regarding the relative priority of each proposal and to agree the proposals to take forward via the BCUHB Clinical Services Plan, and aligned with the Integrated Medium Term Plan (IMTP).

  The approach could be summarised through these questions:
  - Does it work?
  - Does it add value?
  - Is it the best way of delivering the service?
  - Who will be better off as a result?

Next steps and timescales

- **From mid April – July 2022**: Further engagement and co-design work to build the strategy, with a broad range of stakeholders

- **End July 2022**: Strategy finalised reflecting feedback received and submitted for formal Health Board approval.

Alongside the work to finalise the Strategy the process of engagement and co-design with our partners will continue to agree the priority areas for strategic change. We will describe these in our Clinical Services Plan, which we intend to complete for Health Board approval in September this year, to feed into the next iteration of our IMTP.


Questions
&
Comments

Diolch

Thank you

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Diweddariad Fasgwlaidd

Trosolwg o Wasanaethau Fasgwlaidd Bwrdd Iechyd Prifysgol Betsi Cadwaladr

Vascular Update

Overview of Betsi Cadwaladr University Health Board Vascular Services

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Trosolwg

Cafodd y model prif ganolfan presennol ar gyfer gwasanaethau fasgwlaidd ei roi ar waith yn 2019 yn unol ag argymhellion Coleg Brenhinol y Llawfeddygon (RCS). Mae'r model darpariaeth hwn yn unol â chanllawiau gan y Gymdeithas Fasgwlaidd ac mae'n sicrhau bod y llawdriniaethau mwyaf cymhleth yn cael eu cynnal mewn unedau arbenigol (safle'r ganolfan yn Ysbyty Glan Clwyd), ond bod agweddau eraill ar daith y claf yn digwydd yn nes at adref yn y canolfannau ategol (Wrecsam Maelor ac Ysbyty Gwynedd).

Cafodd yr RCS wahoddiad gan y Bwrdd i gynnal Adolygiad o'r Gwasanaeth yn 2020 a chafwyd canlyniadau'r adolygiad hwn ym mis Mawrth 2021 ac ym mis Ionawr 2022.

Gwnaeth yr adroddiad nifer o argymhellion i wella ansawdd y gwasanaeth. Goruchwylir y camau gweithredu canlyniadol gan y Grŵp Llywio Fasgwlaidd (VSG) a'r Bwrdd, ac mae nhw'n cael diweddariadau'n rheolaidd.

Overview

The current hub and spoke model for vascular services was implemented in 2019 in line with the recommendations of the Royal College of Surgeons (RCS). This model of provision is in line with guidance from the Vascular Society and ensures that the most complex procedures are carried out in specialised units (the hub site in Ysbyty Glan Clwyd) but that provision of other aspects of the patients journey take place closer to home in the spoke sites (Wrexham Maelor and Ysbyty Gwynedd).

The Board invited the RCS to carry out an Invited Service Review in 2020 and the results of this review were received in March 2021 and January 2022.

The report made a number of recommendations to improve the quality of the service. The resultant actions are overseen by the Vascular Steering Group (VSG) and the Board where regular updates are received.

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Camau gweithredu diweddar

Roedd ail ran adroddiad yr RCS yn cynnwys argymhellion ar gyfer gweithio'n agosach gydag Ymddiriedolaeth Sefydledig Ysbyty Athrofaol Lerpwl, y ganolfan arbenigol ranbarthol, lle mae'r llawdriniaethau mwyaf cymhleth wedi parhau i gael eu cynnal ers 2019.

Dechreuodd y berthynas agos hon ym mis Mawrth 2022 ac mae'n parhau i ddatblygu drwy Femorandwm Cyd-ddealltwriaeth a gafodd ei gwblhau ym mis Mawrth 2022.

Mynegodd yr RCS bryderon ynghylch ansawdd cadw nodiadau a chael caniatâd ac mae'r rhain yn cael sylw drwy broses gwella cyflym, penodi arweinydd safonau proffesiynol ar gyfer gwasanaethau fasgwlaidd a thrwy gyfres o weithdai gyda'r Cyngor Meddygol Cyffredinol (GMC).

Argymhellion yr RCS hefyd

Recent actions

The second part of the RCS report included recommendations for closer working with The Royal Liverpool University Hospital Foundation Trust, the regional specialist centre where the most complex procedures have continued to be seen since 2019.

