Bundle Strategy, Partnerships and Population Health Committee 4 July 2019

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                      AGENDA
    9.45 Boardroom Carlton Court, St Asaph LL17 0JG
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0.1   09:30 - SP19/37 Exclusion of the Press and Public

Exclusion of the Press and Public
Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

0.5   09:45 - Comfort break

1   09:50 - SP19/40 Apologies for absence

2   09:50 - SP19/41 Minutes of meeting held on 2.4.19 and Summary Action Log

SP19.41a Minutes SPPHC 2.4.19 v0.3 public session.docx

SP19.41b Summary Action Log.docx

3   Items for decision

4   09:55 - SP19/42 Annual Operating Plan 2018/19 quarter 4 report

Mr Mark Wilkinson
Recommendation:
It is recommended that the Committee receive this report and to note the positive progress made at the end of Q4 alongside the transition of outstanding actions into the 2019/20 work programme.

SP19.42a 2018.19 Annual operating plan Q4 coversheet.docx

SP19.42b Annual operating plan 2018.19 Year end reconciliation report.pdf

5   10:10 - SP19/43 Annual Plan 2019/20 progress monitoring report

Mr Mark Wilkinson
Mr John Darlington in attendance
Recommendation
The Strategy, Partnerships and Population Health Committee is asked to note the report.

SP19.43a APPMR coversheet v2.docx

SP19.43b Annual Plan 201920 Progress Report May 2019 FINALamended V3.pdf

7   10:20 - SP19/44 Three Outlook and 2019/20 Annual Plan Update

Mr Mark Wilkinson
Mr John Darlington in attendance
Recommendation:
Receive this report and note the areas where we are revising the Three Year outlook and 2019/20 work programme

SP19.44a 3 year plan update coversheet.docx

SP19.44b 3 Year Plan update July 2019.docx

8   10:40 - SP19/45 Presentation: Services Strategy

Mr Mark Wilkinson

SP19.45 Services Strategy Progress report SPPH 4.7.19.ppt

9   11:00 - SP19/46 Review of the Committee's allocated Risks extracted from the Corporate Risk Register

Mr Mark Wilkinson
Recommendation:
The Committee is asked to consider the relevance of the current controls, review the actions in place and consider whether the risk scores remain appropriate for the presented risks

SP19.46a CRR coversheet.docx

SP19.46b CRR01 amended 24.6.19 @ 1731.pdf

SP19.46c CRR09.pdf

SP19.46d CRR14.pdf

SP19.46e CRR15.pdf

SP19.46f CRR17.pdf

SP19.46g CRR18.pdf

10   11:10 - SP19/47 Equalities Annual report 2018/19

Mrs Sue Green
Recommendation:
The SPPH Committee is asked to
• *note progress and the focus for 2019/20*
• *approve the report and formally inform the Board via the Committee Chair's assurance report*

11   11:15 - SP19/48 Cycle of Business 2019/20 review

Mr Mark Wilkinson
Recommendation:
The Committee is asked to review the COB 2019/20 and advise of any amendments required.

12   11:20 - Comfort break

13   11:35 - SP19/49 Stroke Services review position report

Mr Mark Wilkinson
Mr Rob Smith in attendance
Recommendation:
The SPPH Committee is asked to:
Receive the Summary Paper and consider proposals
Provide comments on the work to-date

15   Items for assurance

16.1   11:55 - SP19/50 Public Service Boards – Area Director updates

Dr Chris Stockport
Mr Rob Smith in attendance
Recommendation:
The Committee is asked to note the update and current progress made by the Flintshire and Wrexham PSBs

16.2   12:10 - SP19/51 NW Regional Partnership Board - draft minutes 10.5.19

Mark Wilkinson

17   12:20 - SP19/52 Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement Progress Report

Mrs Sue Green
Recommendation:
The Committee is asked to:
• *Note progress against the Organisational Improvement Plan.*
• *Note monitoring processes are in place to ensure progress against the Divisional improvement plans.*
• *Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB Byddwch yn Falch / Be Proud survey work.*
• *Note the national changes to the approach of collecting colleague experiences.*

18   12:40 - SP19/53 BCUHB University Health Board Designation Review 2019

Lynne Grundy in attendance
Recommendation:
The Committee is asked to note the report for information

19   12:50 - SP19/54 BCUHB Research, Development and Innovation Strategy Development Progress Report

Lynne Grundy in attendance
Recommendation:
The Committee is asked to
• note for information
• note that the developing Research and Innovation Strategy will be submitted for approval in due course

SP19.54a R&D coversheet.docx

SP19.54b R&D paper.docx

20   13:00 - SP19/55 Welsh Language Annual Monitoring report 2018/19

Miss Teresa Owen
Mrs Eleri Hughes Jones in attendance
Recommendation:
The Committee is asked to approve the report.

SP19.55a Welsh Language Services Annual Monitoring Report 2018-2019 coversheet.docx

SP19.55b Welsh Language Services Annual Monitoring Report 2018 - 2019.pdf

21   13:15 - Items for information

22   13:20 - SP19/56 Update on tobacco control in Betsi Cadwaladr University Health Board (BCUHB)

Miss Teresa Owen
The Committee is asked to:
1. Note the opportunity for continued improvement against current Tier One performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services.
2. Endorse the approach being taken to develop an integrated cessation service; and ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations.

SP19.56 Tobacco control update final.docx

23   13:20 - SP19/57 International Health Group annual update

Recommendation:
The Committee is asked to note the report

SP19.57 Annual IHG report 2018_19_Committee Chair's Assurance Report.docx

24   13:20 - SP19/58 Summary of In Committee business to be reported in Public

Recommendation:
The Committee is asked to note the report

SP19.58 InCommitte items reported in public.docx

25   13:20 - SP19/59 Issues of Significance to inform the Chair's Assurance Report

26   13:20 - SP19/60 Date of next meeting 3.9.19 Committee meeting followed by workshop, Carlton Court (Revised date)

Minutes SPPHC 2.4.19 v.03 draft

Strategy, Partnerships and Population Health Committee (SPPHC)
Draft minutes of meeting held on 2.4.19
in the Boardroom, Ysbyty Gwynedd, Bangor

Present:

Mrs Marian Wyn Jones	Independent Member (Chair)
Cllr Medwyn Hughes	Independent Member

In Attendance:

Ms Emma Binns	Head of Emergency Preparedness and Resilience *(part meeting)*
Mrs Ffion Johnstone	Area Director (West) *(part meeting)*
Miss Teresa Owen (TO)	Executive Director Public Health
Mr Andy Roach	Mental Health and Learning Disability (MHLD) Director *(part meeting)*
Mrs Lesley Singleton	Assistant Director MHLD – Partnerships *(part meeting)*
Mr Mark Thornton	NW Community Health Council Chair *(observer)*
Mr Mark Wilkinson (MW)	Executive Director Planning and Performance
Ms Diane Davies (DD)	Corporate Governance Manager ~ Committee secretariat
Welsh language team members	*for simultaneous translation service*

AGENDA ITEM	ACTION
SP19/18 Apologies for Absence Apologies were received from Mrs Helen Wilkinson, Mrs Sue Green, Mr Rob Nolan and Dr Chris Stockport (CS).	
SP19/19 Declaration of Interest Mrs Marian Wyn Jones declared her interest in the Research and Development Strategy item due to her position as Chair of Bangor University Council.	
SP19/20 Draft minutes of meeting held on 4.12.18 for accuracy, matters arising and review of Summary Action Log The minutes were ***approved*** as an accurate record and the summary action plan updated. It was noted that Civil Contingencies plans would be discussed at item SP19/24 and therefore the action was closed.	
SP19/21 Development of an integrated Research and Development Strategy **SP19/21.1** The Executive Director of Planning and Performance advised that the Executive Director of Therapies and Health Science was the lead Executive for the	

development of the Strategy and the paper provided an update on current progress which was being supported by The Innovation Agency. He drew particular attention to the development timeline provided which indicated that the Strategy would be presented to the SPPH Committee in the Autumn ahead of seeking approval by the Board.

SP19/21.2 The Committee questioned whether funding and resources would be in place to ensure the delivery of the Strategy, in confirming that the development work was on schedule, the Executive Director of Planning and Performance undertook to provide a briefing to members regarding confirmation of resources. | MW

SP19/21.3 The Committee questioned the absence of the lead Director to present this item and reflected disappointment in the delay in presentation to the Committee following discussion of an item regarding University Collaboration previously. The Committee felt this work to be crucial in the journey to deliver high quality care and retaining staff.

SP19/21.4 The Committee queried the lack of definition of stakeholders and validity of European funding, noting the expectation that information needed to be provided regarding the link to the Universities in Wales. In respect of connectedness the Executive Director of Public Health confirmed that this was in place within various areas across the Health Board and emphasised the importance of the Strategy within the Health Board's work. She undertook to include the Committee's feedback to the discussion scheduled taking place at the next Executive Management Group meeting. | TO

SP19/21.5 The North Wales Community Health Council (NWCHC) Chair reflected that it was important for the public to appreciate how Research and Development improves care for the patient.

SP19/21.6 Discussion ensued on positive aspects provided by patients being treated in clinical trials, improved recruitment & retention and economic benefits to the community and nationally. Notwithstanding opportunities to work with partner organisations in other areas of working which were non-clinical.

SP19/21.7 The Committee also questioned how learning was being gleaned from other University Health Boards in Wales and encouraged following up opportunities for the benefit of BCU.

The Committee resolved to

- note the report
- request that the Executive Director of Planning and Performance liaise with the Executive Director of Therapies and Health Sciences to confirm date draft R&D strategy will be presented to the Committee | MW
- request that the Executive Director of Planning and Performance review the timeline to ensure realistic and ensure importance of collaboration work | MW

The Mental Health and Learning Disability (MHLD) Director and Assistant Director MHLD – Partnerships joined the meeting.

SP19/22 Mental Health Strategy : Mental Health Transformation Project

SP19/22.1 The Assistant Director MHLD – Partnerships described the project as an opportunity to deliver key commitments within national strategies, with the aim of a whole system approach that includes reinvestment to create a preventative model that was not solely clinical but also ensured a joined up approach, especially around individual patients. She emphasised the coproduction involved and that learning would be shared by the Community, Children's, Learning Disability and Mental Health projects being developed. The Assistant Director MHLD – Partnerships highlighted the project summary including the challenge to move at pace with partner organisations to utilise the £2.5m investment provided from transformation funding.

SP19/22.2 The Committee questioned to what extent would the funds being put in place (to testbed various approaches which would be up-scaled if beneficial) to help BCUHB meet Welsh Government (WG) targets for investigations and assessments. The MHLD Director advised that the deep dive undertaken had enabled a full understanding of the key issues, especially in respect of capacity & demand and resource implications.

SP19/22.3 Following the Committee's question regarding risk should expenditure not occur within the appropriate timescales, the Assistant Director MHLD – Partnerships pointed to challenges with partnerships and commissioning, however she believed that existing structures would mitigate this risk, albeit challenging around finance. The MHLD Director also highlighted risk appetite issues around non-recurrent funding projects and workforce reluctance in applying for temporary posts which support them. He emphasised the need for quick mobilisation. The Committee raised concern on the risk around the loss of experienced staff and how this would be mitigated.

SP19/22.4 The Committee also questioned S136 trends and success measures. In the discussion on evaluation that ensued, work with Universities was highlighted as well as the role of the Regional Collaboration Team supporting the Regional Partnership Board. The Assistant Director MHLD – Partnerships emphasised the criticality of commissioning and that in undertaking the project, assessments could be made in respect of processes which could also be ceased if necessary.

The Committee resolved to

note the report including the value of the total project budget at £2.32m, progress undertaken to date and actions to be undertaken in the next phase.

SP19/23 Learning Disabilities update: Learning Disability Transformation Project

SP19/23.1 The Committee Chair congratulated the Team in being the first in Wales to secure a Learning Disability Transformation project bid. The Assistant Director MHLD – Partnerships highlighted areas being developed to provide seamless health and social services for people with learning disabilities within North Wales as part of the WG transformation programme to deliver A Healthier Wales. She emphasised that there were existing areas of good practice in place, however there was an aim to improve others. The Assistant Director MHLD – Partnerships drew attention to the aim of increasing life expectancy and improving integration of general services for people with learning disabilities.

SP19/23.2 The Committee questioned whom was the broker in commissioning to which the Assistant Director MHLD – Partnerships explained that the governance structure outlined within the paper provided this information, albeit that there was more work to do, including learning from the governance of other transformation projects. The Executive Director of Public Health questioned, in respect of the lifestyle change within the project summary, how improvement would be achieved.

SP19/23.3 The Committee Chair welcomed the project which was key to inclusion of this group within the Community and looked forward to a future update.

The Committee resolved to

note the report including the value of the total project budget at £1.7m, progress undertaken to date and actions to be undertaken in the next phase.

The Mental Health and Learning Disability (MHLD) Director and Assistant Director MHLD – Partnerships left the meeting.

SP19/24 Civil Contingencies and Business Continuity draft work programme 2019/20

SP19/24.1 The recently appointed Head of Emergency Preparedness and Resilience joined the meeting to present this item which set out the resilience work programme for 2019/20, building upon established organisational resilience arrangements in the delivery of duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance. The cycle of business demonstrated how the Civil Contingencies Group, provided assurance and governance relating to health preparedness as well as coordination of specific health economy resilience.

SP19/24.2 She highlighted the EU transition work which had been undertaken and the potential effects on BCU in the changeable climate, particularly on workforce. The Head of Emergency Preparedness and Resilience advised the Executive Director of Public Health on progress regarding current team recruitment following her query regarding the adequacy of capacity. In discussion of the work plan, the Head of Emergency Preparedness and Resilience reminded that reasonable assurance had been assessed by an Internal Audit review. She advised that gaps regarding fuel plans and pandemic (not seasonal) 'flu were being addressed.

SP19/24.3 In discussion of Emergency Exercises, the Head of Emergency Preparedness and Resilience confirmed capacity and advised of plans and groups in place to deal with these. In response to the Committee, she agreed that further work was required in conjunction with BCU's communication team in respect of increasing public awareness regarding emergency procedures utilising partners and social media.

The Committee resolved to

Note the report and endorsed the Civil Contingencies and Business Continuity Draft Work Programme 2019/20

SP19/25 Third Sector Strategy update	
SP19/25.1 The Executive Director of Planning and Performance presented this item. It was noted that in 2016 the Board approved a strategic approach to partnership working with the sector and commissioning arrangements for third sector services. However, this was not progressed in depth, and required review and refresh. Work was being undertaken to review current partnership arrangements and proposals developed to build on these.	
SP19/25.2 The Executive Director of Planning and Performance highlighted the need for orientation within BCU's plan and the amplification of collaboration. He drew attention to the need for the third sector to be able to enter into the procurement process. In addition, he advised that the development approach was being undertaken as a framework as opposed to strategy. He advised that this required devolution to the Area Teams in order that this could be better managed locally.	
SP19/25.3 The Committee welcomed the update provided and in the discussion which followed it was recognised that BCU needed third sector involvement and there were opportunities for clear guidelines to be provided to ensure that all groups involved would have a shared understanding.	
SP19/25.4 The Committee commented that more 'read across' was required in respect of Area Teams and MHLD and that this development appeared to be marginal and not central to transformation. Learning from the Ockenden recommendations was also highlighted.	
SP19/25.5 The Committee emphasised that, as this Sector was crucial to much of BCU's work, the opportunity to bring together relationships with the various forms of Third Sector organisations should be progressed and requested that the finalised document should be provided at the next meeting.	MW
The Committee resolved to note the update	
SP19/26 Wylfa Redevelopment update The Executive Director of Planning and Performance provided a verbal update. He advised that notwithstanding Horizon's current decision, the planning process would continue. He advised that a key part of the S106 agreement setting out Horizon's expectations also required that BCU set out the additional costs that would be incurred by the Health Board. He reported that a draft agreement had been signed and a payment schedule agreed ie £9.6m over the lifetime of the project. ***The Committee resolved to*** note the verbal report	

SP19/27 BCUHB governance structure for Adverse Childhood Experiences (ACES)	
SP19/27.1 The Executive Director of Public Health presented this item which outlined a proposed governance structure for the strategic co-ordination and planning of the approach to Adverse Childhood Experiences (ACE) within BCUHB. The new proposed structure would also provide clear guidance to partners wishing to engage with the Health Board on the ACE agenda. It was noted that The prevention and mitigation of ACE had been identified as a partnership priority by the Part 9 Regional Partnership Board (RPB). The Executive Director of Public Health emphasised that this was a very busy area of work and, whilst advising that shared learning would take place across North Wales, she informed that regular annual updates would also be provided to the Committee going forward.	TO / DD
SP19/27.2 The Chair noted that the effects of Adverse Childhood Experiences were well documented however, the lifelong prevention approach was not currently fully reflected within BCUHB service plans and ownership of this agenda was required across all divisions. She reflected that the new plan would help mitigate against the risk. Discussion ensued on the challenges involved in areas working together across North Wales and the national support available in which the Executive Director of Public Health raised her concern over prioritisation and monitoring.	
The Committee resolved to	
• note the evidence, which demonstrated an association between health outcomes and ACE's, as well as the significant impact on demand on health care services and ACE's across the whole life course.	
• note the vital ongoing work on ACE and "First 1000 days" being taken forward in partnership by Women's and Children's services as part of the Children's Transformation Group, Regional Partnership Board and Safer Communities Board	
• approve the plan for the wider strategic co-ordination and ACE planning work within the Health Board to be overseen by the Health Improvement Inequalities Transformation Group, with annual updates to the Strategy, Partnership and Population Health Committee.	
SP19/28 Reducing Smoking prevalence to improve population health	
SP19/28.1 The Executive Director of Public Health presented this item which described the Health Board's current provision and performance of smoking cessation services. It was understood that this was a key component of the Board's Living Healthier Staying Well strategy and supported the current Board focus on unscheduled care and planned care performance, given that smoking causes approximately 5% of all adult hospital admissions.	
SP19/28.1 The Executive Director of Public Health advised that the organisation was not expected to achieve the cessation targets set, due mainly to areas of poverty to be found within North Wales.	

SP19/28.2 In addition the update informed Committee members of BCU's approach to the implementation of Smoke Free Premises and Vehicles (Wales) Regulations 2018, as required under the Public Health (Wales) Act 2017. She highlighted that the legislation applied to hospitals but not clinics and raised her concern regarding the financial obligation in respect of signage and communication with the public and staff given that legislation would be in effect from September / October 2019. **SP19/28.3** The Committee discussed the challenges regarding tackling smoking outside hospital premises in which the Executive Director of Public Health advised that learning from Cardiff and Vale UHB's approach had taken place along with potential partnership work with local authorities. Deprivation was also discussed. **SP19/28.4** In response to the Committee Chair's question on whether pharmacy work was sufficiently funded in respect of this work, it was noted that across North Wales there was not a one size fits all solution, and that good quality services addressing this issue needed to be consistent across pharmacies, GP surgeries and within hospitals for staff and visitors. **SP19/28.5** The Committee questioned how the work would be moved forward, and was assured that monitoring had been improved by the establishment of a BCUHB Tobacco Control Group and that plans were in place to utilise WG funding that was expected in the Autumn. The Executive Director of Public Health confirmed that planning was incorporated within BCU's Annual Operational Plan and that the paper would be submitted to the Health Board for consideration at its next meeting.	TO
The Committee resolved to • note the opportunity for continued improvement against current Tier 1 performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services to reduce the burden of disease in North Wales. • note the service developments across the Health Board • endorse the approach being taken to ensure all our hospital sites become smoke free through the delivery of the Smoke Free Regulations.	
SP19/29 North Wales Regional Partnership Board update: Community Services Transformation funding briefing **SP19/29.1** The Executive Director of Planning and Performance drew attention to the paper which set out the service model including funding required to scale up / roll out regionally over 3 years. He reported that the Health Board was the lead partner organisation and the Executive Director of Primary and Community services was the lead Executive. Following the successful bid, the inaugural meeting was taking place on the same day as SPPHC meeting ie 4.2.19.	
SP19/2.2 It was agreed that the Committee would receive regular updates by the Executive Director of Primary and Community services with effect from the next meeting.	MW/CS

The Committee resolved to	
note the report	
SP19/30 North Wales Public Service Boards update **SP19/30.1** The Area Director West joined the meeting to present this item providing an update on the work of the Gwynedd and Anglesey Public Service Board. She highlighted the progress made by the four sub groups that had been established under objective 1 – Communities which thrive and are prosperous in the long term ie • Welsh Language • Homes for local people • The effect of poverty on the well-being of our communities • The effect of climate change on the well-being of our communities In addition, it was noted that a health and care integrated group had been established to ensure effective delivery of health and care services. **SP19/30.2** It was noted that a governance structure was outlined within the report as well as the priorities that each of the Groups needed to address. Discussion ensued on the funding position in respect of RPB and the PSBs. **SP19/30.3** The Committee discussed bed blocking, referral systems and social workers within hospital sites. The Committee questioned how the patient experience was captured within this area. The Area Director questioned how third sector resource might be utilised within hospital wards. The Committee emphasised that there were important lessons to learn in this area. **SP19/30.4** It was noted that the greatest challenge was organisations working together when difficult conversations around responsibilities and funding arose. The Executive Director of Planning and Performance emphasised that working together on an integrated agenda was crucial to improving performance, and whilst challenging, integration needed to be the direction of travel being undertaken. He stressed that it would be a critical role to listen to what was happening in the RPB and PSBs and then mainstream the objectives. **SP19/30.5** The Executive Director of Public Health questioned why the Anglesey and Gwynedd PSB was no longer chaired by BCU's Area Director as she felt this to be an important role for BCU to retain at this senior level. Discussion ensued on what shared learning could be gained from South Wales RPBs and PSBs in which the challenges around pooled budgets were noted. The Executive Director of Public Health undertook to circulate further explanatory information on the RPBs/PSBs to members following the meeting. **SP19/30.6** In response to the Committee, the Area Director West explained the next steps in utilisation of third sector resource via development of health and care support work funding. ***The Committee resolved to*** note the report	 TO

SP19/31 Draft Committee annual report 2018/19, Terms of Reference (ToRs) and Cycle of Business (COB) The Terms of Reference and Cycle of Business were provided for information. ***The Committee resolved to*** • note the ToRs and COB 2019/20 • approved chair's action could be taken to agree the final version of the draft annual Committee report for submission to the Audit Committee	MWJ
SP19/32 Issues of significance to inform Chair's Assurance Report To be confirmed following the meeting.	
SP19/33 Date of next meeting It was noted that the next meeting date would be amended to take place within the first two weeks of July – date to be confirmed.	
SP19/34 Exclusion of the Press and Public Resolution to Exclude the Press and Public "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."	

BCUHB STRATEGY PARTNERSHIPS & POPULATION HEALTH COMMITTEE
Summary Action Plan

Officer/s	Minute Reference and summary of action agreed	Original Timescale	Latest Update Position	Revised Timescale
4.12.18				
Mark Wilkinson	**SP18/96 Review of the Committee's allocated risks extracted from the corporate risk register** The Committee questioned the process of Audit amendment to SPPH risk, feedback to be requested from OBS.	24.12.18	26.6.19 Given BCU-wide review of board assurance framework and corporate risks, Committee Chair recommends action be closed.	Closed
5.2.19				
John Darlington	**SP19/5.5 Annual Operational Plan monitoring 2018/19 quarter 3** The Committee suggested it would be important to demonstrate within the final quarter report major area focus, "where next" focus, outcomes on key indicators and metrics, learning and recognition. The inclusion of a patient story, and also a staff story, to demonstrate significant impacts were also suggested.	~~19.3.19~~ 30.5.19	Feedback to be incorporated into the full end of year report scheduled for ~~11.6.19~~ 4.7.19 SPPH Committee	Closed
John Darlington	**SP19/5.7 Annual Operational Plan monitoring 2018/19 quarter 3** Provide a full Q4 report in June and a headline report in April.	~~19.3.19~~ 30.5.19	Full report scheduled for Committee meeting to be held on ~~11.6.19~~ 4.7.19 AOP paper on agenda 4.7.19	Closed
2.4.19				
Mark Wilkinson	**SP19/21.2. Development of R&D Strategy** Arrange to provide member briefing re resource availability	21.6.19		

Teresa Owen	**SP19/21.2. Development of R&D Strategy** Provide Committee feedback re Strategy to next EMG meeting	3.4.19	Completed	Action to be closed
Mark Wilkinson	**SP19/21.8. Development of R&D Strategy** Liaise with Exec Director Therapies and Health Sciences to confirm date draft R&D Strategy will be presented to Committee	21.6.19	See agenda item SP19/54	Action to be closed
Mark Wilkinson	**SP19/21.8. Development of R&D Strategy** Arrange for review of timeline to ensure realistic and also emphasise the importance of collaboration	21.6.19	See agenda item SP19/54	Action to be closed
Mark Wilkinson	**SP19/25.5 Third Sector Strategy update** Arrange to provide finalised document to July meeting	21.6.19	Rescheduled within cycle of business to August / September meeting	Action to be closed
Teresa Owen / Diane Davies	**SP19/27.1 ACES** Incorporate update timetabling to COB	21.6.19	6 monthly updates incorporated	Action to be closed
Teresa Owen	**SP19/28.5 Reducing smoking prevalence** Provide paper to next Board meeting	2.5.19	Completed	Action to be closed
Mark Wilkinson / Chris Stockport	**SP19/29.2 Community Services Transformation Fund briefing** MW to liaise with Chris Stockport to provide regular updates with effect from July meeting	21.6.19	MW suggesting to Committee that these are covered at alternate meetings.	Action to be closed
Teresa Owen	**SP19/30.5 NW PSBs** Circulate further detail re RPB/PSBs to members	21.6.19		
Marian Wyn Jones	**SP19/31 Committee draft annual report 2018/19** Via Chair's action, submit final version to Audit Committee	7.5.19	Submitted to Audit Committee Workshop	Action to be closed

27.6.19

Strategy, Partnerships and Population Health Committee **4.7.19**	GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board ***To improve health and provide excellent care***

Report Title:	Annual Operational plan 2018/19 - quarter 4 report
Report Author:	Mrs Bethan Venning, Corporate Planning Manager Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	This paper presents a summary of progress made against the Annual Operating Plan for 2018/19. A reconcilliation exercise has been completed to ensure clarity around status of any outstanding actions in 2018/19 and transition into the 2019/20 Work Programme.
Approval / Scrutiny Route Prior to Presentation:	The quarterly accountability reviews are being used to focus upon improvements required to ensure that expectations are met.
Governance issues / risks:	The Board's Annual Operational Plan set out the key priorities for the Health Board during the financial year 2018/19. The document defined actions which were required to deliver the commitments over the financial year and were endorsed by the Board in July 2018. These deliverables have been further prioritised to focus upon key areas of risk and delivery alongside the Board's responsibilities and commitment to improving the health of the people of North Wales whilst also striving continually to improve the quality, safety and accessibility of health services. The report aims to summarise the progress made against delivery of the plan on a quarterly basis. Where milestones are not being met, remedial actions are identified. The revised performance and accountability framework incorporates the key relevant performance trajectories which are now excluded from this report.
Financial Implications:	The operational plan sets out the financial parameters in which services are to be delivered in 2018/19.
Recommendation:	It is recommended that SPPH Committee receive this report and to note the positive progress made at the end of Q4 alongside the transition of outstanding actions into the 2019/20 work programme.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Strategic and Service Planning Financial Strategy			
Equality Impact Assessment The operational plan was subject to an Equality Impact Assessment at the time of its development			

Annual Operational Plan 2018/19 – End of Year Report

This paper presents a summary of our progress and achievements made with our partners during the year against the Annual Operating Plan Key Deliverables for 2018/19, covering the period 1st April 2018 to 31st March 2019. Each section outlines the key achievements made during the year and demonstrates comprehensive delivery of actions in many of our key priority areas.

A reconcilliation exercise has also been completed as part of the planning cycle for the 2019/22, Discussions were held with the key Leads for each plan and a concious decision made as to whether outstanding actions should be fed into the 2019/20 plan or the action no longer continued with a clear justification behind that decision noted. The report therefore provides a summary of the actions not fully completed during the year and how these reconcile with our 2019/20 Work Programme. This demonstrates that the vast majority of the oustandinding actions have been fed into the Three Year Outlook and 2019/20 Work Programme.

Please note that the Unscheduled Care plan has been continually refined throughout 2018/19 to date to reflect our 90 day improvement cycle. A similar approach has been taken in planned care to ensure that more comprehensive specialty plans are developed and delivered.

Improving Health and Tackling Health Inequalities

2018/19 Achievements

➢ We achieved the Platinum Health at Work standard, recognising our commitment to staff and population well-being and our overall social responsibility.
➢ We introduced the "Let's Get North Wales Moving" collaboration with partners.
➢ The tier three Weight Management Service was implemented.
➢ The 'Made in North Wales' network developed an approach to social prescribing and an asset-based approach to well-being.
➢ During the course of the year, the promotion of five ways to well-being has taken place through a number of different channels.
➢ The Child Measurement Programme pilot commenced in Anglesey and Gwynedd in January and will conclude in July 2019. The pilot offers targeted support to parents of children who are very overweight.
➢ Twenty GP practices have completed Treat Me Fairly training.
➢ The Health Board's Stonewall Workplace Equality ranking improved from 51st in 2017/18 to 37th place in 2018/19.
➢ The Child Measurement Programme pilot commenced in Anglesey and Gwynedd in January and will conclude in July 2019. The pilot offers support to parents of children who are very overweight.
➢ An Occupational Health; Health Needs Assessment (HNA) task and finish group has been established to identify the HNA content, feasibility and best ways of delivery. Pilot sites are in the process of being identified and documentation is being amended in readiness for roll out. This work will continue during 2019/20.
➢ Homelessness profiles have been completed to support the Health Board partnership activity in this area
➢ The "Help me Quit" smoking cessation portfolio grows. "Help me Quit" primary care pilot work has proved positive.
➢ Work on alcohol reduction has progressed positively including multi-agency needs assessment document which will inform planning and communications activity during 2019/20. In addition, press releases relating to alcohol avoidance have been produced during the year.

Reconciliation against 2019/20 Work Programme

Number of 2018/19 actions	Number of actions completed	% completed	Number of outstanding actions at year end	Number of actions carried over to 2019/20 Work Programme	Number of actions not carried over
153	147	96.1%	6	5	1

Rationale for non-carryover of actions
The one outstanding action is not specifically identified within the 2019/20 Work Programme however is being progressed through the North Wales Suicide and Self-Harm Partnership Group which includes members from Health, LA, Police, Local Education and the Third Sector.

Care Closer to Home

- ➢ The new healthcare centre at Flint opened, delivering a range of services.
- ➢ The redevelopment of Corwen Health Centre was completed.
- ➢ Recent developments such as Llangollen Health Centre, Canolfan Goffa Ffestiniog and the new wing of Tywyn Hospital now provide a range of services for patients.
- ➢ The outline business case for the North Denbighshire Health and Well-being Campus in Rhyl has been approved by Welsh Government. The development of the full business case will now commence with submission to Welsh Government due during 2019/20.
- ➢ A partnership case for funding community services transformation was approved and £6 million revenue funding granted by Welsh Government for 2019/21. We are moving forward in partnership with colleagues across Health, Social Care and Well-being sectors to transform provision. There is a stronger sense of unity and shared drive and commitment to establish integrated, place-based care for our communities.
- ➢ More advanced practitioner nursing, physiotherapy, audiology and pharmacy roles were introduced adopting the new North Wales Primary Care Model.
- ➢ Primary Care clusters have developed a range of innovative services such as Advanced Nurse Practitioner roles in Care Homes and specialist diabetes care.
- ➢ Work has commenced in earnest to establish the Primary and Community Care Academy (PACCA) which will support sustainability, workforce development and innovation, initially in Primary Care but with wider application as our integration progresses.
- ➢ An options appraisal for the development of Conwy/Llandudno Junction primary care site has been presented to the Area Leadership team and support for the preferred option gained. A full business case will now be developed over 2019/20.
- ➢ A developer has been appointed for the Waunfawr development with planning activities in progress. The developer has indicated works will commence on site in quarter three 2019/20.
- ➢ Strong relationships are developing between RPB lead executive directors and local authority directors.
- ➢ The Estate Development plan for Queensferry / Cefn Mawr is progressing with an options scoping document in progress for change of premises. A high level cost for one option is available for Cefn Mawr with further work to be completed during 2019/20.

Reconciliation against 2019/20 Work Programme

Number of 2018/19 actions	Number of actions completed	% completed	Number of outstanding actions at year end	Number of actions carried over to 2019/20 Work Programme	Number of actions not carried over
94	71	85.1%	14	14	0

Rationale for non-carryover of actions

All outstanding actions have been carried over into the 2019/20 Work Programme.

Women's Services

- ➢ The All Wales Maternity Strategy launch has been delayed until May 2019 by Welsh Government therefore all actions within the 2018/19 plan that relate to implementation of the national recommendations have been moved into the 2019/20 work programme.
- ➢ The Women's Directorate have benchmarked local maternity service provision against the recommendations for Cwm Taf (RCOG & RCM, 2019). The All Wales reporting assurance template has been completed and of the 70 recommendations the following were identified:
  - 64 recommendations rated as green
  - Six recommendations rated as amber – of these, four will be progressed as part of the Women's Service Plan 2019/20 and two will be discussed at QSE to ensure Board support and monitoring
  - 0 recommendations rated as red.

The completed assurance template will be presented and monitored through the Women's Directorate Governance structures, which will ensure the provision of regular updates via the established reporting through to Executive led monthly Quality and Safety Group and through to QSE.

- ➢ In response to our user forum Maternity Voices, a Birth Afterthoughts de briefing service was set up in October 2018. Following their baby's birth, all women are given an information card with details of how to contact Birth Afterthoughts should they want to talk about their experience or have unanswered questions. In the first four months we have seen over 30 women and their partners and have received positive feedback on this service.
- ➢ BRAIN (Benefits, Risks, Alternatives, Intuition and Nothing) is a simple acronym that can help women to make informed decisions during pregnancy, birth and the early parenting years. Specific BRAIN cards have been distributed to community midwives and given to all pregnant women at clinic appointments. Posters have also been displayed in the Maternity Assessment Unit.

Reconciliation against 2019/20 Work Programme

Number of 2018/19 actions	Number of actions completed	% completed	Number of outstanding actions at year end	Number of actions carried over to 2019/20 Work Programme	Number of actions not carried over
128	124	96.9%	4	4	0

Rationale for non-carryover of actions

All outstanding actions have been carried over into the 2019/20 Work Programme.

Children's and Young People's Services

2018/19 Achievements

➢ Following the publication of 'A Healthier Wales', an Integrated Early Intervention and Intensive Support for Children and Young People project was established. During quarter three, a bid to focus on children and young people as part of the regional vision for seamless locality based services was developed. In conjunction with Local Authority partners, the bid was submitted and funding was approved towards the end of quarter four. The transformation bid population focus is Looked After Children (on the edge of care). During 2019/20, the project will coordinate the development of early intervention / help hubs, extend access to therapeutic support through integrated teams and pathways and develop short-term residential assessment with a multi-disciplinary on site team to identify the most appropriate placement to meet the support needs and desired outcomes.

➢ In order to improve the experience of Children and Young People in our A&E departments, acute paediatric teams are working very closely with Emergency Department colleagues across all three hospital sites. At Ysbyty Glan Clwyd, a Consultant Paediatrician is now in attendance in the Emergency Department for five shifts per week. In the East, a joint team has been established to work on the issues of demand and capacity, this has included paediatric medical and nursing staff working in ED, sharing of IT access and fast tracking to the acute ward for paediatric cases.

➢ BCU led a First 1000 days workshop in December, which was well attended by Health Board, Public Health and Local Authority colleagues. The workshop included a discussion on prioritising the work on Adverse Childhood Experiences (ACE's) both within the Health Board and partner organisations. A workshop evaluation report has been completed which contains all the identified actions and recommendations regarding prioritising the work around ACE's across North Wales.

➢ Delivering neuro-development assessments within the target remains a challenge within the organisation. In order to address this, a workshop was held with all provider stakeholders and an action plan has been developed with key actions to commence in quarter one 2019/20.

➢ The development of a tier three Children's Obesity Services business case has taken longer than envisaged with submission now expected in quarter one of 2019/20. However, the analysis of referrals to Dietetics for overweight and obese children has been completed along with a review of current obesity services provision at levels one, two and three and the referrals mechanisms. Both sets of information will form part of the business case.

Reconciliation against 2019/20 Work Programme

Number of 2018/19 actions	Number of actions completed	% completed	Number of outstanding actions at year end	Number of actions carried over to 2019/20 Work Programme	Number of actions not carried over
108	86	79.6%	22	22	0

Rationale for non-carryover of actions

All outstanding actions have been carried over into the 2019/20 Work Programme.

Mental Health & Learning Disabilities

2018/19 Achievements

- During quarter four, the environmental estates and anti-ligature programme concluded thus improving the safety and environment for our patients, families and staff.

- Through the Quality Improvement work stream, the Health Board's Risk Management Strategy has been embedded by completing a baseline of the current position against the strategy and identifying the areas for improvement. The Quality Improvement Strategy has also been embedded across the Division which is aligned to the TODAYICAN quality improvement methodology. This will progress further in 2019/20 through the development of a Mental Health and Learning Disability Quality Strategy.

- The Primary Care and Well-being work stream have overseen the establishment of a Quality and Workforce Group for Primary Care and have identified a Mental Health Cluster Lead. This group meets with the Medical Director to take forward the cluster approach. ICAN centres where established at the start of quarter four and will run for four months initially.

- Within the Child and Adolescent Mental Health Service (CAMHS) work stream, the model, pathway and policy for transition between CAMHS and Adult Mental Health Services has been proposed and is awaiting final ratification. The current skill mix of the workforce who manage the transition pathway for patients has been evaluated. It is anticipated that Transition Passport Training for all Health Board eligible Care Co-ordinators will commence during 2019/20. This will ensure that the transition between CAMHS and Adult Services will be managed effectively for patients.

- The implementation of the Older People's Mental Health Home Treatment Service has taken longer than originally anticipated. At the end of quarter four, a review of assessment times was completed to better understand the demand and capacity shortfalls within this service area. This stream of work will continue during 2019/20.

- Within Forensic and Rehabilitation services, recruitment into qualified and unqualified posts has taken place. The Units have undertaken the All Wales Safe Staffing Audit and contributed to the Divisional Nursing Establishment Review with an outcome anticipated early in 2019/20.

Reconciliation against 2019/20 Work Programme

Number of 2018/19 actions	Number of actions completed	% completed	Number of outstanding actions at year end	Number of actions carried over to 2019/20 Work Programme	Number of actions not carried over
122	78	63.9%	44	44	0

Rationale for non-carryover of actions

The Mental Health programme has been re-cast over a broader timescale and therefore 29 actions have been carried forward into 2019/20 and a further 15 have been identified for delivery over the period 2019/21.

Unscheduled Care

- Within Unscheduled Care, the first 90 day cycle completed in January 2019 with 134 of 161 tasks within the plans being completed. The 90 Day Plan Cycle Two has been finalised and was launched on 4th March 2019. As we move into the second cycle of 90 day plans, increased focus on partner engagement is key to improved delivery.
- A significant reduction in the number of patients being delayed in ambulances for 60 minutes or more is the most remarkable improvement seen within Unscheduled Care to date.
- The Single Integrated Clinical Assessment and Treatment Unit (SICAT) went live on 12th November 2018 for phase one of its implementation, responding to Healthcare Professionals calls and supporting the WAST stack. Recruitment into the service has been very successful and from the end of February, the SICAT began functioning 12 hours per day, seven days per week.
- The 'I Can' service, delivered by third sector teams, has been successfully rolled out across all three acute sites servicing the whole population of North Wales.
- Llandudno Hospital Ambulatory Unit opened in October 2018 and has been recognised by the Delivery Unit as one of the best units in Wales.
- The re-introduction of a focussed Choice Policy with aligned documentation and patient information has resulted in a reduction in Delayed Transfers of Care across the sites, alongside closing working with Local Authority colleagues. However, the implementation is inconsistent across the sites therefore work will continue to further strengthen this during 2019/20.
- SAFER has been implemented at Wrexham Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd and is familiar terminology to staff. Recent audits have suggested that it is well adopted by nursing and therapies; however, medical engagement remains inconsistent. There are actions in the 2019/20 work programme to further strengthen the implementation of SAFER.

Reconciliation against 90 Day Plan – Cycle One

Number of actions	Number of actions completed	% completed	Number of outstanding actions
161	134	83.2%	27

Rationale for non-carryover of actions

The plan was recast during 2019/20 in line with the 90 day planning cycle approach. The table above sets out the achievement made against the first 90 day cycle ending in January 2019.

Planned Care

- The Arterial Hub and Spoke Vascular Network was implemented in April 2019 and is operational across North Wales. Glan Clwyd Hospital is the hub and arterial centre for the Vascular Network and provides all elective and emergency arterial surgery and complex endovascular interventions. The emergency on-call rota also runs from Glan Clwyd Hospital on a 24/7basis.
- The new Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd.
- The Health Board was awarded £430,000 from the Welsh Government Eye Care Sustainability Fund. The funding will be used to implement schemes to test service transformation in Eye Care including; networking services between hospital sites and with primary care partners, pathway redesign, training and education. Schemes will run from November 2018 to March 2020.
- Transforming Cancer services Together, a Macmillan partnership with the Health Board, formally launched in February 2019 with Colorectal, Lung, Urology and Breast being the key disease sites to be supported in the first instance.
- Further discussions have taken place with Welsh Government regarding implementation of the short to medium term orthopaedic plan. Welsh Government have indicated that additional funding will be made available to commence implementation of the plan in early 2019/20 with consideration of further funding on submission of a business case later in the year.
- The cancer 31 day target was achieved in eight out of 12 months during 2018/19 with breaches primarily being major urology surgery.
- The public DNA survey went live on 3rd September 2018 and ran until 5th November 2018. A total of 2,218 on-line and paper survey responses were received. Analysis of the survey responses took place and identified 12 themes. An evaluation report was presented to the Transforming Outpatients Programme Board on 12th February 2019 and following that meeting an action plan has been developed. Work will progress in line with the action plan during 2019/20.
- An Organisational Development approach using the 3D and BCUHB values integrated within the Planned Care Improvement Programme has been implemented. Each Health Economy area will hold a Rapid Improvement Event in May to launch the Planned Care Improvement Programme.
- During the course of the year, a strengthened focus on several key specialities has been established. East are focussing on Dermatology and Urology, Centre on Orthopaedics and ENT and West on Ophthalmology. All three sites are also focussing on Outpatients, Theatre Productivity and Length of Stay improvements.

Reconciliation against 2019/20 Work Programme

Rationale for non-carryover of actions

Following the appointment of additional operational and leadership capacity within Planned Care, the 2018/19 plan was refocussed on the core priorities as set out in the Three Year Outlook with a complete refresh of the plan undertaken which have informed our 2019/20 plan.

Quality and Safety

➢ Over the last year we have focussed on sepsis, developing improvements in practice for Health Board wide spread that will affect our crude mortality for the positive. The Learning from Deaths policy, has led to pilots of a new mortality review tool in two of our Emergency Departments to check for sustainability prior to a full Health Board implementation as an IT based solution.

➢ The Safe Clean Care campaign has continued at pace during 2018/19. This has resulted in 65% fewer cases of MRSA bacteraemia when compared to the same time period last year. The national reduction target for Clostridium Difficile Infection has also been met and surpassed.

➢ The ward dashboard has continued to be an essential part of our improvements and is accessed with an average of over 6000 reports run from the systems with the new version due to be launched in the summer 2019 this will enhance the abilities for the user to triangulate data for improvement.

➢ The sepsis treatment pathway has been fully implemented in all Emergency Departments.

➢ All acute and community wards now have a standard ward welcome / information board located near to the entrance of the ward. This enables the wards to display their patient safety and patient experience information.

➢ In July 2018, we began the process of developing our new Accreditation Programme for all inpatients ward / units across the Health Board. We are the first Health Board in Wales to have this robust assessment and support programme. The Accreditation Programme is an opportunity for the Health Board to implement a set of standards to frame our quality, safety and patient care agenda. A total of 35 wards have had an unannounced accreditation visit and have been assessed and awarded a score.

➢ As part of the Ward Accreditation programme, all wards have been accessed for using their patient experience information for improvements to demonstrate the ward learning from patient feedback. The Patient Advisory and Support Service is in the process of being implemented across all three acute hospitals and will be in place by the summer 2019.

➢ The development of a community dashboard has continued and includes the development of the District Nurse dashboard with the main focus being on improvement.

➢ The Health Board has been focussing on improving Pressure Ulcer reporting and root cause analysis as well as establishing the most prevalent areas in which pressure damage occurs. In November 2018, the Health Board launched a Pressure Ulcer Collaborative focussing on areas of highest prevalence.