This enhanced relationship commenced in March 2022 and continues to develop through a Memorandum of Understanding that was finalised in March 2022.

The RCS raised concerns about the quality of note keeping and consent and these are being addressed through a rapid improvement process, the appointment of a professional standards lead for vascular services and through a series of workshops with the General Medical Council (GMC).

The RCS recommendations also

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Camau gweithredu diweddar

Roedd argymhellion yr RCS hefyd yn cynnwys yr angen brys i adolygu'r achosion yr oedd y RCS wedi'u hadolygu,

Roedd y Bwrdd Iechyd wedi cynnull Panel Ansawdd Fasgwlaidd ac wedi penodi cadeirydd allanol uchel ei barch. Mae cleifion y mae eu nodiadau'n cael eu hadolygu wedi cael gwybod ac mae'r panel bellach wedi dechrau'r broses adolygu ac wedi gwneud argymhellion.

Ym mis Mawrth 2022 roedd yna ddau Ddigwyddiad Byth yn ymwneud â'r gwasanaeth fasgwlaidd ac mewn ymateb i hyn, a'r adolygiad rheolaidd o ddigwyddiadau eraill, rhoddwyd camau ychwanegol ar waith ym mis Mawrth 2022 ac eto ym mis Ebrill 2022, a hynny er mwyn cynyddu lefel y cymorth gan ymgynghorwyr ac ansawdd y penderfyniadau amlddisgyblaethol a wneir. Mae'r camau hynny'n dal ar waith a byddant yn cael eu hadolygu ym mis Mai 2022

Recent actions

The RCS recommendations also included the urgent need to review the cases that the RCS had reviewed,

The Health Board convened a Vascular Quality Panel and appointed a nationally respected external chair. Patients whose notes are being reviewed have been informed and the panel has now started the review process and made recommendations.

In March 2022 there were 2 Never Events related to the vascular service and in response to this, and the regular review of other incidents, additional steps were put in place in March 2022 and again in April 2022 to increase the level of consultant support and the quality of multidisciplinary decision making. Those steps remain in place and will be reviewed in May 2022

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Y sefyllfa bresennol

Mae'r gwasanaethau fasgwlaidd yn parhau i gael cefnogaeth ddwys gan y Bwrdd ac yn cael eu goruchwylio'n ofalus.

Mae'r broses adrodd i Arolygiaeth Iechyd Cymru (HIW), Swyddfa Archwilio Cymru (WAO) a Llywodraeth Cymru yn parhau.

Mae'r Bwrdd yn croesawu ymrwymiad y CIC i gymryd rhan yn y Grŵp Llywio Fasgwlaidd misol.

Current situation

The vascular services continue to receive intense support from the Board and with close oversight.

Reporting to Health Inspectorate Wales (HIW), Welsh Audit Office (WAO) and Welsh Government rightly continues.

The Board welcome the commitment of the CHC to participate in the monthly Vascular Steering Group.

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Diweddariad Wroleg

Urology Update

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Gwasanaethau Wroleg

- **Mae'r Bwrdd wedi ymrwymo i adolygiad allanol o'r gwasanaethau wroleg, i'w gynnal gan Goleg Brenhinol y Llawfeddygon**
- **Mae hyn mewn ymateb i bryderon sy'n ymwneud yn bennaf â mynediad a fynegwyd gan gleifion a nifer o ymchwiliadau gan yr Ombwdsmon – ond bydd yr adolygiad ei hun yn adolygiad cwbl gynhwysfawr o'r gwasanaeth**
- **Mae grŵp gwella wroleg aml-broffesiwn wedi cael ei sefydlu, a chaiff ei arwain gan Gyfarwyddwr Gweithredol y Gwasanaethau Clinigol Integredig**
- **Mae'r grŵp yn cynnwys cynrychiolwyr cleifion a staff clinigol**
- **Rydym wrthi'n recriwtio rheolwr rhwydwaith wroleg**
- **Mae cynllun gwella wroleg wrthi'n cael ei ddatblygu – bydd hyn yn ymgorffori'r cynllun ynghylch llawfeddygaeth robotig**