Workforce and Organisational Development

2018/19 Achievements

- Areas of high agency use have been identified and Heads of Workforce will now work with Service leads to produce action plans with targeted interventions for reduction.
- The internal and external recruitment process has been streamlined where possible. Priorities for 2019/20 focus will be on supporting Mangers and Candidates to go through the process within agreed KPIs.
- Monthly Business Intelligence reports for PADR, including no date and out of date are produced and shared with Divisions.
- The staff survey results revealed that the percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job has increased.
- An implementation plan to roll out the first quarterly Go Engage Survey is in place and will be refreshed during 2019/20.
- The NHSW Staff Survey participation rates improved during 2018/19.
- Manager sickness absence dashboards / business intelligence reports have been updated to provide an enhanced focus on: short / long term absence / sickness reasons / sickness absence triggers.
- Targeted sickness absence action plans were applied per service area throughout the course of the year.
- A plan to deliver the Welsh Government Advancing Equality and Human Rights delivery framework was developed.
- A programme of face-to-face Treat Me Fairly workshops have been delivered alongside a targeted campaign to promote the update of the e-learning module. This has led to an increase in Treat Me Fairly mandatory training compliance increased to 85% by year end.
- Stonewall Workplace Equality Index ranking increased from 51st to 37th place.

Research, Development and Innovation

2018/19 Achievements

➢ The North Wales Clinical Research Centre (NWCRC) was officially launched in June 2018. The event included over 30% industry engagement. The NWCRC is conducting a number of research studies and progressing education opportunities.

➢ Commercial research income was increased by 20% during the course of the year.

➢ Clinical academic pathways have been developed with Bangor and a research masters developed with Glyndwr. A number of visiting professor posts have been appointed into.

➢ A Shared Research Strategic Partnership Group has been developed and is meeting on a regular basis. The Group includes WG colleagues and discussions are ongoing with Local Authorities about appropriate representation.

➢ The NHS Research and Development Finance policy has been fully implemented.

➢ Research and Development continue to actively contribute to the Quality Improvement Hub. Funding was secured for an integrated quality innovation and research event which was held on 29th & 30th April 2019.

➢ Successful new collaborations with a number of academic and industry partners have been developed throughout the year.

➢ The Innovation Agency is supporting Research and Development to develop a Research and Innovation Strategy which will map Health Board priorities and align with the research strategic direction. The strategy will be ratified and approved by October 2019.

Infrastructure Investment

2018/19 Achievements

- The refurbishment of Glan Clwyd Hospital was completed on 26th February 2019.
- The development of the new SURNICC at Glan Clwyd Hospital has been completed. The unit is now open and fully operational.
- Alterations to the Paediatric wards and Maternity ward at Glan Clwyd Hospital have been completed.
- The removal of all asbestos at Glan Clwyd Hospital was completed by the end of October 2018.
- The new hybrid theatre in Glan Clwyd Hospital has been successfully installed and became fully operational on 8th April 2019.
- The Health Board received significant additional capital funding in the second half of the year which allowed the Medical Device and Informatics Investment priorities to be brought forward.
- The Health Board successfully met it's Capital Resource Limit for the year.
- Works have commenced to create the new Multi-Faith Centre at Glan Clwyd Hospital and are planned to be completed by July 2019.
- The refurbishment and redevelopment of the Emergency Department at Ysbyty Gwynedd is progressing well. Phase two was completed and commissioned in January 2019 with the final phase, phase three, due to be completed by August 2019.
- Following the successful decant of the Elms, the refurbishment and extension of the property commenced. This is planned to be completed and commissioned by May 2019.
- The Wrexham Maelor strategic review programme business case is on course to be submitted to the Board in July 2019.

Digital Health (Informatics)

2018/19 Achievements

- Phase one of the Digital Health Records project has been completed. An outline business case has been produced to procure a system to provide a single digital view of the acute patient record, improve safety, support sharing, provide greater compliance with data protection legislation and streamlining working practices to deliver savings.
- The implementation of the data warehouse has continued with a number of data sets passing the rigorous testing process e.g. e-rostering and outpatient data. Work has also begun to enable governed access to data by other departments.
- The secondary care dashboard for Unscheduled Care has been produced and is in use. A mandate has been approved to add a discharge process into the Stream product to support live discharge data.
- The Health Board entered into an agreement with Welsh Government to host a Centre of Excellence for Small Business Research Initiatives. During the latter half of the year, the centre has been established, a centre manager has been appointed and significant progress has been made against year one deliverables with outputs including a bid to support healthy ageing and the establishment of a talent pool to support work.
- Discretionary capital spend in the East has supported the procurement of additional units to house medical case notes within the library replacing damaged units.
- Additional cyber prevention software has been purchased, McAfee's Threat Intelligence Exchange, to allow combining of power of several other pieces of software.
- 700 new Skype users have been provided with access during 2018/19. Dedicated resources have been appointed to support a range of projects to enable a Digital Mobile workforce. Following a period of induction these will be focussed on a number of priority projects during 2019/20 including a more phased and targeted expansion of Skype for Business and the extension of a pilot for Single Sign and a 'follow me anywhere' desktop.
- Development of dashboards and reports in Power BI has begun including the use of visually innovative Emergency Department floorplans and mobile dashboards.

Corporate Governance

2018/19 Achievements

- A new Chairman, Vice-Chair, two new Independent Members and two reappointments have been appointed along with an Executive Director of Primary and Community Care and an Executive Director of Planning and Performance.
- A Turnaround Director is in post with a new Turnaround structure approved by the Executive Team.
- During the last year, quality improvements under special measures have included the implementation of the Mental Health Quality Improvement Plan, focussing on improving dementia care, stopping inappropriate out of area patient placements and taking action to address findings from the reports published about failings in case on Tawel Fan ward.
- Initiatives to improve patient safety include the roll out of patient safety huddles (meetings designed to enable teams to focus on patients most at risk), use of technology to reduce avoidable harm through the Harms Dashboard electronic system, use of the SAFER bundle (a method promoting best practice in patient care) and having better systems in place to support learning from concerns, incidents and claims.
- The work undertaken has led to a variety of improvements to the patient journey, such as patients being seen more quickly when they arrive at hospital by ambulance, a reduction in the MRSA and c.difficile infection rates, and fewer delays for patients who are ready to go home from hospital.
- In February 2019, GP Out of Hours services were deemed to have improved to the extent that it was removed from special measures.

Strategic Planning

2018/19 Achievements

- The Three Year Outlook for 2019/22 was developed in the context of 'A Healthier Wales: Our Plan for Health and Social Care', published by Welsh Government in 2018. There is a continued focus in 2019/22 upon the urgent work that needs to be done to improve access to the services we currently deliver, enhance the quality and safety of those services and focus upon improving the experience of those individuals who access our care, as well as their families and carers. The plan takes into account direction provided by the Welsh Government and responds to the performance expectations set upon us.
- In March 2019, the Three Year Outlook and 2019/20 Work Programme were presented to the Board and approved as an interim plan with an to be presented to the Board in July with a focus on; the implementation plan as a result of the financial review and RTT taskforce, the results of ongoing discussions with colleagues in Welsh Government and any other areas where our plan develops over time.
- The Living Healthier Staying Well Strategy was approved by Board in March 2019.
- The Estates Strategy was approved by Board in March 2019.

Key Corporate Plans

Welsh Language

➢ Services have been establishing local implementation groups to drive forward service-specific requirements within the Welsh Language Standards Work Programme. Current positions have been scoped and the implementation of actions to address the standards has commenced.

➢ ESR Welsh Language skills data compliance is currently 88.5% across the organisation which is an increase of 4.7% from 2017/18. The Welsh Language Training programme continues to be developed with the number of staff accessing training raising.

➢ The implementation of the 'Active Offer' via the Language Choice Scheme has progressed consistently during the second half of the year having been further rolled out in Ysbyty Glan Clwyd and community hospitals in Central and East. A review of the scheme has been undertaken to gather staff and patient feedback.

➢ The Translation Service has evolved strategically during 2018/19 with an increase of 41.4% from 2017/18 in terms of words requested for translation. Simultaneous translation has progressed with services now being provided at internal meetings as well as at staff, public and stakeholder engagement events.

Accessible Healthcare

➢ In conjunction with the Centre for Sign, Sight and Sound, an initial project has been set up to test the feasibility of DAISY (Digital Access Interpreting System) within a managed GP practice in Conwy.

➢ Work has continued with managed practices to encourage service users to request that communication needs are recorded within primary care patient information systems.

➢ A repeat audit of compliance with standards has been completed. There is room for improvement with participation at Ysbyty Glan Clwyd, within Community hospitals and managed primary care.

Strategy, Partnerships and Population Health Committee

4.7.19

To improve health and provide excellent care

Report Title:	Annual Plan Progress Monitoring Report (APPMR)
Report Author:	Ed Williams, Head of Performance Assurance
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	This report provides the committee with a summary of progress of the Actions within the Annual Plan for 2019/20
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Director of Performance.
Governance issues / risks:	Our report outlines the progress against Actions in the Annual Plan for 2019/20. Where any Action is scored as Red, a short explanation of why and what is being done to resolve the issue(s) is provided.
Financial Implications:	*N/A*
Recommendation:	The Strategy, Partnerships and Population Health Committee is asked to note the report.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	

6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences			

Special Measures Improvement Framework Theme/Expectation addressed by this paper
This paper supports the revised governance arrangements at the Health Board and supports the Board Assurance Framework by presenting clear information on the quality and performance of the care the Health Board provides. It also addresses key indicators for mental health and primary care.

Equality Impact Assessment
The Health Board's Performance Team are establishing a rolling programme to evaluate the impact of targets across the Equality & Diversity agenda.

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v10.0

May 2019

Put patients first ● Work together ● Value and respect each other ● Learn and innovate ● Communicate openly and honestly

This report presents performance against the 2019/20 Annual Plan actions, and is presented in the same order as the plan i.e. health improvement and health inequalities, care closer to home, planned care, unscheduled care, workforce, digital and estates.

The ratings have been self assessed by the relevant lead executive director. All the ratings have been reviewed and approved by the executive team. Consideration will be given as to how assurance on progress can be provided on a periodic basis.

To interpret this report, it is necessary to note the basis of the rating which provides a succinct forecast of delivery, combined with an assessment of relative risk.

Feedback is welcomed on this report and how it can be strengthened. Please email Jill.Newman@Wales.NHS.UK.

RAG	Every Month End	By year end	Actions depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: - Please provide some short bullet points expaining why, and what is being done to get back on track.
Amber	Achievement as forecast; work has commenced; some risks being actively managed	N/A	Where RAG is Amber: No additional information required
Green	On track for achievement, no real concerns	Achieved	Where RAG is Green: No additional Information required
Purple	Achieved	N/A	Where RAG is Purple: No additional Information required

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

May 2019

Put patients first ● Work together ● Value and respect each other ● Learn and innovate ● Communicate openly and honestly

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Partnership plan for children progressed with a strong focus on Adverse Childhood Experiences	PH	*	R										Q4
Implement the Together for Children and Young People Change Programme	PC&C	A	A										Q4
Delivery of ICAN campaign promoting mental well-being across North Wales communities	MH&LD	G	G										Q4
Further develop strong internal and external partnerships with focus on tackling inequalities	PC&C	G	*										Q4
Healthy weight services increased	PH	G	G										Q4
Explore community pharmacy to deliver new lifestyle change opportunies	PH	G	G										Q4
Improve outcomes in first 1000 days programmes	PH	G	G										Q4
Further develop strong internal and external partnerships with focus on tackling inequalities	PH	G	G										Q4
Implement Year Three of Quality Improvement Strategy	N&M	G	G										

RAG	Every Month End
Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
Green	On track for achievement, no real concerns
Purple	Achieved

A meeting is scheduled for July 2019 to review the neurodevelopment pathway. An action plan will be produced following this meeting, and taken forward. This will complete the quarter one action in the plan.

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

May 2019

Put patients first ● Work together ● Value and respect each other ● Learn and innovate ● Communicate openly and honestly

Actions	Exec Leads	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Model for health & well-being centres created with partners, based around a 'home first' ethos	PC&C	*	A										Q4
Define and put in place Model for integrated Primary and Community Care Academy (PACCA) to support GP practices under greatest pressure	PC&C	A	A										Q4
Model for health & well-being centres created with partners, based around a 'home first' ethos	PC&C	A	A										Q4
Establish a local Gender Identity Team	PC&C	A	A							Q3			
Develop and implement plans to support Primary care sustainability	PC&C	*	G										Q4
Implementation of RPB Learning Disability strategy	PC&C	*	G										Q4
Establish framework for assessment for CHC and individual packages of care for people with mental health needs or learning disabilities	MH&LD	G	G										Q4
Put in place agreed model for integrated leadership of clusters in at least three clusters, evaluate and develop plan for scaling up	PC&C	G	G										Q4
Put in place Community Resource Team maturity matrix and support to progress each CRT	PC&C	G	G										Q4
Work through the RPB to deliver Transformational Fund bid	PC&C	G	G										Q4
Plan and deliver digitally enabled transformation of community care	PC&C	G	G										Q4
Develop and Implement a Social prescribing model for North Wales	PC&C	G	G										Q4

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Red	Off track, serious risk of, or will not be achieved
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Three Year Outlook and 2019/20 Annual Plan
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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Action	Dept										
Implement the new Single cancer pathway across North Wales	T&HS	A	R	Q1							
Stroke Services	MD	A	R	Q1							
Develop Rehabilitation model for people with Mental Health or Learning Disability	MH&LD	*	G								Q4
Fully realise the benefits of the newly established SURNICC service	PH	*	G								Q4
Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	MD	A	A								Q4
Systematic review and plans developed to address service sustainability for all planned care specialties. Implement year one plans for example Endoscopy, Rheumatology, Gynaecology	N&M, T&HS, MD	G	G								Q4
Rheumatology service review	PC&C	G	G			Q2					
Implement preferred service model for acute urology services	MD	G	G								Q4
Business case, implementation plan and commencement of enabling works for Orthopaedics (refer to estates section/ plan)	MD	G	G	Q1							
Centralisation of complex vascular surgery services supported by a new hybrid theatre on YGC site	MD	P	P	Q1							

RAG	Every Month End
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A programme business case has been prepared to support the implementation of the **single cancer pathway** across North Wales. The programme business case is being presented to the SPPH committee, with the aim of submitting it to the July board for approval.
A **stroke** business case has been developed, supported by a detailed implementation plan. The intention is that this is presented to either the July board, or finance and performance committee.

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

May 2019

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Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Demand Improved Crisis Intervention Services for Children	N&M PH	A	A										**Q4**
Dicharge Integrated health and social care	N&M	A	A										**Q4**
Stroke Services	MD	A	A	**Q1**									
Demand Improved Mental Health Crisis response	N&M,M H&LD	G	A										**Q4**
Flow SAFER implementation	N&M	G	A										**Q4**
Flow Ablett/ PICU for Mental Health (linked to Estates section/ plan)	N&M,M H&LD	G	A										**Q4**
Demand Improved Urgent Care Out of Hours/ 111 Services	N&M	G	G										**Q4**
Demand Enhanced Care Closer to Home Pathways	N&M	G	G										**Q4**
Demand Workforce shift to improve Care Closer to Home	N&M	G	G										**Q4**
Flow Emergency Medical Model	N&M	G	G	**Q1**									
Flow Early Pregnancy Service (emergency gynaecology)	PH	G	G										**Q4**

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Red	Off track, serious risk of, or will not be achieved
Amber	Achievement as forecast; work has commenced; some risks being actively managed
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Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

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Deliver Year One Workforce Optimisation Objectives - reducing waste and avoidable variable/premium rate pay expenditure. Demonstrating value for money and responsible use of public funds	WOD	A	A												**Q4**
Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	WOD	A	A												**Q4**
Deliver year one Health & Safety Improvement programme, focussing on high risk / high impact priorities whilst creating the environment for a safety culture	WOD	G	A												**Q4**
Build on QI work to develop the BCU improvement system and delivery plan for efficient value based healthcare	WOD	G	G												**Q4**
Develop an integrated multi professional education and learning Improvement Programme in liaison with HEIW	WOD	A	G						**Q3**						
Deliver Year One Leadership Development programme to priority triumvirates	WOD	A	G												**Q4**
Provide 'one stop shop' enabling services for reconfiguration or workforce re-design linked to key priorities under Care Closer to Home; excellent hospital services	WOD	A	G												**Q4**
Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	WOD	A	G												**Q4**
Establish an integrated workforce improvement infrastructure to ensure all our work is aligned	WOD	G	G			**Q2**									
Develop a Strategic Equality Plan for 2020-2024	WOD	G	G			**Q2**									
Develop an integrated workforce development model for key staff groups with health and social care partners	WOD	G	G												**Q4**
Develop and Deliver Year one Communications Strategy to improve Communications and enhance BCUHB reputation	WOD	G	G												**Q4**

RAG	Every Month End
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Three Year Outlook and 2019./20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

May 2019

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Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Wrexham Maelor Infrastructure	PP&E	R	R	Q1									
Laundry Services	PP&E	A	A										Q4
North Denbighshire	PP&E	G	A										Q4
Statutory Compliance / Estate Maintenance	PP&E	G	G										Q4
Primary Care Project Pipeline	PP&E	G	G										Q4
Well-being Hubs	PP&E	G	G										Q4
Ruthin Hospital	PP&E	G	G										Q4
Vale of Clwyd	PP&E	G	G										Q4
Orthopaedic Services	PP&E	G	G										Q4
Ablett Mental Health Unit	PP&E	G	G										Q4
Hospital Redevelopments	PP&E	G	G										Q4
Central Medical Records	PP&E	G	G										Q4
Residencies	PP&E	G	G										Q4
Integrated Care Fund (ICF) Schemes	PP&E	G	G										Q4

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Wrexham Maelor Infrastructure - the position is as reported last month. Work continues with our external advisors and we expect the Programme Business Case to be presented to the F&P Committee in July 2019.

Three Year Outlook and 2019/20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

May 2019

Actions	Exec Lead	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Completion of pilot studies to learn lessons to inform wider installation and utilisation of the Welsh Community Care Information System	MD	A	A										Q4
Support the identification of storage solution for Central Library	MD	A	A				Q2						
Delivery of information content to support flow/efficiency	MD	A	A										Q4
Provision of infrastructure and access to support care closer to home	MD	A	A										Q4
Implement Tracker 7 cancer module in Central and East.	MD	A	A				Q2						
Phase three of Welsh Patient Administration Project (PAS) starts. It will replace the Commercial PAS system in the West and standardise processes relating to this system in other sites	MD	G	G										Q4
Reconstitute the Welsh Emergency Department System upgrading the Emergency Department System in the East (phase 1) and extending instances to Central and West (phase 2 and 3)	MD	G	G										Q4
Phase 2 of a local Digital Health Record which will strengthen our investment and approach to the delivery of an electronic patient record	MD	G	G				Q2						
Transition program to review the management arrangements for ensuring good record keeping across all patient record types	MD	G	G										Q4
Rolling programmes of work to maintain / improve the digital infrastructure e.g. migration of telephone infrastructure from an end of life solution to one which is fully supported and capable of underpinning service change e.g. single call centre	MD	G	G										Q4
Support Eye Care Transformation	MD	G	G										Q4

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Three Year Outlook and 2019./20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

May 2019

The Annual Plan is included on page 423 of the March 2019 Health Board papers.

The link to these papers is shown below:

http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf

Three Year Outlook and 2019./20 Annual Plan
Monitoring of progress against Actions for Year One (2019/20)

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Strategy, Partnerships and Population Health Committee		To improve health and provide excellent care
4.7.19		

Report Title:	**Three Outlook and 2019/20 Annual Plan Update**
Report Author:	Mr John Darlington, Assistant Director - Corporate Planning
Responsible Director:	Mr Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to update the Committee in respect of changes made following approval of the interim plan by the Health Board in March 2019. The report outlines progress in key areas where work has progressed, specifically in respect to planned care, unscheduled care and the development of our financial plan for 2019/20.
Approval / Scrutiny Route Prior to Presentation:	In March 2019 the Board approved the Three Year Outlook and 2019/20 Annual Plan as an interim plan pending work to conclude our implementation plan as a result of the following agreed pieces of work: • Financial review • RTT Taskforce • Results of ongoing discussions with colleagues in Welsh Government.
Governance issues / risks:	The development of an approvable Integrated Medium Term Plan (IMTP) is a critical organisational requirement, as a specific action under the Special Measures Improvement Framework. It is a statutory requirement to develop an approvable IMTP under the NHS Finance Act. The risk relating to failure to develop a plan is identified within the Corporate Risk Register.
Financial Implications:	The plan sets out the initial assessment of the financial strategy required to achieve an approvable IMTP.
Recommendation:	It is recommended that SPPH Committee: • Receive this report and note the areas where we are revising the Three Year outlook and 2019/20 work programme

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with*	√	**WFGA Sustainable Development Principle**	√

the Health Board's Well Being objectives. Tick all that apply and expand within main report)		(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)	
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Strategic and Service Planning Financial Strategy			
Equality Impact Assessment The IMTP was subject to an Equality Impact Assessment prior to submission to the Board in March 2019.			

| Three Outlook and 2019/20 Annual Plan Update |
| July 2019 |

| 1. | Purpose of report |

The purpose of this report is to update the Committee in respect of changes made following approval of the interim plan by the Health Board in March 2019.

The report outlines progress in key areas where work has progressed, specifically in respect to planned care, unscheduled care and the development of our financial plan for 2019/20.

| 2. | Background |

The Health Board is required under the NHS Finance (Wales) Act 2014 to prepare a three year Integrated Medium Term Plan (IMTP) for approval by the Cabinet Secretary for Health, Well-being and Sport.

Our Three Year outlook sets out how we will eliminate our current deficit over the period of the plan 2019/22, however did not fully meet the financial requirements as set out within the Act. Importantly, the plan also sets out clearly what we intend to do in the medium term and avoids 'start/stop' behaviors associated with the focus upon a single year.

In March 2019 the Board approved the Three Year Outlook and 2019/20 Annual Plan as an interim plan pending work to conclude our implementation plan as a result of the following agreed pieces of work:

- Financial review
- RTT Taskforce
- Results of ongoing discussions with colleagues in Welsh Government.

The conclusions of the financial review will allow us to determine whether we believe an approvable IMTP can be submitted for 2020/23.

'Soft' feedback from Welsh Government highlights the need more emphasis within our plan around the following key areas:

- 'A healthier Wales' needs to be fully reflected throughout our plan – this can be helpful in developing a national mandate for change
- Organisational reputation – communications and engagement are crucial activities in developing and selling the plan
- Outpatient follow up plans (incorporated into our refreshed planned care programme). There has been a recent focus on action across Wales to reduce backlogs.

Work has commenced to develop our plans for 2020/23, building upon the Health Economy planning approach developed in 2019/20.

Our current assumption is that we will develop a refreshed Three Year Outlook for 2020/23 alongside an Annual Plan for 2020/21 in the context of our statutory duty to produce a three-year plan and a Service Strategy. Appendix 1 sets out a number of planning principles identified which will inform the development of our plans which are expected to be submitted to Welsh Government in December 2019.

3.	Plan Development

We have further refined our work programme for 2019/20 with the performance profiles that we expect to achieve throughout the year and our plans have been refreshed in the following key priority areas:-

3.1. Planned Care

The following section summaries the progress made since March within our planned care programme.

We have a high number of patients waiting for planned care services for both Referral to Treatment pathways (RTT standard 1: 95% of patients referred will be seen within 26 weeks from referral; RTT Standard 2: no patients waiting over 36 weeks from referral for elective treatment) and ongoing care as follow up as well as procedures to be carried out sequentially at defined times. BCUHB remains in breach of both the standards with over 26 weeks at 19,063 (18.8%) and over 36 weeks at 8,109 (8%) as of 24th June 2019.

The follow up backlog over 100% due is at around 54,100 patients. There are also risks around the endoscopy capacity with a backlog of 5,080 patients waiting over the standard (2,526 surveillance patients).

With support from Welsh Government, we are prioritising short term investment to clear the overall backlog in high volume specialties such as Orthopaedics, Urology, General Surgery, Dermatology, Ophthalmology, Maxillo Facial, ENT (Ear, Nose and Throat), Gastroenterology, Endoscopy and follow up management.

Extensive planning is in place for 2019/20 as a key priority for reducing the overall backlog with the aim of eliminating patients waiting over 52 weeks on the RTT pathways and a clearance of endoscopy surveillance backlog by March 2020.

There is a recovery plan in place for RTT, Follow up and endoscopy backlog management across the Health Board. There will be a strong focus within planned care to approach improvement in each of the 3 health economies (East, Centre and West) incorporating 3 broad themes as out of hospital care, secondary care efficiency and elective ambulatory care.

Each health economy has a planned Rapid Improvement Event (RIE) to launch the planned care programme during Quarter 2. There is a clear expectation of collaborative learning and working across the 3 health economies in shaping the

planning and delivery of our services with the patient at the centre of all our work as a team. The RIE will be underpinned by the BCUHB Values and the Organisational Development (OD) Strategy.
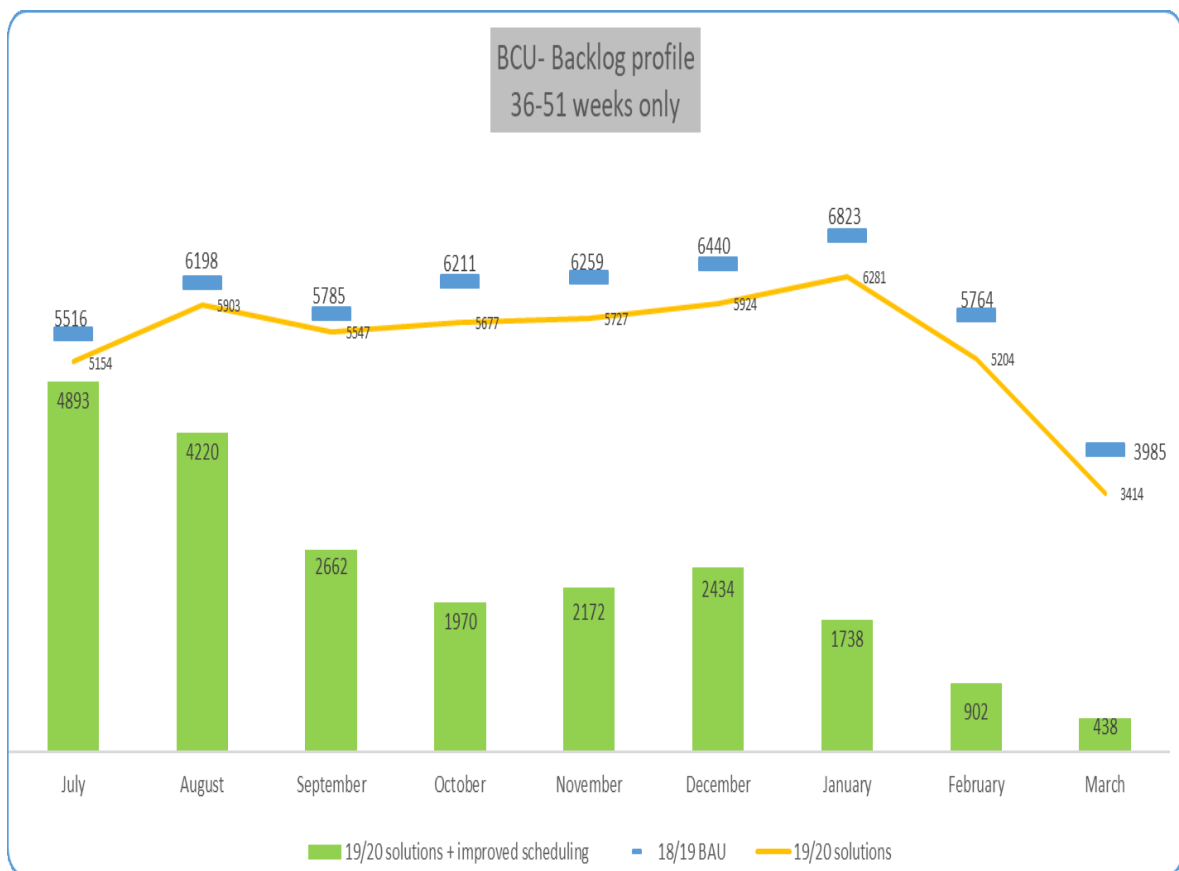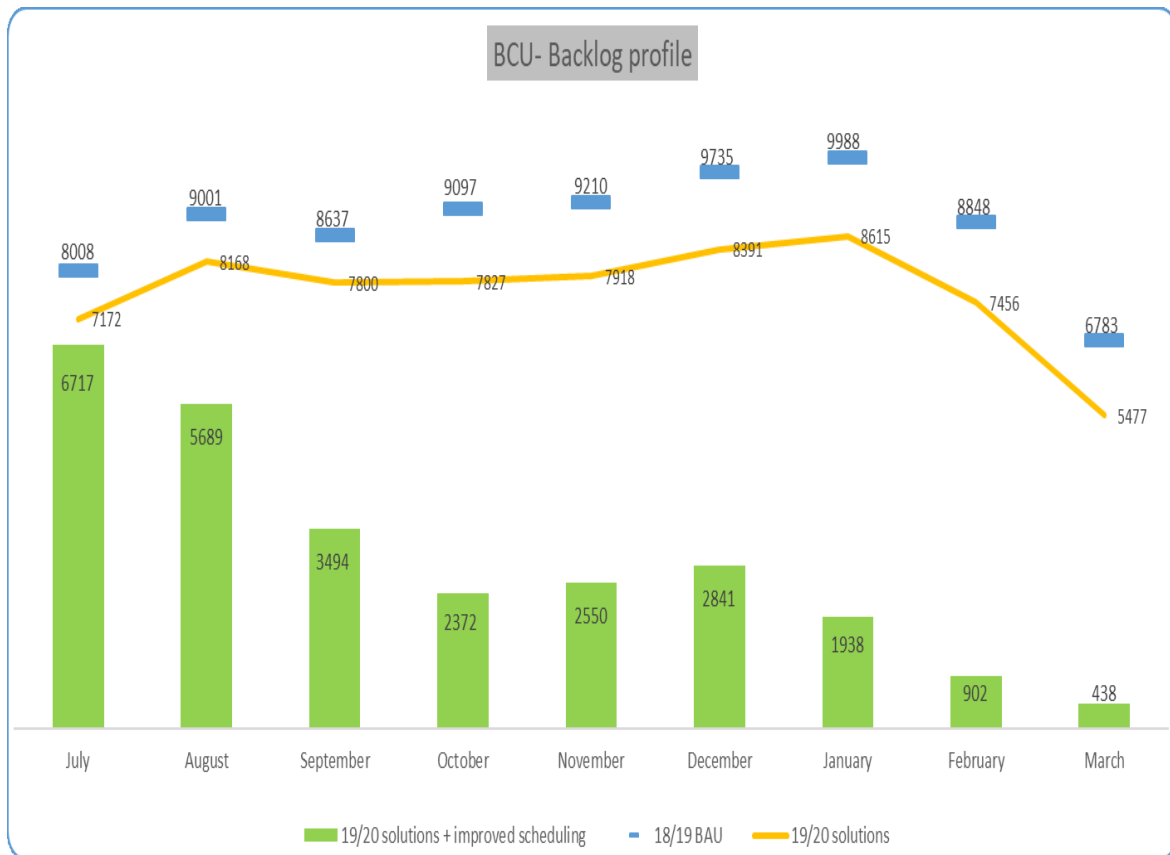
A number of service reviews are currently underway including Stroke, Haematology, Rheumatology, Urology and Dermatology. Following a review of capacity and demand across the health Board,
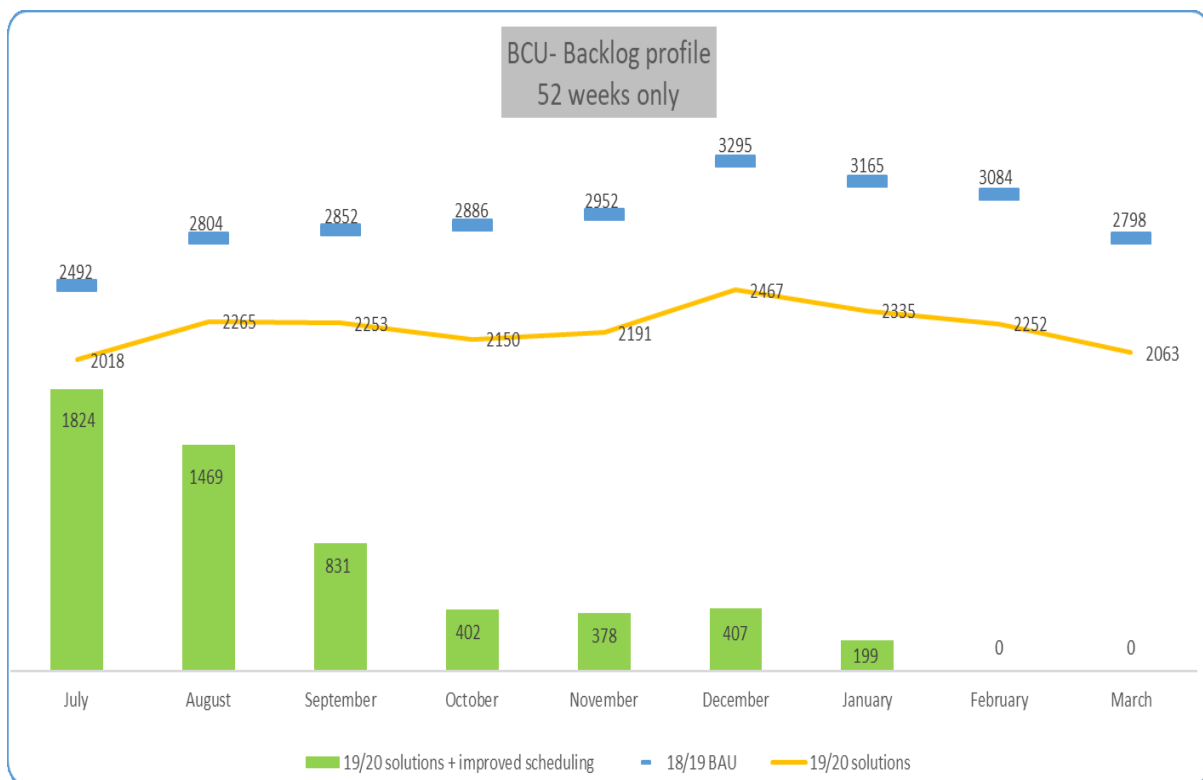
There is a clear plan for the Orthopaedics service which is currently being implemented in 2019/20. BCUHB has put in place additional managerial capacity support across the Health Board to drive the recovery and improvements in Planned Care. This includes a focus on developing and implementing the planned care improvement programme.

The following tables summarise our approach to RTT management and expected impacts.

- The profile marked in blue shows the expected impact upon the backlog of patients waiting assuming a continuation of the additional activity and investment made in 2018/19.

- In addition, a number of new solutions have been identified for 2019/20 and the impact of these solutions have been mapped within the profile marked by the yellow line.

- Finally, the potential impact of having in place booking processes that significantly improves 'treat in turn'. The model marked by the Green bars illustrates the impact of a speciality improvement trajectory moving from 20% to 65%.

The resultant draft trajectory presented below for RTT is based on the current additional activity including orthopaedics with improved booking process for the backlog of patients waiting over 36 weeks. This is predicated on nil over 52 week waits by March 2020. The trend of treatment is based on the last 2 years and includes Q4 activity pressures

BCU- Backlog profile

Chart 1 (full range):

Month	18/19 BAU	19/20 solutions (line)	19/20 solutions + improved scheduling (bars)
July	8008	7172	6717
August	9001	8168	5689
September	8637	7800	3494
October	9097	7827	2372
November	9210	7918	2550
December	9735	8391	2841
January	9988	8615	1938
February	8848	7456	902
March	6783	5477	438

Legend: 19/20 solutions + improved scheduling | 18/19 BAU | 19/20 solutions

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**BCU- Backlog profile
36-51 weeks only**

Month	18/19 BAU	19/20 solutions (line)	19/20 solutions + improved scheduling (bars)
July	5516	5154	4893
August	6198	5903	4220
September	5785	5547	2662
October	6211	5677	1970
November	6259	5727	2172
December	6440	5924	2434
January	6823	6281	1738
February	5764	5204	902
March	3985	3414	438

Legend: 19/20 solutions + improved scheduling | 18/19 BAU | 19/20 solutions

BCU- Backlog profile
52 weeks only

	July	August	September	October	November	December	January	February	March
18/19 BAU	2492	2804	2852	2886	2952	3295	3165	3084	2798
19/20 solutions	2018	2265	2253	2150	2191	2467	2335	2252	2063
19/20 solutions + improved scheduling	1824	1469	831	402	378	407	199	0	0

■ 19/20 solutions + improved scheduling   ▬ 18/19 BAU   ━ 19/20 solutions

3.2. Unscheduled Care

The Unscheduled Care - Building Better Care plan was formally launched at a multi agency event on the 10 October 2018. This was designed to be delivered in cycles of 90 days. The second 90 days commenced on 4th March 2019 and completed on 31 May.

A review of phase 2 was conducted by Senior Improvement Programme Manager and Deputy Director of Nursing with the Project Leads to understand why we haven't achieved the improvements we set out to. This review highlighted the limitations of our initial plan and unfortunately we lost sequence in some of our improvements projects which means that although we had achieved some parts of the plan we haven't fully embedded or closed off a number of elements.

Key delivery in May

Demand

We are working closely with WAST to develop longer term service model for call handling and triage. SICAT continues with 566 calls being taken in May and 363 ED attendances saved.

Flow

Ambulance handovers, patients waiting over 24 hours in ED and a reduction in paediatric breaches was seen during the month of May. Towards the end of May we started seeing days with zero over 60 minute handovers and zero patients in ED for 24 hours.

May saw a tightening of the grip and control within each of our Emergency Quarters and our teams formed a better understanding of what is causing the delays

An implementation date of 3rd July for Same Day Emergency Care has been agreed in YGC. A weekly delivery group meeting is taking place with clear actions to support this introduction. This will reduce non-admitted breaches and admissions and help to prevent overcrowding in EQ.

SAFER principles continue to be embedded across the sites and the number of patients with delayed transfer of care continues to improve with a focus on stranded patient reviews in June.

Discharge

Placemats are being trailed across two wards in YG with the impact of patients asking questions about their discharge being captured.

Monthly meetings with Local Authorities are taking place with a request to the Leadership Forum for the Local Authorities to set up a working group to develop external professional standards which will support the discharge principles and enhance our patient experience and prevent delays.

Improved patient flow SOP is being drafted and will be published.

Monthly position (daily average)	YG	YGC	WMH			Trajectory (daily average)				

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019		Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
MIU attendances	164	164	194	195	179	MIU attendances	166	172	166	181	190
Arrivals by ambulance	136	138	140	137	124	Arrivals by ambulance	121	120	125	125	125
Admissions via GP	68	65	62	58	56	Admissions via GP	47	47	51	48	45
Care homes	15	15	16	16	15	Care homes	12	10	9	9	7

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019		Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
4 hr (inc MIU)	72.5%	71.1%	69.5%	71.2%	69.4%	4 hr (inc MIU)	75.8%	77.0%	74.0%	75.0%	76.0%
60 min handover	12.8	14.1	23.3	19.8	13.6	60 min handover	26	22	18	11	9
ED waits over 12 hours	51.1	52.7	58.1	53.5	52.4	ED waits over 12 hours	0.0	0.0	50.0	45.2	43.3
ED waits over 24 hours	13.3	16.4	15.5	11.5	7.5	ED waits over 24 hours	2	0	4	5	2
Under 18s over 4 hours	12.3	14.1	17.3	14.6	14.6	Under 18s over 4 hours	3	0	10	8	6

	Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019		Feb 2019	Mar 2019	Apr 2019	May 2019	Jun 2019
DTOC bed days	28	31	28	25	23	DTOC bed days	48	45	36	35	39
MFD bed days	87	88	118	105	121	MFD bed days	33	26	55	51	48
Morning discharges	19%	18%	18%	19%	19%	Morning discharges	21%	22%	19%	20%	21%
Weekend discharges	179	176	167	172	160	Weekend discharges	164	169	156	156	158
LOS>21	325	331	345	347	360	LOS>21	336	331	311	285	281

We are being supported as part of the Delivery Unit targeted intervention work to develop an annual plan and timetable for this is still under development.

Recognising that some elements of phase 2 of the Building Better Care plan haven't delivered. Priorities have been set across all three areas for phase 3 of the 90 day planning cycle to focus on the things that will deliver the results we need immediately.

The refreshed priorities for action are as follows:

Demand

- Continuing to develop SICAT

- Scoping and understanding of consistency and competency within MIU

Flow

- Improved grip and control in EQ. Adherence to IPS, escalation cards and protocol to be developed to reduce the number of breaches, continued to improve ambulance handovers and prevent patients in ED over 24 hours.

- Plan for paediatrics to ensure zero under 18 breaches by September

- Introduction of Ambulatory Emergency Care/Same Day Emergency Care (staggered approach in each Acute Hospital)

- Acute Medical Model (staggered approach in each Acute Hospital)

Discharge

- Continuation of embedding SAFER with a focus on discharge planning e.g. EDD and improving weekend discharges

- Stranded patient reviews with a focus on >21 days.

These priorities will be managed by the detailed action plan under each workstream at individual site level, an Area based plan incorporating the key milestones and delivery dates and then a BCUHB plan showing impact of improvement work.

3.3. Key changes between BCUHB's initial financial plan and updated proposed

The purpose of this note is to highlight the key changes between BCUHB's interim financial plan for 2019/20 approved by the Board in March, and the updated proposed financial plan for 2019/20 which is due to be finalised in July.

Overall planned deficit

The updated proposed plan reflects an improved financial position in the form of a reduced deficit for 2019/20 of £25m. This addresses the deficit control total of £25m set for BCUHB by Welsh Government.

The interim plan was to achieve a deficit of £35m.

The identification and conversion of improvement and savings opportunities

The updated proposed plan includes more ambitious improvement and savings targets, with a combined financial value £10m higher than in the interim plan.

Planned cost avoidance targets within the updated proposed plan remain unchanged at £9.5m.

	Interim Financial Plan £m	Updated Proposed Plan £m
Cash releasing savings target	25.0	35.0
Cost avoidance target	9.5	9.5
Total	**34.5**	**44.5**

The current pipeline is as follows:

£'m	Target	Identified	*Gap*	Green	Amber	Red
Cash releasing	35.0	24.1	*(10.9)*	15.2	0.3	8.7
Cost avoidance	9.5	7.4	*(2.1)*	4.0	0.3	3.0
Total	**44.5**	**31.5**	*(13.0)*	**19.2**	**0.6**	**11.7**

The divisional split of identified schemes is included as an Appendix.

Risk

Our assessment of risk and related mitigations has been updated since the initial plan was approved.

Our current assessment of risk includes:

- Quantified risks of £23.9m (our assessment at the time the initial plan was finalised was £11.8m).

Should these crystallise in full and our proposed mitigations fail completely our worst case outturn would eventuate - a deficit of £48.9m.

The most significant quantified risks are currently in relation to potential non-delivery of our expanding improvement and savings programme.

- A number of other potential risks that are currently unquantified.

Underlying deficit assessment

BCUHB's current assessment of its underlying deficit is £55.1m. At the time of our initial plan the assessment was £56.1m.

Other matters

BCUHB is in financial deficit and is operating under the Special Measures Improvement Framework.

Furthermore, BCUHB has agreed with Welsh Government that it will not at this stage produce an IMTP as required.

As was highlighted at the time of finalising the initial plan, the Acting Executive Director of Finance is unable to assure the Board that the requirements of the Health Board's governance framework have been met and therefore cannot demonstrate how it can achieve financial balance over the coming three year period.

Once the plan is finalised, BHCUB will need to update budgetary management and accountability arrangements to support the plan's delivery.

5.	Equality Impact Assessment

A full Equality Impact Assessment (EQIA) has been undertaken on the LHSW strategy development programme and the Three year Outlook.

The Strategy & Planning Equality Scrutiny Group of the Health Board will provide support, scrutiny and challenge throughout the process.

6.	Conclusions / Next Steps

The revised plan sets out the key priorities and actions for 2018/22 linked to the longer term outcomes we are seeking to achieve.

The development of a 3 year plan is instrumental to delivering ever-improving services to meet the changing needs of the population of North Wales.

7.	Recommendations

It is recommended that SPPH Committee:

- Receive this report and note the areas where we are revising the Three Year outlook and 2019/20 work programme.

Appendix 1: Draft Planning Principles 2020/23

The Health Board will develop a refreshed Three Year Outlook for 2020/23 alongside a work programme for 2020/21 in the context of our statutory duty to produce a three-year plan and a Service Strategy. The planning principles that will underpin all our work are:-

- Quality, Safety and Improving Outcomes are our top priority (refreshed quality strategy for 2020/23)
- Everything we do will be in line with our Organisational Values.

    o Put patients first

    o Working together

    o Value and respect each other

    o Learn and innovate

    o Communicate openly and honestly

- Plans need to be SMART Specific, Measurable, Attainable, Realistic, Timely
- Our three Health economies (East, Central and West) must demonstrate measurable benefits through integration (across primary and secondary care; physical and mental health; and health and social care).

- We will develop a sustainable & equitable integrated model of primary care and community services organised through Cluster Networks and these will form the basis for our future planning arrangements.

- We will ensure delivery of our Living Heathier, staying Well strategy life course priorities for Improving health and reducing health inequalities, care closer to home and excellent hospital care (including supporting frameworks and priorities.)

- Our plan will reflect the priorities agreed with our Statutory, Third sector and independent sector partners including how services are co-produced and delivered on an integrated system wide basis to deliver legislation frameworks for Health & Well-being in Wales.