Urology Services

- **The Board has committed to an external review of urology services, to be conducted by the Royal College of Surgeons**
- **This is in response to concerns primarily around access expressed by patients and a number of Ombudsman investigations – but the review itself will be fully comprehensive of the service**
- **A multi-professional urology improvement group has been formed, led by the Executive Director of Integrated Clinical Services**
- **The group includes patient representatives and clinical staff**
- **A urology network manager is being recruited**
- **A urology improvement plan is in the process of being developed – this incorporates the plan for robotic surgery**

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Adran Gwasanaethau Brys YGC

- **Fe wnaeth AGIC gynnal arolwg o Adran Gwasanaethau Brys YGC a wnaeth nodi nifer o bryderon yn cynnwys:**
    - Cadw cofnodion yn wael
    - Arsylwadau ac asesu risgiau clinigol
    - Prosesau rhyddhau gwael
    - Anawsterau o ran arweinyddiaeth a diwylliant
- **Mae cynllun gwella di-oed wedi'i gyflwyno a'i dderbyn gan AGIC**
- **Cynhelir cyfarfodydd craffu wythnosol rhwng yr Uwch Dîm Arwain a gweithredwyr clinigol**
- **Trefnir cyfarfodydd sicrwydd pythefnosol gydag AGIC i ddarparu tystiolaeth o gynnydd**
- **Mae AGIC wrthi'n drafftio adroddiad yr arolwg a byddant yn ei gyhoeddi gyda hyn**

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YGC ED

- **HIW conducted an inspection of YGC ED which identified a range of concerns including:**
    - Poor record keeping
    - Observations and clinical risk assessments
    - Poor discharge processes
    - Leadership and culture issues
- **An immediate improvement plan has been submitted and accepted by HIW**
- **Weekly scrutiny meetings between the HMT and clinical executives is in place**
- **B-weekly assurance meetings with HIW are being arranged to provide evidence of progress**
- **The inspection report is being drafted by HIW and will be published by them in due course**

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How We Organise Ourselves - Our New Operating Model

Purpose of this Conversation

1. Where we came from – what our Discovery told us
2. Where we are now
3. What's happening next
4. Information & support – where can you go

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What **Discovery** told us

Opportunity to

Purpose & Goals
Reset & connect

Behaviours
Develop our shared standards

Engagement & Communication
Learn from Discovery

Role & Responsibility
Establish clarity

Multi Divisional Team working
Create conditions to encourage & enable

Decision making
Establish clear framework to empower

Leadership Development
Develop framework & increase opportunity

Structure
Aligned to our purpose

Change
Develop skills and capacity

Personal Contribution
Clear & recognised

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What **Discovery** told us

The work we need to do

Our Way of Working

What we value and how we should treat each other – including how colleagues are listened to and supported.

Strategic Deployment

The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take.

How we Organise Ourselves

Make it easier to get things done, improve how we organise and run the organisation.

Our New Operating Model

The Best of our Abilities

Make it easier to get the skills and capacity we need from both within and from outside to support your work.

How we Improve & Transform

Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities

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What our **Discovery** told us

How it all starts to come together

Our Way of Working
What we value and how we should treat each other – including how colleagues are listened to and supported.

Strategic Deployment
The need for us all to understand how we are doing in our role and how the things we do connects to the Health Board's purpose and goals. Learning from the decisions we take.

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Make it easier to get the skills and capacity we need from both within and from outside to support your work.

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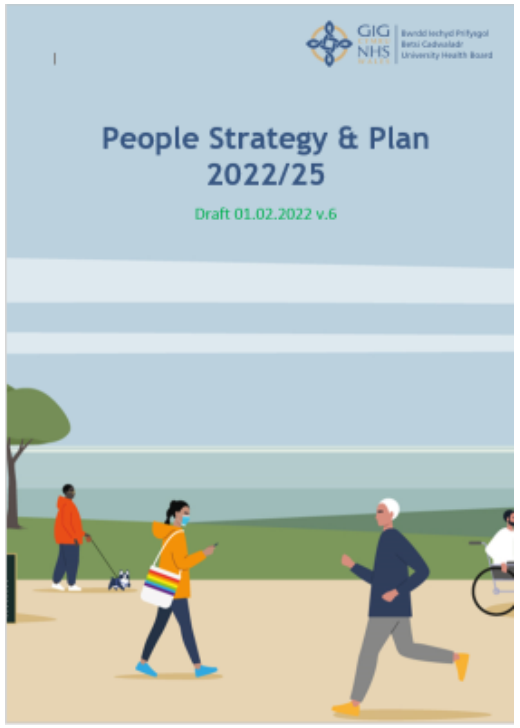
Collaboration and working together more effectively to address our most challenging issues and take advantage of improvement opportunities



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How We Organise Ourselves - Our New Operating Model

What do we mean by an Operating Model?

- The Operating Model describes how we organise and manage the business of the Health Board, who is responsible for what, who leads and manages and the processes which enables this to happen.

Why are we changing it?

- The way we are organised at the moment makes it more difficult to :
  - deliver our purpose
  - provide care to consistent standards and avoid unnecessary variations in clinical practice
  - understand who reports into who for what

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How We Organise Ourselves - Our New Operating Model

What principles guided the design of our new Operating Model

- Person centred,
- Clinically led, evidence based, empowered organisation (decisions made as close to the patient as possible)
- Community focus with regional networks,
- Consistent standards with equal access for our population,
- Effective partnership working,
- Compassionate, learning organisation,
- Processes and ways of working that make doing the right thing easy.

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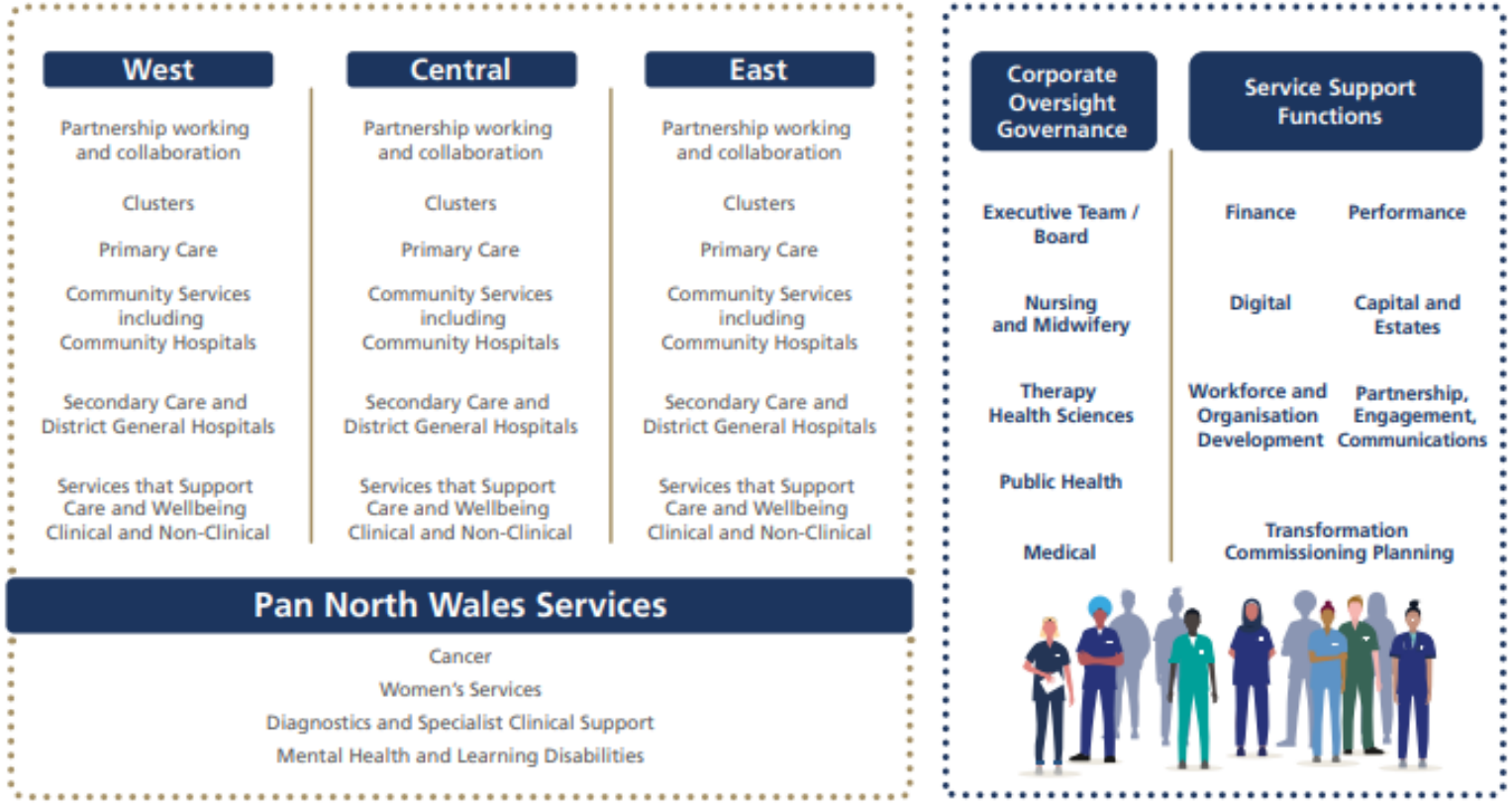
How We Organise Ourselves - Our New Operating Model