- We will maximise the benefits of our enabling strategies around workforce, digital and estates to make our system sustainable.

- We will improve our efficiency over the next three years to peer group benchmarking levels and our financial plans will be based on a robust deficit reduction plan and approaches for resources to follow the patient.

- All plans must be delivered within delegated budgets and these will reflect the need to reduce our deficit and to internally manage all cost pressures over our allocation.

- There is no opportunity to 'bid' for additional revenue as part of the Annual Plan process. The only route for consideration of schemes outside a delegated budget envelope is through a clear business case demonstrating benefits realisation and contribution to the overall financial position.

- Our workforce challenges will be addressed through recruitment approaches and by changing workforce models in line with service need.

APPENDIX 2: DIVISIONAL SPLIT OF CURRENT IDENTIFIED PIPELINE SCHEMES

Identified savings	£m			
Area	Green	Amber	Red	Total
BCU Wide	0.3	-	6.8	7.1
Area - East	3.3	-	1.1	4.4
Area - Centre	3.6	-	0.2	3.7
Area - West	2.7	-	-	2.7
MHLD	2.5	-	0.4	2.9
Corporate	1.8	0.2	1.1	3.2
Provider - YG	1.4	0.1	0.7	2.2
Provider - YMW	1.2	-	0.5	1.7
Provider - YGC	0.8	0.2	0.3	1.3
Provider - NW	0.9	0.0	0.0	1.0
Area - Other	0.1	-	0.4	0.5
Contracts	0.2	0.1	0.3	0.5
Womens	0.4	-	-	0.4
Total	**19.2**	**0.6**	**11.7**	**31.5**

Developing our services strategy:

Progress update 04 07 19

- Progress against the delivery timeline
- Update on the review being undertaken of current strategy
- Services currently identified within scope
- Road map for delivery of the strategy to Board

What do we need to achieve?

- Improving clinical outcomes and meeting population health needs

- Sustainable services: workforce, financial, and estates

- Build on Living Healthier, Staying Well

- Fulfilling the quadruple aim - ***A Healthier Wales***

- Alignment across our strategies

- Address the expectations of key stakeholders including WG

….the case for improving quality for our population

Cymru Iachach:
ein Cynllun Iechyd a Gofal Cymdeithasol

A Healthier Wales:
our Plan for Health and Social Care

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- Allocative value – allocating value to different groups equitably in a way that maximises value for the population and across the whole pathway (prevention, diagnosis, treatment)

  → Outcomes for population health, focusing on prevention at all levels

- Technical value – resources are used efficiently and effectively, minimising waste and avoidable harm

  → Prudent healthcare

- Personalised value – decisions are based on the things that matter to the individual patient

  → "What Matters"

- Allocative value – allocating value to different groups equitably in a way that maximises value for the population and across the whole pathway (prevention, diagnosis, treatment)

Outcomes for population health, focusing on prevention at all levels

We need to develop further the application of allocative value within the Health Board.

The value healthcare work has begun to address this – through, for example, the allocation of funding to quality improvement, and the whole pathway approach being taken to address diabetes.

We need to ensure that all stages of prevention are addressed in any strategic planning and development.

- Technical value – resources are used efficiently and effectively, minimising waste and avoidable harm

Prudent healthcare
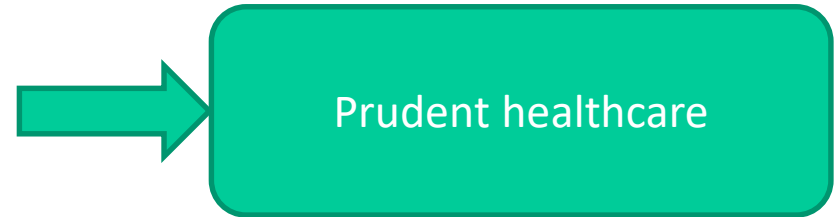
The improvement programme Better Care, Spending Well is addressing the efficient and effective use of resources.

An engagement programme to support the work is planned to commence, to engage all staff in the drive to deliver technical value.

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- Personalised value – decisions are based on the things that matter to the individual patient

"What Matters"

The importance of personalised value is being addressed through the work to embed the "What Matters" assessment.

Initiatives such as social prescribing are developing non-medicalised assessment and support to address individual needs.

The development of the Community Resource Teams and links through SPOA and the SICAT hub will help promote personalised value.

- Adapting the 3D methodology, currently used for staff engagement (Discover, Debate, Deliver)

- First phase: *Discover*

- April – July:
  - review current strategies, evidence, technical models

- May – August:
  - clinical engagement
  - partnership forums
  - community groups

Review of current strategies and evidence (April – July)

- Reaffirmation of the commitment to health improvement, addressing health inequalities, and prevention

- Care Closer to Home programme has been revised and refreshed to fit with the partnership arrangements

- Evidence of impact is varied….reductions in demand, long term benefits, but difficult to cut costs in short term?

- Modelling is challenging – we will need to develop assumptions and monitor the impact

Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales, PHW 2016
Shifting the balance of care: Great expectations, Nuffield Trust, 2017
A vision for population health: Towards a healthier future, King's Fund, 2019

- Smoking cessation opportunities increasing

- Healthy weight services increased

- Explore community pharmacy to deliver new lifestyle change opportunities

- Delivery of ICAN campaign promoting mental well-being

- Improve outcomes in first 1000 days programmes

- Partnership plan for children progressing, including an ACE focus

- Further develop strong internal and external partnerships with focus on tackling inequalities

- Development of cluster working – integrated health and social care localities

- Community Resource Teams

- Integrated Primary and Community Care Academy

- Health and well-being centres

- Digital health care plan

- Social prescribing model

- Implementation of Learning Disability strategy

- Continued implementation of Mental Health strategy

- Dental services strategy

Acute hospital care - fixed points

Each of the main hospitals (YG, YGC and WMH) will have:

- A full Emergency Department

- Consultant-led maternity and paediatric services

- A wide range of medical and surgical care, both for planned care and emergencies

- Day case surgery, diagnostic tests and outpatient clinics

- Reviewed evidence relating to smaller acute hospitals (300-600 beds)

- Further economies of scale not realised beyond c600 beds (*but some evidence of economies up to this level*)

- Access and impact on local economies

- Evidence and commentary suggest we need to move from an "all or nothing" approach to more "modular" configuration – greater differentiation between hospitals for different elements of the pathway, e.g. differential hours of operation for specific services, or consolidated out of hours services

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- Confirmation of core services required to support Emergency Department

- Interdependencies work undertaken within Living Healthier, Staying Well reviewed against current evidence

- Review of models proposed within recent reconfigurations

- Identification of opportunities for specialist services and centres of excellence

Current commitments

- Vascular services

- Orthopaedic services – reducing from 5 elective sites to 3

- Opportunities to sub-specialise within orthopaedics

- SuRNICC launched

- Women's services – commitment to 3 obstetric units; opportunities to repatriate

Developing centres of excellence

- Hyperacute Stroke care
- Robotic assisted surgery
- Pelvic Cancer Centre
- PET-CT scanning and nuclear medicine
- Breast services and radiology

Sustainable acute services network

- Unscheduled care – long term vision

- Acute medical and surgical model

- Acute paediatric services sustainability

- Critical care

- Endoscopy

- Decontamination / HSDU

- Rheumatology

- Diabetes

- Dermatology

- Mental health

- Learning disabilities

- Dementia

Engagement
May – August

- How do we ensure we focus on (and measure that we are achieving) better outcomes for our population?

- How do we create the drive to achieve standards and give appropriate challenge where needed?

- What are the key pathways that will support the health economy approach and what will benefit from a North wales footprint?

- What are the opportunities for each of the acute hospitals to develop centres of excellence?

- What should we tackle first?

Engagement

- Clinical leadership and clinical engagement built into the work

- A programme of informal engagement as part of the *Discover* phase

- Completed to date:
  - Workshop session at Executive Management Group
  - Briefing to Planned Care Improvement Group
  - Briefings to SRG and HPF
  - Therapies Awayday

- Engagement sessions scheduled for June through September

- Meeting with National Clinical Plan team on 8 July

- By end of July:
  - complete review of current strategies and plans
  - context document setting out current position and scope

- By end of August:
  - summary and analysis of engagement to date
  - identification of opportunities for further work

- Early September:
  - further engagement to address any gaps
  - clinical and leadership "summit" to review position and feed into Board discussions

- September:
  - submission of "Discover" phase outcome to Board

- December:
  - services strategy developed for inclusion within three year plan

- 4 July SPPH

- 7 August Executive Management Group

- 3 September SPPH workshop

- 5 September Health Board

- 9 October Board workshop

- 7 November Health Board, 5 December Board workshop – three year plan

Strategy, Partnerships and Population Health
Committee

4.7.19

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To improve health and provide excellent care

Report Title:	Review of Corporate Risks Assigned to the Strategy, Partnerships and Population Health Committee
Report Author:	Mrs Justine Parry, Assistant Director: Information Governance and Assurance
Responsible Director:	CRR01 Executive Director of Public Health CRR09 Director of Primary and Community Care CRR14 Executive Director of Workforce and OD CRR15 Executive Director of Workforce and OD CRR17 Executive Director of Planning and Performance CRR18 Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The attached report has been produced from the web-based Datix system and details the risk entries allocated to the Strategy, Partnerships and Population Health Committee - namely: CRR01 Population Health CRR09 Primary Care Sustainability CRR14 Staff Engagement CRR15 Recruitment and Retention CRR17 Development of an IMTP CRR18 EU Exit – Transition Arrangements New risk handlers have been assigned for CRR01, CRR14 and CRR15, with new lead managers also in place for CRR14 and CRR15. These new leads will be responsible for the ongoing development and review of these risk register entries. It has been agreed that the CRAF risks will be reviewed twice per year by the Board's Committees. These risks will next be presented to the Committee in December 2019.
Approval / Scrutiny Route Prior to Presentation:	The full Corporate Risk and Assurance Framework (CRAF) is scrutinised by the Health Board twice per year and is published on the Board's external facing website. Individual risks are allocated to one of the Board's Committees for regular consideration and review.
Governance issues / risks:	The report provides for the identification of the risk, the arrangements in place presently to control the risk and further mitigation action/s required.
Financial Implications:	These are identified through the development of business cases and plans required as part of the further actions to achieve the target risk score, as detailed in each risk register entry.
Recommendation:	The Committee is asked to consider the relevance of the current controls, review the actions in place and consider whether the risk

scores remain appropriate for the presented risks.

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity			
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Governance – management of risk Strategic and Service Planning *http://www.wales.nhs.uk/sitesplus/861/page/81806*			
Equality Impact Assessment Not applicable for governance paper of this nature.			

CRR01	**Director Lead:** Executive Director of Public Health	**Date Opened:** 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	**Date Last Reviewed:** 10 January 2019
	Risk: Population Health	**Target Risk Date:** 31 October 2019

There is a risk that the Health Board fails to deliver Improvements in Population Health in North Wales. This is due to a failure to focus on prevention and early intervention. This could widen the gap in inequality of health outcomes.

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Movement in Current Risk Rating since last presented to Board in January 2019	**No Change**		

Controls in place	Further action to achieve target risk score
1. Population health intelligence updated on a continuing basis ensuring that information is available to support planning for and monitoring of health status. 2. Approved Population assessment to inform Social Services and Wellbeing Act developed in partnership, and now informing implementation of North Wales Regional Plan for 2018-2023. 3. Review of Board cycle of business completed to enable focus on population health issues. 4. Wellbeing Assessments completed and approved. 5. Wellbeing Objectives and Plans approved / to be approved in the 4 PSBs. 6. Strategic Partnerships in place providing opportunities for advocacy for improving population health with partners. 7. Approved HB Strategy Living Healthier, Staying Well confirms emphasis on improving population health through more focus on prevention. 8. Baseline Assessment informing LHSW completed, underpinned by	1. Further exploration and identification of new opportunities for Health Board to secure population health improvement through leadership role in strategic partnerships utilising new structures - Regional Partnership Board and Public Service Boards. June 2019 update - Bids to support 4 proof of concept projects have been approved. 2. 2018/19 Budget setting process to reflect increase in resources allocated to prevention and wellbeing ensuring provision of both universal and targeted interventions. June 2019 - Developed Business Case for additional resources be reviewed by Review Group on 3/12/18. Business case completed and now awaiting funding decisions. 3. Health Improvement and Inequalities (HIIT) Group is reviewing its Terms of Reference given the need to move towards the new improvement group structure. 4. Identify substantive PMO support for this programme. June 2019 Update - Funding for permanent support included in Business case (see 2 above).

WG Public Health Outcomes Framework.
9. Improved data on Primary care available to Area Teams and Contractors via PH Directorate website.
10. Organisational objectives have now been revised and redefined as our Wellbeing Objectives.
11. 2018/19 BCUHB Operational Plan aligned with key actions for improving health identified in Public Health Wales IMTP.
12. Mapping of community-based assets underway to highlight key community issues using Community Insight software.
13. DPH / Public Health Consultants attend all PSBs and Part 9 Board to advise and influence on prevention / early intervention agenda.
14. Delivery of Public Health Team workplan is aligned with operational Area Teams.
15. Public Service Boards Wellbeing Plans developed.
16. Health Improvement and Inequalities Transformation Group now fully established and has led the development of the relevant section of the 2019/20 IMTP submission, to ensure co-ordination of the Plan which are interdependent.
17. Continued engagement with the Live Lab work with Office of Future Generations Commissioner and Public Health Wales. Focusing on Healthy Weight in Pregnancy and Children.
N.B For information - Ein Dyfoddol has now closed as a programme following a report to the Executive Team.

5. Infant Feeding Strategy launched, overseen by CTG.
6. Substance Misuse Needs Assessment completed and due to be shared with partners.
7. Business case for Tier 2 adult obesity service submitted to Board for approval. Awaiting funding decision.

Assurances	Links to		
1. Oversight by Public Service Boards and Local Authority Scrutiny Committees. 2. WG Review Meetings (JET). 3. Public Health Observatory reports and reviews.	**Strategic Goals**	**Principal Risks**	**Special Measures Theme**
4. WG Review and feedback on needs assessment.	1 2 5 6 7	PR8	Strategic and Service Planning

CRR09	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	**Date Last Reviewed:** 12 June 2019
	Risk: Primary Care Sustainability	**Target Risk Date:** 31 March 2021

There is a risk that the Health Board may be unable to meet its statutory responsibilities to provide a primary care service to the population of North Wales. This may be due to the significant number of GPs who are able to retire within the next 5 years and the supply of GPs in training may not meet the demand created by the turnover. This could lead to delayed access for some patients to the appropriate primary care service.

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Movement in Current Risk Rating since last presented to Board in January 2019	**No Change**		

Controls in place	Further action to achieve target risk score
1. 5 Domain Sustainability risk assessment metric developed by PCUS used pan-BCUHB and by Areas to RAG rate and identify highest risk requiring support. Last assessment undertaken December 2018. Further assessment planned July 2019. 2. Each Area has developed a regular practice review process to prioritise support. 3. Area Teams have developed support infrastructure to those practices experiencing significant challenges/pressures in terms of sustainability. 4. National Sustainability assessment process allows practices to request support from the Health Board. 5. Clinical advice available from Area Medical Directors and Cluster leads to provide support and development advice to practices. 6. Salaried GPs employed by Areas, working in managed practices and also GMS practices in difficulty. Further GPs employed since April 2019.	1. Evaluation and integration of new service models into primary care to ascertain their success. 2. New governance models of primary care need to be assessed to identify their reliability and assurance. 3. Care closer to home strategy to be evaluated. 4. Establish primary care academy and further develop primary care training, including mentorship. 5. Recruit to GP schemes being adopted by Clusters and supported by new project manager for recruitment and retention. 6. Primary care workforce plan to be developed and fully implemented. 7. Further engagement with primary care and partner organisations. 8. Demand management scheme – establishing ways to release GP capacity and shift services out of hospital settings – new roles, new models, and new services. 9. Work with Deanery to increase the number of GP training places in N Wales.

7. Agreement to employ clinical leads in managed practices to provide leadership and oversight. Clinical lead appointed for Blaenau Ffestiniog, other practices progressing recruitment. Consideration being given to have area level clinical leads to provide general oversight to managed practices.

8. Recruitment and retention plan to recruit new GPs into North Wales under development. Project Management for recruitment and retention appointed. Attendance at recruitment fairs and other conferences being co-ordinated to promote careers and share current vacancies in North Wales.

9. Schemes for retaining and recruiting staff e.g. Outstanding GP scheme and the GP with experience scheme in place.

10. Developed Multi-Disciplinary Teams within GP practices eg physiotherapists, ANPs, audiologist, pharmacists and this team takes on patients that were previously seen by the PG.

11. Developing new models of delivery of care within GP practices.

12. Primary care funding is supporting the way that services are delivered within community and primary care setting to take pressure off GPs.

13. Emerging schemes that will further support the way that services are delivered from Primary care eg Occupational therapy, advanced practice paramedics and GP sustainability and innovation unit have been allocated funding from Primary Care Investment funds in 2018/19.

14. Cluster plans and funded schemes are focusing on areas such as pathways and supporting the way that care is delivered at local level.

15. ANPs focusing activity within Care/Nursing homes to improve patient care and reduce demand on GP visits.

16. Running 24/7 DN service to reduce out of hours call out and unnecessary ED admissions.

17. Navigators working within GP practices signposting patients to the right healthcare.

18. Workflow optimisation training available to practices.

19. Intermediate care funded schemes supporting primary care.

20. 16 BCUHB managed practices in place that are providing

10. Lobby WG for review of national DDRB pay scales and recommendations to increase the rates to better reflect the different roles of salaried GPs.

11. Accelerated role out of advanced practice training.

12. Promote practice mergers and federating.

13. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and development of new models.

opportunities to trial new models of working and develop new areas of clinical care.

21. BCUHB has approved a 'Care Closer to Home' strategy that provides a vision of the way that care will be provided within community and primary care setting in the future. A CCtH transformation board is being established to oversee progress, with the first meeting on 20 July 2018.

22. Care closer to home themes set out in annual operational plan. Priority for cluster development, service model, workforce development, digital healthcare and technology and estates.

23. Governance and accountability of managed practices group in place; performance indicators established, project management work books published, governance framework for nurses and pharmacists agreed.

24. Premises issues being addressed with a number of practices, including approval to assign some premises head leases from partners to BCUHB.

25. Recruiting and training practice nurses.

26. Director of Primary and Community Health Services appointed and in post.

27. Plans to progress CCtH built into IMTP 2019-20, identified leads for progressing 4 themes (CRTS, Clusters, Health and Worksforce/service model) Centres.

28. Project to establish a Primary & Community Care Academy in place to deliver a sustainable, fit for purpose workforce within primary and community services through the allocation resources and drvelopment of new models.

Assurances	Links to		
1. Oversight by Board and WG as part of Special Measures. 2. CHC visits to Primary Care. 3. GP council Wales Reviews. 4. Progress reporting to Community Health Council Joint Services Planning Committee.	**Strategic Goals**	**Principal Risks**	**Special Measures Theme**
	1 2 3 4 5 6 7	PR6	Primary Care

CRR14	**Director Lead:** Executive Director of Workforce and Organisational Development	**Date Opened:** 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	**Date Last Reviewed:** 18 June 2019
	Risk: Staff Engagement	**Target Risk Date:** 31 March 2020

There is a risk that the Health Board does not maintain a culture which promotes excellence and engagement of staff in order to transform services. This may be caused by a disconnect between stated values and actual behaviours. This could lead to poor quality services, damage to the organisations reputation, long term sustainability and low levels of workforce satisfaction and well being.

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	3	3	9
Target Risk Score	3	3	9
Movement in Current Risk Rating since last presented to Board in January 2019.	**Decreased** ⇩		

Controls in place	Further action to achieve target risk score
1. Implemented Proud to Lead - Leadership Behaviours Framework. 2. Implemented a range of engagement processes including: -3D Model-Discover, Debate, Deliver; Listening Leads; Staff Engagement Ambassadors; "Proud Of" Groups established in each DGH and some Community Hospitals. -Implemented Staff Reward and Recognition Schemes such as Seren Betsi Star, Staff Achievement Awards and Long Service Awards. 3. Implemented range of public engagement opportunities. 4. Trade Union partnership arrangements: Local Partnership Forum/Local Negotiating Committee in place. 5. Defined purpose and values. 6. Implemented "Hello my name is" / "Helo fy enw I ydy". 7. Raising Concerns Procedure and Safe Haven Scheme in place with task and finish group oversight. 8. Workforce, clinical and operational policies and procedures in place including Dignity at Work.	1. Monitoring progress of the 2018 Staff Survey Organisational Improvement Plan and Divisional Improvement Plans to be through the Workforce Improvement group. 2. Development of an organisational Retention Improvement Plan Q1 2019/20. 3. Development of an Attraction Improvement Plan Q2 2019/20. 4. Development of a Succession Planning Framework at Tiers 1-3 Q3 2019/20.

9. BCU and Professional Codes of conduct in place. 10. Leadership Development Programmes in place including the newly refreshed Ward Manager Development Programme (previously known as Generation 2015 programme). 11. Implemented Speak out safely campaign. 12. Staff Engagement Strategy and delivery plans have been superseded by the Workforce Strategy 2019-22 and associated Annual Objectives. 13. Simplified PADR documentation currently under consultation. 14. 3D Listening Methodology in place and "You Said - We Did" are collated for each project area. Model has been amended following staff feedback, the 3D Lite has been launched. Teams are using this method widely now to gather staff feedback and ideas to improve patient care, staff working environment and practices and generally raise ideas to improved morale. 15. Leading for Transformation Senior Leadership development programme focussing on leadership behaviours for Bands 8a and above and Medical & Dental staff launched in Q1 2019/20. 16. 2018 Staff Survey Improvement Plans in place for the Organisation, Divisions and Corporate Divisions. 17. BCUHB Best, Facebook and Twitter in place. 18. BCUHB are part of the All Wales Public Services Coaching Network. In-house coaching programmes have been established and are currently available. 19. Partnerships established with Local Further Education Providers to deliver a programme of Essential Skills for Staff. 20. Senior Leadership Master Classes have been established for 2019/20. 21. Staff Engagement resource tool kit developed and available on the Intranet. 22. Workforce Metrics dashboard implemented. 23. First staff engagement organisational survey ByddwchYnFalch/BeProud is currently live and will close at the end of June 2019. This provides a process for continuous engagement and feedback from staff. A survey will be launched on a quarterly basis.	

24. The first ByddwchYnFalch/BeProud Pioneer Teams, 10 in total have commenced their engagement journey. The next cohort of 10 teams commence their journey on 19th June 2019, with Cohort 3 commencing in September 2019. This is a 26 week programme to support teams to build staff engagement at team/local level.
25. PADR Improvement plan in place, PADR compliance gradually improving.
26. Seren Betsi Aur/Gold Award developed - to recognise achievement, selected from all Seren Betsi winners annually,through nomination process and awarded at staff achievement awards - implemented Q3 18/19.
27. Proud of initiative - developed further in Q4 18/19 to amalgamate a range of engagement tools/methods to support staff engagement across the organisation.
28. An advanced Coaching Skills training programme for Medical Staff and Senior Leaders has been developed and delivered with good engagement and outcomes.
29. Proud of Groups - Tested new approach in Area East with positive feedback from staff and senior managers. Outcomes include:
•Local groups being established within Community Hospitals to build on and improve staff engagement.
•Improved accessibility to Area Director through regular and rotating meetings with staff.
•Various engagement methods such as recognition tools and 3D used to celebrate successes and exploring further engagement methods within teams.

Assurances	Links to		
1. Board and WG monitoring as part special measures. 2. Staff survey benchmarked across Wales. 3.Corporate Health Award. 4. Implmentation of I Want Great Care.	**Strategic Goals**	**Principal Risks**	**Special Measures Theme**
	1 2 3 4 5 6 7	PR9	Engagement

CRR15	**Director Lead:** Executive Director of Workforce and Organisational Development	**Date Opened:** 1 October 2015
	Assuring Committee: Strategy, Partnerships and Population Health Committee	**Date Last Reviewed:** 24 June 2019
	Risk: Recruitment and Retention	**Target Risk Date:** 31 January 2020

There is a risk that the Health Board will have difficulty recruiting and retaining high quality staff in certain areas. This may be due to UK shortages for certain staff groups and the rurality of certain areas of the health board. This could lead to poor patient experience and outcomes, low morale and well being and attendance of staff.

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Movement in Current Risk Rating since last presented to Board in January 2019.	**No Change** ⟷		

Controls in place	Further action to achieve target risk score
1. Promotion of the new employment brand and web site Train Work live North Wales continues with increased numbers of visitors to the site proving successful. 2. Running large recruitment job fairs nationally London & Birmingham. 3. Project plan in place for nurse recruitment and retention is providing focus for the HB. 'Hot spot area's wards/in secondary care are in place. 4. Workforce Planning is crucial and the following will mitigate; a. Workforce Plans included as part of annual plan. b. Corporate Recruitment group in place, professional/occupation sub group in place, volume recruitment days via geographical areas, local workforce teams are in place. c. MEDACS managed service in place to secure effective processes for employing Locums. d. Step into Work Programmes. 5. POLICIES	1. Showcase event to attract student nurses to BCUHB from England and Wales. Recruited 130 newly qualified to join BCU in September. 2. WOD structure July 2019 introduced to support BCU in the significant vacancies across nurseing and Doctor, professional groups. 3. Intense rectuitment efforts 2017/2018 have resulted in 299 additional nurses joining (180 of these are newly qualified). 4. Further targeted recruitment events across uk will include 2 job fairs in Birmingham and Manchester. 5. Expanding successful Nurse Cadet programme, utilising modern apprenticeship programme, in west to centre and east areas. 6. Exploreing expansion of Level 4 Assistant Practitioner Programme in place with college Llandrillo Menai, with a number progressing to registered nurse training. 7. Further links being developed with Manchester, Chester and Staffordshire Universities. 8. Continuing to contribute to Cavendish coalition and NHS employers

a. Workforce policies and procedures in place and in use.
b. Service level agreement for recruitment services with NHS Wales Shared Services Partnership (NWSSP) with regular performance reviews.
c. Compliance with pre-employment checks monitored.
d. Changes to bursary system on degree nursing courses at Welsh Universities will commit graduates to 2 years working in the Welsh NHS.
6. SYSTEMS / PRACTICE
a. Range of communication systems in place - cross reference to Staff Engagement Risk.
b. Appraisal compliance and mandatory training monitored.
c. National KPi's Time to Hire focus on recruitment timescales monitoring both within BCUHB and NWSSP.
c. TRAC system in place which ensures standardised processes.
d. E-rostering system in place to ensure effective rostering.
e. BCU employment brand launched which supports the new recruitment web site to promote North Wales and recruitment 'train, work, live' North Wales.
f. Promotion of flexible working: part time working, job share, compressed hours, annualised hours, flexi, career breaks etc.
g. Staff benefits such as child care vouchers, cycle to work schemes and other non-pay benefits in place.
h. Continue to promote best practice through times of organisational change, redeployment and secondments and through flexible working arrangements.
i. Agency cap for medical and dental staff in place, with tight controls in place to reduce agency expenditure. National reporting is conducted monthly, which will be reviewed regularly.
j. Contributing to All-Wales Recruitment campaigns - 'train, work, live' brand. BCU now the SPOC which is promoted Nationally and locally.
k. Creation of attraction recruitment and retention strategy for hot spot areas.

on potential impact of BREXIT negotiations.
9. Contribution to Medical Training Initiatives (MTI) Bapio Scheme.
10. Exit interviews procedure re introduced for all roles developed and approved now rolled out across the organisation.
11. Celebrate local achievements through 'Proud of Campaign' building on existing staff awards and celebration of success.
12. Seeking staff input to the way the health board runs through Listening Leads, Staff Ambassadors and 3D engagement activity.
13. Greater support to medical workforce admin moving them from transactional to transformational.
14. Further work on recruitment pipelins such as trainees, graduates return to practice, cadet scheme and overseas candidates.
15. Focus on retention during 2019 working with corporate nurses.

Assurances	Links to		
1. Staff surveys. 2. WG reporting (e.g. sickness absence and long term disciplinary cases). 3. NMC Royal College and Deanery Reviews and Reports. 4. Review of NWSSP recruitment timescales	**Strategic Goals**	**Principal Risks**	**Special Measures Theme**
	1 2 3 4 5 6 7	PR4	Leadership

CRR17	**Director Lead:** Executive Director of Planning and Performance	**Date Opened:** 10 October 2016
	Assuring Committee: Strategy, Partnerships and Population Health Committee	**Date Last Reviewed:** 18 June 2019
	Risk: Development of IMTP (Integrated Medium Term Plan)	**Target Risk Date:** 31 March 2020

There is a risk that the Health Board cannot deliver safe and sustainable services to the population of North Wales which may be because there is not an agreed plan for the next 3 years. This could lead to an inability to address and improve health and healthcare services.

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8

Movement in Current Risk Rating since last presented to Board in January 2019.	**No Change**

Controls in place	Further action to achieve target risk score
1. The timetable to develop the 2019/22 IMTP was discussed and agreed by SPPH Committee on 9th August 2018. 2. The Health Board approved approach for developing the 2019/22 IMTP on 6th September 2018. 3. Unscheduled Care - 90 day plan launched and measures and trajectories agreed for inclusion in the AOP for 2018/19. 4. Core priorities developed with the Board for 2018/19 and centred around three key themes: - Access and waiting times - Improved confidence in the health and social care system - Finance and resources 5. A short plan reflecting the Core Priorities, agreed with Board to steer the HB to 2018/19 year end discussed and supported by Strategy, Partnerships and Population Health Committee on 4th December 2018. 5. Transformation fund proposals developed with RPB partners Proposals for Community Services, children, mental health and	An integrated plan update will be presented to SPPH Committee and July Board to include the implementation plan as a result of the financial review and the RTT Taskforce alongside results of on-going discussions with colleagues in Welsh Government.

learning disabilities submitted to Welsh Government.

6. Workplan established to develop 2019/22 IMTP with 3 CEO sponsored workshops held on 4th October, 8th November and 13th December 2018.

7. Care closer to home service transformation plan and approach reviewed and re-profiled under the leadership of the Director of Primary and Community Services.

8. Board resolved to develop a 3 year plan for 2019/22 and WG notified.

9. Board received draft 2019/22 3 year plan in January 2019.

10. Planned care delivery group established in January 2019. Work programme under development including; RTT, diagnostics, cancer and outpatient plans, infrastructure/support, Strategic/tactical change - Acute hospital care programme schemes, Policy/national programmes - National delivery plans, Enablers - PMO turnaround schemes with a focus short term productivity and efficiency improvements and processes i.e. transactional rather than transformational.

11. Feedback from WG received around ensuring a clear work programme for 2019/20 to deliver improvements in RTT and Unscheduled care.

12. Three Year outlook and 2019/20 Annual plan presented to Board in March 2019. Plan approved with further work identified and agreed around elective care in the specialties set out on page 40 of the paper.

Assurances	Links to		
1. Board and WG oversight as part of Special Measures. 2. Oversight of plan development through the SPPH Committee. 3. All Wales peer review system in place. 4. Joint Services Planning Committee of Community Health Council.5. Regular links to advisory for a - LPF, SRG, HPF.	**Strategic Goals**	**Principal Risks**	**Special Measures Theme**
	1 2 3 4 5 6 7 8	PR5	Strategic and Service Planning

CRR18	**Director Lead:** Executive Director of Planning and Performance	**Date Opened:** 19 December 2018
	Assuring Committee: Strategy, Partnerships and Population Health Committee	**Date Last Reviewed:** 26 April 2019
	Risk: EU Exit - Transition Arrangements	**Target Risk Date:** 31 December 2019

There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service. This may be caused by a lack of clarity and understanding at UK level in respect of the impact of withdrawal from the European Union (EU), and a subsequent failure by the HB to develop robust withdrawal contingency plans. This could lead to a disruption of service delivery and thereby adversely impact on outcomes for patients in terms of safety and access to services.

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	3	12
Target Risk Score	3	3	9
Movement in Current Risk Rating since last presented to Board in January 2019.		**Decreased** ⇩	

Controls in place	Further action to achieve target risk score
1. BCUHB Task & Finish Group established. 2. Initial scoping of potential risks and issues. 3. Involvement with regional co-ordinating groups established under the Local Resilience Forum. 4. Involvement with national forums addressing potential risks from EU withdrawal. 5. Support from WG, Welsh NHS Confederation, NWSSP. 6. Engagement with nationally commissioned work streams providing advice and support in respect of supplies and procurement. 7. Engagement with LRF Strategic Co-ordinating Group (meeting monthly). 8. Engagement with Executive Team to ensure cascade of actions (briefing 09/01/19). 9. Update briefing to staff via Bulletin, and webpage established (February).	Continue to engage with national and regional co-ordinating groups Review position in light of further developments in relation to potential withdrawal agreement.

10. Internal and external communication plans in line with national guidance by end February, linking with LRF Warning & Informing Group. 11. Exercise undertaken 15 02 19 on business continuity. 12. Local tactical response and management arrangements post-exit agreed by Executive Team, briefed to EMG March. 13. Situation reporting and response arrangements paused in light of the extension to article 50.	

Assurances	Links to		
1. Reporting to Executive Team and SPPH Committee. 2. WAO audit of preparedness. 3. WG oversight through national work streams.	**Strategic Goals**	**Principal Risks**	**Special Measures Theme**
	1 2 3 4 5 6 7	PR1	Not Applicable

Strategy Partnerships and Population Health Committee 4.7.19	**To improve health and provide excellent care**

Report Title:	Annual Equality Report 2018/19
Report Author:	Sally Thomas, Head of Equality, Diversity & Human Rights
Responsible Director:	Sue Green, Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	This Annual Report is presented to SPPH Committee for approval prior to escalation to the Board for information and wider publication.
Approval / Scrutiny Route Prior to Presentation:	The report has undergone consultation with the Equality and Human Rights Strategic Forum, which includes public representation.
Governance issues / risks:	The Annual Report provides an overview of progress this year and also identifies those areas that have provided challenges. Good progress has been made generally. The key challenge remains to build further organisational capacity to undertake Equality Impact Assessment and better embed the principles in order to strengthen decision making processes, particularly in relation to the work of the transformational programme groups implementing Living Healthier Staying Well. This will be addressed by targeted training and work to further enhance scrutiny and governance. A number of workforce initiatives have been adopted this year to increase employment opportunities for people from protected characteristic groups, and to support them during their employment. It is now necessary to ensure that the principles of these programmes are better embedded throughout the organisation with the implementation of the Workforce Strategy.
Financial Implications:	*There are no financial implications of the report.*
Recommendation:	The SPPH Committee is asked to • note progress and the focus for 2019/20 • approve the report and formally inform the Board via the Committee Chair's assurance report

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life	√	3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	√	4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper This report has relevance to all themes within the special measures framework *http://www.wales.nhs.uk/sitesplus/861/page/81806*			
Equality Impact Assessment The SEP aims to advance equality. The Annual Report provides an account of progress. *http://howis.wales.nhs.uk/sitesplus/861/page/47193)*			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Board/Committee Coversheet v10.0

Fairness, Rights and Responsibilities

Draft Annual Equality Report

2018 - 2019

'a conscious approach and state of mind'

This report and any supporting documents can be made available in other languages or formats on request.
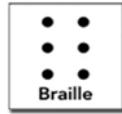
Please contact:

The Corporate Communications Department

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Cover photograph:

The photograph on the front cover shows staff at Wrexham Maelor Hospital attending the raising of the rainbow flag on the 17th May 2018 to celebrate International Day Against Homophobia, Biphobia and Transphobia.

Contents

Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2018 to March 2019. This report provides an opportunity to highlight the Health Board's work that contributes to a more equal North Wales and summarises the action we have taken to advance equality. We are proud of our highly regarded Equality and Human Rights service, which has received validation and recognition this year. BCUHB has become the best ranked Welsh health employer by lesbian, gay, bi and trans equality charity Stonewall in its Top 100 Employers list for 2019. We are absolutely delighted to receive this recognition which represents the hard work our Health Board has done to ensure that LGBT+ people feel welcomed, supported and are treated fairly within our organisation.

The Health Board is committed to advancing equality of opportunity and to protecting and promoting the rights of everybody to achieve better outcomes for everyone, having regard for a person's protected characteristics. We understand that taking account of the 'differences' or protected characteristics found amongst us all, can have a profound impact on health and well-being outcomes for the people we serve. We work closely with our staff, patients and partners to embed equality and human rights principles into our ways of working and continue to engage with a range of stakeholders and subject experts to help assure our strategic direction. We are pleased to see the strong commitment to promoting equality and human rights published within our long term strategy for health, Living Healthier, Staying Well (LHSW). This commitment is being translated into action within our 3 year plan through the development of plans underpinning the delivery of Health Improvement Health Inequalities, Care Closer to Home, Excellent Hospital Care, and through our Workforce and Estates Strategies.

We will continue to drive forward the equality agenda with pace, and have commenced the 4 yearly review of our Strategic Equality Objectives in line with our Statutory Duty.

If you have any comments or suggestions in relation to the contents of this report, please forward them either by post or by e-mail to:

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Background and Context

The Equality Act 2010 protects people from discrimination because of their protected characteristics, which are: age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation. These categories are known in the Act as 'protected characteristics'. The Act places a duty on listed public sector organisations to have due regard to the need to:

• Eliminate unlawful discrimination, harassment, and victimisation.

• Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not.

• Foster good relations between those who share a relevant protected characteristic and those who do not.

In order for public bodies to better perform and demonstrate their compliance with the public sector equality duty, the Welsh Government legislated to bring in specific equality duties as set out in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 (also referred to as the Welsh Specific Equality Duties). The regulations aim to ensure that the Health Board and others carrying out 'public functions' consider how we can positively contribute to a fairer society in our day-to-day activities. More recently the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015 were introduced and are changing the way we plan and deliver services. Going forward, we will work to maximise the opportunities presented to align the equality duties within this framework.

There is a range of activity taking place across BCUHB, to advance equality of opportunity, eliminate unlawful discrimination and foster good relations. A number of achievements from the past year are outlined in this report.

Our Purpose, Vision and Values

At BCUHB our vision is to create a healthier North Wales, that maximises opportunities for everyone to realise their full potential, and helps towards reducing health inequalities. Our purpose is to improve the health of the population which means that, over time, there will be a better quality and length of life across the whole population of North Wales.

We recognise and acknowledge the significance of the Welsh Government publication 'A Healthier Wales: Our Plan for Health and Social Care' which sets out a long-term future vision of a whole system approach to health and social care and we have developed our longer term 10 year strategy for the future: Living Healthier, Staying Well (LHSW). The Health Board's strategic priorities are further supported by our Workforce Strategy which identifies what the workforce needs to look and feel like and how it needs to operate as we strive to be a fair and inclusive employer, committed to tackling inequality.

One of our duties under the Well-being of Future Generations Act is to set well-being objectives for the Health Board. We believe that aiming towards these objectives will help us define and maximise our contribution to the seven national well-being goals including the More Equal Wales goals. More detail on how this will work is described on our website: https://www.bcugetinvolved.wales/lhsw

Our Principles

In developing our LHSW strategy, we followed a number of key principles. These are set out below. We will continue to work with these principles as we implement the strategy.

In everything we do, we will:

- promote equality and human rights
- actively provide Welsh language services to address the needs of our Welsh speaking population, in line with the Welsh Language (Wales) Measure 2011
- work together with local authorities, other services and organisations, including the third sector
- listen to what matters to people and involve them in decisions
- address the needs of individuals and their carers
- use evidence of what works so we can improve health and learn
- work to improve services
- use our resources wisely (finances, buildings and staff)
- work with the principles of prudent healthcare

Equality Key Achievements in 2018/19

- ✓ **We have supported the implementation of the Health Board's longer term 10 year strategy 'Living Healthier, Staying Well' (LHSW) and its underpinning principle to promote equality and rights in everything we do.**
- ✓ **We have driven forward this message and strengthened the accountability, governance and performance management of our equality work.**
- ✓ **We have worked to embed equality and rights considerations within the Health Board's 3 year plan.**
- ✓ **We have provided equality and human rights advice to Programme Groups implementing the LHSW strategy; and strengthened scrutiny of equality impact assessment (EqIA) in regards to service change driven by the implementation of LHSW.**
- ✓ **We have continued to build organisational understanding and capacity in advancing equality and human rights through our training programmes.**
- ✓ **We have delivered mandatory equality & human rights training and increased compliance in the last 12 months to 85% across BCUHB, and training has also been delivered to 19 GP and dentist practices.**
- ✓ **We have worked to increase employment opportunities for people from protected characteristic groups; and driven forward initiatives supporting people from protected characteristic groups in work.**
- ✓ **We have increased our 'Top 100 Employer' status in the Stonewall Workplace Equality Index 2019, improving our ranking significantly to 37th overall across the UK out of 445 organisations taking part.**
- ✓ **We have held rainbow flag-raising ceremonies at each District General Hospital site in celebration of International Day Against Homophobia, Biphobia and Transphobia (IDAHoBiT) in May.**
- ✓ **We have co-produced a film with stakeholders designed to improve awareness amongst front-line staff of the issues faced by LGBT+ service users.**
- ✓ **We joined forces with 3rd sector organisations to hold a joint roadshow at all three main hospital sites in May 2018 as part of our Equality Week with a focus on promoting greater equality for disabled people.**
- ✓ **We have published our gender pay gap and developed a plan for improvement.**
- ✓ **We have developed a pregnancy and maternity toolkit to better support our staff and reinforced our commitment to supporting breastfeeding mothers.**
- ✓ **We have worked with third sector organisations providing advice and support to our staff who are EU Citizens and wish to apply to remain in the UK under the EU Settlement Scheme.**
- ✓ **We have maintained ongoing public engagement through our Equality Stakeholder Group (ESG) and expanded our membership.**

Meeting Our Equality Duties

Engagement

Our Corporate Engagement Team lead and develop the Health Board's corporate engagement activities. Our aim in meeting the Engagement Duty is to work closely with our staff, stakeholders and partners to ensure that everyone has opportunities to engage and get involved in shaping health services in North Wales. Over the last year, a range of public and stakeholder engagement activity has continued across North Wales. Our engagement events this year have included:

- Continuing to engage with farming communities about access to health services and particularly men's health and wellbeing.
- Working with the Office of the Future Generations Commissioner and Public Health Wales to pilot a new service improvement approach called Live Lab which looks at the opportunities and challenges of having a healthy lifestyle and how we can work with families to change services to take a more preventative approach.
- Continuing to develop our approach to co-production as we work towards ensuring that people with experience of mental health issues are treated as equal partners.
- Supporting BCUHB's dementia pathway and older people's service improvement programme.
- Engaging with people with sensory loss.
- Continuing our representation at the North Wales Gypsy Traveller Forum, to improve collaborative working and access to health care for this seldom-heard community.
- Maintaining regular and sustained engagement with people representing protected characteristic groups.

Equality Impact Assessment

Our aim in meeting the statutory duty on Equality Impact Assessment (EqIA) is to ensure that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way, taking into account the needs and rights of those who might be affected.

We work to:-

- ensure that our staff are trained to understand the principles of Equality Impact Assessment (EqIA). Work this year has focused on training key staff from service areas and programme leads responsible for informing our three year plan;
- ensure those who make decisions and/or approve policies are aware of the duty and are able to exercise appropriate and informed scrutiny;

- meet regularly with our Strategy & Planning Equality Scrutiny Group to review and advise on Impact Assessments for emerging key strategies and policies.
- facilitate skills workshops for staff on carrying out EqIAs throughout the year and have re-developed our intranet site to make it easier to use with links to documents and websites to assist the evidence-gathering that informs our assessments.
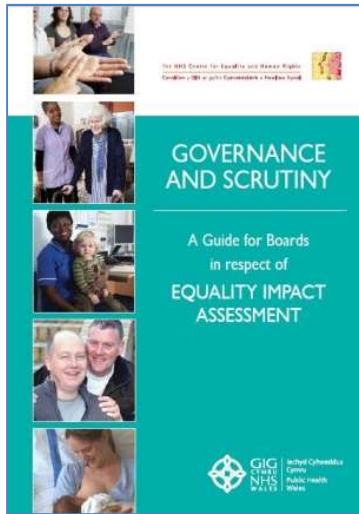
We have promoted widely the updated guide for Board members developed in partnership with the NHS Centre for Equality and Human Rights, not just to Board members, but also other senior staff who are involved in our key decision-making processes.

EqIA is built into our training programme for new and aspiring managers called "A Step Into Management" (ASIM), ensuring that those who are or aspire to be managers are equipped to understand the importance of applying the underpinning principles to decision-making, and policy and service development.

Procurement

Building upon changes that were implemented with BCUHB's Standing Financial Instructions, there are a number of ways in which equality considerations are embedded within procurement processes, which are managed on our behalf by NHS Wales Shared Services Partnership (NWSSP).

We have worked with colleagues in Finance and Procurement to identify our 'Top 100 Suppliers' so that we could write to them, helping them consider the impact upon their work of the Public Sector Equality Duty (PSED) through closer collaboration and joint training events.

Gathering Information Relating to Our Service Users

Carers Rights and Support

Over the last 24 months, BCUHB has worked in partnership with all six local authorities to map what carers' services we have in North Wales currently, and how we can make these better. The North Wales Carers Strategy has been developed, which has been adopted by BCUHB and all six local authorities. BCUHB is now in the early stages of implementing this strategy to ensure that we meet the needs of carers, both in our service delivery and service planning and commissioning.

The Triangle of Care approach to help identify carers and engage with them continues to develop across the Mental Health Division. We have work to do across all of our services, however we acknowledge that carers are true partners in care and we are now building in initiatives within our core services to ensure that this is sustained.

Gathering Equality Information from Patient Experience Feedback

The Patient Experience Team aims to reflect the voice of patients and service users that access BCUHB services. We deliver against our four mutually supportive goals, the 'quadruple aim' which includes improving the experience and quality of care for individuals and families by enriching the wellbeing, capability and engagement of the health and social care workforce.

We are committed to engaging with our patients and service users to 'listen and learn' from their experience as their feedback is fundamental to service improvements. Capturing the range of views demonstrates 'what we do well' and provides insight into 'areas to improve'. The overall intention is to provide many different methods for patients, their family and carers to feedback on BCUHB services.

Patient experience feedback data is collected through a number of different frameworks including: the Real-time feedback survey system; the retrospective inpatient postal survey; comments cards; patient stories; compliments; letters; 'Care to Share' via the Patient Advice and Support Service (PASS – see below); and 'Have Your Say' engagement events.

The BCUHB Patient and Service Strategy 2019-2021 does not sit in isolation but is intrinsically working in partnership with clinical divisions, corporate services and patient partners to ensure that there is a cohesive patient journey through all areas.

During the last 12 months, a new easy-read version of the BCUHB survey was developed for the Viewpoint tablet devices after working in partnership with the MHLD team to develop and launch the *'My right to be heard'*- A Feedback Toolkit for Dementia Care.

'My right to be heard'
A Feedback Toolkit for Dementia Care

A practical approach for those living with or affected by dementia to offer meaningful feedback on the care that is provided.

The Patient Advice and Support Service (PASS)

Patient Advice & Support Service (PASS) was piloted in the Central region in July 2017. Following its success the service will be rolled out to the East and the West from April 2019 under the slightly different name of PALS (Patient Advice and Liaison Service). The introduction of the PALS service across BCUHB regions will enhance the ability to respond to enquiries from patients, carers and relatives in real-time to seek resolution and satisfactory outcomes. Therefore providing a pathway to avert the need for formal complaints to be raised whenever possible.
This will promote immediate learning and positively influence the services with the focus of promoting equality in everything we do.

The PALS team have been trained in equality and human rights and ensure that all issues raised are addressed sensitively and confidentially. The service also supports staff at all levels within the organisation to develop a responsive, inclusive and patient centred culture by providing training and reflecting back to staff the impact of the patient experience.
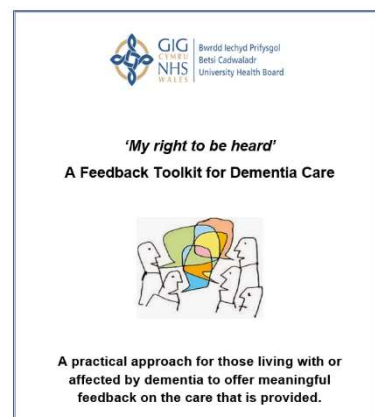
Gathering Information Relating to Our Workforce

Information relating to the equality characteristics of our workforce is held in our electronic payroll system, Electronic Staff record (ESR).

Information on job applicants is gathered as part of the recruitment process via a national system known as NHS Jobs and this enables us to understand the profile of people applying to work for us, whether or not they are shortlisted for interview, and whether or not they are successful. Information relating to people appointed becomes part of their ESR record.

Each year we publish a range of employment and pay reports required by the Specific Equality Duties for Listed Bodies in Wales and these are available on our website at: http://www.wales.nhs.uk/sitesplus/861/page/63948 together with a commentary on the key points of interest in the reports. The following is a summary of the key highlights in this year's published reports :-

- The number of staff under the age of 25 remains disproportionately low (3.2%) compared to 2011 Census statistics (11.1% of population of North Wales);
- There is a continuing upward trend in the number of staff aged 60 and over;
- The ratio of women and men employed remains unchanged at approximately 80%/20% and this is also reflected in the proportions of women and men applying for jobs;
- More than 50% of our female staff are employed in part time roles, and 93% of all part time posts at BCUHB are held by women.

In order to try and improve the rates of declaration by our staff of protected characteristic information, we undertook an engagement exercise this year, to understand more about why staff are sometimes reluctant to provide information about themselves, particularly information related to their protected characteristics.

We designed an information leaflet to encourage more staff to provide this information by explaining more about what the information is used for, and demonstrating some of the benefits that have emerged from the improvements in information declaration rates to date.

We will continue to monitor our declaration rates which are already amongst the best in NHS Wales.
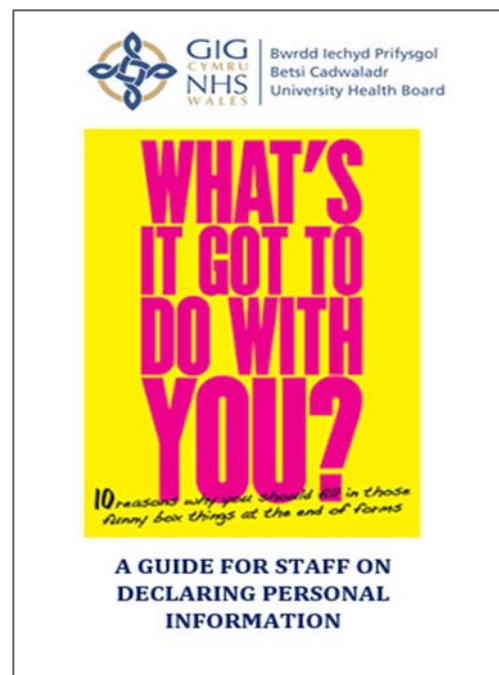
Our Strategic Equality & Human Rights Objectives

Progress

Our Strategic Equality and Human Rights Plan (SEP) 2016-20 seeks to ensure that equality and human rights are properly considered within the organisation and influences decision-making at all levels. The objectives are as follows:

- **1: Better health outcomes for all: to achieve better health outcomes for everyone, having regard for a person's protected characteristics.**

- **2: Improved patient access and experience: to improve access and experience for everyone, having regard for a person's protected characteristics, with a focus on dignity and respect.**

- **3: Becoming an employer of choice: to be a fair and inclusive employer and build a workforce that is equipped to meet the diverse needs of our service users and colleagues, having regard for a person's protected characteristics.**

- **4: Inclusive leadership at all levels: to provide the vision and motivation to advance equality at BCUHB and harness the energy and efforts of others to make improvements.**

Overview of Progress

Living Healthier, Staying Well (LHSW)

Developing the LHSW strategy followed a number of key principles including the promotion of equality and human rights in everything we do. This is recognised as a key underpinning principle within our plans and the responsibility of the whole organisation.

During 2018/19, we have continued to work to improve how this commitment is reflected in practice and a number of significant achievements have been made across our services during the year. We have worked closely with our priority areas to build knowledge and understanding about Equality Impact Assessment (EqIA), improving health and reducing health inequalities; care closer to home and excellent hospital care. We have also provided training and coaching to key teams and strengthened the governance of this work. EqIA has helped Programme Groups to identify and address potential inequality, including access and communication needs, leading to both improved inclusive decision-making and better outcomes and experiences for patients and staff.

Well North Wales Programme

The 'Well North Wales' programme is the Health Board's response to the health inequalities agenda, working with a wide range of stakeholders to identify new and different opportunities for improving health by redesigning the way local services are delivered. Health inequalities are addressed on a partnership and multi-agency basis, as many of the key issues fall outside the primary domain of the NHS. In establishing the 'Well North Wales' programme, the Health Board aims to ensure that the health aspect of anti-poverty programmes, and the work around the social determinants of health, is given the prominence, co-ordination and exposure required, and positions the Health Board at the heart of local and regional health inequalities programmes.

Although the levels of inequality in North Wales are generally lower than for Wales as a whole, there are distinct areas where health inequalities are a real and tangible issue. Specific community-based programmes are being developed in partnership with local communities and local agencies to develop a co-ordinated approach to meeting the needs of people where health inequalities are an issue.

'Well North Wales' is leading on the development of a network of health and wellbeing centres in some of the most deprived areas in North Wales (Penygroes,

Bangor, Colwyn Bay, Denbigh and Shotton), as well as supporting initiatives led by other agencies in each of the local authority areas across North Wales. The programme provides co-ordination to social prescribing programmes across the region, working with both statutory and voluntary bodies. During 2018/19, Well North Wales also took the Health Board lead on tackling homelessness and food poverty.

Examples of Good Practice

Betsi Cadwaladr University Health Board launches Help Me Quit for Baby, a new stop smoking service for pregnant women

In May, there was the launch of a new stop smoking support service for pregnant women across North Wales. The Help Me Quit for Baby service, a first of its kind in Wales, provides pregnant women support to stop smoking in the comfort of their own homes. The Service has Stop Smoking Support Workers based in community midwifery teams. They offer a friendly, one-to-one, flexible service, tailored to the individual needs of women and to anyone else in their household who smokes.

LGBT teens receive tailored support to look after their mental health

Teenagers in North West Wales who identify as lesbian, gay, bisexual or transgender are being given support to deal with some of the unique challenges which can affect their mental health. Staff from Betsi Cadwaladr University Health Board's Arfon Child & Adolescent Mental Health Service (CAMHS) recently held a mental health awareness day at North West Wales' first LGBT youth club in Caernarfon. It forms part of wider multi-agency efforts to prevent mental ill health and develop resilience in children and young adults amid a steep rise in referrals to Child and Adolescent Mental Health Services (CAMHS) across the UK.

Strategic Equality Objective 2 (Maps to BCUHB Strategic Goals 3, 4, & 5)

Improved patient access and experience: to improve access and experience for everyone, having regard for a person's protected characteristics with a focus on dignity and respect.

Patient Stories and Experience

The Patient Experience 'Friday 'feel-good' comment of the week' was introduced to celebrate positive feedback from patients, carers, relatives and service users and is widely circulated around the Health Board.

Each week, our patient experience team publish their "Friday 'feel-good' comment of the week: in November 2018, this was the comment published:

"Rainbow flags around the hospital makes me feel welcome and assures me I won't be discriminated against as a patient or relative. This may not mean much to the general public but it means the world to me. Thank you".

Patient stories enable the Health Board to gain an insight into the quality of services provided through the voice of the service users. We continue to work with the Centre of Sign Sight Sound (COS) to gather the stories of deaf and hearing-impaired service users. As a result, we have been able to improve understanding amongst managers and staff of the needs of people with sensory impairments and access to British Sign Language (BSL) interpreter services. Improvements in these areas have enabled improved access to services for BSL users.

BCUHB have been short-listed as finalists in the Action on Hearing Loss excellence awards for 2019.

Fig 1 below clearly indicates that service users who report a sensory loss (either deaf or hearing-impaired, or blind or sight-impaired), report a higher level of overall patient satisfaction compared with other service users and those who report that they have a mental health condition. Service users who report that they have a mental health condition report the lowest level of satisfaction.

Fig 1 - CRT/Viewpoint Average Overall Satisfaction/10 By Protected Characteristics for Q1-Q4 2018/2019
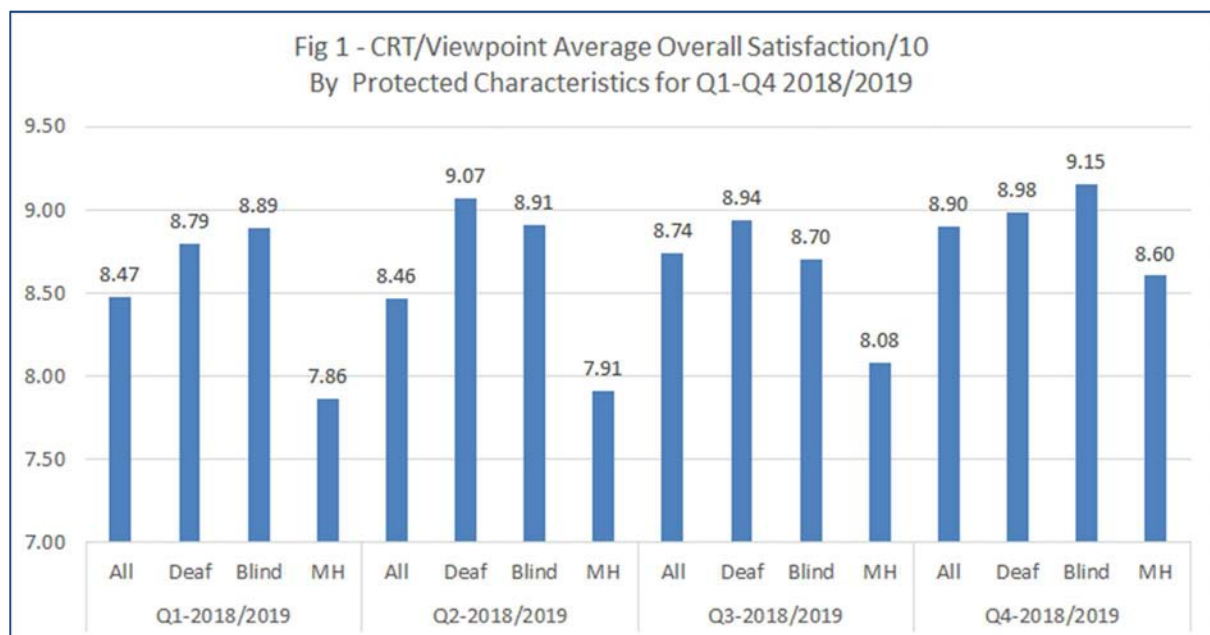
Service users who report having a sensory loss experience higher levels of satisfaction across all aspects of service user satisfaction with the exception of involvement in care. This is consistent with other feedback derived from engagment events and patients stories. This may be due to the complexity of their condition, and in relation to deaf or blind service users may indicate that staff are more aware of their needs and therefore more able to respond to these.

Feedback from CRT/Viewpoint for Q1-Q4 2018/2019 (see Fig 2 below) indicates that older service users report higher levels of satisfaction than service users in other age groups, d whilst service users in the 16-24 year age group are the least satisfied.

Fig 2

CRT/Viewpoint - BCUHB Average Scores/10 for 2018/2019 by Age Grp for Item 7 *How would you rate your overall experience?*
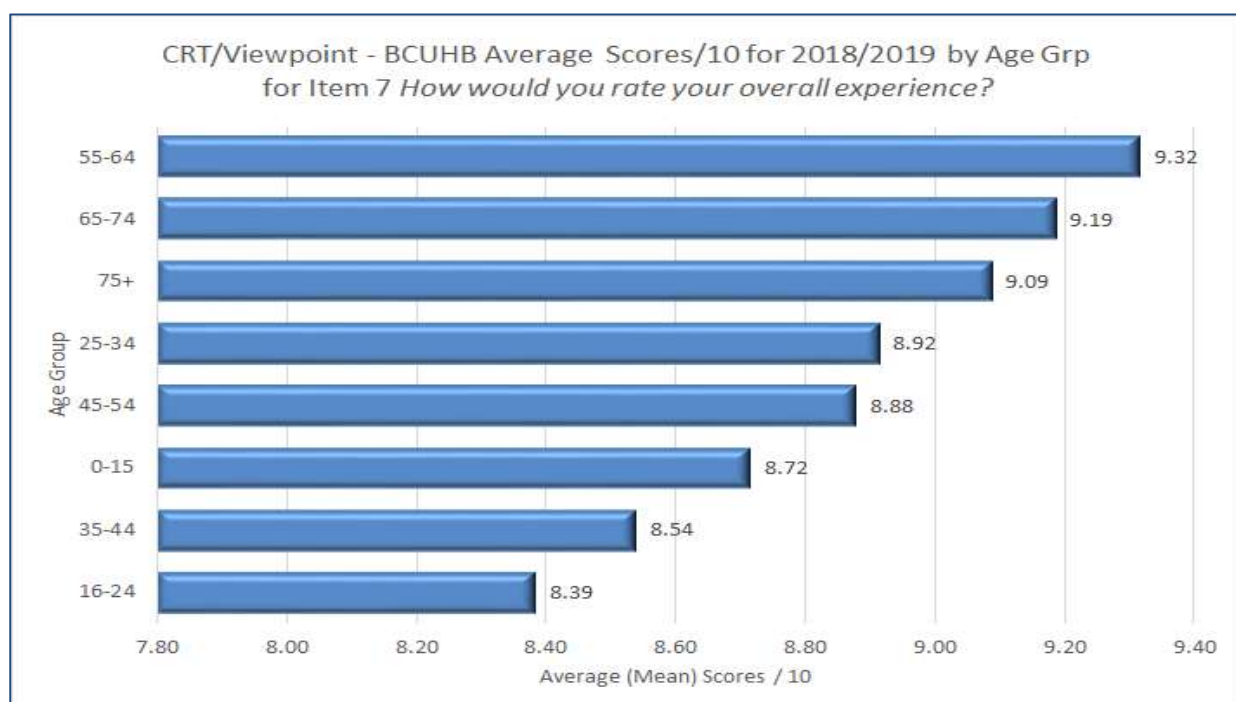
Wales Interpretation and Translation Service

The Wales Interpretation and Translation Service provides 24-hour interpretation and translation services to public authorities in Wales, including councils, police forces, health and social services. In January 2017, hosting responsibilities were transferred to Cardiff Council. BCUHB is an active partner on the WITS Advisory Board.
The most frequently requested languages for interpretation at BCUHB are shown below.
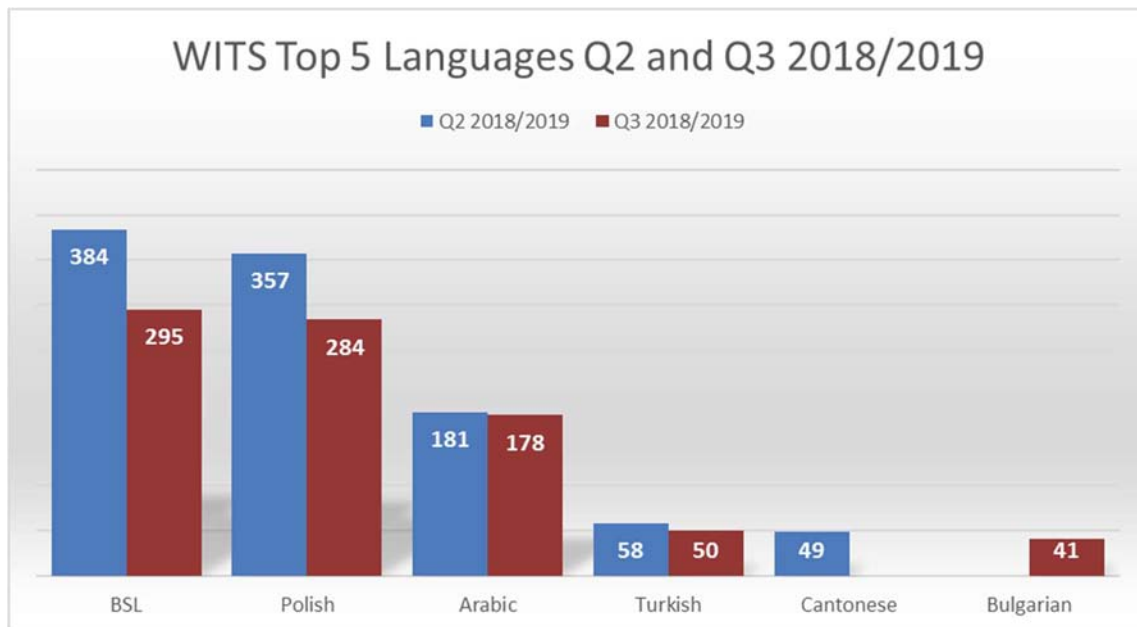
Top 5 Languages	Q2 2018/2019	Q3 2018/2019
BSL	384	295
Polish	357	284
Arabic	181	178
Turkish	58	50
Cantonese	49	
Bulgarian		41
Total Bookings	1334	1109
Cost	£136,491.41	£109,910.28

Accessible Healthcare for People with Sensory Loss

Within 2018/2019 the Patient Experience Team have engaged with a wide variety of third party, volunteer and support organisations to ensure that the voices of service users with sensory loss are listened to and acted on. We did this by visiting deaf clubs, attending vision support groups, and through supporting Sensory Loss Awareness month. Users with sensory loss face a variety of challenges in relation to access to and participation in health care, not least in terms of making appointments

and ensuing access to the interpretation required to underpin an effective consultation.

Given these potential risks, the organisational action plan agreed with Welsh Government as an integral component of the NHS Delivery Framework (WG, 2018) includes continued funding for the Accessible Health Care Scheme, which is provided by the Centre of Sign Sight & Sound (COS), to support service users with sensory loss to access health services.

Such collaborative working is a key feature of BCUHB's Patient Experience Strategy and has been invaluable in our work to improve compliance with the Accessible Information & Communication Standards (WG, 2013), and on an all Wales basis is viewed as exemplar of practice. Other key features of the action plan include; mandatory enrolment on the e-learning Sensory Loss Module (BCUHB is the first Health Board in Wales to adopt this approach), inclusion of the accessible health care standards within the ward accreditation audit tool, and the continued development of the Sensory Loss Toolkit to include a Primary Care variant.
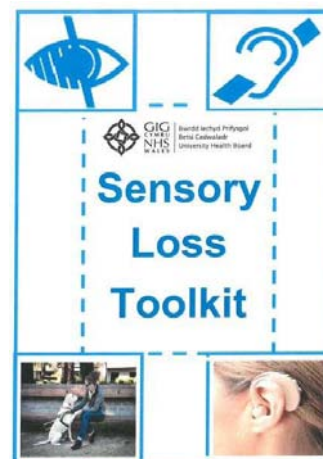
New Interim Gender Identity Care Pathway

During 2018/19, we have continued to work to put plans in place to better meet the needs of those requiring gender identity services within North Wales. Under the new model, a multidisciplinary service, known as the Welsh Gender Team will provide support to a network of general practitioners across Wales with a specialist interest in all areas of gender care.

We have worked with the NHS Wales Gender Identity Partnership Group and our stakeholders to advance this commitment to make improvements to the gender identity services we offer and are identifying GPs to meet the immediate prescribing needs alongside establishing a wider North Wales GP network.

Examples of Good Practice

Ysbyty Gwynedd becomes first acute hospital in Wales to receive 'Dementia Friendly' status

Ysbyty Gwynedd is the first acute hospital in Wales to receive official recognition of working to become dementia friendly. The hospital has been recognised by the Alzheimer's Society as part of its work to recognise organisations and individuals supporting awareness around dementia. Over 300 members of staff are now 'Dementia Friends' at Ysbyty Gwynedd, which is only the second acute hospital in the UK to receive this recognition from the Alzheimer's Society.

New breastfeeding peer support for mums in Flintshire

A new cohort of breastfeeding peer support mothers have graduated from the Health Board's training programme in Flintshire. The pioneering course is just the second of its kind in North Wales and is a collaboration between Betsi Cadwaladr University Health Board, Flintshire Flying Start and the Association of Breastfeeding Mothers. The 12 new peer supporter mums will provide support in a group setting to breastfeeding mums in Flintshire. The trained breastfeeding mentors are there to provide support, a community for them and give them the help they need to give their babies the best start in life.

New initiative to highlight the community support available to people with mental health problems

A new initiative has been launched to highlight the range of community support available to people in North Wales who are living with serious mental health problems. The aim of the Agencies Coming Together (ACT) project is to help patients on Ysbyty Gwynedd's Hergest Psychiatric Unit identify activities, groups and support organisations within their own communities which can help them to continue to look after their mental health once they are ready to go home. The collaboration between Betsi Cadwaladr University Health Board, community groups and local mental health charities is being facilitated by the North Wales mental health development agency, Unllais.

Examples of Good Practice: YGC Wayfinding Project

The Wayfinding Project at Ysbyty Glan Clwyd was set up to help everyone find their way, and make the site easier to understand and remember. To promote an inclusive approach the project was discussed at the BCUHB Equality Stakeholder Meeting in September 2018, where members provided useful feedback and advice. Additional surveys were also conducted among people using the main entrances of the hospital.

External wayfinding – one of the key proposals was to label the car parks (P1 to P6) in sequence around the Ysbyty Glan Clwyd site, supporting a simple picture of a ring of car parks around the hospital building. This included about 60 signs in total, at the road entrances and exits to the car parks, on major walkways, as well as within the car parks themselves. All signs were successfully installed by November 2018, and the approach has been well received.

Internal Wayfinding – The aim of this part of the project was to highlight 'major routes' It included simplifying the hospital into zones, reinforcing the different corridor routes with different colour schemes, and using repeat reminders along each journey.

The pilot scheme for this approach was implemented within the Ysbyty Glan Clwyd Redevelopment Project, and was very positively received. The scheme has now been extended.

> **Strategic Equality Objective 3 (Maps to BCUHB Strategic Goals 5 & 7)**
>
> **Becoming an employer of choice: to be a fair and inclusive employer and build a workforce that is equipped to meet the diverse needs of our service users and colleagues, having regard for a person's protected characteristics.**

We strive to be a fair and inclusive employer and are committed to tackling inequality; a number of initiatives have been progressed this year to increase employment opportunities for people from protected characteristic groups, and to better support people during their employment.

Stonewall Workplace Equality Index 2019

BCUHB once again took part in the annual Stonewall Workplace Equality Index (WEI) which is a benchmarking survey for employers around LGBT+ equality.

We were delighted to have reached **37th place** in the index out of a total of 445 organisations taking part throughout the UK – up 14 places from our 2018 ranking making us the highest-ranked Health organisation in Wales, and second in the UK. This represents a significant improvement in our ranking over the last few years and reflects how we have used the Workplace Equality Index as a tool to improve the experiences of both staff and service users who are lesbian, gay, bisexual or transgender.

Stonewall
100 CYFLOGWR GORAU
TOP 100 EMPLOYERS
CYMRU
2019

Mae Stonewall yn hapus i adnabod y cyflogwyr gorau yn y DU go gyfer eu hymdrechion rhagorol i greu gweithle cynhwysol ar gyfer gweithwyr lesbiaidd, hoyw, deurywiol a thraws.

Stonewall is pleased to recognise the UK's best employers for their outstanding efforts to create an inclusive workplace for their lesbian, gay, bi and trans employees.

Mae'r wobr yma yn mynd i
This award goes to

Betsi Cadwaladr University Health Board

Ar gyfer sicrhau safle 37yn y Mynegai Cydraddoldeb yn y Gweithle 2019

For securing 37th place in the Stonewall Workplace Equality Index 2019

Ruth Hunt.
Ruth Hunt
Chief Executive, Stonewall

Stonewall
Cymru

This achievement was reported to, and recognised by the Quality, Safety and Experience Committee on the 22nd January 2019, and at the Health Board meeting held in public on the 24th January 2019.

Jack's Workplace Story – Stonewall's Trans Role Model of the Year 2018

Jack Jackson is the Heath Board's Team Lead, Mental Wellbeing & Counselling, and Stonewall's Trans Role Model of the Year in 2018. Jack has used this platform to speak at various events across the UK, to raise awareness of the barriers faced by Trans people. He has also worked with the Executive Team at the Health Board and provides a buddy support system for staff who are transitioning. Jack's workplace story was also included on the Stonewall website and is pictured:

'I identify as a trans man and I've known about my gender identity for many years. But for a long time I felt unable to be authentic, in both my personal and working life, through fear of prejudice and non-acceptance. Being authentic has changed my life completely – living my life as Jack has enabled me to not only love myself but also be loved by others. By being authentic at work, I have a deeper connection with and better understanding of myself. It's had a really positive effect on my wellbeing, both mentally and physically. And it's enabled me to feel a much stronger and deeper sense of self-worth and confidence.'

JACK JACKSON, TEAM LEAD, MENTAL WELLBEING & COUNSELLING, BETSI CADWALADR UNIVERSITY HEALTH BOARD

LGBT Workplace Stories is a project to share the experiences of LGBT role models across different sectors, regions and walks of life. Read Jack's full story at www.stonewall.org.uk/workplace-stories

Trans Flag Raising – 20th November, Transgender Day of Remembrance

On Transgender Day of Remembrance (20th November), we raised the Trans flag outside Ysbyty Glan Clwyd. We wanted to celebrate the Health Board's commitment to challenging stigma and prejudice and stand as allies with our Trans colleagues and patients, to demonstrate that we are an inclusive workplace and provide an inclusive service to all.

New Staff Training Resource – IRIS Prize Film

One of the projects emerging from our Task and Finish Group looking at the experience of LGBT+ service users, was the production of a film for use with front-line NHS staff, to improve their understanding of the issues experienced by LGBT+ service users. Big Lottery-funded 'Iris Prize' agreed to produce a five-minute film for us to use as an awareness-raising tool across BCUHB.

Filming took place during July 2018 and we are extremely grateful for the contributions of our LGBT+ stakeholders, Teresa Owen, BCUHB Director of Public Health, and members of Celtic Pride Staff Network. The film 'Health and Wellbeing for Everyone' was formally launched at a film festival held at the OPTIC Centre in St Asaph on the 27th November and was attended by a number of stakeholders. The event was jointly hosted by the Health Board and UNIQUE Transgender Network who also launched their film 'A Significant Change.'

The BCUHB film has now been launched widely across the Health Board, to coincide with LGBT History Month in February 2019. The film can be accessed using the following link:-

https://youtu.be/_Ggg8onS4Y4

Celtic Pride LGBT+ Staff Network

It has been another exciting year for Celtic Pride culminating in the fantastic improvement in the Stonewall Workplace Equality Index. This has reflected the hard work that the network has undertaken to make improvements to the working lives of LGBT+ employees.
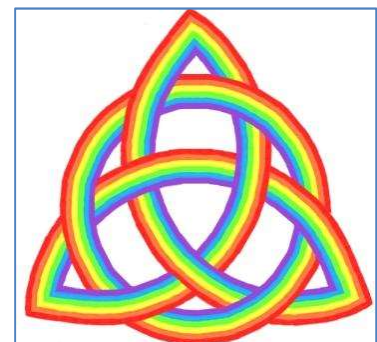
Members from Celtic Pride attended Chester Pride in August 2018 where they met and networked with many other organisations including the police, local authority and other health organisations.

The network continues to meet on a bi-monthly basis giving staff across the Health Board more opportunities to attend the network and social meetings.

Members of Celtic Pride have maintained positive relations with North Wales Police by attending their LGBT+ community groups and thereby reaching out to various community groups. Celtic Pride has forged links with various LGBT+ network groups in the public sector across Wales including the Ministry of Justice and ABMU Health Board.

Celtic Pride have also maintained links with universities and colleges of higher education in North Wales, raising awareness of their work and the Health Board's commitment to inclusion with the talent pool from which our future workforce comes. An exciting development to round off the year is that Celtic Pride has begun to work with researchers from the University of York, assisting them with their 2 year project to examine LGBT+ Staff Networks in the NHS.

Other Staff Networks

We continue to support existing and emerging networks across BCUHB as we believe they play a valuable role in supporting staff and providing peer support to specific groups.

This year, BCUHB's Dyslexia Support and Interest group has gone from strength to strength with its membership growing. Key objectives for the group are to raise awareness of what dyslexia is, and what impact it can have on individuals and organisations; and to provide help and sign-posting to resources for both managers and staff. The group's key achievements, in line with these objectives, are:

- ✓ The creation of a dyslexia guidance sheet for managers' and staff.
- ✓ Accessible dyslexia intranet pages on: information about dyslexia; resources for dyslexic staff; hints and tips, and information about the group and how to join.
- ✓ Expansion of library resources for dyslexic staff, in particular the purchasing of coloured computer screen filters for staff to borrow and trial.

Membership of the group includes not just members of staff who are dyslexic themselves, but also staff with an interest due to relatives and/or children who are dyslexic. We also have representatives from local universities and our own library service who have all provided invaluable support and advice in the development of our intranet site as a resource for staff with dyslexia (see screen-shot below).
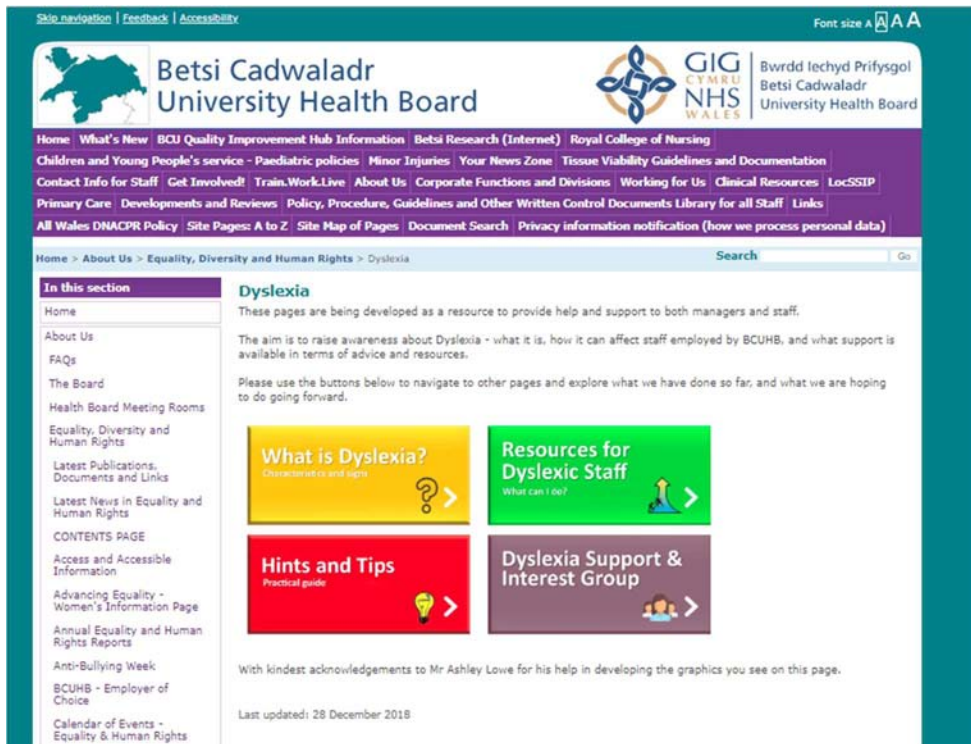
We continue to explore support for, and interest in our Women's Focus Groups, and have recently launched a communication designed to explore the scope for a new support and interest group for autism.

Equality week

Equality Week 2018 took place to coincide with our annual flag-raising celebrations on the 17th May (International Day Against Homophobia, Biphobia and Transphobia). These informal ceremonies are designed to demonstrate the Health Board's commitment to equality of opportunity for the LGBT+ community – both service users and staff. This year, we were delighted that again representatives of both groups joined us at each of the main District General Hospital sites across North Wales as we raised the rainbow flag.

During Equality week (14-18th May) this year, we also staged roadshows at each of the main hospital sites. Our stalls were located just outside the hospital restaurants, and we were pleased to be joined by representatives from partner organisations such as the Centre of Sign Sight Sound, Deafblind Cymru and Bangor and Glyndwr Universities. Our presence at such busy areas of the hospitals, meant we were able to share our key messages around Disability Confident, our Working Forward pledge, Celtic Pride, Dyslexia Support and Interest group and discuss these directly with interested staff.

We were also delighted to be joined by a number of our internal and external stakeholders, the BCUHB Patient Experience Team and local Councillors.

Gender

Improving equality between men and women working for BCUHB has featured strongly in our work this year, including work mentioned elsewhere in this report in relation to:-

- Women's Focus Groups
- International Women's Day

We also formed a Gender Pay Reporting Task & Finish Group with two key objectives. These were to:-

(a) Make the necessary arrangements for gender pay gap reporting from 31st March 2019 onwards in accordance with the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017; and

(b) Develop a plan for improvement based on the 2019 gender pay report.

BCUHB worked in collaboration with colleagues from other health boards across Wales to recognise the advantages of aligning our gender pay reporting to new regulations introduced in the rest of the UK in 2017. The gender pay gap report attached as Appendix 2 has been published this year.

A number of themes have emerged from the report which will be aligned to the BCUHB Workforce Strategy and Key Priorities for 2019/22:-

1. **Work-life balance**
2. **Networks and Support Mechanisms**
3. **Organisational Development and Training**
4. **Recruitment, Retention and Progression**

BCUHB remains committed to supporting the Equality and Human Rights commission's 'Working Forward' campaign. This initiative is designed to encourage employers to make the workplace the best it can be for pregnant women and new parents and includes a number of 'pledges' that focus on key areas. These are summarised in the table below together with how BCUHB is responding:-

Pledge	BCUHB Actions
Demonstrating leadership from the top down	We have appointed a senior person to act as our "Gender Diversity Champion".
Ensuring confident employees	We are pursuing a number of initiatives designed to help improve employee engagement and confidence including staff networks, and the wide publication of 'Conversation Guides' developed by the Equality & Human Rights Commission.
Training and supporting line managers	We offer a number of leadership development programmes and have developed a toolkit to provide support and resources to managers who have staff who are pregnant or on/returning from maternity leave.
Offering flexible working practices	We have completed a major programme of workshops for managers designed to improve awareness of, and access to flexible working arrangements.

Following concerns raised by staff about the availability of breastfeeding facilities for staff returning from maternity leave who wished to continue breastfeeding, a task and finish group was established to work in partnership, to indentify suitable accommodation at each of the three main hospital sites in North Wales. This work was completed by October 2018 and a report containing a number of

recommendations was subsequently endorsed by the Local Partnersahip Forum and Executive Management Group for implementation by Hospital Management Teams.

Awareness Raising Events

Throughout the year, we promote and raise awareness of various international days and annual events, including: LGBT+ History Month; International Women's Day; International Day for the Elimination of Racial Discrimination; BCUHB Equality, Diversity and Human Rights week; International Day Against Homophobia, Biphobia and Transphobia; Gypsy/Roma/Traveller History Month; Bi-visibility Day; Black History Month; International Day of Older Persons; Hate Crime Awareness Week; Transgender Day of Remembrance; International Day of Disabled Persons; Human Rights Day.

On 3rd December, International Day of Persons with Disabilities, Independent Board Member Equality Champion Jackie Hughes's message to staff was, *'recognising the International Day of persons with Disabilities gives us the opportunity to raise awareness and promote the rights and perspectives of persons with disabilities across the world, within the UK and Wales. At BCU HB the Disability Confident Scheme helps us think differently about disability at work and sends a positive message to our employees, patients and stakeholders about our organisations commitment.'*

During this February's LGBT+ History Month, BCUHB's Executive Director of Workforce and Organisational Development, Sue Green, said, *"This February, we are celebrating the start of LGBT History month, an annual event which aims to increase the visibility of LGBT+ people's lives, history and experiences in our communities. This year's theme is peace, reconciliation and activism and this event provides us with the opportunity to reflect and reaffirm BCUHB's commitment to celebrating diversity and tackling inequalities. We're pleased with the progress BCUHB is making in implementing the new Gender Identity Pathway in North Wales and also delighted, for the fourth year running, to be named amongst Stonewall's Top 100 Employers, this year ranking higher than ever at 37th for the whole of the UK."*

For the International Women's Day on 8th March, we asked women of BCUHB to share their stories and provided links and information about local events.

Human Rights

Raising awareness of Human Rights remains one of the key objectives in our mandatory training for all staff and again, this year, we have built upon this, as part of our Human Rights Day campaign. 2018 being the 70th anniversary of the United Nation's Universal Declaration of Human Rights, we highlighted this through our mandatory training days and raised awareness, celebrated with particular support from our Chief Executive, Gary Doherty, who circulated a message on our intranet pages and an All Users email saying:

"All human beings are born free and equal in dignity and rights, this simple yet radical idea is enshrined in the Universal Declaration of Human Rights. This 70th anniversary gives us the opportunity to highlight and reaffirm the importance of human rights principles and standards worldwide. Human rights represent all the things that are important to us as human beings, such as being able to choose how to live our life and being treated with dignity and respect. We celebrate the Declaration, it empowers us all to stand up for our own human rights and those of others."

'Women of Wales' event

In June 2018, BCHUB joined the Women of Wales Event hosted by the National Assembly in North Wales to celebrate women's representation in Wales. The National Assembly for Wales' Deputy Presiding Officer, Ann Jones AM, Hannah Blythyn AM and Cerys Furlong, Chief Executive, Chwarae Teg hosted the event and discussed their roles as prominent women in public life in Wales, the barriers they have faced during their careers, and how they overcame these to reach where they are today.

Betsi Cadwaladr University Health Board (BCUHB) Step into Work

The North Wales Skills and Employment plan recognises that the Health and Social Care Sector in North Wales faces significant skills and staffing issues in the coming years. BCHUB is developing new ways of attracting local staff to the organisation.

The Step into Work programme is one such approach, and provides a systematic programme of careers support, work on increasing apprentice provision and volunteer work placements. Step into Work supports a range of people, for example, students, those who are furthest from the job market, those who are in households where no one is in employment, young people who are not in employment or training (NEETS), those in BAME (Black, Asian and Minority Ethnic) groups, those who have a learning disability and those currently claiming job seekers allowance.

Step into Work supports the Welsh Governments tackling poverty agenda which has the objective of creating prosperous communities, learning communities and healthier communities.

Project SEARCH

The Project SEARCH programme is a school-to-work internship for disabled students fully funded by the Welsh Government Big Lottery Fund. Ten interns commenced in Ysbyty Gwynedd in September 2017 and spent an academic year in the hospital. The interns are supported by a full time teacher and job coach. During the year they undertake classroom instruction, career exploration, and on-the-job training and support. The goal for each student is competitive employment using the skills they have acquired at BCUHB. 70% of cohort one have secured posts. There are some positive outcomes from the project both for the interns and the staff at BCUHB who are really enjoying supporting the interns through their learning journey.

https://www.youtube.com/watch?v=78kjgWVGGhU

The second cohort commenced in September 2018 and the interns are all progressing well.

Read Caio Jones and Sarah Jayne Mawdsley's stories in the Welsh Government's Inclusive Apprenticeships - Disability Action Plan for Apprenticeships 2018-21 by going to:

Caio Jones

https://beta.gov.wales/sites/default/files/publications/2018-11/inclusive-apprenticeships-disability-action-plan-for-apprenticeships-2018-21-1.pdf

(Left to right) Aled Wyn Williams, Dispensary Manager and Sarah Jayne Mawdsley

Apprenticeships

Apprenticeship pathways form an important part of our recruitment strategy. We recognise that providing opportunities for young people in the local community will have a positive impact on the organisation and the population that we serve. We continue to work to raise apprenticeship numbers and are continually improving processes to achieve this objective.

Careers

The BCUHB local Careers Network harnesses organisational expertise by deploying volunteers from a range of specialties and roles to support careers events across North Wales. Events have been held across North Wales at schools, colleges, universities and job fairs. BCUHB representatives have supported career advisor events, mock interviews, nursing talks, departmental visits, STEM events and school parent evenings as examples.

Adult Volunteer Programme

As the largest employer in North Wales we recognise our responsibility to look outward and support local people into employment. Unemployment is shown to increase rates of sickness, disability and mental health problems, and to decrease life expectancy. The improvements in health that result from returning to work can reverse the negative health effects of unemployment. The adult volunteer work placement programme in BCUHB incorporates initiatives from groups who are furthest away from the job market. The volunteers complete a 6-week placement at a minimum of 16 hours per week. If posts become available in the organisation, the volunteers are guaranteed interviews if they meet the essential requirements of the role. Many would ordinarily not be able to apply for posts through traditional methods, as they have large employment gaps and no references; the programme has facilitated a process that eases these difficulties so that they can be supported in to work. 85 people have secured roles within BCUHB since completing the programme and 157 have secured work external to the organisation.

Staff Mental Health Well-being

We have implemented a number of new or updated initiatives this year at BCUHB in support of our 'Time to Change Wales' pledge. This has included continued recruitment of staff mental wellbeing champions, and we have offered mental health first aid training for the champions to share skills and support.

The purpose of the champion role is to help and support the Mental Wellbeing and Staff Counselling team to raise awareness of mental wellbeing support information and activities across BCUHB, promoting healthy lifestyles and positive mental health. Mental Wellbeing Champions will know their work areas and colleagues so will be best placed to know what will work best in their working environment and can target resources that best fit their localities.

A number of Mental Health Practitioner/ Occupational Therapy Team Leads have also been appointed in Occupational Health to work alongside and support staff mental wellbeing.

We have introduced new systems of access to counselling service for staff and mental wellbeing and updated our Staff Mental Health Wellbeing and Stress Management Procedure to raise awareness around the protocol. We have also created self-harm and suicide guidelines to help Occupational Health staff when supporting staff accessing the OH department.

BCUHB is involved in the "Health and Wellbeing NHS Wales Network" looking at All Wales Health and Mental Wellbeing with representatives from other trusts and health boards across Wales.

Staff from the mental wellbeing and counselling team have delivered a workshop as part of the 'A Step Into Management' (ASiM) programme throughout the year, and have provided bespoke training to teams around mental wellbeing, managing stress, managing change and mindfulness, mental health "self care", and working with trauma including PTSD (Post-Traumatic Stress Disorder).

Another development has been a task and finish group formed of colleagues from across a variety of disciplines to enable collaborative working and shared skills/ experience exploring critical incident debriefs and protocol across BCUHB. We have been looking at developing a strategy for responses and mental health support for staff pre/ during and after incidents.