What's the new model?

What's different:

- Bringing together Primary Care, Community Services, Secondary care (Acute) and Childrens services into **3 Health Communities** - East, Central & West
- Health Communities will be led by an accountable Director
- **4 Pan North Wales Services**
- All led by a **Deputy Chief Executive/Executive Director of Integrated Clinical Delivery***



*The only exception to this reporting is Mental Health & Learning Difficulties Division, which continues to report to the Executive Director of Public Health.

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What's the new model?

What’s different (continued):

- Health Communities will be accountable for ensuring a focus on population, prevention and public health
- Health Communities will manage inpatient beds and theatres that are physically within their geography
- Operational facilities management arrangements move to the Health Community
- Single BCUHB wide waiting access and lists for care delivery will become the norm.
- A unified, population based, commissioning function will be developed* - brining together all of the commissioning work
- A holistic education function will be developed - bringing together all education & learning work
- Corporate Functions will be re-named Service Support functions

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What's the new model?

What’s stays the same:

- Children’s services will remain within Health Communities
- Therapies operational management arrangements remain within Health Communities
- Existing support arrangements for services with hub/spoke or hosted arrangements remain as current where it is felt they are best designed for patient and community.
- Diagnostics and Specialist Clinical Support Services will retain a Pan North Wales management arrangement.
- Women's Services will retain a Pan North Wales management arrangement.
- Cancer Services will retain a Pan North Wales management arrangement.
- Mental Health & Learning Difficulty services will retain a Pan North Wales management arrangement.

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How We Organise Ourselves - Our New Operating Model

Phases 1 & 2

Phase 1

- Executive portfolio changes
- Integrated Health Community Director (x 3)
- Health Community Doctor (x 3)
- Health Community Director of Operations (x 3)
- Health Community Director of Nursing (x 3)
- Deputy Director of Integrated Clinical Delivery – Regional Services (x 1)
- Deputy Director of Integrated Clinical Delivery – Primary Care (x 1)
- Clinical Director Therapy (x 1)

Phase 2

- Our new leadership teams will lead the co-design of the new phase of our operating model - the design of their teams.

Work still to do

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Work to do on the Design of Clinical Services

- Primary Care
- Psychology & Therapists working with Mental Health & Learning Disability service users
- Acute Brain Injury
- Dental Services & Managed Practices
- In addition to those areas, plan in place to co-design the management arrangements for these services:
  - Mental Health & Learning Difficulties Operating Model (end April)
  - Education Function (end April)
  - Commissioning Function (end June)
  - Care System Oversight Function (end April)
  - Clinical Effectiveness Function (end April)

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Work to do on Service Support Functions

- Corporate Functions will be re-named Service Support functions
- Complete Health Community alignment arrangements (end March)

Business Partnering

- A partnership approach to corporate and operational working
- Business partnering is the development of successful, long term, strategic relationships between customers and suppliers - a collaborative approach to achieving shared goals
- Development support will be available for teams to start on this journey

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How We Organise Ourselves - Our New Operating Model

Work still to do on the design of our Governance

Co-design of our Governance and Assurance Framework

- Roles with the right responsibilities, right Betsi goals, right performance targets & right measures

Change our internal systems & processes which support the new roles (examples)

- ESR
- Ledger
- Procurement
- Performance reporting
- Risk Reporting
- Data

So what next

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So when does all of this come together?