Our staff who come from BAME backgrounds and from EU countries

Statistically, the proportions of staff working for BCUHB who come from Black, Asian and Minority Ethnic backgrounds is higher than the percentages who live within the communities of North Wales. However, the greater majority of these staff work within the medical and dental staff group: so this means that the proportions who work within other staff groups is statistically under-representative.

We also know from reports logged in our DATIX incident reporting system, that by far the greatest proportion of equality-related incidents reported each year relate to incidents of racial abuse of staff by patients. This led to the development of a set of guidelines designed to support staff who are subject to race hate crimes or incidents. We continue to monitor any trends and develop strategies to encourage staff to report all such incidents through regular discussion at the Equality and Human Rights Operational Group.

We are closely monitoring the numbers of staff from EU countries working for the Health Board, and have worked with third sector organisations providing advice and support to our staff who are EU Citizens and wish to apply to remain in the UK under the EU Settlement Scheme.

Hate Crime

We continue to raise awareness across BCUHB of the guidelines we have developed to help inform and support staff who are subject to race hate incidents or crimes.

BCUHB joined with other public sector organisations across North Wales in October 2018 to promote common messages for Hate Crime Awareness Week commencing on Saturday 13th October. Members of the North Wales Public Sector Equality Network (NWPSEN) collaborate each year to develop promotional materials that we all use including press releases and social media messages aiming to shine a light on hate crime, encourage victims to report and to deter perpetrators.
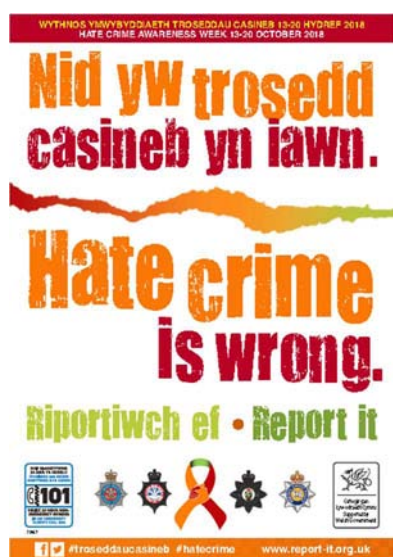
Re-launch of the "No Bystanders" pledge

In July, we invited people to "sign the pledge" to help to challenge all forms of bullying, harassment and unacceptable behaviour, particularly where it is directly linked to one of the protected characteristics (age, disability, sex, religion, race, sexual orientation, gender identity, marital status or pregnancy/maternity).

BCUHB Chief Executive is pictured signing the "No Bystanders" pledge reinforcing the Health Board's zero tolerance approach to hate crime or bullying and harassment, whatever the reason.

Examples of Good Practice

Star NHS Matron wins health excellence award

A 'star' NHS Matron who goes 'above and beyond' to support people with learning disabilities has won a surprise award. Joanne Carribine was presented with a Seren Betsi Star Award by Betsi Cadwaladr University Health Board's Chief Executive, Gary Doherty, during a surprise visit to her team's base in Caernarfon. She was nominated for the NHS staff award by her health and local authority colleagues in the Gwynedd Community Learning Disability Team, who describe her as a 'real star' and a 'shining light'. Joanne, who has worked in the NHS for over 30 years, has been recognised for her willingness to go 'above and beyond' the call of duty on a daily basis to deliver the very best care to adults with a learning disability.

Equality Team wins the Health Board's Staff Achievement: Advancing Equality Award

In November, the Equality Team were delighted to win the Advancing Equality Award in recognition of key projects and initiatives that they have driven forward this year to improve the experiences of both patients and staff.

The team are pictured here, receiving their award, with the Health Board Chairman and Chief Executive.

Equality and Human Rights Training

Table 1: Mandatory Equality & Human Rights Training Compliance

Measure: Numbers (and %) of staff who have completed mandatory equality & human rights training	West Area	Central Area	East Area	Secondary Care	Mental Health and LDS
(figures shown as at 31st March 2019)	▶89%	▲90 %	▲ 88%	▲ 83%	▲ 88%
(31st March 2018)	89%	83%	84%	82%	87%

We have again this year made progress in improving compliance rates across BCUHB for mandatory equality and human rights training as shown in Table 2 above. The Health Board's overall compliance rate is now 85% (as at 31st March 2019). The programme is based upon the All-Wales e-learning resource "Treat Me Fairly" and is also delivered in face-to-face workshop sessions that we call "Promoting Fairness".

This year we have expanded the training to offer the same sessions to both managed and independent GP practices across North Wales. We have visited 19 practices, and the training has been very well received. We have also been working with colleagues from other health boards and the NHS Centre for Equality and Human Rights to develop a refreshed Equality and Human Rights training package for 2019, and this is due to be rolled out to all staff requiring refresher training from June 2019 onwards. We have also been delivering regular Equality Impact Assessment training through our 90-minute skills workshop programme.

A Step into Management (ASiM)

The ASIM programme continues to cater for new managers, existing managers and aspiring managers who recognize the need to develop themselves to become more confident, competent and capable of leading their teams. Effective Equality Impact Assessment is an essential requirement within the programme and enables the delegates to consider the impact of equality and diversity when delivering services to the public and helps to address the issues around health inequality.

Examples of Good Practice

Health Board Celebrates Stonewall LGBT+ success

Betsi Cadwaladr University Health Board have become the best ranked Welsh health employer by lesbian, gay, bi and trans equality charity Stonewall in its Top 100 Employers list for 2019.

The Health Board was the only Welsh health organisation to make the latest Stonewall list and achieved its highest ever ranking, jumping 14 places from 51st place in 2018 to 37th place for 2019. This year's Top 100 was the largest ever with 445 employers from across different sectors, vying for a coveted spot in the list.

New mental health support available to NHS staff

Betsi Cadwaladr Health Board marked Mental Health Awareness Week (May 14-20) by raising awareness of the mental health support available to its 16,500 staff. The Health Board's Staff Mental Wellbeing & Counselling Team held a series of awareness raising roadshows in hospitals across North Wales which focused on the theme of stress. Last year the Health Board signed the 'Time to Change Wales' organisational charter and produced an action plan detailing how it planned to tackle stigma and better support staff who are struggling with their mental health. Since then, BCUHB has introduced a number of initiatives including a network of over 200 mental wellbeing champions who are helping to challenge the stigma associated with mental health and encouraging open discussions about the topic with colleagues.

Strategic Equality Objective 4 (Maps to BCUHB Strategic Goals 4, 5, 6 & 7)

Inclusive leadership at all levels: to provide the vision and motivation to advance equality at BCUHB and harness the energy and efforts of others to make improvements.

Our Strategic Equality Plan 2016-2020 is published on our website. This includes a joint commitment from our Chair, Chief Executive and Independent Board Member Equality Champion that states:

"As a Board, we will work to ensure that our statutory obligations to deliver the Public Sector Equality Duty are understood and discharged. We will continue to scrutinise implementation of this Strategic Equality Plan agreed by our Health Board in December 2015 and will strive to ensure that our organisation provides a fair, responsive, inclusive and accessible service for all."

We have commenced a review of our Strategic Equality and Human Rights Plan and our equality objectives during early 2019, in line with our Statutory Duty to review our equality objectives at least every four years. This must be carried out by demonstrating due regard to relevant information held by BCUHB and to any other information that the Health Board considers would be likely to help in the review. This will now include closer alignment with our priorities under the Well-being of Future Generations (Wales) Act 2015 the Social Services and Well-being (Wales) Act 2014, to advance equality in a more integrated way as we move forward.

Organisational Development

Key to this is developing our leaders, at all levels, to practice compassionate leadership, living the values of the organisation and exhibiting the expected behaviours consistently and authentically.

In relation to leadership initiatives, we are working on a couple of key areas to promote better awareness of a rights-based culture:

- The rollout of senior leadership master classes that are structured to include a mix of speakers from different gender and cultural backgrounds and including topic areas for exploration such as compassionate and inclusive leadership; unconscious bias in leadership; exploring asset-based community development and showcasing leadership expertise from women in senior leadership and academic positions. We are currently planning for 2020 and will be continuing to promote equality and inclusion.
- The launch and delivery of a new senior leadership development programme - Leading for Transformation - which includes a focus on developing a compassionate and inclusive leadership style in the context of supporting a right-based culture in BCUHB and delivering on the sustainable development

commitments of Living Healthier, Staying Well and supporting Welsh Government legislation.

Staff Engagement

A wide range of initiatives established within the Health Board to promote and further embed staff engagement have had a positive impact on culture according to the 2018 Staff Survey data (further info below).

The initiatives include the monthly Seren Betsi recognition award; developing Listening Leads to improve 2-way communication; using the 3D model as a listening methodology; and establishing 'Proud of' groups to celebrate success and share best practice.

As a next step of integrating and strengthening the connections, the 'ByddwchYnFalch/BeProud' cultural diagnostic tool will soon be launched with the aim of using both an organisational and team level diagnostic to identify and improve engagement behaviours. The 26-week programme facilitates the measurement of engagement levels within teams, enabling them to identify their own local improvements. Teams are supported with a full toolkit to enable them to systematically address and improve engagement levels.

2018 NHS Staff Survey Results

The Health Board achieved the highest response rate across comparable health boards in Wales, receiving feedback from 5276 staff (31%) which was slightly above the All NHS Wales response rate of 29%.

Significant improvements in scores were received across a number of categories including: values, line management support, resources, communication and learning and development. However, there are still improvements to be made, with the following 3 key themes identified as improvement areas:

- Reducing Stress
- Bullying and Harassment
- Executive team engagement

An overarching Organisational Improvement Plan has been developed following a number of engagement events held with staff. This plan details the key themes, target improvement measures and expected benefits/outcomes.

Two of the questions under the 'Diversity – Rated Results' section were reported as follows:-

- 81% of people who responded said that they felt the people they work with treat them with respect; and
- 63% of people who responded said that they feel comfortable challenging disrespectful behaviour in their team.

Equality and Human Rights Governance at BCUHB

Strengthening organisational design and improvement

This year we have been working to strengthen the framework at BCUHB for further embedding organisational design and improvement based on the principles of equality and human rights, necessary to deliver the LHSW strategy. We have:

- ✓ Strengthened organisational-wide representation on both the Equality and Human Rights Strategic Forum and Operational Group. This has meant identifying key senior decision-makers and service leads to attend as equality advocates, to improve both vertical and horizontal communication and accountability.
- ✓ Raised awareness of the requirement to embed the Welsh Government Advancing Equality and Human Rights delivery framework requirements within core business processes. We have clarified accountability and identified senior leads to analyse key processes within their area of responsibility, structures and systems to ensure that an equality perspective is integrated into relevant activities including: service planning, transformation activity, performance management, governance, quality and safety, and workforce.
- ✓ Strengthened scrutiny to ensure that plans/proposals coming forward under the LHSW Strategy demonstrate due regard to equality and human rights by promoting the equality impact assessment process as a framework to help to ensure that any potential for disadvantage or discrimination is identified and addressed.
- ✓ Raised awareness to optimising opportunities to promote equality and human rights considerations with health board partners.

The diagram in Appendix 1 illustrates the reporting structures and governance for Equality and Human Rights within BCUHB. A summary of the work of the key committees and groups during 2017/18 is provided below.

Equality and Human Rights Strategic Forum (E&HRSF)

The role of the Forum is to advise the Health Board in relation to the strategic direction for equality, diversity and human rights, for both employment practice, population health improvement, and delivery of patient care.

The Forum met regularly during the year, chaired by our Executive Director of Workforce. Key topics included on meeting agendas included:-

- ✓ Annual Equality Report 2017/18

- ✓ Welsh Government Delivery Framework: Advancing Equality and Good Relations
- ✓ Organisational design and improvement based on the principles of Equality & Human Rights to deliver our 10-year Strategy, Living Healthier, Staying Well
- ✓ "Is Wales Fairer? 2018" Equality & Human Rights Commission Research Report presented by the Head of EHRC Wales
- ✓ Health Inequality and Improvement Transformation Group
- ✓ Gender Pay Reporting
- ✓ Working Forward Campaign and Pledge
- ✓ Supporting employees to continue breastfeeding on return from maternity leave
- ✓ Embedding equality considerations into planning and performance management
- ✓ BCUHB 3-Year Plan 2018/21
- ✓ A focus on delivering the equality duties within PMO activity including systems and processes for EqIA
- ✓ Equality and Human Rights Commission Research report -The lived experiences of access to healthcare for people seeking and refused asylum
- ✓ Review and revision Strategic Equality Plan (SEP) 2020

Equality Operational Group (EOG)

The Equality and Human Rights Operational Leads work with their designated area or hospital team to drive the local implementation of departmental equality actions arising from the Health Board's Strategic Equality Objectives and Strategic Equality & Human Rights Plan 2016/20 (SEP). Operational leads work to support the implementation and dissemination of equality and human rights initiatives. The group re-convened towards the end of 2018, following some restructuring to reflect the changes in membership of the Strategic Equality & Human Rights Forum. Key agenda items included:-

- ✓ Welsh Government Delivery Framework 2018/19
- ✓ "Is Wales Fairer? 2018" – Equality & Human Rights Commission Research Report
- ✓ Integrated Medium Term Plan (IMTP) to reflect 'Is Wales Fairer' 2018 and ensure proposals coming forward under Living Healthier, Staying Well are aligned
- ✓ Building equality considerations into BCU HB commissioning process
- ✓ Annual Equality Report 2018/19
- ✓ Equality & Human Rights training – refresher training 2019 and beyond
- ✓ Staff networks
- ✓ Working Forward Campaign and Pledge
- ✓ Women's Focus Group and Manager's Toolkit
- ✓ Equality Week 2018

- ✓ Equality and Human Rights Commission Research report -The lived experiences of access to healthcare for people seeking and refused asylum
- ✓ Equality Impact Assessment update

Equality Stakeholder Group (ESG)

This Group comprises of individuals and third sector organisations who have agreed to work with us to help scrutinise and inform our on-going equality and human rights work across all protected characteristics and includes a specific focus on the barriers experienced by disabled people. Our ESG members work with us to provide expertise on an on-going basis. Group members identify key priority areas for discussion and therefore determine meeting agendas. The topics they have identified for discussion during the year from April 2018 to March 2019 have included:

- ✓ Gathering patient information
- ✓ Organisational development and organisational culture
- ✓ Public Health Wales consultation on draft new bowel screening kit
- ✓ Wayfinding at Ysbyty Glan Clwyd
- ✓ North Wales Integrated Autism Service
- ✓ Discharge planning for patients with complex needs
- ✓ Regional Carers Strategy
- ✓ The Social Model of Disability
- ✓ Review of Strategic Equality Plan
- ✓ Iris Prize Film

Every six months, we produce a short newsletter which is distributed to ESG members and helps to provide information on current BCUHB equality and human rights activities and other items of interest including future meetings and agenda items.

Strategy & Planning Equality Scrutiny Group

This group, which comprises both internal and external stakeholders, continued to meet during 2018/19, and new members were welcomed to replace those who had changed roles or left the organisation.

The group was established to provide scrutiny and advice in relation to the equality impact assessments being carried out on emerging key BCUHB strategies and policies. There were four meetings during the year and the approach to EqIA in regards to following strategies and policies were considered by members:-

- ✓ BCUHB 3 year plan
- ✓ BCUHB Mental Health Strategy
- ✓ BCUHB Help-Me-Quit-For-Baby Service
- ✓ Living Healthier, Staying Well – Delivering the Duties
- ✓ North Wales Learning Disability Strategy 2018 to 2023
- ✓ Care Closer to Home
- ✓ Workforce & Organisational Development Strategy

NHS Wales Delivery Framework 2017-18

The NHS Wales Delivery Framework measures the NHS throughout the year on the delivery of services and process that contribute towards the goals of the Public Health Outcomes Framework for Wales, and ultimately the national 'Healthier Wales' indicators of the Well-being of Future Generations (Wales) Act 2015. To strengthen this approach, a number of new delivery measures were identified in 2017, which include equality. This reinforces how the Health Board must consider how it can positively contribute to a fairer society through advancing equality & good relations in day-to-day activities.

A qualitative report detailing evidence of advancing equality and good relations in the day to day activities of BCUHB is reported bi-annually on 31 October and 30 April. This now forms part of the organisations overarching Integrated Performance Report.

Focus for the Future

The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, revised Strategic Equality Plan 2020-24, the Wellbeing of Future Generations Act 2015 and also the Social Services and Well-being Act 2014 all represent a significant opportunity to create the conditions in which we can improve the well-being of both current and future generations and advance equality in North Wales.

This section outlines the challenges we have met in relation to our equality objectives.

Key Challenges

Very good progress has been made over the last year in mainstreaming the equality agenda at BCUHB. However, the key challenge remains to increase organisational capacity to undertake and scrutinise Equality Impact Assessment (EqIA) in order to further strengthen our decision making processes.

This section outlines what we plan to do to move the agenda forward.

2019/20 Priorities for Action

The Health Board's strategic priorities set out in LHSW are also supported by our Workforce Strategy which identifies what the workforce needs to look and feel like, and how it needs to operate to deliver the right outcomes for the people of North Wales. Equality is at the heart of this work, this year we will:-

- ✓ Develop a revised Strategic Equality Plan for 2020-2024 in accordance with our duties under the Equality Act 2010.
- ✓ Engage with people with protected characteristics and other interested stakeholders to identify their main issues and concerns.
- ✓ Identify evidenced based equality objectives to drive better outcomes for people with protected characteristics across North Wales aligned to the LHSW priorities and Workforce Strategy.
- ✓ Increase organisational capacity in regards to EqIA knowledge and understanding and continue to raise awareness of and promote the EqIA process as a framework to help the Health Board ensure that any potential for disadvantage or discrimination are identified and addressed and opportunities to advance equality optimised in our strategies, plans and projects.
- ✓ Raise awareness of, and promote the findings from, EHRC 'Is Wales Fairer 2018?' research on how Wales is performing on equality and human rights.
- ✓ Increase the offer and take up of Treat Me Fairly training for primary care and independent contractors.

Appendix 1: Equality & Human Rights Governance
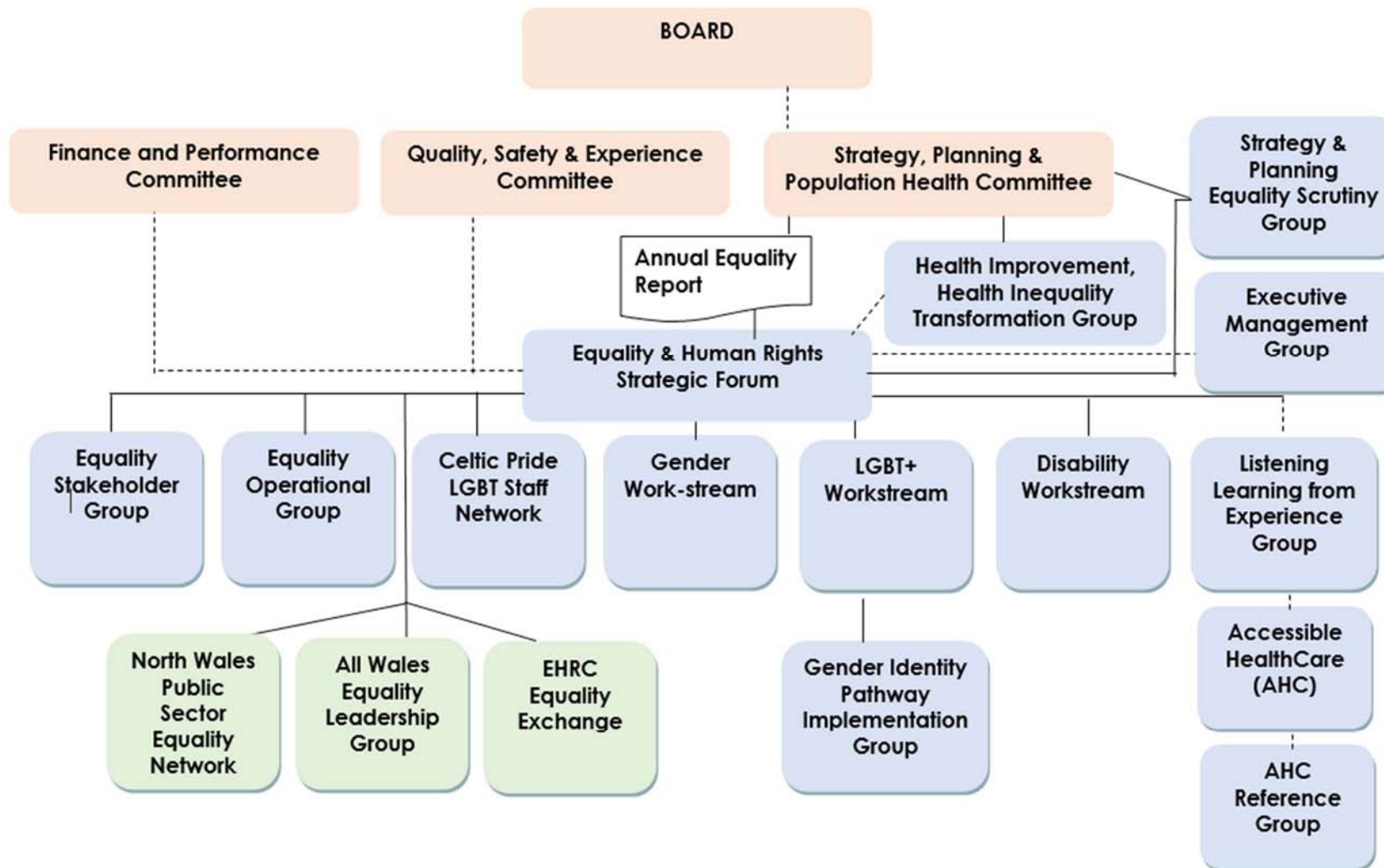
Appendix 2: Gender Pay Gap Report 2019

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information. Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

Betsi Cadwaladr University Health Board (BCUHB) believes that open-ness and transparency around pay gaps will help us to achieve our objective of "Becoming an Employer of Choice". We have therefore decided to go beyond the specific legal requirements contained in the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and to voluntarily publish this pay gap report based upon the 2017 Regulations.

All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the snapshot date (31st March 2018).

This report contains the following:-

- Average & Median Hourly Rates and Pay Gaps
- Average and Median Bonus and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

Table 1. Average & Median Hourly Rates and Pay Gaps

Gender	Average Hourly Rate (£p per hour)	Median Hourly Rate (£p per hour)
Male	20.22	14.76
Female	15.11	13.72
Difference	5.11	1.04
Pay Gap %	25.26%	7.07%

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female employees receive.

The mean pay gap is the difference between average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges

of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

The figures above highlight a gap between the average hourly pay for men and women in the organisation. Further research has been undertaken to better understand why these gaps exist, and the early indications are that this could be attributable to the high numbers of women in some of the lower grades, as well as a high proportion of men in senior grades, where staff numbers are not so great. This is borne out by the numbers shown in Table 4 and the accompanying graph.

Gender pay reporting is different to equal pay – equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. We are confident that men and women are paid equally for doing equivalent jobs across BCUHB. More than 93% of BCUHB staff are paid in accordance with NHS Agenda for Change Terms and Conditions – these are the national agreements on pay and conditions of service for NHS staff other than very senior managers and medical staff.

Table 2. Average and Median Bonus and Pay Gaps**

Gender	Average Bonus (£)	Median Bonus (£)
Male	11,004	9,799
Female	8,369	6,533
Difference	2,365	3,266
Pay Gap %	24.0%	33.3%

In line with the reporting requirements, our mean bonus gap of 24.0% is based on actual bonuses and so it does not take in to account part-time working.

Table 3. Proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Male	224	3,794	5.90%
Female	72	16,182	0.44%

** Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

Table 4. Number and percentage of Employees by Pay Quartile

Pay Quartile	Female	Female %	Male	Male %
1 (Lowest)	3,867	84.5%	710	15.5%
2	3,729	81.4%	852	18.6%
3	3,906	85.3%	673	14.7%
4 (Highest)	3,296	71.9%	1,287	28.1%
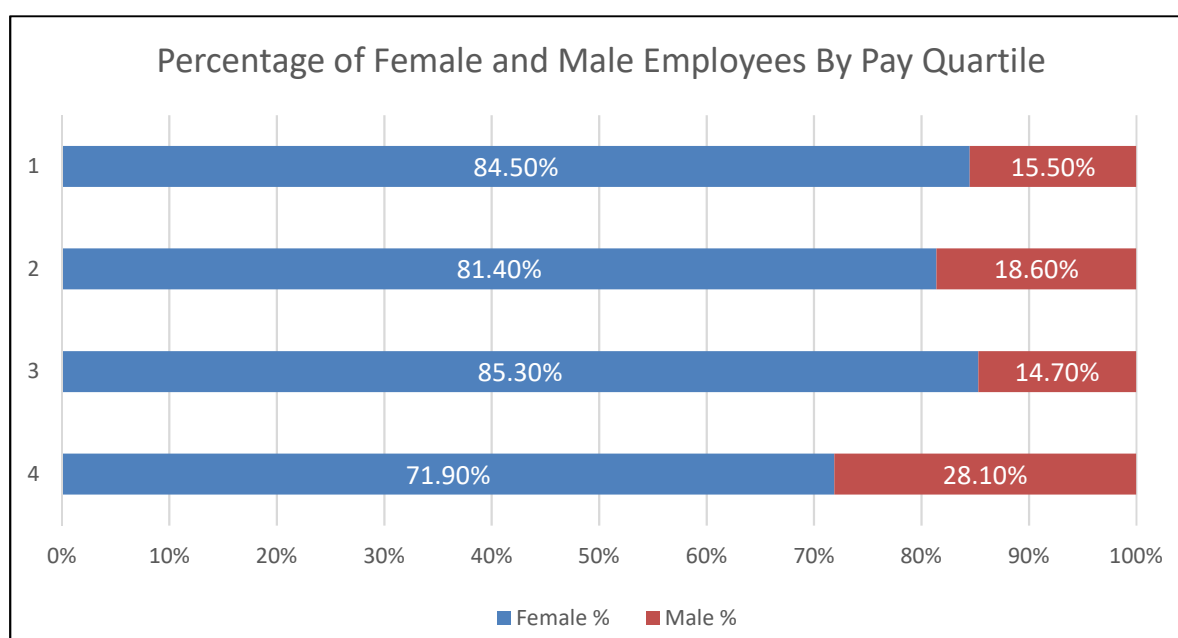
The table and corresponding graph above demonstrate how the proportions of women and men change from lowest to highest pay quartiles, meaning that fewer women are employed in senior roles than men.

Conclusions and Next Steps

The Health Board's workforce is predominantly female, this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce. We are working to better understand these issues. A number of themes have emerged which will be aligned to the BCUHB Workforce Strategy and Key Priorities for 2019/22:-

- **Work-life balance**
- **Networks and Support Mechanisms**
- **Organisational Development and Training**
- **Recruitment, Retention and Progression**

Statement by our Chief Executive, Gary Doherty:

Living Healthier Staying Well (LHSW) is our long-term strategy that describes how health, wellbeing and healthcare in North Wales might look in 10 years' time and how we are working towards this now. LHSW is shaped by a number of principles including a commitment to promote equality and human rights in everything we do. Our organisation employs over 16,000 people, the majority of whom are members of communities across North Wales. The Health Board's strategic priorities are supported by our Workforce Strategy which identifies what the workforce needs to look and feel like and how it needs to operate to deliver the right outcomes for the people of North Wales. We strive to be a fair and inclusive employer, committed to tackling inequality and taking action to reduce the gender pay gap.

Appendix 3: Logic Model

Inputs (Resources needed)	Activities (What you do)	Outputs (What is produced)	Short Term Outcomes (Immediate Results)	Intermediate Outcomes (Changes in behaviour, practice, environments)	Long term Outcomes (Changes in Population Health Status)
Robust leadership structure	Facilitate equality & human rights service projects & campaigns	Equality considerations are built into service strategy, policy & guidance	Our service users representing protected characteristic groups have a voice and are involved in shaping services and making decisions that affect them	Equality and human rights of all service users are met at every point of contact	A fair chance for health
Evidenced based information	Continue to deliver equality & human rights training, coaching & resources	Engagement with stakeholders representing protected characteristic groups is maintained & feedback shared	Service development evidences due regard to equality and human rights, potential adverse impact for service users from protected characteristics groups is identified and mitigated		
All Wales equality e learning tool and local resources	Drive and deliver equality Impact assessment training, coaching, guidance & resources	Staff are informed, trained & skilled & respond to individual needs			
Alignment to engagement & communications functions	Facilitate equality & human rights workforce projects and campaigns including, Stonewall WEI, Disability Confident, Working Forward Pledge	Information for service users and staff is accessible and inclusive	Our service users are enabled; equality and human rights needs are identified and met in service delivery	Equality and human rights of all staff are met at every point of employment journey	
		Organisational capacity to undertake EqIA, action plan & monitor is further developed	Workforce policy and practice is shaped by the input of staff representing protected characteristic groups		
		Service user experience is informed by equality evidence from, research, patient information & engagement			A fit for work and well workforce
Engagement with partners & networks	Maintain & develop partnerships & networking via EHRC, Welsh Government, All Wales and North Wales Public Sector Groups, Equality Stakeholder Group.	Equality considerations are built into the WOD Strategic Plan, policy & guidance	Our staff are enabled; equality and human rights needs are identified and met throughout employment		
Robust governance structure	Strengthen governance & scrutiny via Board sub committees & reporting mechanisms	Engagement with staff representing protected characteristic groups is maintained & feedback shared	Workforce development evidences due regard, potential adverse impact for staff from protected characteristics groups is identified & mitigated	Legal compliance	
		Workforce practice is informed by equality evidence from engagement, research & workforce information			
		Annual Equality Report & BCU Integrated performance reports are produced	Stakeholders and regulators receive assurance, accountability and performance management is strengthened .		

Appendix 4: Leadership Values

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Proud to Lead

Personal Qualities & Values

I will:
- Always act in accordance with and champion the organisation's values
- Always challenge bad behaviour and actively manage poor performance
- Be professional and maintain optimism in stressful situations

I will not:
- Act in a way which compromises the organisation's values
- Ignore bad behaviour or accept poor performance
- Lose my professionalism when in stressful situations

Personal Qualities & Values

Leading & Developing Individuals

I will:
- Always act in the best interest of the patient / service user
- Consistently deliver on promises
- Always demonstrate a can do attitude
- Recognise and praise effort, not just achievements
- Always encourage individuals to look for ways to improve the service

I will not:
- Act in a way which gives little or no consideration to the needs of patients and service users
- Over promise and under deliver
- Be in the background and demonstrate lack of ownership

Leading & Developing Individuals

Leading & Developing the Organisation

I will:
- Share stories of success that create pride in achievement
- Champion a mindset of high ambition for individuals, the team and organisation
- Lead by example, be compassionate and aspire to excellence
- Always take proactive steps to develop team members

I will not:
- Set unclear objectives and targets
- Tolerate mediocrity and make excuses for poor or variable performance
- Give unbalanced feedback (too much praise or too little)
- Emphasise what is going wrong rather than what is going well
- Ignore the development needs of my team

Leading & Developing the Organisation

Leading the Way Forward

Leading the Way Forward

I will:
- Look at and emphasise the opportunities when difficulties arise
- Always listen to the view of others to develop joint solutions
- Involve team members in planning and delivering service change
- Engage with staff, internal and external stakeholders and the public

I will not:
- Push forward my own ideas and ignore the views of others
- Exclude the team from planning service change
- Accept a culture of non-cooperation and negativity
- Fail to engage appropriately with staff internal and external stakeholders and the public

#BCUHBProud

| Strategy, Partnerships and Population Health Committee

4.7.19 | *To improve health and provide excellent care* |

Report Title:	Annual Cycle of Business (COB) review
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Mark Wilkinson, Executive Director of Planning and Performance
Public or In Committee	Public
Purpose of Report:	The COB is provided at each meeting in order for the Committee to consider the timeliness and relevance of business to be reported.
Approval / Scrutiny Route Prior to Presentation:	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.
Governance issues / risks:	Revising the content of the Committee COB at each meeting strengthens governance.
Financial Implications:	*N/A*
Recommendation:	The Strategy, Partnerships and Population Health Committee is asked to: review the COB 2019/20 and advise of any amendments required.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all		1.Balancing short term need with long term planning for the future	✔
2.To target our resources to those with the greatest needs and reduce inequalities	✔	2.Working together with other partners to deliver objectives	✔
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	✔
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	✔
5.To improve the safety and quality of all services	✔	5.Considering impact on all well-being goals together and on other bodies	

6.To respect people and their dignity	✔		
7.To listen to people and learn from their experiences			
Special Measures Improvement Framework Theme/Expectation addressed by this paper Leadership and Governance.			
Equality Impact Assessment Not required for a paper of this nature.			

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Agenda Item	Lead officer	Apr 2	~~June 11~~ July 4	~~Aug 6~~ Sep 3 Comittee	Sep 3 work shop	Oct 1	Nov 12 work shop	Dec 3	Jan 14 work shop	Feb 4	Mar 5 work shop
NB Consent items to be determined on a meeting by meeting basis											
Opening Business (Standing Items)											
Apologies for Absence		x	x	x		x		x		x	
Previous Minutes and Action Plan		x	x	x		x		x		x	
Governance Matters											
Committee annual report (A) (inc annual review of ToR and Cycle of Business)	Mark Wilkinson	A									
Cycle of Business review	Mark Wilkinson	x	x	x		x		x		x	
Corporate Risk Register – Review of allocated risks	Mark Wilkinson / Peter Barry		x					x			
Public Health and Partnership Matters											
Partnership Arrangements Mid Wales Health Collaborative 111 Public Health : 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups	Teresa Owen WNW- Glynne Roberts	1	2	3		4		5 1(6mnth update)		6	

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v2.05 June 2019 for submission to SPPHC July meeting for review

Agenda Item		Apr 2	June 11 July 4	Aug 6 Sep 3 Comittee	Sep 3 work shop	Oct 1	Nov 12 work shop	Dec 3	Jan 14 work shop	Feb 4	Mar 5 work shop
Public Service Boards – Area Director updates	Area Directors	FfJ	RS	BJ		RS		FfJ		TBA	
NW Regional Partnership Board - Minutes as available – Including update on Transformation funding	Mark Wilkinson	X TF:	X TF	X TF		X TF	x			x	
Community Services Transformation update	Chris Stockport		x			x				x	
Planning Board – Substance Misuse	John Darlington			x		x					
International Health Group annual report	Liz Jones		x								
Strategic Matters											
3 year Plan – refresh including Estates Strategy & major project reports	Mark Wilkinson	x		x			x			x	
Annual Plan Progress Monitoring Report (APPMR)	Mark Wilkinson			x		x		x		x	
3 year Plan - Development	Mark Wilkinson	x			x	x	x	x	x	x	x
Living Healthier, Staying Well Strategy - refresh and supporting strategies Clinical Services strategy (CSC)	Mark Wilkinson	CSC	CSC	CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC	LHSW CSC
Key enabler Strategy updates: Workforce [W] ICT [i] Estates [E] Quality Improvement [Q]	Sue Green Chief Information Officer Neil Bradshaw Deborah Carter	E	E	E Q	E	E	E	E	E	E	E
Staff Survey	Sue Green					x					

Engagement - updates	Katie Sargent		x		x	x	x	x	x	x	x
Agenda Item		**Apr 2**	**June 11 July 4**	**Aug 6 Sep 3 Comittee**	**Sep 3 work shop**	**Oct 1**	**Nov 12 work shop**	**Dec 3**	**Jan 14 work shop**	**Feb 4**	**Mar 5 work shop**
Civil contingency and business continuity progress and end of year update (E)	John Darlington	Plan	End of year Update	End of year Update		Mid Year monitor		x			
Winter Resilience Planning - TBC	Trevor Hubbard										
Equalities: Strategic Equalities plan (each 4 years) and Annual Report (A)	Sally Thomas		X A			X SEP					
Major Strategic Projects (as required)	Wylfa – Wyn Thomas	Wylfa		x		WNW (A)		x		x	
Third Sector Strategy	Mark Wilkinson / Sally Baxter	x		x							
Welsh Language Strategic Reports (A) Annual Monitoring report (M) Welsh Language Standards compliance monitoring report	Eleri Hughes-Jones		A			M					
Closing Business (Standing Items)											
Summary of In Committee business to be reported in public (as appropriate)			x	x	x		x		x		x	
Issues of Significance to Inform Chair's Report to Board			x	x	x		x		x		x	
Date of Next Meeting			x	x	x		x		x		x	
Exclusion of press and public (as appropriate)			x	x	x		x		x		x	

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Agenda Item		Apr 2	June 11 July 4	Aug 6 Sep 3 Comit tee	Sep 3 work shop	Oct 1	Nov 12 work shop	Dec 3	Jan 14 work shop	Feb 4	Mar 5 work shop
In Committee Items and Minutes (as appropriate)											
As appropriate		x	x	x		x		x		x	
Adhoc items for consideration (as appropriate)											
Consultation responses (as appropriate)		x	x	x		x		x		x	
Legislation & National Policy (as required)		x	x	x		x		x		x	
Policy approval as appropriate		x	x	x		x		x		x	
Social Services and Well-being Act (as appropriate)		x	x	x		x		x		x	
Well-being of Future Generations Act (as appropriate)		x	x	x		x		x		x	
Corporate Health at Work				x						x	
Workforce Strategic Developments (as arise)											

Cycle of Business Strategy Partnerships & Population Health Committee 2019/20 v2.05 June 2019 for submission to SPPHC July meeting for review

1.10.19	20.9.19
12.11.19 - workshop	31.10.19
3.12.19	21.11.19
14.1.20 – workshop	2.1.20
4.2.20	23.1.20
5.3.20 - workshop	24.2.20

Strategy Partnerships and Population Health Committee 4.7.19	GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	Stroke Service Review position report
Report Author:	Wendy Hooson, Senior Health Planning Manager
Responsible Director:	Mark Wilkinson, Executive Director of Planning & Performance
Public or In Committee	Public
Purpose of Report:	The purpose of this report is to provide the SPPH Committee with an updated position statement on the review and the detailed work that has been undertaken to support this. There has been significant engagement undertaken with staff, partners, stroke survivors and their carers to develop proposals. The Stroke Collaborative Group that has overseen the work has produced recommendations in relation to a number of elements of the stroke pathway: • The essential requirements for prevention and early intervention • The need to develop Early Supported Discharge (ESD) and Specialist Community In-patient Rehabilitation services to support people who have experienced a stroke • The need to improve performance against standards and respond to national evidence in relation to hyper acute and acute stroke care, including the potential re-design of services to develop a single specialist stroke unit • The need to support individuals in their ongoing lives after stroke, and to recognise the need for end of life support where appropriate
Approval / Scrutiny Route Prior to Presentation:	Position reports have been scrutinised by: • Executive Management Group on 7th March 2018 • Executive Management Group on 9th May 2018 • Equality Stakeholder Group on 22nd March 2018 • Local Partnership Forum on 17th April 2018 • Health Professional Forum on 4th May 2018 • Stakeholder Reference Group on14th May 2018 • Stakeholder Reference Group on 4th June 2019
Governance issues	A summary table of risks is included in the Pre Consultation Business

/ risks:	Case. Key risks include:
	Risk of failure to improve stroke services outcomes for our population and failure to meet national standards
	Public perception of the impact of potential changes to stroke services configuration
	Financial risk arising from increased revenue and capital requirements to support the development of Early Supported Discharge, Specialist Community In-patient Rehabilitation services and specialist hyper acute / acute stroke services
	Recruitment of specialist staff to develop services at a time when many NHS organisations are also reviewing and redesigning stroke care services
Financial Implications	The high level financial costs are included in the supporting Stroke Summary paper
Recommendation:	The SPPH Committee is asked to: Receive the Summary Paper and consider proposals Provide comments on the work to-date

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√
2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper
Strategic and Service Planning
Equality Impact Assessment
An Equality Impact Assessment Screening and an initial Quality Impact Assessment has been undertaken to support the outcome and recommendations

Board/Committee Coversheet v10.0

BETSI CADWALADR UNIVERSITY HEALTH BOARD

STROKE SERVICE REVIEW

SUMMARY PAPER

A Pre Consultation Business Case (PCBC) has been developed to consider how BCUHB can improve the quality and sustainability of current and future stroke services in North Wales. For this reason, the Business Case gives consideration to the whole stroke pathway including prevention, early awareness and response, early supported discharge services, specialist community in-patient rehabilitation, hyper acute stroke and acute stroke services and life after stroke.

Preventing stroke will require improved population health education and lifestyle change and in particular the early detection of stroke through patient education and appropriate management of Atrial Fibrillation (AF). Primary Care is key to the preventative pathway.

Clinicians have looked at the current and future demand for stroke services in North Wales and how the configuration of services is not delivering the best clinical outcomes or most positive patient experience. Although hospital staff in BCUHB provide the best service they can, the way stroke services are set up currently, along with staff shortages, mean that the provision of acute stroke care at each of the District General Hospitals does not consistently meet national standards for clinical quality. The case for change shows that acute stroke services must be reconfigured to improve quality and sustainability. The provision of specialist in-patient rehabilitation in the community and early supported discharge services will be essential enablers in this respect.

The PCBC proposes the development of specialist community based rehabilitation services with 'home first' achieved through the provision of early supported discharge services that work in an integrated way with three community rehabilitation hubs facilitating in-patient bed based care that is managed by therapy led multi-disciplinary teams. The PCBC also proposes the development of hyper acute stroke co-located with acute stroke services as part of the overall service model for stroke care in North Wales. Taking a comprehensive stroke pathway approach to reducing disability requires the Health Board to redesign and develop community based rehabilitation services. The need for this was reflected in the 2017 Royal College of Physicians Peer Review undertaken for stroke services in North Wales.

Evidence shows that rapid specialist assessment and intervention in the hyper acute phase (the first 72 hours after a stroke) reduces mortality and improves long term outcomes for stroke patients with reduced disability and dependency on health and social care services. Clinicians have agreed a stroke patient pathway for the whole population of North Wales which will provide care 24 hours a day, 7 days a week utilising a multi-disciplinary team and incorporating national guidance and best practice. This will be supported by the development of key enablers such as workforce and estates.

Stroke services in North Wales do not consistently meet the national standards for clinical quality. There is a lack of specialist staff available 24 hours a day, seven

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days a week and many patients do not receive the most appropriate treatment within recommended time limits.

In response to this, the BCUHB North Wales Stroke Collaborative Group was established in order to oversee the strengthening and improvement of existing BCUHB stroke services and develop proposals that will lead to an improvement in outcomes for people experiencing stroke as part of a comprehensive stroke pathway. The scope of the stroke service review included:

- Stroke prevention
- Strengthening of existing acute stroke services
- Early Supported Discharge and Specialist In-patient Community Rehabilitation
- Hyper Acute Stroke
- Mechanical Thrombectomy
- Life After Stroke

Stroke prevention

In order to minimise the risk of stroke it is important that we engage the population in health education activities in line with recommendations from Public Health to reduce health inequalities and improve health outcomes. The early identification of Atrial Fibrillation (AF) and management of patients on warfarin makes a substantial preventative contribution to reducing stroke incidence, mortality and morbidity (British Medical Bulletin 2008; European Heart Rhythm Association et al 2008). AF has been found to be a contributory factor in 1 in 5 strokes in the UK and around 20% of stroke patients are known to have AF (Welsh Government Stroke Annual Statement of Progress January 2018).

Proposals to improve and develop stroke prevention services in North Wales have been informed by an evidence based review completed by the BCUHB Local Public Health Team (2018) on the Primary Prevention of Stroke. The review provides a description of the clinical and lifestyle factors that may contribute to the development of stroke and provides an outline of the importance of prevention, early identification and management of risk factors. A BCUHB Stroke Prevention Working Group has been established with the aim of strengthening and developing BCUHB stroke prevention services – in particular Anticoagulation monitoring in Primary Care and Anticoagulation self-testing in Primary Care. The Working Group aims to source external funding in order to commence the project work.

Strengthening of existing stroke services

Specialist in-patient acute stroke care is currently provided in each of the three District General Hospitals – Ysbyty Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor Hospital. There is a combined acute and rehabilitation service from admission to discharge provided by staff with specialist knowledge and skills at Wrexham Maelor Hospital and Ysbyty Glan Clwyd. At Ysbyty Gwynedd the stroke ward manages acute stroke but there are no specific stroke rehabilitation inpatient beds and there is a limited community stroke rehabilitation service across North Wales. Patients are discharged for follow up care to the Rehabilitation Ward at Wrexham Maelor Hospital and 13 BCUHB Community Hospitals. With the exception

of the Rehabilitation Ward at Wrexham all 13 Community Hospitals deliver generic care without any specialist stroke therapy input.

Stroke services are successfully achieving compliance with some but not all of the Quality Improvement Measures set by Welsh Government. Clinicians and stakeholders agree that work to improve BCUHB's existing stroke services should be taken forward as a priority. This work has progressed slowly since the peer review within the limitations of existing resources. To increase the pace and deliver significant change will require a relatively small investment of resource including the extension of Clinical Nurse Specialist roles and investment in virtual ward rounds to maximise Consultant efficiency time. This resource will be transferred to the proposed new service and is not additional to the costed model.

A further review of the costs required to strengthen acute stroke services at each of the three DGH sites, prior to the development of hyper acute stroke care in Year 4, has been undertaken. A reduction in costs has been achieved by working to improve the quality of acute stroke care provided at each of the three sites, rather than working to meet national standards (refer to Appendix One). Furthermore, a reduction in the number of patients who receive mechanical thrombectomy in Years 1 – 3 has been assumed. A 10% increase has however been assumed in Year 4 based on the implementation of proposals to improve the whole BCUHB stroke pathway and Walton (or an alternative Centre) providing a 24 hour mechanical thrombectomy service.

Early Supported Discharge (ESD) and Specialist Community In-patient Rehabilitation

The ESD service will enable appropriate stroke survivors to leave hospital early by offering active therapy through the provision of intensive rehabilitation in the home at a similar level to the care provided in hospital. There are no Early Supported Discharge services in North Wales.

Currently all stroke rehabilitation is provided through a bed model as there are no community ESD services. For Wrexham Maelor Hospital and Ysbyty Glan Clwyd, in-patient rehabilitation occurs on-site as there is a combined acute and rehabilitation service from admission to discharge provided by staff with specialist knowledge and skills. At Ysbyty Gwynedd the stroke ward is recognised for the acute management of stroke but there are no specific stroke rehabilitation in-patient beds and no co-ordinated community stroke rehabilitation service. Patients are discharged for follow up care to 13 Community Hospitals all of which deliver generic care without any specialist stroke therapy input.

A formal options appraisal to review the co-location of Specialist Community In-patient Rehabilitation and ESD services in each of the three BCUHB Areas was undertaken at a multi-agency Stakeholder Event on the 9th January 2019. All 13 Community Hospitals were considered as potential locations with the addition of the Community Rehabilitation Ward at Wrexham Maelor Hospital and Tywyn Hospital as it provides care for some South Gwynedd stroke patients discharged from Bronglais Hospital.

The outcome from the options appraisal is as follows:

Ranking	West Area	Central Area	East Area
1st	Ysbyty Eryri	Llandudno General Hospital	Wrexham Maelor Hospital (Rehabilitation Ward)
2nd	Ysbyty Alltwen	Holywell Community Hospital	Mold Community Hospital
3rd	Ysbyty Penrhos Stanley	Colwyn Bay Community Hospital	Deeside Community Hospital
4th	Bryn Beryl Hospital	Denbigh Community Hospital	Chirk Community Hospital
5th	Dolgellau & Barmouth Hospital	Ruthin Community Hospital	
6th	Tywyn Hospital		

Further work to determine the extent of any refurbishment required to Ysbyty Eryri, Llandudno General Hospital and the Rehabilitation Ward at Wrexham Maelor Hospital is required. Ysbyty Alltwen will also be considered as a potential site due to the potential capital costs associated with Ysbyty Eryri in meeting the required clinical criteria. If the capital requirement is beyond the discretionary capital limit a Business Case to Welsh Government will be required.

Hyper Acute Stroke

Evidence tells us that the outcome for patients who have had a stroke relates to the time taken for treatment to commence. The first 72 hours after having a stroke is known as the hyper acute stroke period and requires prompt assessment, diagnosis and commencement of treatment provided by expert staff (An analysis of the options for the reconfiguration of Hyper Acute Stroke services in Wales, Royal College of Physicians, 2016; National Clinical Guidelines for Stroke 2016).   The model proposed in North Wales is a combined hyper acute stroke and acute stroke unit(s) irrespective of the option. This will provide immediate access to specialist medical staff trained in hyper acute and the acute management of people with stroke, including the diagnostic and administrative procedures needed for the safe and timely delivery of emergency stroke treatments.

Five options for change to in-patient care have been considered based on one or two site models for hyper acute / acute stroke care as follows:
- Do nothing
- One Hyper Acute Stroke / Acute Stroke Unit co-located Ysbyty Glan Clwyd
- Two Hyper Acute Stroke / Acute Stroke Units co-located at Ysbyty Glan Clwyd and Ysbyty Gwynedd
- Two Hyper Acute Stroke / Acute Stroke Units co-located at Ysbyty Glan Clwyd and Wrexham Maelor Hospital
- Two Hyper Acute Stroke / Acute Stroke Units co-located at Ysbyty Gwynedd and Wrexham Maelor Hospital

All options address the issues raised in the case for change but each option has different implications in terms of workforce, estates, activity, travel and access, revenue costs and capital costs.

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Five stakeholder events have taken place from July 2017 to January 2018 with clinicians, medical staff, stroke survivors, stakeholders and members of the public in order to develop the options and undertake a non-financial options appraisal for the provision of hyper acute stroke / acute stroke. There has been a programme of on-going engagement with stroke survivor groups across BCUHB and targeted engagement with community groups and certain protected characteristic groups (such as Older People's Forums, Refugee and Asylum Seekers). Feedback received from the engagement work has helped to inform and shape the proposals for stroke services.

A detailed review has been undertaken to provide a wide range of objective information to inform recommendations. The table below provides a summary of the outcome from the non-financial options appraisal and financial appraisal for the one and two site models:

	Option 1 Do nothing	Option 2 Single Site YGC (Yr 4)	Option 3 Two Sites YGC & YG	Option 4 Two Sites YGC & Wrexham	Option 5 Two Sites YG & Wrexham
High level indicative revenue cost	£6,816M (baseline costs)	£10,481M	£ 13,342 (indicative costs)	£ 13,342 (indicative costs)	£13,342 (indicative costs)
High level indicative capital cost	-	£18.431M (Acute site only)	£19.18M (Acute sites only)	£19.18M (Acute sites only)	£20.144 (Acute sites only)
Financial appraisal	No immediate financial impact*	Lowest financial impact	Highest financial impact	Highest financial impact	Highest financial impact
Non-financial options appraisal for co-located hyper acute and acute stroke services 25/09/17*	Ranked 5th	Ranked 3rd	Ranked 2nd	Ranked 4th	Ranked 1st
Non-financial options appraisal for co-located hyper acute and acute stroke services 25/01/18*	Ranked 5th	Ranked 1st	Ranked 3rd	Ranked 4th	Ranked 2nd

*Whilst there is no immediate financial impact as a result of 'doing nothing' there will be a hidden financial impact resulting from 'deteriorating patients' not receiving specialist stroke services.

**At the stakeholder event in September 2017 detailed travel and access mapping for each of the options was not available. It was agreed to review the options appraisal when the work had been finalised. A further stakeholder event took place in January 2018 at which the detailed modelling work had been completed and a further non-financial options appraisal was undertaken.

Mechanical Thrombectomy

- Thrombectomy is the mechanical removal of a clot in the brain. This technique is time dependent with latest research suggesting that mechanical thrombectomy should be undertaken within 6.5 hours of onset (providing an opportunity to increase the number of patients referred to the service). Approximately 10 BCUHB patients per annum receive mechanical thrombectomy at Walton Hospital, Liverpool. The service is available from 7am to 5pm. The provision of a 24 / 7 Mechanical Thrombectomy (clot retrieval) service contracted on an All Wales basis is being explored via WHSCC. The date for implementation of the 24 / 7 service is currently unknown. The financial impact of increasing from the current baseline of 10 patients to 110 patients (an increase of 10%) for 24 / 7 Mechanical Thrombectomy has been factored into Year 4 of this Business Case.

Life After Stroke

The programme of engagement undertaken with stroke survivors and carers has highlighted the importance of life after stroke services. BCUHB will continue to make improvements to the life after stroke services it provides. Standardised information packs will be developed for stroke survivors and carers when discharged from hospital with detailed information on where to get help and advice. There will be a standardised process for 6 monthly reviews that will address the current inconsistency of approach in each of the three DGHs and annual reviews will be offered until such time as they are no longer needed. Stroke survivors and carers will be supported to adopt self-management strategies such as the Bridges self-management / educational programme. The Early Supported Discharge service will target therapy based rehabilitation in home which will reduce the risk of further deterioration and increase the ability of stroke survivors to undertake personal activities and the Health Board will continue to support the Stroke Association which offers a vital line of support.

Capacity modelling

Bed capacity has been modelled at three stages: Hyper Acute Stroke, Acute Stroke and Specialist Rehabilitation.

The modelling takes account of projected growth in demand based on Public Health projections and the impact of Early Supported discharge. The baseline demand comes from Stroke Sentinel National Audit Programme (SSNAP) data and the demanded created by mimic strokes has also been considered. Length of stay and occupancy assumptions have been applied:

Hyper Acute Stroke / Acute Stroke bed numbers:
One Site Model (YGC)   –   a total of 25 beds (15 HASU and 10 ASU)
Two Site Model (YGC and Wrexham) – a total of 26 beds across two sites
Two Site Model (YGC and YG) –   a total of 27 beds across two sites
Two Site Model (YG and Wrexham) –   a total of 24 beds across two sites

Specialist In-patient Community Rehabilitation bed numbers:
West Area -   9 beds
Central Area -   12 beds
East Area -   17 beds

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Bed occupancy data for October - December 2018 for Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital is shown below and highlights the important need to ring fence beds to ensure appropriate management and patient flow:

Occupancy%	Prysor Ward - YG	Ward 14 – YGC	Bersham Ward – WMH	Onnen Ward - WMH	Acton Ward - WMH
Stroke Patients	36%	64%	63%	32%	14%
Non stroke	64%	36%	37%	68%	86%

Note: the % figures for Wrexham Maelor Hospital include 6 non-stroke escalation beds

Performance

The Royal College of Physicians (RCP) provide a comprehensive sentinel audit to report on stroke performance against outcomes and indicators for the stroke pathway (SSNAP) in Wales. Implementation of hyper acute stroke and specialist rehabilitation would ensure an 'A' SSNAP rating against all of the domains measured. Current performance against the measures and variation between sites is shown in the graph below:

	Apr-July17	Aug-Nov 17	Dec 17-March 18	Apr-June 18	July-Sept 18	Sept–Dec 18	Jan-Mar 19
	SSNAP SSNAP LEVEL SCORE	SSNAP SSNAP LEVEL SCORE	SSNAP SSNAP LEVEL SCORE	SSNAP SSNAP LEVEL SCORE	SSNAP SSNAP LEVEL SCORE	SSNAP SSNAP LEVEL SCORE	SSNAP SSNAP LEVEL SCORE
YG	D 55.1	D 56	C 64	C 60	D 55.1	C 60	C 67
YGC	C 66	B 72	D 54.2	C 62.7	B 74	C 68	C 66.5
WMH	C 61.8	C 62	D 56	D 55	D 59	D 51.4	C 61

Phasing of proposed stroke services

Phasing / implementation of the whole stroke pathway must commence with the continuous improvement of the current three site acute stroke model with the investment in additional Clinical Nurse Specialists and establishment of the senior therapy team in order to plan for the development and implementation of the community based ESD service and Specialist Community In-patient Rehabilitation. The co-located ESD service and the specialist in-patient community hubs must be fully operational, evaluated and refined prior to implementation of hyper acute stroke co-located with acute stroke services in Year 4. **Hyper acute co-located with acute stroke services cannot succeed without implementation of ESD and Specialist Community In-patient Rehabilitation Services.**

Year 1 - 2019 to 2020	Stroke Prevention
	Strengthening of Acute Stroke Services across each of the three DGH

	sites (includes additional cost of drugs) - refer to Appendix Two
	Development of Early Supported Discharge in one BCUHB Area (Q3)
Year 2 - 2020 to 2021	Development of Early Supported Discharge in remaining two BCUHB Areas (Q3). This means that in Year Two Early Supported Discharge will be available in all three BCUHB Areas
	Development of Specialist Community In-patient Rehabilitation beds in one BCUHB Area (Q3)
Year 3 – 2021 to 2022	Development of Specialist Community In-patient Rehabilitation beds in two BCUHB Areas (Q3). This means that in Year 3 Community In-patient Rehabilitation beds will be available in all three BCUHB Areas.
Year 4 – 2022 to 2023	Development of Hyper Acute Stroke Services (Q3)

High level indicative revenue costs for the one and two site options can be seen below:

	£'000
Current baseline (budgeted costs)	6,539
Estimated costs for 1 HASU / ASU, 3 x Rehab Units and ESD Service	10,483
Increased costs	**3,666**

	£'000
Current baseline (budgeted costs)	6,816M
Estimated costs for 2 HASU / ASU, 3 x Rehab Units and ESD Service	£13,342 (indicative
Increased costs	**6,526 (indicative)**

One Site Model

£'000	Year 1	Year 2	Year 3	Year 4
Baseline – Current Service Provision	£6,539	£6,539	£6,539	£6,539
Baseline – Mechanical Thrombectomy	£277	£277	£277	£277
TOTAL BASELINE	£6,816	£6,816	£6,816	£6,816
PHASE ONE (Year One)				
Potential public consultation	£100k			
Stroke Prevention	The Stroke Working Group aims to source external funding in order to commence the project work. On-going / recurrent costs (if any) to be determined by the Working Group			
Stroke Project Manager	£34	£67	£67	£34
Early Supported Discharge Services in One BCUHB Area (includes ESD staff, 8c Consultant Therapists & Admin)	£258	£1,081	£1,474	£1,474
Travel Costs	£17	£74	£102	£102
Strengthening of services across each of the three DGH sites (includes additional cost of drugs)	£315	£861	£861	£535
Mechanical Thrombectomy	0	£14	£28	£1,247
PHASE ONE TOTAL	**£624** Baseline = £6,816 Additional = **£624**	**£2,097** Baseline = £6,816 Additional = **£2,097**	**£2,532** Baseline = £6,816 Additional = **£2,532**	**£3,391** Baseline = £6,816 Additional = **£3,391**
PHASE TWO (Year Two)				
Early Supported Discharge Service in Two BCUHB Areas. ESD will be available in all three BCUHB Areas.				
Specialist Community In-patient Rehabilitation in one BCUHB Area	0	£45	£181	£272
TOTAL PHASE TWO	£0	£45	£181	£272
TOTAL PHASE ONE AND PHASE TWO	Baseline = £6,816 Additional = **£624**	Baseline = £6,816 Additional = **£2,142**	Baseline = £6,816 Additional = **£2,713**	Baseline = £6,816 Additional = **£3,662**

Specialist Community In-patient Rehabilitation in Two BCUHB Areas. Specialist Community In-patient Rehabilitation will be available in all three BCUHB Areas				
PHASE THREE TOTAL				
OVERALL TOTAL PHASE ONE, PHASE TWO AND PHASE THREE	**£624** Baseline = £6,816 Additional = **£624**	**£2,142** Baseline = £6,816 Additional = **£2,142**	**£2,713** Baseline = £6,816 Additional = **£2,713**	**£3,662** Baseline = £6,816 Additional = **£3,662**
PHASE FOUR				
Hyper Acute co-located with Acute Stroke Services (medical)	0	0	£358	£716
Welsh Ambulance Services Trust	0	0	£87	£174
Nursing reduction as a result of acute bed reduction	0	0	-£446	-£891
Portering costs	0	0	£0	£5
PHASE FOUR TOTAL				
OVERALL TOTAL PHASE ONE, PHASE TWO, PHASE THREE AND PHASE FOUR	**£624**	**£2,142**	**£2,712**	**£3,666**

Timescales will depend on approval to fund posts, the ability to recruit, the extent of any refurbishment to the three Community Hospitals and adequate community based equipment. If the capital requirement is such that a business case to WG is required – this will extend timescales beyond the proposed dates unless an interim solution can be identified.

Impact

Refer to Appendix One for a summary of the Impacts and Benefits.

Conclusions

In evaluating the outcome from the non-financial options appraisal and financial appraisal, the Stroke Collaborative Group has given consideration to the feedback received from an extensive programme of stakeholder engagement, an evidence / literature review, evidence based standards, the BCUHB peer review, travel and access mapping, the risks, impacts and benefits, workforce modelling and bed capacity modelling. The work to-date has led the Stroke Collaborative to draw the following conclusions and recommendations:-

- In taking the work forward there will be five core programmes required to deliver a comprehensive stroke service and ensure continuous improvement in existing pathways. A three year phased approach to implementation is proposed.

  The core programmes comprise of stroke prevention, strengthening of existing acute and community rehabilitation services, mechanical thrombectomy, implementation of early supported discharge and specialist in-

patient community rehabilitation and implementation of hyper acute stroke service(s) co-located with acute stroke service(s)

- Improve and develop stroke prevention services in North Wales – in particular Anticoagulation monitoring in Primary Care and Anticoagulation self-testing in Primary Care

- The strengthening of existing acute stroke services across each of the three District General Hospital sites leading to the implementation of hyper acute stroke services.

- Specialist rehabilitation is aligned to 'Care Closer to Home' and the principles of prudent healthcare; with home first achieved through the provision of an early supported discharge service that works in an integrated way with three community based in-patient hubs

- Implementation of Early Supported Discharge services (Year 1) and Specialist Community In-patient beds (Year 2) in each of the three BCUHB Areas

- The provision of three ESD / Specialist Rehabilitation In-patient Community Hubs in Ysbyty Eryri, Llandudno General Hospital and Wrexham Maelor Hospital recognising that a feasibility study on each of the identified sites to determine refurbishment requirements, equipment and cost is required

- Implementation of a single site model for a hyper acute stroke unit co-located with acute stroke services at Ysbyty Glan Clwyd. This means that acute stroke care would be provided at YGC only. There would be no hyper acute in-patient care at Ysbyty Gwynedd or Wrexham Maelor Hospital. A single site model of care will make it easier to recruit specialist staff in order to provide a 24 / 7 service that delivers on quality standards and performance measures

- The provision of a 24 / 7 Mechanical Thrombectomy (clot retrieval) service contracted on an All Wales basis via WHSCC. The date for implementation of the 24 / 7 service is currently unknown. The financial impact of increasing from the current baseline of 10 patients to 110 patients (an increase of 10%) for 24 / 7 Mechanical Thrombectomy has been factored into Year 4 of this Business Case.

Recommendations:-
The Executive Management Group is asked to:

- Receive the Summary Paper

- Acknowledge the case for change to stroke services to meet the needs of the North Wales population

- Accept the recommendations to improve the quality and sustainability of current and future stroke services across the whole stroke pathway and consider whether further engagement and / or formal public consultation on the proposals is required prior to implementation (acknowledging the need for further scrutiny of the potential implications)

- Approve the move to implementing Phase One (Year One 2019 - 2020) resources (as described within the BCUHB Annual Work Programme) to achieve compliance with the Quality Improvement Measures set by Welsh Government and in order that the planning and implementation of Early Supported Discharge services can commence in Year One.

- Submit the financial proposal to Finance and Performance Committee

Revised proposals for the phasing of stroke services

STRENGTHENING OF CURRENT SERVICES

1) Original proposal:

Year 1 – Additional 2 x B7 Clinical Nurse Specialists per site (6 in total) to provide a 24 / 7 service.

Revised proposal:

Year 1 – Increase of 1 x B6 Clinical Nurse Specialists per site (3 in total) to provide an extended hours service 7 days per week
Year 2 – A further increase of 1 x B6 Clinical Nurse Specialists per site (3 in total) to provide an extended hours service 7 days per week i.e. there will be a total of 6 Band 6's from Year 2 onwards.

The CNS's will be expected to complete an ANP qualification which will take 3 years, after which they will require re-banding to B7. Implementation of the one site HASU model will require the OCP process to be instigated for the remaining 4 WTE B7 CNS's.

Outcome: The revised proposal will improve current standards however it will not fully meet standards (by providing a 24 / 7 service) until the development of hyper acute stroke services.

2) Original proposal:
Year 1 – Additional 3.43 Band 6 WTE Radiographers to provide a 24 hour on site service in order to provide CT scans within 1 hour

Revised proposal:
Year 1 – Additional 1.54 Band 6 WTE Radiographers per site to provide an extended service to 12 midnight. This will enable CT scans to be provided within 1 hour over extended hours does not provide a 24 hour service.

Outcome: The revised proposal will improve current standards however it will not fully meet standards (by providing a 24 / 7 service) until the development of hyper acute stroke services. It does however enable CT scans to be provided within 1 hour over extended hours 7 days a week. The additional CT radiography resource will be of benefit for all patients including ED referrals

3) Original proposal:
Year 1 – Additional 2 WTE B7 Vascular Scientists and 1.0 WTE B3 HCSW's at YG and Wrexham to ensure adequate cover for weekends and annual leave to enable adequate cover for Carotid Dopplers to be conducted at weekends and provide cover for annual leave. Note: If a high risk TIA attends ED on a Friday they are admitted until a carotid doppler can be conducted on Monday.

Revised proposal:
Year 1 – Additional 1.0 WTE B7 Vascular Scientist and 1.0 B3 WTE HCSW

> **Outcome:** The revised proposal would equate to 2 individuals per site but not 1 WTE per site. It would support some scanning on Saturday and Sunday (am or pm only)

4) The proposal for telemedicine to enable virtual consultant ward rounds 7 days per week will not change.

EARLY SUPPORTED DISCHARGE

Original proposal:
Year 1 – The development of Early Supported Discharge services in each of the three BCUHB Areas

Revised proposal:
Year 1 –   The development of Early Supported Discharge in one BCUHB Area (Q3)
Year 2 –   The development of Early Supported Discharge in the remaining two BCUHB Areas (Q3). This means that in Year 2 ESD will be available in all three BCUHB Areas
Year 2 –   The development of Specialist Community In-patient Rehab beds in one BCUHB Area (Q3)
Year 3 –   The development of Specialist Community In-patient Rehab beds in two BCUHB Areas (Q3). This means that in Year 3 Specialist Community In-patient Rehab will be available in all three BCUHB Areas
Year 4 –   The development of hyper acute stroke services (Q3)

MECHANICAL THROMBECTOMY

Original proposal:
Year 1 – An increase from 10 to 15 patients
Year 2 and beyond – 10% of confirmed strokes (e.g. 110 patients)

Revised proposal
Year 1 – The same as above. An increase from 10 (baseline) to 20 patients
Year 2 – An increase from 20 to 21 patients
Year 3 – An increase from 21 to 22 patients
Year 4 and beyond – An increase from 22 to 110 patients. A 10% increase on the number of confirmed strokes (based on 2016 / 2017 patient numbers) and assumes implementation of a 24 hour service at Walton or an alternative Centre

APPENDIX TWO

IMPACTS AND BENEFITS

This paper provides a summary of the impact and benefits of implementing improvements to the whole stroke pathway including the sequencing and staging of investment.

It is recognised that rapid specialist assessment and intervention in the hyper acute phase (the first 72 hours after a stroke) reduces mortality and improves long term outcomes for stroke patients with reduced disability and dependency on health and social care services. However, this must be set in the context of good preventative care and the ability to support patients after they have had a stroke through the provision of specialist intensive community based rehabilitation services.

Roll-out of the whole stroke pathway must commence with stroke prevention services and continuous improvement of the three DGH Acute Stroke sites with investment in additional Clinical Nurse Specialists in Year One (2019 – 2020) and establishment of Early Supported Discharge and Specialist Community In-patient Rehabilitation Services in Years One to Three (2019 – 2022). Co-located ESD and Specialist In-patient Rehabilitation services must be fully operational, evaluated and refined prior to implementation of hyper acute stroke co-located with acute stroke services in Year 4 (2022 – 2023).

Hyper acute co-located with acute stroke services cannot succeed without implementation of ESD and Specialist In-patient Rehabilitation services in Years One to Three.

There has been continued challenge and scrutiny in relation to the financial impact of the proposed service model. This has resulted in extending the roll out (and cost) of early supported discharge, specialist rehabilitation services and hyper acute stroke. This means that the development of Early Supported Discharge Services and Specialist Community In-patient Rehabilitation will be rolled out over a three year period, rather than in the first year, and the implementation of hyper acute stroke care will take place in Year 4, rather than in Year 3.

A further review of the costs required to strengthen acute stroke services at each of the three DGH sites, prior to the development of hyper acute stroke care in Year 4, has been undertaken. A reduction in costs has been achieved by working to improve the quality of acute stroke care provided at each of the three sites, rather than working to meet national standards (refer to Appendix Two). Furthermore, a reduction in the number of patients who receive mechanical thrombectomy in Years 1 – 3 has been assumed. A 10% increase has however been assumed in Year 4 based on the implementation of proposals to improve the whole BCUHB stroke pathway and Walton (or an alternative Centre) providing a 24 hour mechanical thrombectomy service.

Impact SSNAP Performance measures	Year 1 (2019 – 2020)	Year 2 (2020 - 2021)	Year 3 (2021 – 2022)	Year 4 (2022 – 2023)
3 Acute Sites (YG, YGC & Wxm). No ESD. No Specialist Community Rehab. General Rehab on 14 hospital sites	3 Acute Sites (YG, YGC, Wxm). 1 x ESD (Q3). No Specialist Community Rehab. General rehab on 14 hospital sites.	3 Acute Sites (YG, YGC, Wxm). 3 x ESD. 1 x Specialist In-patient Community Rehab. General rehab on a reduced number of hospital sites	3 Acute Sites (YG, YGC, Wxm). 3 x ESD co-located with 3 x Specialist In-patient Community Rehab.	Single site HASU co-located with Acute Stroke 3 x ESD co-located with 3 x Specialist In-patient Community Rehab.
	Strengthening of Acute Hospital services: Additional 1 x WTE Clinical Nurse Specialists per site to provide an extend hours service 7 days per week Additional 1.54 WTE radiographers – CT scans 5pm - 12 midnight (7 days per week) Additional 1.0 WTE Vascular Scientists & 1.53 WTE HCSW's @ Wxm & YGC to provide weekend & A/L cover Telemedicine for virtual Consultant ward rounds 7	Strengthening of Acute Hospital services: Additional 1 x WTE Clinical Nurse Specialists per site to provide an extend hours service 7 days per week Additional 1.54 WTE radiographers – CT scans 5pm - 12 midnight (7 days per week) Additional 1.0 WTE Vascular Scientists & 1.53 WTE HCSW's @ Wxm & YGC to provide weekend & A/L cover Telemedicine for virtual Consultant ward rounds 7	Strengthening of Acute Hospital services: Additional 1 x WTE Clinical Nurse Specialists per site to provide an extend hours service 7 days per week Additional 1.54 WTE radiographers – CT scans 5pm - 12 midnight (7 days per week) Additional 1.0 WTE Vascular Scientists & 1.53 WTE HCSW's @ Wxm & YGC to provide weekend & A/L cover Telemedicine for virtual Consultant ward rounds	

	days per week	days per week	7 days per week	
Current Outcome	**Predicted Outcome**	**Predicted Outcome**	**Predicted Outcome**	**Predicted Outcome**
SSNAP performance measures as at May 2019 YG = C, YGC = C, Wxm = C Scores range from A to E across the domains measures. **March 2019 BCUHB performance** QIM 1 Access to stroke unit within 4 hrs = 50% QIM 2 Access to CT scan within 12 hrs = 97.8% Access to CT scan within 1 hr = 40.7% QIM 3 Access to Consultant within 24 hrs = 81.3% QIM 3 Access to Nurse Specialist within 24 hrs =97.8% QIM 3 Access to Therapist within 24 hrs = 96.7% QIM 4 Access to Therapy Treatment within 72 hrs = 100% in OT and physio and93.3% SALT	QIM 1 Access to stroke unit within 4 hrs = 75% QIM 2 Access to CT scan within 12 hrs (QIM 2 has now been replaced by access to CT scan within 1 hr) Access to CT scan within 1 hr = 60% QIM 3 Access to Consultant within 24 hrs = 75% QIM 3 Access to Nurse Specialist within 24 hrs = 100% QIM 3 Access to Therapist within 24 hrs = 100% QIM 4 Access to Therapy Treatment within 72 hrs = 96%	QIM 1 Access to stroke unit within 4 hrs = 85% QIM 2 Access to CT scan within 12 hrs (QIM 2 has now been replaced by access to CT scan within 1 hr) Access to CT scan within 1 hr = 80% QIM 3 Access to Consultant within 24 hrs = 75% QIM 3 Access to Nurse Specialist within 24 hrs = 100% QIM 3 Access to Therapist within 24 hrs = 100% QIM 4 Access to Therapy Treatment within 72 hrs = 96%	QIM 1 Access to stroke unit within 4 hrs = 85% QIM 2 Access to CT scan within 12 hrs (QIM 2 has now been replaced by access to CT scan within 1 hr) Access to CT scan within 1 hr = 80% QIM 3 Access to Consultant within 24 hrs = 75% QIM 3 Access to Nurse Specialist within 24 hrs = 100% QIM 3 Access to Therapist within 24 hrs = 100% QIM 4 Access to Therapy Treatment within 72 hrs = 96%	QIM 1 Access to stroke unit within 4 hrs = 95% QIM 2 Access to CT scan within 12 hrs (QIM 2 has now been replaced by access to CT scan within 1 hr) Access to CT scan within 1 hr = 95% QIM 3 Access to Consultant within 24 hrs = 100% QIM 3 Access to Nurse Specialist within 24 hrs = 100% QIM 3 Access to Therapist within 24 hrs = 100% QIM 4 Access to Therapy Treatment within 72 hrs = 100%

	20% of patients thrombolysed 100% of eligible patients thrombolysed 50% of patients thrombolysed within 45 mins	20% of patients thrombolysed 100% of eligible patients thrombolysed 60% of patients thrombolysed within 45 mins	20% of patients thrombolysed 100% of eligible patients thrombolysed 60% of patients thrombolysed within 45 mins	100% of eligible patients thrombolysed 90% of patients thrombolysed within 45 mins
14.3% of patients thrombolysed 100% of eligible patients thrombolysed 8.3% of patients thrombolysed within 45 mins				
Strengthening of Services: Clinical Improvements / impacts – reduced admissions for TIA patients at weekends	**Strengthening of Services: The additional 1.0 WTE Vascular Scientists & 1.00 WTE Health Care Support Workers @ Wxm & YG to provide weekend & A/L cover will enable the following:** • Reduced carotid doppler admissions at the weekends : 3 patients per site per month = **108 reduced patient admissions per annum** • Impact on number of bed days : approx. 3 bed days per patient per month = **approx. 324 reduced bed days** • The above will support improvements in ED for unscheduled care targets as a result of patients not being delayed in ED waiting for a bed			
Interdependencies	• **Critical Care** - There will be no impact on the critical care bed requirement • **Complex Vascular Services** co-located with hyper acute stroke - Evidence supports that the early initiation of carotid endarterectomy after TIA or minor stroke is associated with an 80% reduction in the risk of early recurrent stroke (Naylor et al, January 2018). • **Emergency Departments (ED)** – It is anticipated that an additional 3 high dependency patients per day will enter ED following the potential consolidation of hyperacute stroke onto a single site (including an additional 35% for mimic strokes). The majority of these patients will be brought to ED by WAST via an amber or red clinical response. Upon entering ED they will be assessed and cared for by the specialist stroke team. ED clinical / medical resources will not be used. The impact on ED will therefore be small			

- There is some dependency on **Care of the Elderly** backfill and the General Medicine on-call rota's. The impact on COTE / medical rota's is to be determined and may impact on timescales

- **Pharmacy** have confirmed that the small number of released patients per site will not impact on costs in the non-HASU / ASU sites.

- **Phlebotomy** – Phlebotomy resource on the Stroke Ward at YGC will transfer to the HASU / ASU stroke ward (assuming the single site option). Phlebotomy services have confirmed that some financial resource will be required to provide training for HCSW's to take bloods at each of the three Specialist Community In-patient Rehabilitation Units. The additional costs have been included in the financial modelling

- **Portering** services have advised that there will be a small additional cost. This has been included in the financial modelling

- C**ommunity Equipment** – Therapy services have advised that there will be no impact on community equipment costs

- **Primary Care** have an important role in prevention of stroke and supporting patients post follow up. The proposed service model will create new communication processes and discharge arrangements between the sites affected and GPs

| Mechanical Thrombectomy | 20 patients @ £277k per annum
The increase to 20 patients p.a. is dependent on securing additional resource for Clinical Nurse Specialists and CT radiographers in order that patients can be assessed earlier in the day and referred ahead of Walton's 4.00pm deadline. However, if Walton (or an alternative Centre) provides | 21 patients @ £291K per annum | 22 patients @ £305k per annum | 110 patients @ £1,524k per annum.
A 10% increase on the number of confirmed strokes (based on 2016 / 2017 patient numbers) and assumes implementation of a 24 hour service at Walton (or an alternative Centre) |

				a 24 hr service then the proposed increase in patient numbers is achievable		

2.0   Reduction in Bed Numbers
2.1   Current Number of Beds

	Current Acute Beds			**Current Community Beds**	**Total Current Beds**
	Acute	**Rehab**	**Total**		
YGC	10	18	28		
YG	13	0	13		
Wxm	6	15	21		
Total	**29**	**33**	**62**	**51.5** (if the beds had been working to an equivalent of 85% occupancy)	**81**

2.2   Proposed Number of Beds

	Acute Beds	**Specialist Community Rehabilitation Beds**	**Total Proposed Beds**
Central	25 Hyper Acute / Acute beds on a single site	12	
West		9	
East		17	
Total	**25**	**38**	**63**

The future requirement is for 25 Hyper Acute / Acute beds as opposed to the current number of 29 Acute Stroke beds

The 33 Acute Rehab beds when combined with Rehab Beds on community sites currently occupied by stroke patients = 51.5 beds in total (if the beds had been working to an equivalent of 85% occupancy).

The future requirement is for 38 Specialist Community Rehab Beds as opposed to the current number of 51.5 Acute and Community Rehabilitation Beds.

There is an overall bed saving of 4 Acute Stroke Beds (in Year 4) and 13.5 Acute / Community Rehabilitation Beds. The phasing of services means this will be a gradual reduction from Year 1 to Year 3.

3.0   Proposed phasing of services and costs to implement the whole stroke pathway

The phased approach to implementing the whole stroke pathway will enable each stage to be reviewed, evaluated and refined prior to the development of hyper acute stroke services in Year 4; and will improve opportunities to recruit through the gradual appointment / transfer of specialist staff to the service.

Patients are discharged for follow up care to 13 Community Hospitals all of which deliver generic care with very little specialist stroke therapy input. All 13 Community Hospitals must register with the Stroke Sentinel National Audit Programme (SSNAP). This discharge practice will move to three Community Hospital hubs (one in each BCUHB Area) over a three year period allowing staff to develop their skills and expertise as they manage the increasing volume of patients requiring specialist rehabilitation.

3.1   The phasing of services and financial resource for the whole stroke pathway has been extended over a four year period as follows:

Year 1 - 2019 to 2020	Stroke Prevention
	Strengthening of Acute Stroke Services across each of the three DGH sites (includes additional cost of drugs) - refer to Appendix Two
	Development of Early Supported Discharge in one BCUHB Area (Q3)
Year 2 - 2020 to 2021	Development of Early Supported Discharge in remaining two BCUHB Areas (Q3). This means that in Year Two Early Supported Discharge will be available in all three BCUHB Areas
	Development of Specialist Community In-patient Rehabilitation beds in one BCUHB Area (Q3)
Year 3 – 2021 to 2022	Development of Specialist Community In-patient Rehabilitation beds in two BCUHB Areas (Q3). This means that in Year 3 Community In-patient Rehabilitation beds will be available in all three BCUHB Areas.
Year 4 – 2022 to 2023	Development of Hyper Acute Stroke Services (Q3)

3.2 Impact of the proposed staffing model compared to the existing funding in £'000.

The single site option costs at Year 4 include implementation of the whole stroke pathway e.g. strengthening of acute stroke services on each of the three DGH sites, Early Supported Discharge services, specialist Community In-patient Rehabilitation Services, Hyper Acute Stroke and Mechanical Thrombectomy

	Existing	Single Site Option Costs at Year 4	Increase/ (Decrease) in costs
Pay costs			
Medical Staffing	960	1,679	719
Ward Staffing	3,508	2,616	(891)
Stroke Specialist Nurses	394	539	145
SSNAP data clerk	24	24	0
Therapies	1,205	3,053	1,848
Additional Radiography staff		230	230
Project Manager (6 months in year 4)		34	34
Additional Portering		5	5
Total Pay costs	**6,091**	**8,180**	**2,089**
Non Pay			
Ward consumables	292	292	0
Drugs costs (Alteplase)	157	313	157
Total Non Pay	**449**	**605**	**157**
Thrombectomy service	**277**	**1,524**	**1,247**
Increased WAST costs		**174**	**174**
Total service cost	**6,816**	**10,483**	**3,666**

It must be noted that the revised Ward Staffing costs are based on the assumption that there is existing resources within the Community bed capacity to accommodate the movement of the Rehab patients from the Acute sites.

The impact of reducing the number of acute beds from 29 to 25 will result in savings attributable to fewer ward resource requirements – which for the one site model equates to £891k recurrently. These savings do not include any resource impact for

support functions.   Note: The existing budget and staff will transfer to the HASU / ASU ward. There will be a financial impact on the COTE / General Medical staffing rota.

| | **Existing Costs** | | | | | | | | Proposed Single site Model - 25 beds | | Proposed Change | |
| | WTE | | | | Costs £'000 | | | | | | | |
	YMW Bersham Ward (21 beds)	YG Prysor Ward (14 beds)	YGC Ward 14 Stroke (28 beds)	Grand Total (63 beds)	YMW Bersham Ward	YG Prysor Ward	YGC Ward 14 Stroke	Grand Total	WTE	Cost £'000	WTE	Cost £'000
Band 7	1.00	1.00	1.00	3.00	53	47	54	154	1.00	54	-2.00	-100
Band 5/6	19.90	13.67	23.33	56.90	795	542	962	2,299	39.80	1,820	-17.10	-479
Unqualified	9.68	9.61	9.91	29.20	275	268	366	908	21.87	683	-7.33	-226
Housekeeper	1.00	1.00	1.00	3.00	27	23	27	77	1.00	25	-2.00	-52
Ward clerk	1.00	1.00	1.00	3.00	23	23	23	69	1.50	34	-1.50	-34
					1,173	903	1,432	3,508		2,616		-891

3.3   One Site Model – phased financial impact

In summary £'000:-

	Year 1 (2019 - 2020)	Year 2 (2020- 2021)	Year 3 (2021- 2022)	Year 4 (2023 - 2024)
Baseline - Current Service Provision	6,539	6,539	6,539	6,539
Baseline - Mechanical Thrombectomy	277	277	277	277
Total Baseline	**6,816**	**6,816**	**6,816**	**6,816**
Additional Costs	624	2,142	2,712	3,666
Total Proposed Costs	**7,441**	**8,958**	**9,528**	**10,483**

A detailed breakdown of costs for each of the phases can be found on page 8.

4.0   Estates Impact

The development of Hyper Acute Stroke and Acute will impact upon space and bed numbers at the non-HASU / ASU sites as follows:-

Impact	Year 4 (2023 – 2024)	Cost savings
Ysbyty Gwynedd	13 beds will become available. The Health Board would need to provide alternative funding if these beds were to remain open	2 x 6 bedded bays will close. This may incur a cost saving of 2 x trained staff (based on a 1:7 staffing ratio).
Ysbyty Glan Clwyd	The current 28 beds at YGC will become available. The Health Board would need to provide alternative funding if these beds were to remain open. It is envisaged that the existing ward would not be adequate to provide the environment needed for a combined HASU / ASU. For the purposes of the Business Case it is assumed that a new build is required.	The 28 bedded void at YGC will close. There will be no revenue savings and alternative funding would need to be provided for these beds to remain open.
Wrexham Maelor Hospital	4 beds will become available (assuming that Wrexham Maelor will be the location of the Specialist In-patient Community Rehabilitation)	4 beds will close. Due to the small number of beds the opportunity to reduce costs is limited e.g. each bay accommodates 6 patients – a reduction of 4 patients does not release staff. However the continuous use of escalation beds on the Wrexham Maelor Hospital site could be reduced by 4 if these beds were to remain open on the ward.

5.0   Bed days used

2016 / 2017 Baseline Stroke Activity (confirmed strokes)	1127
Patients to be discharged to ESD	394 (patients will be discharged sooner with increased

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	support)
Inpatient Rehabilitation	487 (patients will receive specialist inpatient rehabilitation) of these, 131 will be discharged with ESD after 10 days
Baseline Bed Days Used	23,253 (2016 / 2017 confirmed strokes)
New model with ESD bed days	17,409

Current model = 23,253 acute and community bed days used. This equates to 74.9 beds at 85% occupancy
Future model = Single HASU, ESD and Specialist Community In-patient Rehabilitation = 17,409 predicted acute and rehabilitation bed days used. This equates to 63 beds comprising of 15 HASU beds at 65% occupancy, 10 ASU beds at 85% occupancy and 38 Specialist Community In-patient Rehabilitation at 85% occupancy

- In the future model, patients that follow the whole stroke pathway from HASU to inpatient community rehabilitation will have a 27 day length of stay; 3 days in HASU, 4 days in ASU and 20 days in Specialist Community Inpatient Rehabilitation.
- Patients discharged to ESD from ASU will have a 5 day length of stay; 3 days in HASU and 2 days in ASU.
- Patients discharged to ESD from Specialist Community In-patient Rehabilitation will have a 17 day length of stay; 3 days in HASU, 4 days in ASU and 10 days in Specialist Community In-patient Rehabilitation.

Fewer patients staying in hospital as a result of introducing Early Supported Discharge Services

	Inpatient Rehabilitation Baseline 2016/17	Inpatient Rehabilitation New Model with ESD	ESD Impact	
			Fewer Patients needing inpatient rehabilitation	Patients with shortened length of stay in Rehabilitation (10 days instead of 20)
YG	224	147	77	39
YGC	274	193	81	41
YMW	383	278	105	52
BCU	**881**	**618**	**263**	**131**

There will be 263 fewer patients remaining as inpatients at the rehabilitation stage in the new model. Of those that do proceed to Specialist Community In-patient Rehabilitation, 131 will have a shortened length of stay as they will be discharged to ESD after 10 days.

APPENDIX TWO

Revised proposals for the phasing of stroke services

STRENGTHENING OF CURRENT SERVICES

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Revised proposal:

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Year 2 – A further increase of 1 x B6 Clinical Nurse Specialists per site (3 in total) to provide an extended hours service 7 days per week i.e. there will be a total of 6 Band 6's from Year 2 onwards.

The CNS's will be expected to complete an ANP qualification which will take 3 years, after which they will require re-banding to B7. Implementation of the one site HASU model will require the OCP process to be instigated for the remaining 4 WTE B7 CNS's.

Outcome: The revised proposal will improve current standards however it will not fully meet standards (by providing a 24 / 7 service) until the development of hyper acute stroke services.

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Year 1 – Additional 3.43 Band 6 WTE Radiographers to provide a 24 hour on site service in order to provide CT scans within 1 hour

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Year 1 – Additional 1.54 Band 6 WTE Radiographers per site to provide an extended service to 12 midnight. This will enable CT scans to be provided within 1 hour over extended hours does not provide a 24 hour service.

Outcome: The revised proposal will improve current standards however it will not fully meet standards (by providing a 24 / 7 service) until the development of hyper acute stroke services. It does however enable CT scans to be provided within 1 hour over extended hours 7 days a week. The additional CT radiography resource will be of benefit for all patients including ED referrals

3) Original proposal:
Year 1 – Additional 2 WTE B7 Vascular Scientists and 1.0 WTE B3 HCSW's at YG and Wrexham to ensure adequate cover for weekends and annual leave for Carotid Dopplers to be conducted at weekends and provide cover for annual leave. Note: If a high risk TIA attends ED on a Friday they are admitted until a carotid doppler can be conducted on Monday.

Revised proposal:
Year 1 – Additional 1.0 WTE B7 Vascular Scientist and 1.0 B3 WTE HCSW

> ***Outcome:*** The revised proposal would equate to 2 individuals per site but not 1 WTE per site. It would support some scanning on Saturday and Sunday (am or pm only)

4) The proposal for telemedicine to enable virtual consultant ward rounds 7 days per week will not change.