- **1st April 2022**
  - We will start to put our new structures in place
  - Critical parts of our new Governance and Assurance Framework will be tested
  - Supported by our digital systems and processes
  - Start phase 2
- **11 May 2022**
  - Are we ready for July – Readiness Assessment
- **26 May 2022**
  - Board makes the final decision for a July 'Go Live'
- **July 2022 & beyond**
  - When key leadership roles in place
  - Transfer of structures completed
  - Continue phase 2
  - Fine tuned & finished our designs for:
    - Clinical services
    - Governance and Assurance Framework
    - Enabling services
  - Business partnerships becomes more than just a name

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How We Organise Ourselves - Our New Operating Model

Supporting our Leadership & Emerging Teams

- We will be supporting our new leaders and emerging teams through this journey by:
  - Providing access to career coaching and help in applying for senior leadership posts
  - Ensuring that new people can find their way around Betsi and have the tools they need from day one
  - Bringing together our new leaders and emerging teams to begin to build team Betsi
  - Supporting individuals with specific learning on how we do things.

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How We Organise Ourselves - Our New Operating Model

Any Questions

People Strategy & Plan 2022/25

Mewn Undod mae Nerth | Stronger Together

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Adran Iechyd Meddwl ac Anableddau Dysgu / Mental Health & Learning Disabilities Division

Cyflwyniad / Presentation BCUHB a/and CHC

Ebrill/ April 2022

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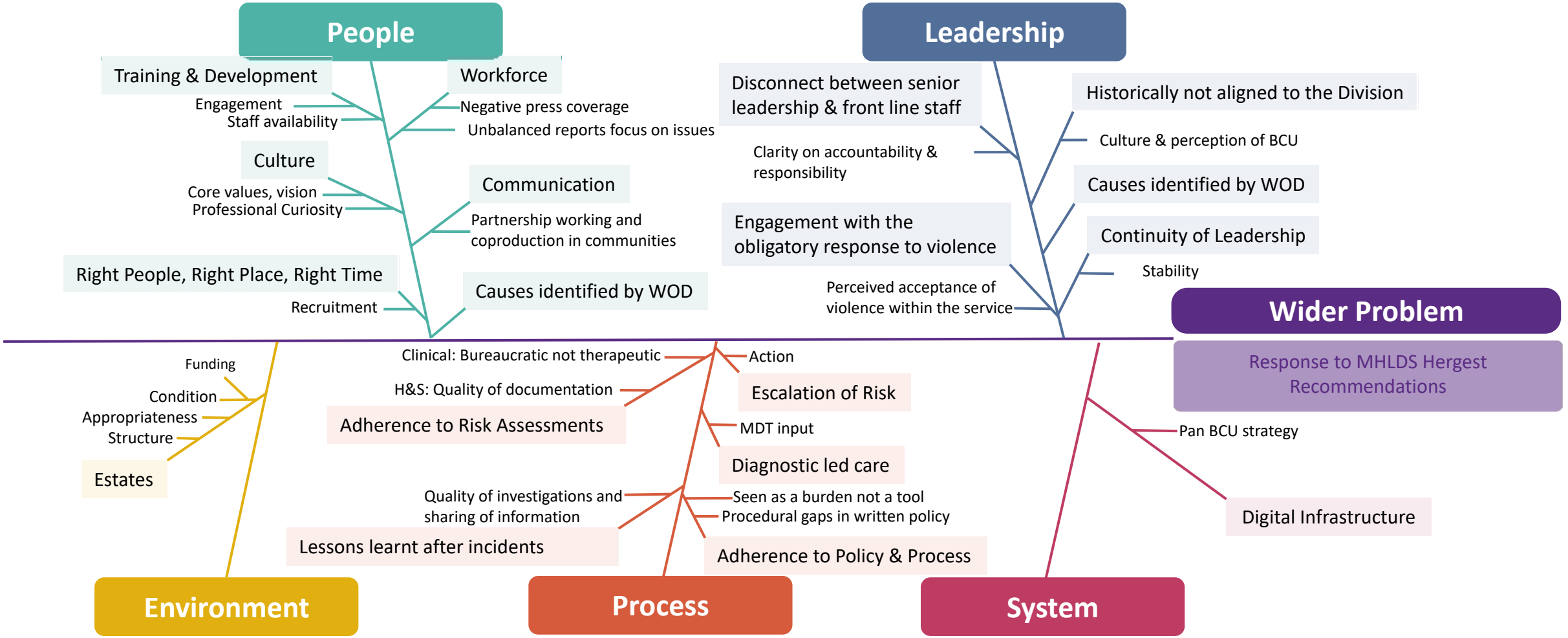
2022.02.10 Version 20.0