EARLY SUPPORTED DISCHARGE

Original proposal:
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Revised proposal:
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Year 4 – The development of hyper acute stroke services (Q3)

MECHANICAL THROMBECTOMY

Original proposal:
Year 1 – An increase from 10 to 15 patients
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Revised proposal
Year 1 – The same as above. An increase from 10 (baseline) to 20 patients
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North Wales
Stroke Service Review

The Aphasia Journey
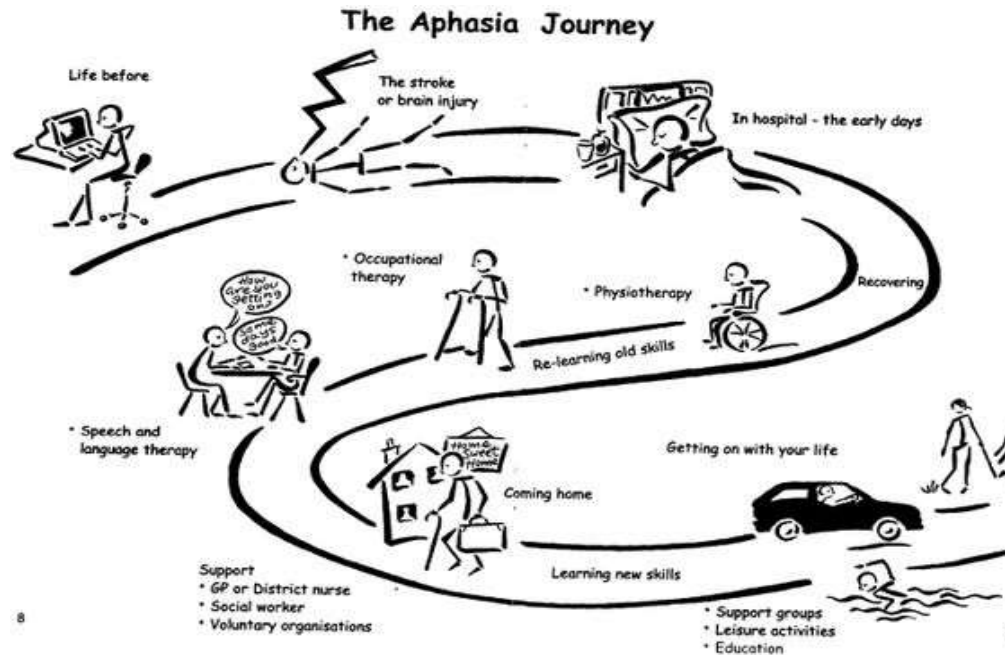
Introduction

❖ The case for change - why do we need a new service

- Poor level of Service significantly behind most parts of the UK; poor staff morale & recruitment & retention issues due to inability to provide quality Service; Low achievement in SSNAP & Welsh Government performance targets; Non compliance with Stroke Guidelines; recommendations of RCP Peer Review; Patient Critical Mass

❖ The process - how we developed the plan

- Evidence/Literature Review; Learning from Good Practice elsewhere; Extensive Stakeholder engagement; Extensive Data analysis with capacity, workforce and financial modelling; Formal options appraisals

❖ The Proposal – what will the Service look like

- Phased approach: Phase 1 Prevention, strengthened Services & 1 ESD Service; Phase 2 further 2 ESD Services and 1 Specialist Inpatient Rehab Units; Phase 3 further 2 Specialist inpatient Rehab Units; Phase 4 HASU/ASU

- **The demand-** 2016/17 1,127 Confirmed Strokes in BCU. 600 p.a required for a viable HASU. Growth in 2026 projected to be 1510

- **Outcomes** - **SSNAP LEVELS IMPROVE FROM C TO A and achievement of QIMs.**
  - ✓ Long term reduced disability and reliance on Social Care
  - ✓ Reduced risk of stroke; Timely direct admission HASU / ASU (patient flow); CT within 1 hour; Thromobolysis DTN times within guidelines; Timely swallowing assessment; OT, Physio, SALT interventions as appropriate; Discharge earlier with ESD & reduced disability

- **Sustainability** - Recruitment of specialist staff. Retention of clinical staff issue in current Service. Lack of improvement will impact significantly on this especially with medical and nursing staff.

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

- # Stroke Collaborative Meeting – extensive discussion and supported by Collaborative

- # Engagement Evidence/Literature Review; Learning from Good Practice elsewhere; Extensive Stakeholder engagement; Extensive Data analysis with capacity, workforce and financial modelling; Formal options appraisals

- # The development of case – Developed over the last 5 years with initial submission to Board March 2018

- Improved AF services

- Strengthen Acute services

- HASU site

- ESD across 3 sites

- Specialist Inpatient rehab on three sites

Year 1	Year 2	Year 3	Year 4
Stroke prevention - AF			
Strengthen acute stroke services across each of the three sites			Development of single site hyper acute services
Development of ESD in one area	Development of ESD in remaining two areas	FYE ESD across three BCU Areas	
	Development of specialist community inpatient rehabilitation beds in one area	Development of specialist community inpatient rehabilitation beds in remaining two areas	FYE ESD and specialist inpatient community rehabilitation

Improvement targets in each phase

Year 1	Year 2	Year 3	Year 4
Increased anti-coag monitoring in Primary care / community pharmacies			
25% improvement in access to ASU	Further 10% improvement in access to ASU	Maintain QIMs and SSNAP performance as per year 2	Improved SSNAP Score (A)
20% improvement in CT 1 hour	Further 20% improvement CT 1 hour	Improved SSNAP Score (B)	Reduction in acute beds from 29 to 25
40% Improvement in OOH thrombolysis door to needle (DTN) times	Improvement maintained in OOH thrombolysis door to needle (DTN) times		Fewer ward resource requirements
Improved on SSNAP domains above and maintain current scores (C)	Improved on SSNAP domains above and maintain current scores (C)		
Discharges sooner, Reduced dependency (Cochran Review) , Reduced inpatient bed days			Reduction of 13.5 Acute / Community rehabilitation beds across North Wales

Baseline	Year 1	Year 2	Year 3	Year 4
£6,816,000	£7,441,000 (£624,000 above baseline)	£8,958,000 (£2,142,000 above baseline)	£9,582,000 (£2,712,000 above baseline)	£10,483,000 (£3,666,000 above baseline)

- Comments/discussion

- Next steps

Strategy, Partnerships and Population Health Committee 4.7.19		*To improve health and provide excellent care*

Report Title:	Flintshire and Wrexham Public Service Boards
Report Author:	Rob Smith Area Director (East)
Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Public or In Committee	Public
Purpose of Report:	The report is intended to update members of the committee on the work of the Flintshire and Wrexham Public Service Boards
Approval / Scrutiny Route Prior to Presentation:	Approved by Executive Director
Governance issues / risks:	None
Financial Implications:	None.
Recommendation:	The Committee is asked to note the update and current progress made by the Flintshire and Wrexham PSBs

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	✓
2.To target our resources to those with the greatest needs and reduce inequalities	✓	2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	✓
6.To respect people and their dignity	✓		

7.To listen to people and learn from their experiences	✓		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

- Leadership and governance
- Strategic and service planning

http://www.wales.nhs.uk/sitesplus/861/page/81806

Equality Impact Assessment

The Gwynedd and Anglesey Public Services Board and the delivery groups will prepare equality and language impact assessments, where appropriate, in line with their implementation plans. The impact assessments will be live documents which will change and evolve alongside the delivery work.

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

Flintshire and Wrexham Public Services Boards (PSB)

1.   Purpose of the Report

The report is intended to update members of the committee on developments and implementation plans of the East Area PSBs - Flintshire and Wrexham and their implications for the Health Board.

The report is timely in that it incorporates the content of the draft PSB annual reports. Attached in appendix 1

2.   Introduction and Context

The aim of the Well-being of the Future Generations Act (2015) is to improve the economic, social, environmental and cultural well-being of Wales. The Act highlights seven well-being goals and five ways of working in order to give public bodies a common purpose.

The Flintshire and Wrexham PSBs were established in 2016, in accordance with the Well-being of Future Generations (Wales) Act 2015. The PSBs cover the areas of Wrexham and Flintshire Local Authorities and together are coterminous with the East Area of the Health Board. The Health Board is represented at the Flintshire PSB by the East Area Director and Director of Public Health and at the Wrexham PSB by the East Area Director and the Chief Executive.

The PSB Well-being Assessment for both well-being areas were published in May 2017 and, following a series of engagement and consultation sessions, the Well-being Plans was published in 2018.

Reflecting the role of local consultation within the processes and the different local organisations involved, the two East Area PSBs have identified different priorities within the overall Plan. These priorities are set out below:

3.   Well Being Plans

Flintshire

The Flintshire Wellbeing Plan identified 5 priorities and a number of in year priorities for each overall priority. The following Table (or diagram illustrates the Flintshire plan)

Flintshire Public Services Board's Commitments for 2018/19

Wrexham

The overall Well being plan identified 15 Objectives set out in the table below:

Wrexham Public Service Board (PSB)
Our 15 Objectives

1. **All people have opportunities to learn and develop throughout their lives**
   - Achievement levels for children and young people are improved.
   - Appropriate support is available to enable people to access learning opportunities.

2. **Children and young people are given a healthy start in life[1]**
   - Children and young people have positive mental health and access to services and / or support when they need it.
   - Parents and children and young people are able to make healthy choices.

3. **People can live healthily, happily and independently in their old age**
   - People with dementia (and their families) are well supported
   - People have appropriate housing and care options which meet their individual needs.

4. **People have positive mental health**
   - People are able to maintain their own mental health.
   - People can access support and / or services when they need to.

5. **People are able to make healthy choices**
   - People eat and drink healthily and take part in physical activity.
   - People understand how to access appropriate support and / or services when they need to.

6. **Our town is vibrant and welcoming**
   - There is a mixed economy of residential, retail, cultural and leisure in our town.
   - Our town is attractive, and people feel safe.

7. **There are good employment opportunities in Wrexham**
   - Supporting entrepreneurship and encouraging businesses to set up and grow in the county borough.
   - People have skills and experiences which meet the requirements of employers.

8. **There is a range of things for people to do in their spare time**
   - All people can access a range of social, cultural, sporting and leisure activities.
   - People make use of the countryside, parks and woodlands.

9. **The economy in rural areas is well supported and can thrive**
   - The agricultural sector is adaptable, diverse and resilient.
   - Rural areas are better connected by good transport links.

10. **All people have access to good quality, appropriate homes throughout their lives**
    - There is an appropriate mix of sustainable homes to meet everyone's needs.
    - People can access support and / or services when they need to

11. **People can travel easily around the county and beyond**
    - People can access a range of sustainable and community based transport options.
    - There is reliable, affordable and regular public transport.

12. **The Welsh language is thriving**
    - There are opportunities for people to learn and speak Welsh.
    - People are proud of Wrexham's Welsh language and culture.

13. **Tourism supports the local economy**
    - There is a range of attractions and activities which people want to visit.
    - The tourism sector is sustainable and ambitious.

14. **The county borough is a safe place to live**
    - We look after those who are most vulnerable.
    - People feel safe and there are low levels of crime.

15. **Our communities are prepared for the future**
    - Communities are resilient and adaptable to changes such as population, climate, and the economy.
    - Individuals take initiative and responsibility for themselves and recognise their role in the lives of others.

[1] By 'children' we mean from conception to age 10. By 'young people' we mean those aged 11 to 25.

The Wrexham PSB decided to focus on the themes that featured most prominently in the consultation process. The priorities for the initial phase are therefore

- To ensure that Children and young people are given a healthy start
- To ensure all people have the opportunity to learn and develop through life

The initial phase of the PSB coincided with the publication of Healthier Wales, which cited PSBs as having a role within the overall delivery of Healthier Wales (see below). As a result, the following priority has been added as an initial priority:

- To ensure people can live healthily, happily and independently in old age

4. Partnership working

The PSBs are important forums for taking forward partnership working across the two Local Authority Areas. The membership includes the Health Board, Local Authority, Fire Service, Police, Education, Probation Services as well as the representatives from the voluntary sector. The Flintshire Group is Chaired by the CEO of Flintshire Local Authority and Wrexham by the North East Wales Head of Environmental Agency (Chair's elected by members). Both groups are well attended.

The PSBs are also an important element of the governance arrangements within the delivery of the Healthier Wales programme. The Healthier Wales programme creates a requirement for local agencies to work together to provide seamless health and social care. The Health Board has identified this work as a priority within the Living Healthier, Staying Well strategy (including the Care Closer to Home Strategy)

There is therefore a high degree of cross over between the delivery of Care Closer to Home and the health and wellbeing elements of the PSB delivery plans. This convergence of priorities ensures that the local organisations are fully engaged in the PSB delivery and ensuring that health and wellbeing of local residents can be improved.

5. Update on Progress from the Flintshire & Wrexham PSBs

The draft annual report from both PSBs are attached for information.

6. Recommendations

The Committee is asked to note the update and current progress made by the Flintshire and Wrexham Public Service Board.

A Well-being Plan for Flintshire

Annual Report 2018/19

FLINTSHIRE **PUBLIC SERVICES** BOARD
BWRDD **GWASANAETHAU CYHOEDDUS** SIR Y FFLINT

Partners

These are the Flintshire Public Services Board partners.

These organisations have helped to develop and deliver the Well-being Plan for Flintshire:

CYNGOR **Sir y Fflint**
Flintshire
COUNTY COUNCIL

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Cyfoeth Naturiol Cymru
Natural Resources Wales

Gwasanaeth Tân ac Achub
Fire and Rescue Service

FLINTSHIRE **PUBLIC SERVICES** BOARD
BWRDD **GWASANAETHAU CYHOEDDUS** SIR Y FFLINT

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru
Public Health Wales

HEDDLU GOGLEDD CYMRU
Gogledd Cymru **diogelach**
NORTH WALES POLICE
A **safer** North Wales

FLVC
Flintshire Local Voluntary Council
Cyngor Gwirfoddol Lleol Sir Fflint

COLEG **CAMBRIA**

PRIFYSGOL
glyndŵr
UNIVERSITY

Llywodraeth Cymru
Welsh Government

Gwasanaeth Carchardai a Phrawf EM yng Nghymru
HM Prison & Probation Service in Wales
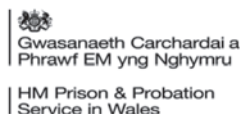
Cwmni Adsefydlu Cymunedol
Cymru Wales
Community Rehabilitation Company
PRAWF PROBATION

Pictires: Craig Colville

introduction

Introduction from the Flintshire Public Services Board (PSB)

Flintshire has a longstanding and proud track record of partnership working. The communities we serve rightly expect statutory and third sector partners to work together to manage shared priorities through collaboration. The Flintshire Public Services Board (PSB) is at the heart of promoting a positive culture of working together and concentrates energy, effort and resources on providing efficient and effective services to local communities.

The Flintshire Public Services Board is a strong and unified team. We have set our initial priorities which are covered in full in this Annual Report. We set our priorities for 2018/19 which are covered in full in this Annual Report. Over and above working towards these it has been our role to ensure that the supporting partnerships are effective in working within their specific briefs to improve services and outcomes for local people.

Flintshire is a high performing County with a positive future. Together we can continue to make a positive difference both today and in the future.

Colin Everett
Flintshire County Council / Chair
Flintshire Public Services Board

Rob Smith
Betsi Cadwaladr University Health Board / Vice Chair
Flintshire Public Services Board

Angela Tinkler
Public Health Wales / Vice Chair
Flintshire Public Services Board

Annual Report

The Annual Report covers: -

01 | PROGRESS
Progress against key actions and projects

02 | PERFORMANCE
Actual and comparative performance information against local and nationally set performance indicators

03 | ASSESSMENT
An assessment of how well the PSB is managing the strategic risks and challenges it faces

04 | OUTCOMES
The outcomes improve services as a result
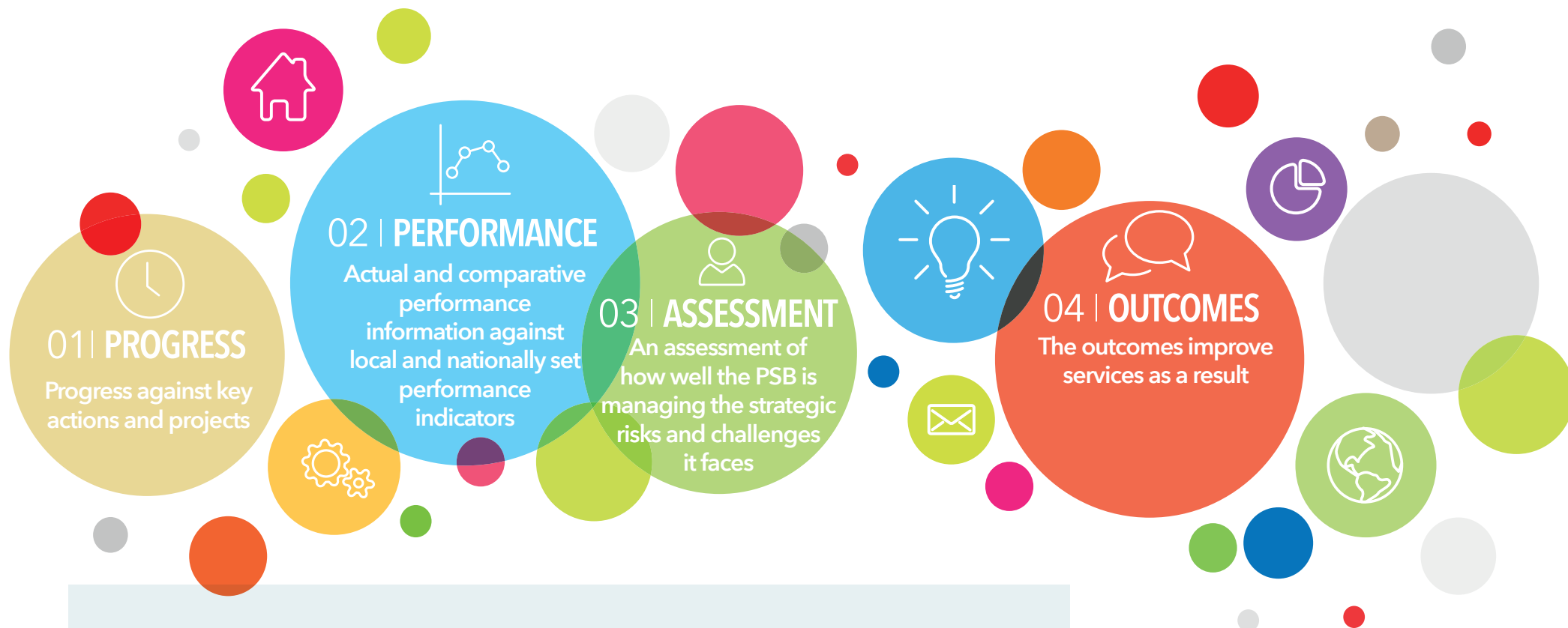
This Annual Report provides an overview of our performance in achieving our priorities as set out in our 'A Well-being Plan for Flintshire 2018/19' which:

+ Meets the statutory obligations of the Well-being of Future Generations Act (Wales) 2015.

+ Provides a balanced view: reinforces success; highlights areas for improvement and details priorities for 2019/20.

Flintshire Public Services Board's Commitments for 2018/19

For 2018/19, the PSB set five priorities and a number on in-year priorities as detailed within the Well-being Plan for Flintshire:

01 Community Safety

02 Economy and Skills

03 Environment

04 Healthy and Independent Living

05 Resilient Communities

Central wheel

- Resilient Communities
- Community Safety
- Economy and Skills
- Environment
- Healthy and Independent Living

Community Safety / Other Partnership Workstreams

- Pilot area based work
- Domestic abuse
- Modern Day Slavery
- Organised Crime Gangs
- Child Criminal Exploitation (CCE)

Economy and Skills / Other Partnership Workstreams

- Promotion of careers in the Public Sector
- Championing skills across all sectors
- Support own workforces at risk of poverty
- Collective work on workforce policies
- Identification of PSB partner land for housing, education or well-being

Environment / Other Partnership Workstreams

- Build a 'map' of land and sea assets across the County
- Community based approach to delivering a coastal green infrastructure plan
- Develop a plan for some pilots to trial doing things differently
- Using the environment in local communities to support resilience

Healthy and Independent Living / Other Partnership Workstreams

- Development of extended Care Home and Discharge to Assess facility
- Opening of the Health and Well-being Care Centre in Flint
- Develop a shared understanding of social prescribing
- Co-located health and social care workforce in Connah's Quay
- Early Help Hub

Resilient Communities / Other Partnership Workstreams

- "Getting Flintshire Moving" to increase activity
- Evaluation of new ways of working and delivery of Community Benefits
- Agreeing Community Benefit strategies across all partners
- Explore the benefits of Community Shares
- Development of Social Prescribing
- A new leadership programme for those who work with communities

01 | **Community Safety**

Commitments

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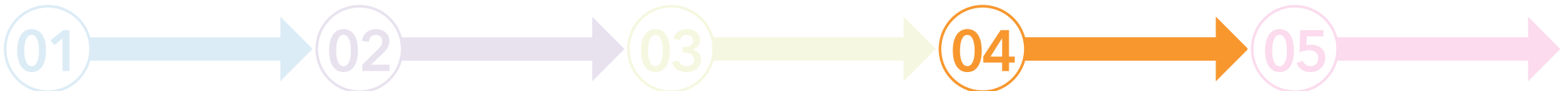
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Achievements

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Risks and Barriers to Achievement

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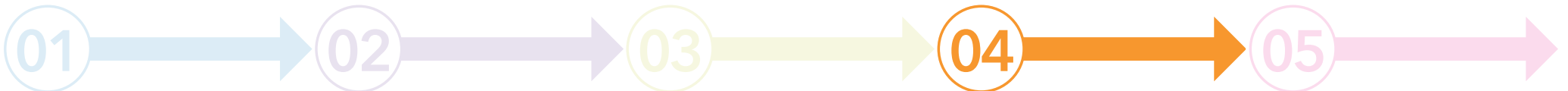
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Incomplete Work Carried Forward as Priorities for 2019/20

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02 | **Economy and Skills**

Commitments

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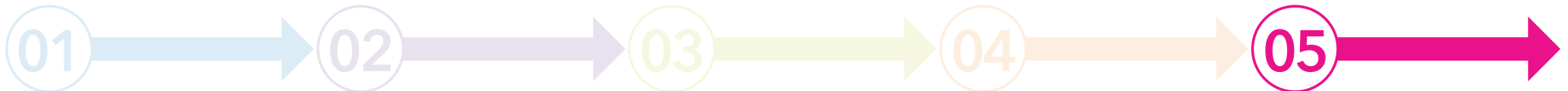
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Achievements

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Economy and Skills

02 | Economy and Skills

Risks and Barriers to Achievement

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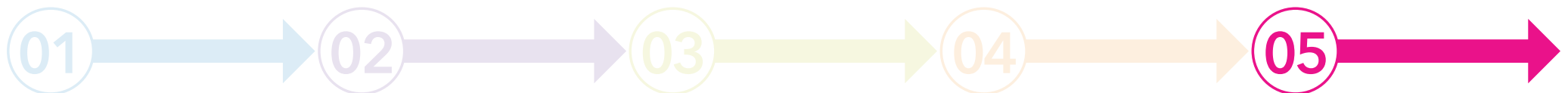
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03 | **Environment**

Commitments

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03 | Environment

Risks and Barriers to Achievement

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Incomplete Work Carried Forward as Priorities for 2019/20

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04 | Healthy and Independent Living

Commitments

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Achievements

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04 | Healthy and Independent Living

Healthy and Independent Living

Risks and Barriers to Achievement

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Incomplete Work Carried Forward as Priorities for 2019/20

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05 | Resilient Communities

Commitments

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Achievements

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Risks and Barriers to Achievement

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Incomplete Work Carried Forward as Priorities for 2019/20

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Future Developments

Going forward the Flintshire Public Services Board propose to:

• Make the Annual Report for 2019/20 a digitally interactive report with video and blog content.

• Include reference to the national indicators (where relevant).

• Better reflect upon how bthe PSB is applying the 5 ways of working in reporting progress.

Wrexham Public Services Board – our first year, 2018/19

It's been just over a year since we shared our five year well-being plan and so it feels like a good time to reflect on what we have done so far, and the challenges we still face.

Our plan was produced as a route map to improving everyone's health and well-being, opportunities across Wrexham. It's about moving together towards the 'Wrexham We Want', a place with thriving Welsh culture, cohesive and resilient communities, with great opportunities for all. A great place to live, work, play, be happy and be proud of.

It was written with our communities at the heart, and a commitment to do things a little differently from before. We identified themes that Wrexham people felt were important and we decided to really focus on a couple of these at a time, rather than try to do everything at once.

We have set up new programme boards around -

- Children and young people are given a healthy start in life
- All people have the opportunity to learn and develop throughout their lives

These Boards have gathered together people with skills and enthusiasm to get involved. And over the five years of the well-being plan we are also trying out different ways to deliver the other priorities that people said were important, so that we can align what we do as a PSB to the national well-being goals.

The leaders who sit on our Public Services Board are responsible for bringing things together and to make a start on the big issues that face us – tackling climate change, reducing poverty, supporting our Welsh language and building community cohesion.

We're not about business as usual. We've got a long journey ahead and if we are going to be successful then we need to travel together. Partnership working takes time, commitment and then more time. We now have strong foundations in place, where we can make quicker progress in the areas where we can do things better. And we now have a clearer sense of the challenge ahead to improve everyone's well-being.

What have we learned so far?

We have learnt some lessons from our first year of the plan, which we will discuss at the PSB, with our partners and with our communities. Although we have made a good start at getting the conversation going around our well-being plan, this year hasn't come without its challenges:

- We've realised how difficult it is when trying to procure services and use different business processes and systems across different organisations everyone has their own priorities and a day job to do. If it's hard for the PSB, then it must often be impossible for our communities. We need to make this work better in the coming years.
- Sometimes working within our own organisations to manage deadlines and working reactively to what's happening right now makes it tough to keep a focus on the long term as much as we should.
- It is challenging when there is no consistent funding for PSBs as a strategic body. When funding becomes available, then usually timescales are tight, which goes against how we are trying in Wales to work for the long term.
- Building trust and commitment to partnership and aligning budgets is complex. New staff and new thinking means constantly building new relationships, which means investing in

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time and encouraging ideas and creativity, wherever it comes from.

- We need to broaden understanding across the community of what our well-being plan will do, and get more people to join us on the journey.
- Finally, we know we need to focus on being more preventative in how we do things so that we build resilient communities and build social return in investment. To do this needs a similar shift in thinking from national and strategic partners.

Delivering Our Plan

The Boards have now met regularly over the first year to start to build momentum. We have forged links with the right people to get the job done and have expanded our membership as we have developed the actions further. A year in and we are updating what we need to do so that we continue to involve our communities and stakeholders to deliver on the seven well-being goals to achieve:

- A Healthier Wrexham
- A Resilient Wrexham
- A Prosperous Wrexham
- A Wrexham of Cohesive Communities
- A Wrexham of Vibrant Culture and Welsh Language
- A Globally Responsible Wrexham
- A More Equal Wrexham

We will keep the ever important ways of working involvement, collaboration, long term, integration and prevention at the heart of what we do. We will commit to working differently, together.

Getting involved

In 2016 the Wrexham Senedd yr Ifanc worked to identify what is important for children and young people in Wrexham. They developed a consultation for young people aged 11-25 called 'Our future – the Wrexham we want' and 340 young people took part.

The results from this consultation highlighted issues for Wrexham around:

- Sleep
- Food and weight management
- Building life skills.

This work then shaped the programme boards who have been mapping current financial literacy and life skills programmes being delivered via the PSE curriculum. The PSB has started to work closely with Careers Wales to support development of advice and support via the Education Business Exchange programme.

Last year, the Senedd took the lead and developed an additional consultation '*Our Well-Being*', working with Public Health Wales and the PSB. The aim was to further inform the work that concern young people on Wrexham's Well-Being Plan. A pretty fantastic 1350 young people aged 11 - 18 shared their views with the Senedd on what life skills were most important to them.

The March 2019 we invited the Senedd and Sally Holland – the Children's Commissioner for Wales, and her team to take over our PSB meeting. The meeting was themed around how the Right Way guidance and the Senedd consultation findings could shape the work of the PSB.

After the workshop the young people said:

'Being asked to play a major role in developing a project on very current issues we previously found was a sensational experience. We are very proud we managed to prove that improvement is needed regarding young people, sleeping and the use of technology, healthy eating and knowing what direction independent skills should be taught. We hope to see effective actions from the results including promotion of the 'Night Light' and

better knowledge of connections with a good night's sleep and technology. We hope young people's futures in Wrexham are made easier through the teaching of necessary life skills to include awareness of healthier eating.'

'Working with the PSB built my confidence because the room was filled with professionals who will support the work we have done.'

'I really enjoyed developing and running with the 'Our Well-Being' Consultation. We had amazing amount of young people taking part with amazing results. They were very interesting findings. It was a great opportunity to be able to promote these findings with professionals from the PSB and Sally Holland.'

The individual partners have now resolved to test out how they could embed a children's rights approach across how they work. The PSB and the Senedd will take responsibility for bringing them together to focus on progress, barriers and opportunities.

Fit for our future – long term

Our new Play Pledge for Wrexham commits high level support across Wrexham Council in protecting and improving children's play as well as agreeing to form a play partnership with a range of professionals to monitor and progress Play Sufficiency Assessment actions. We have built strong links with Wrexham Football Club to promote health and wellbeing through the club's interaction with young people and families.

The Wrexham PSB has started to build links with the regional skills partnership in order to understand what jobs will be at risk in the next ten years, and what skills will be needed for the future. The programme boards are trying to develop an understanding of future trends, so that North Wales can continue to take advantage of sustainable growth opportunities post Brexit.

The PSB partners have committed to endorse and promote the Wrexham Employer pledge. This innovative project is bringing the public, private sectors together with communities to develop apprenticeships, increase the availability of part time work and encourage the employment of over 50s.

The lifelong learning programme board is supporting the University of the Third Age which is thriving in Wrexham. The recent U3A report on social isolation identified the potential intergenerational benefits that the Wrexham PSB could achieve through the delivery of the well-being plan.

[U3A report](#)

The Wrexham Green Infrastructure Project will improve green space within some of the most deprived wards in Wrexham. Focusing mainly on Caia Park and Plas Madoc communities, the project will make a series of environmental improvements, targeting large areas of open space and leading to multiple benefits such as including increased respect and a sense of ownership of the environment, health and social improvements, community cohesion and resilience of local ecosystems.

- Create dense, structural tree planting to reduce the noise and air pollution effects of heavy traffic along a key arterial transport route into Wrexham.
- Develop volunteer networks within Wrexham to engage the community in caring for and improving the environmental quality of their green space.
- Build new partnerships with North Wales Wildlife Trust and Keep Wales Tidy.

Doing things right – prevention

In this last year we have engaged to explore possible partnerships to offer free fruit to

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children in a community healthcare setting. We have started to work with Betsi Cadwaladr UHB charitable funds (Awyr Las) and BCUHB catering to take forward a pilot. If this is successful then it will grow and evolve such that other settings seek to provide a similar offer for children/ families. Coleg Cambria has fitted six water fountains on their Wrexham campuses and has developed a Free Fruit Friday initiative. We will deliver accessible fountains at other public locations in the coming year, subject to funding. We enabled Refill to visit businesses in the town centre to encourage them to be part of their scheme to provide free water to refill reusable bottles.

The East area of North Wales has approximately 29% of women commencing pregnancy classified as obese. To complement existing community midwifery training and resources which support eating well, being active and healthy pregnancy weight gain, we have engaged with local GP clusters to plan how we share resources and support through our primary care teams.

Come and Cook has continued to be delivered across the county by Dietetics, the Health Improvement Team (BCUHB) and Flying Start. We are keen to explore how we can support families and individuals moving on from needing to access food donations, such as through foodbanks and build sustainable partnerships, including those working with the homeless.

The Adult Community Learning Partnership has developed a very thorough overview of opportunities available across Wrexham, linking in with the majority of providers, and has successfully focused on the delivery of Essential Skills. The 19/20 ACL programme has been co-produced with learners, and we are exploring options with DEWIS to engage people in education opportunities, volunteering and other opportunities,

Last June saw the start of Alyn Waters junior parkrun, a free timed 2km event for children aged 4-14 which takes place every Sunday. The set up costs were supported by the Together in Wrexham grant. The event is completely volunteer organised and led and so far 175 different volunteers have helped out at the events we have taken place. The junior parkrun is now averaging around 40 park runners and 20 volunteers a week. The event is really inclusive and there is no pressure to run or to complete the event in a set time, the emphasis is on encouraging all juniors to complete the event in a way that makes it fun.

More than 8000 people have been involved in Play projects this year. This included a comprehensive play satisfaction questionnaire completed by over 1200 year 5 children, a further 500+ parents, professionals including PSB partners and children who were involved in the Play Sufficiency Assessment 2019, over 2500 individual children who have attended community council funded play schemes, and an estimated 4000 people who went to Playday 2018.

Doing things better – integration

The Local Public Health Team has conducted a rapid literature review looking at sleep and attitudes to weight and food, and then used this information to support the formulation of questions and the consultation that was been designed by the young people. The Local Public Health Team are looking at the findings that this consultation report generated, comparing these with other data and evidence sources and will then make some recommendations for the Healthy Start Board to consider.

We have also created new links with Glyndwr University to build on as we progress into the next year. This is looking to link the students

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on the Universities Public Health programme with issues that require some form of research, evidence or data.

Working together

Wrexham Glyndwr University has led on a regional project to identify how we increase the amount of community and voluntary activity and share good ideas across the region. If we map out and can capitalise on the opportunity for staff who work across the public sector to formally get involved with their communities. We have been working with Datris, a Welsh technology company to identify the amount of community involvement across Wrexham, so that the PSB is able to support grass roots initiatives. We have now identified more than 1800 clubs, groups and societies across the County Borough, showing that community vitality is flourishing, but could do with support. By now mapping these groups onto DEWIS we can start to increase opportunities for people to get involved with where they live, building their resilience and well-being.

This work has revealed that we often underestimate how much community work is happening where people don't see themselves as volunteers in the traditional sense, from coaches at the local U11s football team, to organising the annual Visit My Mosque event that successfully took place in Wrexham in March 2019.

Local partners BCUHB, Home Start and the National Trust have worked together this to secure National Lottery funding to develop the Camp at the Castle Scheme that has allowed several families to access a weekend's holiday in the beautiful location of Chirk Castle, centred around outdoor play.

A North East Wales Green Infrastructure map has been produced by Cofnod (the North Wales Ecological Record Centre) and identifies existing Green Infrastructure in Wrexham, Denbighshire and Flintshire. Cofnod has developed a display and interpretation which is used to educate the public and start discussion about where we live.

A new Children and Young People's Wellbeing Network has been established by the Association of Voluntary Organisations in Wrexham in collaboration with the wider third and public sector organisations. The aims of the network are to share news and information, discuss issues of common interest, identify opportunities to work together, and learn from each other's knowledge and experience. The network will also be utilised as a communication channel for representatives on strategic partnerships and can be used as a consultation point with the third sector.

Our cross cutting ambition

There are four cross cutting themes that pull our well-being plan together. These long-term wicked issues require a new way of doing things, and a whole community and partnership response, which we can co-create as we build resilient communities.

- Climate Change – Wrexham PSB is leading a programme to develop a regional climate change framework. Working with Natural Resources Wales, this framework will be a way to bring together the four PSBs across North Wales, and to enable organisations, stakeholders and communities to work together to develop a solid response to the most critical challenge we face.

- We have agreed to work with the Senedd yr Ifanc on the climate change framework, so that children and young people are the ones who shape

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their future and have a real say in decisions about their lives that will affect them.

- Poverty – the PSB is well placed to identify and highlight the local issues of poverty, and to develop an integrated and ambitious approach to improving well-being. We want to have an honest conversation across the community about what this means and what the upstream barriers to well-being are, from income to learning to health. It could take us a generation to turn around, but we will develop ways to ensure that everyone has the opportunity to be their best.

- Community cohesion. Wrexham is a vibrant and tolerant place where different communities try to get along and where new friends are welcome to get involved and bring the noise. We have an established and strong community safety partnership and an effective track record of support agencies, PSB partners and communities working together. We are developing multi agency community care hubs across Wrexham which will be responsible for signposting and social prescribing to improve well-being.

- Welsh language. The Learning programme board has been identifying opportunities to develop the Welsh Language across the public sector in Wrexham. Building on the excellent start that schools make, Coleg Cambria is the lead on ensuring that PSB members take advantage of workplace training, from online courses to intensive work based Welsh training.

So, what's next?

Hopefully this report gives a flavour of what the Wrexham PSB partners, our communities and stakeholders have started to do, and how we are starting to contribute to the bigger picture regionally, nationally and globally. We feel like there's a long journey ahead, but we've set off now and we can see the summit, so we know where we need to go.

We've got a committed group of individuals on board who are collectively taking responsibility to get things done. We care about getting this right with the people of Wrexham, so that we can build a future for our place that we can all be proud of.

If you'd like to get stuck in and help us to help each other then please email: sustainability@wrexham.gov.uk

June 2019

	2.5.2019 which considered the developments a year on from the publication of *A Healthier Wales* and the issue of delayed transfers of care. The discussion reflected well on the work completed in North Wales and the Minister was encouraged by the work and the progress of the RPB.
	
	TO also reported on being a member of the National Advisory Transformation Board, invited by the Director General, Andrew Goodall which consists of a cross sector membership across Wales. The role of the Advisory Board is to support delivery of the Transformation Programme through providing robust advice and challenge, ensuring that stakeholder interests are considered in a balanced way, at a strategic whole-programme level.
	
	Actions from the last meeting:
	• Actions from February/March meetings have now been completed.
	
	All actions have been completed from the April meeting:
	• Social Value agenda item:
	   1. JW has advised of the updated figures for the Social Value Forum report.
	   2. LC has forwarded updates from meetings to the report.
	   3. TO has action BCU rep on the Social Value Group – Glyn Roberts.
	
	BJE reported on an e-mail received from Ann Woods, Chief Officer FLVC, following her attendance at the last NWRPB meeting, requesting the RPB to consider nominating 'Social Value Champions' within each of the six local authorities and the health board, for ease of a two way discussion between partners.
	
	BJE noted there are officers in each authority who are involved in social value as part of their role.
	ME reported Gwynedd would favour this contact through the third sector group, Mantell Gwynedd.
	NA also favoured this contact through the compact group in FCC.
	
	As a result of the workshop at the last meeting, BJE and TO are preparing a report to take to the North Wales Regional Leadership Board 31.05.2019 which will provide an update on the work of the RPB and future work programme.
		Presentation to be circulated to RPB – RW
		
		LA's to forward named person to BJE

3.	North Wales Economic Ambition Board The Board received an update from ITJ on the work of the North Wales Economic Ambition Board, and in particular the North Wales Growth Bid.	

ITJ reported the NWEAB governance and structure is evolving with work delegated to sub-boards, with the private sector being important partners in this work.

The NWEAB is progressing with establishing a Business Delivery Board to represent the private sectors across North Wales. One of the function of this board is to challenge and steer the EAB, providing a robust system and giving a voice to the private sector.

The Growth Vision

The Growth Vision, a lobbying document, is a single, joined-up vision for economic and employment growth for North Wales, and the driver of the activity for the NWEAB. The Growth Vision involves around 7 or 8 strategic projects to deliver the strategy - Infrastructure, Integrated Transport, Strategic Sites and Premises, Digital and Housing.

The aims behind the vision are:
- To improve the economic, social, environmental, and cultural wellbeing of North Wales;
- To support and retain young people in the region's communities;
- To address worklessness and inactivity across the region;
- To support and enable private sector investment in the region to boost economic productivity and to prove the economic and employment performance of North Wales

Growth Deal

The Growth Deal itself is a part of the wider Growth Vision for North Wales, and elements of this work has progressed significantly with the Heads of Terms document with both UK and Wales Government and moving forward to full business case working in July 2019 – Digital, Land and Property, Employment Sites, Employment and Energy. The remaining projects will follow in the second phase from September 2019.

Work on establishing and embedding values and culture across the region is also being developed through the NWEAB. A document is being created to inform individuals of the values and culture to enable positive participation and contribution to the discussion as individuals are dealing with issues that affect the whole of North Wales i.e. infrastructure, strategic transport.

TO thanked ITJ for his informative update on the NWEAB and noted the evident progress seen since the last update. Work on the values and culture is also encourages as we are all striving for the same outcome.

MWJ asked ITJ to explain the timeline for these projects, if the projects will be funded fully this next year and if there is a rolling timetable.

ITJ advised the first 6 projects have a clear timetable and profile in place, and will be implemented over a period of 3 or 4 years. The

	budget and funding will be in place for these 6 projects once the Head of Terms have been signed by both Government. None of the projects mentioned are listed in any priority order, the NWEAB has stepped away from prioritising projects. MWJ was very heartened to learn of the work being done on developing culture as this reiterates work currently done by the sector and everyone will benefit from this work and lessons learned. NA enquired how digital connectivity would be provided across the four transformation projects in North Wales. ITJ confirmed arrangements are already in place for engagement across the region, with an established digital team led by Denbighshire looking at fibre connectivity in the region, which will provide huge opportunities to transform services and areas of growth across North Wales. CB enquired on the priorities in relation to Housing to maximise on the Growth Deal. Housing is only part of one elements and noted the importance of connecting with other elements to succeed – leisure, transport, specialist posts, links with education. ITJ agreed and reported the balance between promoting the foundation economy is crucial, engaging appropriate partners and the high value economy. Housing Associations have an important contribution to engage towards the preventative agenda. MWim noted the importance not to see H & SC sector just as providing employment, but also providing care to enable other people to work. One particular need of the sector will be moving towards the compulsory registration of all domiciliary care workers. ITJ reported training programmes to meet the needs of the region are being informed by the work done by the EAB. TO enquired where NWRPB members could access a copy of the Growth Vision/Growth Deal. TO also noted the North Wales Economic Ambition Board is vital to the prosperity of the region; with all the projects central to the preventative agenda.	ITJ to provide information to BJE ITJ to send a website link to both documents for circulating. ITJ to forward document on values/culture once completed.
4.	<u>A Healthier Wales</u> <u>Reporting timescales</u> The chair again emphasised the importance of each transformation programme adhering to the specified reporting timescales. The next claim is due 15.07.2019 and partners are requested to ensure claims are processed and forwarded on time, as consolidation timelines by the Head of Regional Collaboration and the chair of NWRPB, who have overall responsibility for the transformation programmes will be required within 2 or 3 days, presenting very tight deadlines.	

Together for Mental Health in North Wales (T4MH)
The board received an update from MWJ on the T4MH update in Lesley Singleton's absence.

Main highlights include:
- The full Project Team are now in place with newly appointed three Business Mangers in post.
- The Commissioning Framework is now in place and the evaluation partner has been agreed.
- A further update will be provided after the T4MH board this afternoon.

MWil again emphasised the importance of a consistent approach to evaluation across all transformation programmes, which has already been taken into consideration and ChS reported that the CCTH/Community Transformation and the Children's Transformation have completed a joint evaluation tender, working to the same criteria as the T4MH and LD Transformation Programmes.

All partners are fully aware of WG grant conditions and challenges faced by all four transformation programme i.e. quarterly claims in arrears along with evidence of spend, claims made on defrayed payments only (i.e. money which has been cleared through the bank) and activity reporting.

Cllr LR enquired if Housing colleagues were members of the T4MH Board.

LH enquired if WAST were represented on the T4MH Board and will discuss with Claire Bevan and advise.

North Wales Together: Seamless Services for people with Learning Disabilities

The board received an update from NA and Kathryn Whitfield on the LD transformation programme.

A full compliment of staff have now been appointed to the LD Transformation team.
A programme launch date has been arranged 14.06.2019 in Venue Cymru. Discussions will involve how the success of the programme will be measured and sharing of best practice across the region.

Integrated Early Intervention and Intensive Support for Children & Young People

The board received an update from NS, who noted North Wales are the only region with a programme on Children and Young People as part of the transformation programme, which is clearly linked to the NWRPB priorities, identified through the population needs assessment.

The Children's Transformation Programme is at an early stage, following approval of funding from WG in March 2019. The transformation work has progressed, at risk, with the recent appointment of the Programme Manager.

It has been agreed the delivery of the programme will take place through the existing Children's Transformation Group, reconstituted to include local authority partners, and now titled Children's Partnership Priorities (ChPP). This group is jointly chaired by NS (partnership agenda) and Bethan Jones (health agenda). The Terms of Reference has been re-visited and updated, with the infrastructure support and expectation from the regional recruitment for the three Project Officers to be considered.

SLW noted housing does not seem to be represented in the transformation programme boards. NS confirmed this issues has already been raised and is currently being actioned.

JLe enquired how the people themselves are being represented at the Children and Young People Transformation Board.
NS confirmed operational work delivered is very much locality based. Directors and the third sector have a role to play in relation to engaging with existing groups and representing children with the work delivered being unique to each area.

Cllr LR noted the need to involve leisure services as part of the transformation programmes.
NS informed the Children and Young People Transformation involved very niche practitioners. There are specific deliverables where leisure will be included.

Care Closer To Home (Community Services) Transformation Programme (CCTH)
The board received an update from ChS on the update of the CCTH Board which is also at an early stage, following approval of funding from WG in March 2019. The transformation work has progressed with the recent appointment of the Programme Manager.

It has been agreed the delivery of the programme will take place through the Area Integrated Service Boards (AISBs) in order to capture local need, and the CCTH Board will provide strategic direction to ensure robust plans for sustainability at the end of the programme.

The board membership has been challenged to ensure the board consists of appropriate individuals to tackle issues and monitor progress.

It has been agreed to tender for evaluation of the CCTH transformation as part of a joint tender with the evaluation of the Children's Transformation bid, which will imminently be circulated.