Diweddariad – Gweithgaredd Gwella / Update on Improvement Work

(Cause & Effect Diagram (fishbone)



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TRAWSNEWID & GWELLIANT
TRANSFORMATION & IMPROVEMENT

Diweddariad Cynllun Gwelliant / Improvement Plan Update

AN APPROACH WHICH WILL:

- Put the Patient First
- Facilities Working Together
- Builds open, honest & safe communication
- Unifies all teams on their pursuit of a common purpose
- Enables everybody to have a voice & be listened
- Brings continuous improvement to the core of everybody's job, every day
- Empowers & enthuses teams to make challenging changes to how they work
- Reduce clinical and operational variation
- Change behaviours through learning new knowledge and consistently practising a new desired behaviours

An evidence based approach which will facilitate
Goals Cascade - **clear**
Values & behaviours - **lived**
Leadership & Management • Visible • Involved
Standardised Operational Practice - **consistent**
Standardised Therapeutic Practice - **consistent**
Staff Communication & Engagement – **2 way**
Service Design (Demand & Capacity) - understood
Roles & Responsibility - transparent
Decision Making – empowers people
Team working – All the time
Governance, risk & course correction (learning) – clear lines
Knowing how I'm doing – visible & tracked
Team & Personal Contribution – visible everyday
Roles Capability – skills, knowledge & practice – visible & tracked
Continuous Improvement – daily & self directed
Environmental – safe fixture & fittings - owning your space
Working with our partners and third sector – collaborative approach

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Diweddariad – Camau Gwella / Update - Impovement Phases

SHORT

Hergest
Operational Improvement Plan
Hergest Safeguarding Improvement Plan
but could be applied to all services

MEDIUM

Addressing structure, process & behaviours obstacles

Digital data capture & information deployment
Professional curiosity and leadership
learning organisation

Built environment – fixture & fittings

LONG

Continuous Improvement

MHLD & Organisation course correction

Built environment
Right building, right place

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Ymgorffori Dysgu Parhaus / Embedding Sustained Learning

- 7 Minute Briefings
- Oxford Model Events (OME)
- Learning Events, opportunities to celebrate successful learning
- Benchmarking, to identify good practice and positive initiatives and to share learning e.g. Peer reviews (recommendation from HIW National Review of MH Crisis Prevention in Community), something similar to SIRAN (Serious Incident Review Accreditation Network) in England
- The production of a video regarding the Therapeutic Engagement and Observation Policy

Blaenoriaethau / Priorities

- Stability
- Governance
- Engagement
- Structure
- Embedding Sustained Learning
- Bespoke OD Package

Risgiau a Materion Cyfredol / Current Risks and Issues

- Current Vacancies
  - *Admin 48.78wte*
  - *Doctors 47.51wte*
  - *Nurses 141.81wte*
- Current Covid Wave and Covid Weary Staff
- Poor Estate and Lack of Clinical Accommodation

- Numbers of Interim Staff
- Expected increase in demand
- Delivery of Transformation pieces of work
- Mental Health Measure: Part 1a and Part 1b compliance

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Symud Ymlaen/ Moving forwards…

- Wellness, Work and Us
- Mixed Cohorting – Phase 1 (4 phase plan)
- CHC visits
- Environmental work
  - Sun shades (Heddfan)
  - Ligature harm reduction – windows, guttering
  - Wifi improvement (Heddfan)
  - Non-smoking planning (regs)
  - Garden area improvement
  - Arts
- Ablett investment
- Crisis Pathway
- OD work (Stronger Together)


CROESO

Cyflawniadau / Accomplishments

- Reduction in sickness due to Anxiety, Stress & Depression
- Continued development of the Wellness Work & Us
- Service developments inc: Early Intervention, SMS, Eating Disorder
- Targeted Intervention
- Ending mixed patient cohorting at Hergest Unit (patient safety) save for exceptional circumstances

DIOLCH / THANK YOU

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