	JLe enquired if the CCTH Board consisted of citizen and carer representatives. CS confirmed that citizens and carer representatives are not members on the board at present, but believes there is an expectation, and the Citizen Panel would assist to supplement this role.	
5.	Integrated Care Fund The board received an update from NA on the ICF Quarter 4 2018/19 Report and the Draft Revenue Investment Plan 2019/20. ICF quarter 4 2018/19 Full spend has been reported across all themes including Capital, with some alterations to overall allocations across themes within Revenue and Dementia. Ultimately the allocations tie back to the initial allocations received from WG. ICF Capital Plan – A re-formatted three year Programme has been received from WG, including new dashboard style report. The plan will be reviewed and updated and forwarded to WG by 31.05.2019. Draft Revenue Investment Plan 2019/20 The draft ICF Revenue Investment Plan document was submitted to WG at the end of March deadline: • There are currently unallocated amounts in each of the funding streams i.e. Dementia, Early Intervention, LD CCH & Carers and OP, which will be allocated to projects for the final version. • The dashboard (summary overview of plan) includes regional themes & descriptions, identifying agreed outcomes. There are around 98 projects in the plan demonstrating local delivery of the regional outcomes. • Due to the complexity of the WG Plan template, it has been difficult to roll up projects. However, work is continuing with WG to agree the best way forward. • Members of the RPB endorsed the draft revenue investment plan. DW enquired how much of the ICF funding is allocated to Social Value organisations. Referring to the recent announcement from WG 20% of the transformation funding will be given to SVF. NA confirmed all partners across the region are aware of this requirement NS emphasised each local authority already engage with social value as part of their role, which may have been overseen by WG. MWim reported private sector organisations also offer social value. Any organisation can offer social value, what is important is making a difference within the region.	ICF full report to LG in May, RPB in June RW

6.	Update on the regional response on the Consultation on the code of Practice on the delivery of Autism Service This agenda item has been deferred to the meeting in June.	June agenda - RW
7.	<u>NWPB Annual Report</u> BJE reminded RPB members' feedback on the Annual Report template will be required as soon as possible, deadline was 3rd May 2019. The report will be drafted now so that it can be completed, agreed and translated in readiness for submission to WG end of June. <u>Formalising process for Vice-Chair</u> A paper will be presented at the June meeting outlining the process for selecting a Vice-chair.	Outstanding feedback to be forwarded asap to RW. Agenda June - RW
7.	For info: NS reported Measuring the Mountain is seeking to review stories by those with lived experiences. MWim again raised concern on the unsustainability of the nursing home sector due to the lack of fee setting by the BCU. TO confirmed this has been brought to the attention of BCU senior colleagues but has nothing further to add at this stage. JLe enquired if we are closer to appointing citizen representatives on to the RPB. BJE confirmed the closing date is the end of June. KR enquired on the WG Hospital to Home Programme, on improving patient flow allowing patients to return home to a safe environment. LC confirmed this project is funded through Care and Repair, providing adaptations for discharge, has proved successful in North Wales and given an extension till September 2019.	

Strategy, Partnerships & Population Health Committee 4.7.19	 *To improve health and provide excellent care*

Report Title:	Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement Progress Report
Report Author:	Nia Thomas, Head of Organisational Development
Responsible Director:	Mrs Sue Green Executive Director of Workforce & Organisational Development
Public or In Committee	Public
Purpose of Report:	This paper provides the Strategy, Partnerships & Population Health Committee with an update report on progress made against the Staff Survey organisational and divisional improvement plans and also progress with the Be Proud/Byddwch Yn Falch staff engagement work. This report complements and builds on previous reports, the last of which was submitted to the Committee in February 2019.
Approval / Scrutiny Route Prior to Presentation:	Scrutiny of progress against both the organisational and divisional improvement plans and subsequent BeProud/ByddwchYnFalch surveys will be through the Workforce Improvement Group.
Governance issues / risks:	Continued involvement of staff in the development of improvements against actions is critical to foster openness, transparency and full engagement. Feedback mechanisms need to be clear, robust and wide-reaching if we are to fully engage staff on an ongoing basis and develop the trust that senior managers will act on the results of the survey. Support from senior managers to release and involve staff in engagement activities/workshops/3D events, enabling full engagement in continuous improvement and empowering staff to take responsibility for actions and local improvement at team level. Performance management against the delivery of plans and measure outputs/outcomes will be through the Workforce Improvement Group chaired by the Executive Director of Workforce & Organisational Development.
Financial Implications:	No financial implications.
Recommendation:	The Committee is asked to: • Note progress against the Organisational Improvement Plan.

	• Note monitoring processes are in place to ensure progress against the Divisional improvement plans. • Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB Byddwch yn Falch / Be Proud survey work. • Note the national changes to the approach of collecting colleague experiences.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Engagement			
Equality Impact Assessment Not required for progress report			

Board/Committee Coversheet v10.0

Staff Engagement - NHS Wales Staff Survey 2018 – Delivering Improvement Progress Report

1.	Purpose of report

To provide the Strategy, Partnerships and Population Health Committee with a progress report against the overarching Organisational Staff Survey 2018 Improvement plan and the Divisional Improvement Plans. The report builds on the previous reports submitted to the Board in November 2018, SPPH in February 2019 and Board in March 2019.

The report also highlights the correlation with the overall staff engagement improvement work and provides reference to the national work being undertaken to review the content, administration and execution of the NHS Wales Staff Survey.

2.	Introduction/Context

The Health Board's report was received by the Chief Executive and Executive Director of Workforce and Organisational Development on Thursday 27th September 2018. The Board received a high level summary from Quality Health on the 18th October 2018. The Welsh Partnership Forum also received a presentation from Quality Health on the 23d November 2018.

Draft organisational and divisional plans were submitted to SPPH Committee on the 5th February 2019 with final plans being submitted and approved by the Board on the 28th March 2019.

Monitoring progress against the organisational improvement plan and divisional improvement plans will take place at the Workforce Improvement Group.

It is important to note that the survey content, administration and execution is under complete review nationally. The Cabinet Secretary has been clear of the expectation that staff locally need to be involved in driving the change and improvements required to improve experiences at work. NHS Wales has historically facilitated pan-organisational surveys bi-annually. These have been contracted out to organisations who have provided pan-NHS Wales and organisational reports. There has also been access to the results database to allow more localised interrogation of the data, but this has not allowed organisations to drill down fully to team and departmental level in a meaningful way.

Following a decision by the Welsh Partnership Forum in November 2018, in line with Welsh Government strategies, the national Staff Survey Project Group has been charged with implementing approaches which develop and build an "in-house" ongoing sustainable approach to measuring colleague experiences. The new approach will help develop the NHS Wales culture so that colleagues regularly give and receive feedback.

The Health Board will continue to be actively engaged in this development. Whilst there is full support for (and the previous report to the Board and the approach taken to develop local plans) improvements within 2 levels of separation, there are downsides to removing/reducing the ability to compare organisations across Wales and England, particularly given some of the labour pools that the Health Board attracts from.

A full update on the national position can be seen at appendix 1 (Available on request)

3.	Brief Recap of Results

The 2018 results for BCUHB revealed a number of positive improvements since the 2013 and 2016 survey and whilst we are behind the overall NHS Wales scores on some questions, we have made significant improvements in many areas.

The engagement index score also saw an increase from 3.51 to 3.76 and whilst still behind the NHS Wales score, the rate of improvement, is greater than or equal to that seen across Wales.

Table 1 – Overall Engagement Score – NHS Wales : BCUHB

Theme	Betsi Cadwaladr University Health Board			NHS Wales		
	2018	2016	2013	2018	2016	2013
Intrinsic psychological engagement	4.02	3.86	3.78	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.63	3.24	3.04	3.65	3.35	3.14
Staff advocacy and recommendation	3.64	3.42	3.23	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	3.76	3.51	3.35	3.82	3.65	3.43
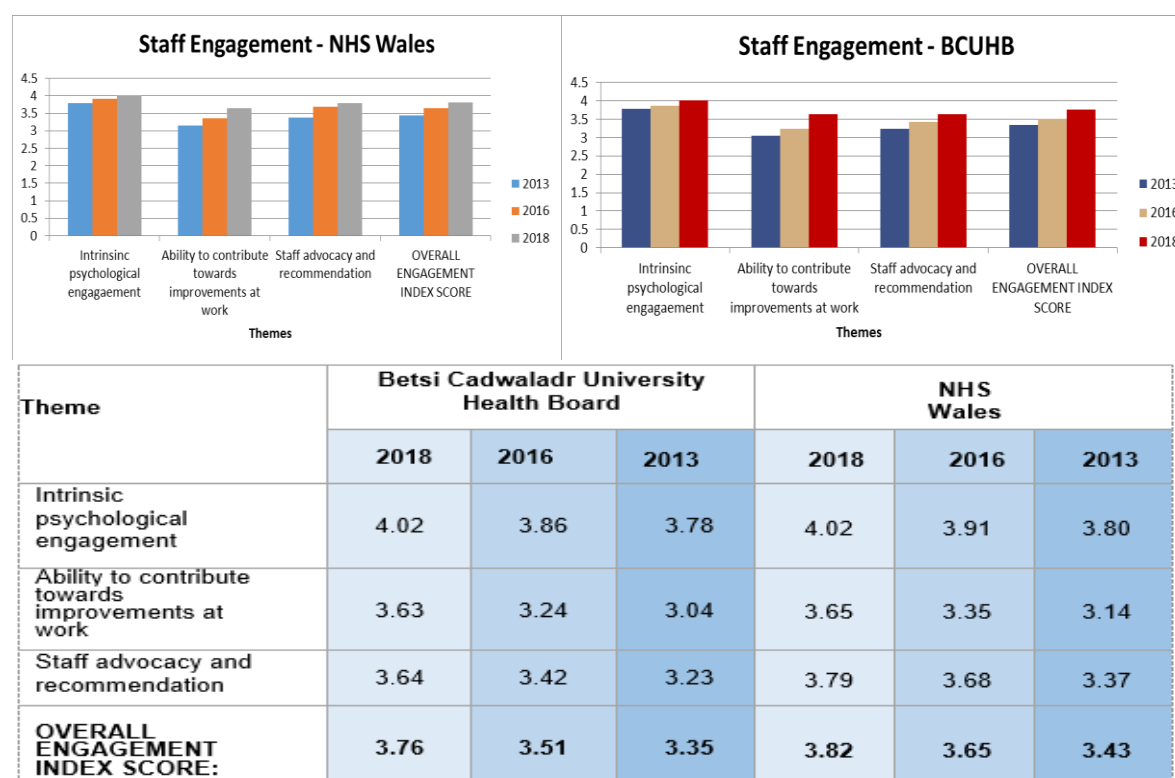
The questions which make up the Engagement Index consist of the following:

Theme	Questions
Intrinsic psychological engagement	I look forward to going to work
	I'm enthusiastic about my job
	I am happy to go the extra mile at work when required
Ability to contribute towards improvements at work	I am able to make improvements in my area of work
	I am involved in deciding on the changes that affect my work/area/team/department
Staff advocacy and recommendation	I would recommend my organisation as a place to work
	I am proud to tell people I work for my organisation

How we track improvements in these specific areas is important as they relate directly to engagement behaviours. Any changes to a national survey should continue to include these questions as a minimum in order for organisations to be able to track improvements on an ongoing basis, however the 'ByddwchynFalch/BeProud'

organisational survey (explained in more detail in section 4.6) which the Health Board is implementing, will track the majority of these questions on a quarterly basis.

The top three areas for improvement at an organisational level were:
1. Work related stress
2. Harassment, bullying or abuse
3. Executive Team visibility and engagement

4.	Development and progress against the Organisational and Divisional Improvement Plans

4.1 Development of the Organisational Improvement Plan.

A number of staff engagement events were held during December 2018 both across the organisation and locally within divisional teams; however, attendance at most of these events was low due to the inability of staff to be released due to work pressures. Data from the qualitative element of the survey was used to further inform the development of the Organisational Improvement Plan.

The final Organisational Improvement Plan along with status update is attached at appendix 2 (Available on request). The plan focusses on the top three areas for improvement at an organisational level:
1. Work related stress
2. Harassment, bullying or abuse
3. Executive Team visibility and engagement

The improvement plan focuses on the above elements and also identifies measures for improvement. Table 2 below details the improvements since 2013 and the target improvement scores: Table 2:

Measure	2013	2016	2018	% Increase since 2013	Improvement target
During the last 12 months have you been injured or feel unwell as a result of work related stress	33%	30%	34%	1%	**29%**
Personally experienced harassment or bullying or abuse at work from patients, service users etc.	18%	17%	22%	4%	**17%**
Personally experienced harassment or bullying or abuse from managers/other colleagues	19%	17%	19%	2%	**14%**
I know who the Executive team are	No comparable data, new questions for 2018		34%	10% below NHS Wales	**45%**
The Executive team have a clear vision of where the org is going			24%	10% below NHS Wales	**45%**
The Executive team will act on the results of the survey			20%	4% below NHS Wales	**40%**

4.2 Progress update against the Organisational Improvement Plan

A number of improvement actions have been met since the organisational improvement plan was approved by the Board in March 2019. As the organisation approaches the

end of the first quarter there is a process in place to feedback these outcomes to our staff through as many communication channels as possible; to this effect the Organisational Development team have worked closely with the Communications team to develop a Communication Strategy which will support this.

In addition a new Intranet page has been developed where the organisation and divisions can share updates, newsletters and progress against their improvement plans – screen shot of the draft intranet page can be seen here:

The feedback process to staff will follow the **'You Said, We Did'** approach. This process of feedback on outcomes has been utilised as a supportive mechanism which is focused on cascading key messages on achievements out to the organisation.

These posters highlight an issue and describe how the particular issue has been addressed. Examples of these can be found at appendix 3 (Available on request). These will be circulated widely at the end of each quarter.

4.3 Development of Divisional Improvement Plans

The Organisational Development team engaged with and supported divisional managers to ensure divisional improvement plans were drafted and discussed with staff locally and worked up into final plans (appendix 4 Available on request). Staff engagement events were held locally to further inform and develop local plans.

In his forward within the Staff Survey Report the Cabinet Secretary was very clear of the expectations in respect of response and approach from organisations as set out below:

"We know that in order to deliver real change, action taken as a result of the staff survey data, needs to be taken at a local level. This means action within teams, wards, offices and departments, by the people who know what changes need to be made, and how to make them. Our approach this year has been to produce data which can be used locally, which I expect to lead to conversations about the issues that really matter where you work. I know with the right leadership and support, you will use those conversations as a catalyst for positive change and I expect NHS Boards and the Executive team to ensure these discussions take place."
(Cabinet Secretary for Health, Wellbeing & Sport)

The Divisional plans should be a fluid and evolving document which allows Divisions to constantly update and renew their actions as further engagement with staff takes place. Divisions can utilise their Staff Engagement Ambassadors to support and promote continuous staff feedback through the utilisation of the Health Board's staff listening model, the 3D – Discover, Debate, Deliver.

Table 3 below identifies the high level themes for each division.

Table 3:

Themes	Stress/Stress at work	Bullying & Harassment	Executive Team visibility	Senior Leadership & visibility	Management of Change	Communication	Staff Engagement	Staff Wellbeing	Corporate Vision	Resources	Leadership& Management	Values	Line Management Development	Team working	Learning & Development	Developing Capability	Holding to account	Improving PADR compliance	Diversity	General – Car Parking
Area West	√	√	√	√	√															
Area Central				√	√	√		√		√										
Area East			√	√		√	√	√	√											
SC West	√										√									√
SC Central				√				√				√	√	√						
SC East				√		√		√		√		√								
Estates & Facilities					√	√									√					
MH&LD				√	√	√						√								
Women's																√	√			
NW Managed Clinical Services				√				√		√				√				√	√	
Cancer Services														√						
Finance						√						√		√	√					
Informatics		√	√	√				√				√		√	√					
Nursing Executive				√		√		√							√					
OMD/Medical & Dental				√	√	√		√		√		√		√	√					
Office of Board Secretary					√			√				√		√	√					
Strategy						√				√				√	√					
Workforce & OD				√	√	√				√		√			√					

4.4 Progress update against the Divisional Improvement Plan

All divisions are progressing their improvement plans and developing their communication approach to ensure staff receive feedback on local actions. The '**You Said, We Did'** template has been shared with divisions but any local communications channels can be used to update staff. An example updated Divisional plan for area West can be seen at appendix 5 (Available on request). The Workforce Improvement Group will monitor progress against the Divisional Improvement plans.

4.5 Integration of Staff Survey with the overall Staff Engagement Work Programme

The Board approved the Staff Engagement Strategy in August 2016. The strategy identified key activities and achievements required to successfully realise the strategy. The Board have received six monthly updates on progress and achievements since the launch of the strategy. One of the elements included in the strategy was the adoption of a tool which would give the Health Board the ability to measure staff engagement on an ongoing basis. 4.6 below details the tool procured.

4.6 ByddwchYnFalch/BeProud engagement survey tool.

The relationship staff have with their work and the Health Board can make a real difference to their experiences at work, and the experiences service users have when they access our services. Staff engagement helps to develop strong positive feelings and attitudes amongst staff towards their work and the Health Board. This can really help staff to give their best, even when times get tough. This is turn also means our service users get the best care possible.

Following a procurement process the Go Engage tool was procured. This tool was developed by Wrightington, Wigan and Leigh NHS Foundation Trust and has been rebranded for BCUHB as 'ByddwchynFalch/BeProud' in order to maintain consistency with the Proud of theme adopted as part of the staff engagement strategy.

The logo devised for use in the Health Board is:

The tool offers:
- a simple way to understand the science behind staff engagement in terms of cause and effect
- Clear practical recommendations to improve staff engagement
- Regular trend analysis – not a once a year/two years snapshot in time.
- Ability to act quickly on data, two week turnaround from close of survey to presentation of results
- Organisational and team level diagnosis of culture

The tool has two strands:
- Organisational level quarterly surveys of 25% of the staff within BCUHB.
- Team level surveys to improve engagement at local team/departmental level. Champions from each team, known as Pioneer champions, will be trained in the use of a variety of engagement tools to support team development and improvement plans.

Teams and champions will be nominated to take part in the surveys. Priority areas have been identified to include HASCAS/Ockenden review; Older People Mental Health pathway and Unscheduled Care.

The questions within the 'ByddwchynFalch/BeProud' survey has been cross referenced to those within the NHS Wales Staff Survey. This will enable tracking of improvements at an organisational level and team level. The Staff Friends and Family Test is widely used within NHS England as a benchmark, these two questions will be used as a key organisational pulse check on a quarterly basis via the 'ByddwchynFalch/BeProud' quarterly survey along with qualitative comments form staff. The measurements are:

1. Percentage of staff likely to recommend BCUHB to friends and family if they needed care or treatment.
2. Percentage of staff likely to recommend BCUHB to friends and family as a place to work.

The Quarterly Organisational Survey will measure Enablers of Engagement, Engagement Feelings and Engagement Behaviours, the detail of what is measured can be seen in the table below:

Theme	Area	Measurement
Enablers of Engagement	Trust	This factor measures the extent to which staff are trusted with responsibility and given the freedom to make decisions for themselves.
	Working Relationships	This factor measures the extent that staff perceive support from their line manager and colleagues.
	Clarity	This factor measures the extent to which staff have a clear understanding of what is expected of them, what the Health Board's objectives are, and what is going on in their place of work.
	Resources	This factor measures the extent staff believe that they have the necessary tools, information and equipment required to do their work.
	Mindset	This factor measures the extent that staff are encouraged to believe in themselves, believe in moving forwards, and have a positive state of mind.
	Personal Development	This factor measures the extent that staff perceive opportunities for personal growth, and experience opportunities to use their strengths.
	Perceived Fairness	This measures the extent that staff perceive fair treatment within the Health Board.
	Influence	This factor measures the extent that staff are involved in wider decisions that may impact them.
	Recognition	This factor measures the extent to which staff receive recognition and perceive their contributions are valued.
Engagement Feelings	Dedication	This factor measures the extent to that staff feel strongly involved in their work, and experience a sense of purpose, inspiration, pride and commitment.
	Focus	This factor measures the extent that staff feel fully engrossed in their work.
	Energy	This factor measures the extent that staff feel willing to invest energy into their work.
Engagement Behaviours	Persistence	This factor measures the extent that staff demonstrate effort and perseverance through challenges that they face at work.
	Discretionary Effort	This factor measures the extent that staff step outside their role to help others and the Health Board in general.
	Adaptability	This factor measures the extent that staff respond to changes quickly and successfully.
	Advocacy	This factor measures the extent that staff have a positive representation of the health Board, and are willing to recommend the Health Board to others.

The Organisational Survey has been redesigned and tailored to the Health Board's needs with additional Wellbeing and Equality & Diversity questions. (see appendix 6 – sample Organisational Survey (Available on request). Training was provided for the OD Administration Team to run the surveys and reports via the electronic XOPA system. Demographics were agreed for reporting and data extraction was carried out from ESR to the XOPA system to run the first pulse survey covering a third of the Organisation. All staff will have an opportunity to complete the survey once in a 12 month period.

The first pulse survey was launched week commencing 23rd April 2019 to a random sample of staff, this first survey will close on the 14th June 2019. 6,783 surveys were distributed via email and paper copies were made available where required. Further pulse surveys are planned for roll out in July and October 2019. The first Organisational engagement survey report will be available in early July 2019. The main aim of the survey is to review trends of staff engagement across BCUHB and identify the factors that may be enabling or inhibiting staff engagement. The report will highlight staff engagement measures across staff groups and divisions and will highlight areas for development for the Organisation. (see appendix 7 - sample organisational report (Available on request)).

Pioneer Training Programme

This programme is specifically aimed at teams to improve and sustain staff engagement so that they can understand what may be hindering engagement within their team and more importantly support them to build improved engagement behaviours. The programme runs over a 26 week period and starts with a cultural team survey. It includes workshops for 2.5 days, 3 action learning sets and a celebration event. (see appendix 8 – BeProud Pioneer Programme and appendix 9 Example Team Survey report (Available on request)).

Pioneer Teams Training Programme:
Cohort One

As part of the ongoing priority work relating to the HASCAS/Ockenden recommendations and in an effort to support Unscheduled care, teams were nominated from these areas to undertake the first Pioneer Team Programme. There are ten teams in Cohort one; 2 teams each from Ysbyty Gwynedd, Ysbyty Glan Clwyd, Ysbyty Wrexham Maelor, 1 team from Pharmacy Dispensary YGC and 3 Teams from Mental Health and Learning Disability Services. The first Cohort started on the 20th March 2019 and will run for 26 weeks. Each team undertook a team survey to establish an engagement baseline measure and are now working on an improvement plan which looks at the three lowest scores within their survey. Each team take ownership to agree which engagement tools they will use to make improvements. At the end of 26 weeks another team survey is undertaken and comparisons are made against the first survey

All ten teams have fully engaged with the programme and the response to the programme by the Pioneers and their teams has been excellent and very encouraging.

The Pioneers have used the 3D model to carry out listening events with their team to gain buy in to the programme and clarify priorities going forward. They are in the process of gathering feedback which will inform their 'you said we did'. The example case studies below highlight what the Pioneers did and the reasons why they felt it was important:

The Pioneers chose to hold their listening events in a variety of ways, as the following images demonstrate:
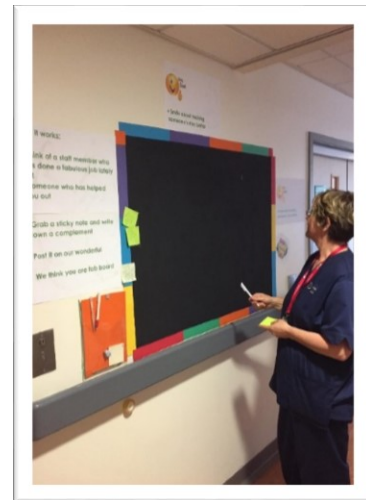
The Pioneers have been innovative and creative in their use of images to engage teams and celebrate success. They have created noticeboards to share Be Proud news, share positive staff stories and highlight staff recognition. Many have also started the 'You've been Mugged!' campaign which involves someone who has gone the extra mile being awarded a mug filled with goodies at the end of the week. This has been very well received. Some Pioneers have also ordered and designed their own mugs (see examples below from YGC Pharmacy and Hydref Ward, Older Person's Mental Health inpatient service, Wrexham)

10
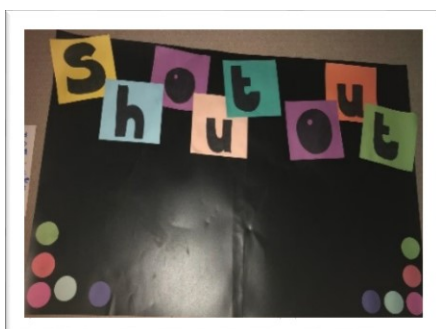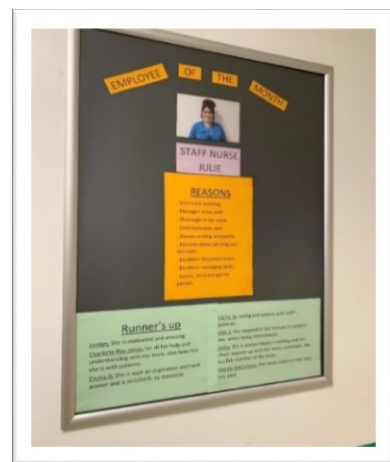
The teams have prioritised team building / bonding sessions and have either held or are in the process of organising events ranging from 'pizza for lunch days' to walking up Snowdon for charity. The cohort also has an active WhatsApp group which they use to share photos, ideas and ask questions.

The teams are already seeing significant impact in terms of levels of engagement, which will be measured formally in August 2019 via the end of programme team survey.

A promotional presentation has been created to recruit new teams and share learning, experiences and success which can be found at appendix 10 (Available on request)

Action Learning
The Pioneers have engaged well with their Action Learning Sets (ALS). They have been taught the process of action learning and recognise the benefits of using it collectively to solve problems and remove barriers. These sessions are also an opportunity to update their peers on their progress so far, and gain useful feedback. Comments have included: "brilliant way to brainstorm 'how to deal with negativity' in a proactive and positive way", and "very positive… we have something to aspire to".

Cohort 2
Cohort 2 will begin on 19th June 2019 and run until 12th December 2019. Nominations have been received and nine successful teams have now been selected.

5.	Assessment of risk and key impacts

It is crucial that there is a clear mechanism to provide regular feedback to all staff on the progress against the actions for both the Organisational Improvement Plan and local Divisional Plans in order to foster transparency and openness. It is important to increase the confidence of our staff both as an employer and as a provider of healthcare services. This is a key feature of the new Workforce Strategy 2019-2022 and also is a key component if we are to successfully deliver our commitment within the Living Healthier Staying Well Strategy and the 3 Year Plan.

A continuous process for engagement will need to be established to provide real-time feedback and updates to staff on the outcomes of the survey improvement work. The 'You Said, We Did' and 'You Said, You Did' approach will be part of this process together with regular updates/newsletters/briefings as appropriate. Support from the Communications team to fully utilise all available communication methods, including the new Staff App is crucial to success. Engagement of trade union colleagues to support the process is also a key requirement for full engagement.

As previously detailed in the report, the discussions taking place at a national level to re-design an NHS Wales Staff Survey needs to be closely monitored. There are risks that solutions may be proposed which may prove difficult to scale up within an organisation as large as the Health Board. There is also the consideration that any in-house administration of a future survey may have a detrimental effect on participation rates, staff need to have confidence that all responses to surveys are anonymous, this

was an important feature within the 2018 Staff Survey. The impact of this change will mean that targets set within the organisational improvement plan may not be measured within the new survey agreed at a national level and as such these will need to be adapted.

6.	Conclusions / Next Steps

Continued engagement with staff is imperative. There will need to be a phased approach over a period of months to enable continuous dialogue and feedback in order to improve longer term improvement planning and develop trust and confidence that the survey results are being acted upon.

Monitoring performance against both the Organisational Improvement Plan and Divisional Plans will be through the Workforce Improvement Group with regular updates provided through the Strategy, Partnerships and Population Health Committee.

7.	Recommendations

The Committee is asked to:

- Note progress against the Organisational Improvement Plan.
- Note monitoring processes are in place to ensure progress against the Divisional improvement plans.
- Note and endorse the link between the national NHS Wales Staff Survey and the BCUHB ByddwchynFalch/BeProud survey work.
- Note the national changes to the approach of collecting colleague experiences.

Strategy, Partnerships & Population Health Committee		
4.7.19		*To improve health and provide excellent care*

Report Title:	BCUHB University Health Board Designation Review 2019
Report Author:	Lynne Grundy - Associate Director of Research & Innovation
Responsible Director:	Mr Adrian Thomas - Executive Director Of Therapies & Health Sciences
Public or In Committee	Public
Purpose of Report:	To update the SPPH Committee on the University Health Board designation triennial review process
Approval / Scrutiny Route Prior to Presentation:	No prior scrutiny
Governance issues / risks:	None
Financial Implications:	Not applicable
Recommendation:	The Committee is asked to note for information

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	x	1.Balancing short term need with long term planning for the future	X
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	X
3.To support children to have the best start in life	x	3. Involving those with an interest and seeking their views	
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	x
5.To improve the safety and quality of all services	x	5.Considering impact on all well-being goals together and on other bodies	x

6.To respect people and their dignity			
7.To listen to people and learn from their experiences	**x**		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

Due to the scope and breadth of the topics included all of the themes are of relevance.

Equality Impact Assessment

Not applicable.

Board/Committee Coversheet v10.0

BCUHB UNIVERSITY HEALTH BOARD DESIGNATION REVIEW 2019

Situation

University Health Board (UHB) designation in Wales was approved in 2013. The first triennial review of UHB designation took place in 2016, and a second review is due later in 2019. The Welsh Government lead commenced communications with health boards leads or designates earlier in the year, however subsequent changes in Welsh Government personnel has meant that the process has not yet progressed. We have been informed that an appointment is imminent and this appointee will take responsibility for leading the review.

Background

The original UHB designation criteria set out in 2013 focussed on two main themes: training and education and research and development. At the first triennial review in 2016 the criteria were extended and innovation was added as a third theme.

The 2016 review required UHBs to reflect on achievements over the previous three years, and to set out plans for further progress over the next three year period. Health boards were requested to provide evidence of purposeful university activity through collaborative working, to give examples of how it was improving services and benefitting their population, and to set out their plans for further improvement over the next three years, against the three themes; research and development, education and training and innovation.

Assessment

It is at this time unclear what the requirements and process will be for the second UHB status review, as the post holder who will lead this from Welsh Government is not yet in post. Given the timescales, it is unlikely that the criteria for the 2019 review will change in a major way. It has been suggested by Welsh Government officials that it may be that in the future UHB designation is reviewed as part of the IMTP return, however this has not been confirmed.

Recommendations

The following recommendations have been made to the Executive Team through the Executive Director of Therapies & Health Sciences.

1   Whilst waiting for formal communications with regard to the UHB designation triennial review requirements, evidence is gathered based the 2016 review criteria (Appendix 1) led by the executive leads for these areas;
- Research and Development
- Training and Education
- Innovation

2   Key priorities in the 2016 review submission are reviewed and progress identified.

2016 review criteria

Research and Development
Research and development activity should be aligned to areas of strength, need or opportunity, going beyond clinical practice and extending to all health and care settings. For example, this activity could include:
- developing and managing an active portfolio and a future pipeline of commercial and non-commercial research, in a range of clinical and non-clinical areas across health and care settings
- supporting the development of purposeful long-term partnerships, with universities and others, including industry and international partners
- regular review of current and future research activity and partnerships to ensure alignment to areas of strength, need, or opportunity
- regular review of research activity to ensure that it is leading to more efficient and effective services, to better prevention, diagnosis, treatment and care, and to improved health and wellbeing outcomes
- ensuring that health board staff are making a positive contribution to research activity, across all health and care settings, and contributing to review and assessment
- promoting the value of research to health board staff, partners, patients and the public, encouraging and supporting them to participate in research activity
- ensuring that partnership working is strengthening future capacity, through developing research leadership, skills, and support mechanisms

Training and Education
Training and education should be considered in its broadest sense, going beyond clinical practice, and extending to all health and care settings. For example, this activity could include:
- providing managed placement opportunities to students in a range of clinical and non-clinical areas across health and care settings
- providing managed undergraduate and postgraduate training opportunities, working with university partners
- regular review of placement and training opportunities to ensure they are aligned to current and future workforce needs, and to assess benefits to individuals and host organisations
- ensuring that health board staff are making a positive contribution to training and education activity, across all health and care settings, and contributing to review and assessment
- promoting the value of training and education to health board staff, encouraging and supporting them to participate in continuing professional development
- ensuring that partnership working is strengthening future capacity, through developing and sharing good practice in areas such as course design and delivery.

Innovation

Innovation activity should go beyond the training and education and research and development activity undertaken within the organisation, also drawing in good practice and research evidence from elsewhere, applying this knowledge in order to drive up the quality of care and improve health and wellbeing outcomes. For example, this activity could include:

- managing an active portfolio of innovation activity, in a range of clinical and non-clinical areas, across health and care settings
- managing innovation assets, including data and intellectual property, with plans where appropriate to realise value through joint working or commercialisation
- identifying and developing innovation opportunities, through the health board's own research and training activities, through its external partners and networks, and through other methods including health board staff and patients
- regular review of innovation activity to ensure that it is leading to more efficient and effective services, and to better health and wellbeing outcomes
- ensuring that health board staff are making a positive contribution to innovation activity, across all health and care settings, and contributing to review and assessment
- promoting the value of innovation to health board staff, partners, patients and the public, encouraging and supporting them to participate in innovation activity
- ensuring that partnership working is strengthening future capacity, through developing innovation leadership, skills, and support mechanisms.

Strategy, Partnerships & Population Health Committee 4.7.19		*To improve health and provide excellent care*

Report Title:	BCUHB Research, Development and Innovation Strategy Development Progress Report
Report Author:	Lynne Grundy - Associate Director of Research & Innovation
Responsible Directors:	Mr Adrian Thomas - Executive Director Of Therapies & Health Sciences Dr Evan Moore, Executive Medical Director
Public or In Committee	Public
Purpose of Report:	To update the SPPH Committee on the development of an integrated Research and Innovation Strategy which is being supported by The Innovation Agency.
Approval / Scrutiny Route Prior to Presentation:	No prior scrutiny
Governance issues / risks:	None
Financial Implications:	Not applicable
Recommendation:	The Committee is asked to • note for information • note that the developing Research and Innovation Strategy will be submitted for approval in due course

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	x	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	
3.To support children to have the best start in life	x	3. Involving those with an interest and seeking their views	

4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	**x**
5.To improve the safety and quality of all services	**x**	5.Considering impact on all well-being goals together and on other bodies	**x**
6.To respect people and their dignity			
7.To listen to people and learn from their experiences	**x**		
Special Measures Improvement Framework Theme/Expectation addressed by this paper Due to the scope and breadth of the topics included all of the themes are of relevance.			
Equality Impact Assessment Not applicable.			

Board/Committee Coversheet v10.0

**BCUHB Research, Development and Innovation
Strategy Development Progress Report
June 2019**

Introduction

There is a strong desire to develop an integrated research and innovation strategy that integrates research, development and innovation aims which is meaningful and engaging to staff and public, which meets local population needs and is jointly shared with our key stakeholders and partners.

The Innovation Agency (appendix i) has agreed to support us in the development of our research and innovation strategy, and has prepared a proposal that will:
- Coach the research, development and innovation strategic partnership group to review their purpose, refresh the shared vision and agree strategic objectives.
- Seek views of the wider stakeholder community that interact with the research, development and innovation (RDI) agenda in North Wales in order to engage and engender ideas and solutions into the strategy.
- Work with sponsors of this work to develop a plan for deployment of the strategy that achieves objectives set.

Work has been carried out to clarify what is in and out of scope, who has a stake in this strategy and how we best engage them. Steps in the strategy development and timelines have been agreed.

The outcomes:
The delivery of the strategy development will provide:
- A strategy led and developed by a credible and independent body
- A strategy that has been co-designed by all stakeholders – engendering ownership that will support delivery of objectives.
- A strategy that aligns with priorities and needs as identified by the Health Board.
- A strategy that is comprehensive and provides clarity on the strategic relationship and interfaces between identified need, research and innovation
- Clear measures of success for each part of the strategy – providing metrics that demonstrate the results of combined efforts described in terms of outcomes for the population of North Wales.

Programme Timeline
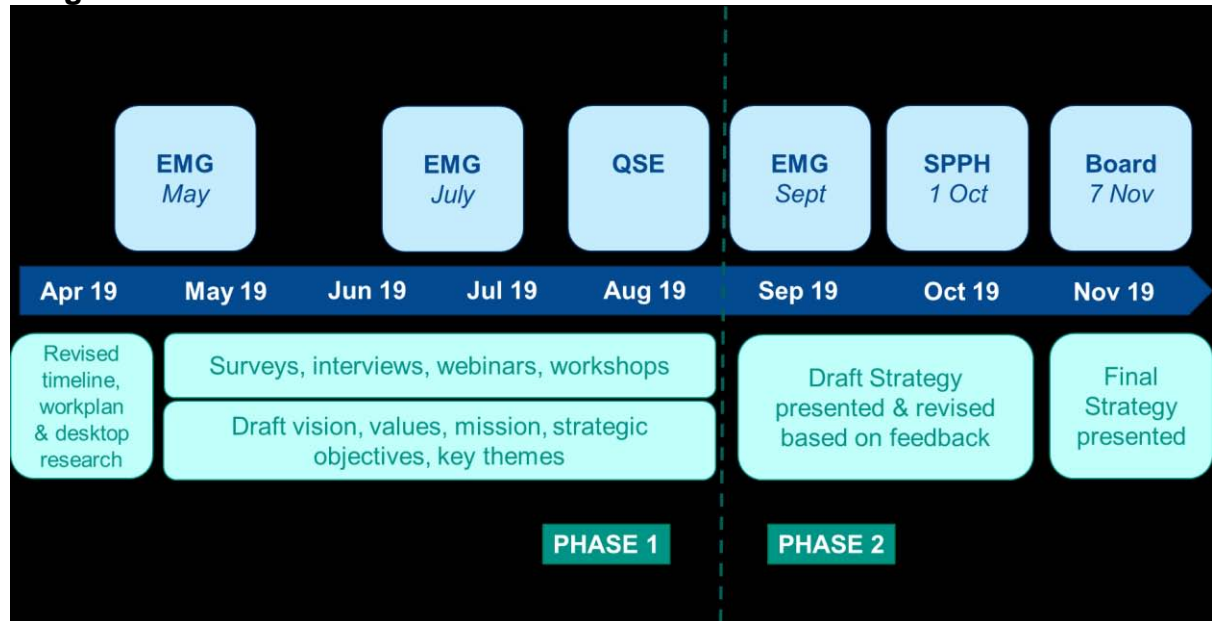
Engagement

Engagement is a key element of the development of the RD&I Strategy. Key stakeholders have been identified as:
- BCUHB Board
- Executive Management Group & individual members
- Research & Innovation Strategic Partnership Group
- Research & Innovation Regional Groups
- R&D Team
- Strategy, Partnerships and Population Health (SPPH) Committee
- Quality & Safety Executive
- QI Hub Members
- Area Directors & Secondary Care Teams
- Support and delivery Centre, Wales
- University R&D Leads
- Bevan Exemplars & Advocates
- Welsh Government
- Commercial Partners
- Patient Groups

The key stakeholders will be engaged using a combination of**:** structured interviews – face to face & telephone; questionnaires – e-mail; workshops & webinars; meetings & discussion.

To ensure that consistent feedback is received, a number of overarching engagement themes have been identified:
- Use of RD&I in Operational Practice
- Benefits for the region
- Setting priorities
- Translating research into practice
- Adoption & Spread

- Support from the system

Desktop Research

To support the stakeholder engagement a comparison of high profile, relevant and well recognised publications against our key themes and format is also being undertaken:
- A Healthier Wales 2018
- Health Innovation Manchester 2018 - 2021 business plan summary
- Health Education England R & I Strategy: delivering a flexible workforce receptive to research and innovation
- Imperial College Research Strategic Plan for healthcare professionals 2018
- NHS Improvement Scotland Research Strategic Plan 2016-2019
- North Bristol Research Strategy 2017 – 2021
- BCUHB Clinical R & D Strategy 2016 - 2019
- UCL Research Strategy 2019
- RAND Report Enabling NHS staff to contribute to research 2018
- KPMG: NIHR Clinical Research Network: Impact and Value Assessment September 2016

Progress to date:

- Diagnostic Workshop & Proposal - complete
- Fortnightly update call with Lynne Grundy, Melanie Maxwell and Adrian Thomas
- Main themes for engagement agreed
- Structured interview questionnaire developed / to be refined for email and patient group use
- Desktop research underway – to be completed end July
- Group Meetings are being attended by Jane O'Neill (Engagement Lead) Telephone interviews have commenced
- Update papers being completed and project plan underway
- Face to face meetings to be accelerated
- **On target to achieve deadline of 7th November 2019**

Appendix i

The Innovation Agency
Key contacts:
- **Carole Spencer – Transformation Director**
  Carole.spencer@innovationagencynwc.nhs.uk

- **Juliette Kumar - Associate Director Improvement & Education**
  Juliette.kumar@innovationagencynwc.nhs.uk

- **Jane O'Neill – Engagement Lead**
  janeloneill@hotmail.co.uk

The Innovation Agency is the Academic Health Science Network in the North West Coast. It is one of 15 such organisations in England set up to accelerate the spread and uptake of proven innovations into the health and care system. We do this by:
- Identifying, developing and spreading high value innovation into the North West Coast health and care system
- Working within local systems structures to understand need
- Support systems to transform strategically and tactically
- Increase capabilities for spread and uptake
- Collaborate with agencies to align support
- Being practical and helpful

We take a coaching approach to any work we do with external partners, seeking to ask not tell, aiming to understand whilst providing practical support. Our work is guided by our core values:
 To make a difference for the people we serve
- To have honesty and integrity
- To be collaborative and creative
- To care about people
- To ensure that we are inclusive

Strategy, Partnerships and Population Health Committee 4.7.19	GIG CYMRU NHS WALES · Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board ***To improve health and provide excellent care***

Report Title:	Welsh Language Services Annual Monitoring Report 2018-2019
Report Author:	Eleri Hughes-Jones, Head of Welsh Language Services
Responsible Director:	Teresa Owen, Executive Director of Public Health
Public or In Committee	Public
Purpose of Report:	The Welsh Language Services Annual Monitoring Report for 2018-2019 provides an overview of delivery against key performance indicators.
Approval / Scrutiny Route Prior to Presentation:	No prior scrutiny.
Governance issues / risks:	This report demonstrates the Health Board's compliance with its Welsh Language Scheme under the Welsh Language Act 1993 and details progress made and initiatives implemented during the last reporting year. This is the last time that we will be reporting on compliance with the Welsh Language Scheme. From now on we will be reporting on compliance with the new Welsh Language Standards, which came into force on the 30th May 2019. The legislative risks associated with implementation are being managed and mitigated.
Financial Implications:	N/A
Recommendation:	The Committee is asked to approve the report.

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	**WFGA Sustainable Development Principle** *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	√	1.Balancing short term need with long term planning for the future	√

2.To target our resources to those with the greatest needs and reduce inequalities	√	2.Working together with other partners to deliver objectives	√
3.To support children to have the best start in life		3. Involving those with an interest and seeking their views	√
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being		4.Putting resources into preventing problems occurring or getting worse	√
5.To improve the safety and quality of all services	√	5.Considering impact on all well-being goals together and on other bodies	√
6.To respect people and their dignity	√		
7.To listen to people and learn from their experiences	√		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

http://www.wales.nhs.uk/sitesplus/861/page/81806

Equality Impact Assessment

No Equality Impact Assessment considered necessary for this paper.

Board/Committee Coversheet v10.0

WELSH LANGUAGE SERVICES

ANNUAL MONITORING REPORT

2018 - 2019

Content	Page

Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Scheme. The Health Board has continued to make progress in implementing its Welsh Language Scheme, and in many areas has gone above and beyond its expectation. Focus has now progressed to the implementation of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

The report reflects the format and content included in the guidance produced by the Welsh Language Commissioner and details compliance against performance indicators within the domains outlined in the Health Board's Welsh Language Scheme:

- Policy Impact Assessment
- Services provided by others
- Workforce Planning
- Information Technology
- Recruitment
- Language Skills
- Training to improve Welsh language skills
- Language awareness training
- Complaints

It gives an overview of general progress including key achievements and good practice as well as areas for development. The report also takes into account the feedback received from the Welsh Language Commissioner following submission of the 2017-2018 Annual Monitoring Report.

This report reflects work undertaken to progress the *Bilingual Skills Strategy*, implementation of *More than just words* and the 'Active Offer' principle, meaning the provision of a Welsh medium service without the service user having to request it. The work undertaken by the Health Board also incorproates Welsh Government's Strategy *Cymraeg 2050: A million Welsh speakers*. A Strategic Plan and associated Work Programme are in place to ensure comprehensive delivery of these requirements. Self-governance and monitoring are also key aspects of the work undertaken this year which has led to tighter performance measures and accountability.

This report builds on the Health Board's previous annual reports, reflecting improvements and progress made during this reporting year.

April 2019

Foreword

This report not only reflects the Health Board's progress against performance indicators, it also demonstrates how we have planned our services to address the needs of our population.

Understanding our population needs

Understanding population needs is essential to inform our ability to design and deliver services in North Wales. Gwynedd has the highest proportion of Welsh speakers, 65 per cent, although we know that this can be much higher in some areas of the county. Elsewhere in North Wales, 57 per cent of residents on the Isle of Anglesey speak Welsh, 27 per cent in Conwy and 25 per cent in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2 per cent) and Wrexham (12.9 per cent) is lower in comparison, however, the demand for Welsh medium services is prominent, taking into account rural Welsh speaking areas that access services delivered in the east region of North Wales.

In terms of day to day usage of the language, the *North Wales Population Needs Assessment* demonstrates that just over half (53 per cent) of Welsh speakers in North Wales are fluent in the language and 63 per cent speak Welsh on a daily basis. In Gwynedd, 78 per cent of Welsh speaking residents are fluent and 85 per cent speak Welsh every day. The level of Welsh spoken, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37 per cent of people attempt to use the Welsh language at all times when contacting public services. This information has assisted the Health Board in identifying the need for Welsh medium services and has enabled us to plan based on meeting this demand.

The Welsh Language Services of the Health Board

The Health Board's Welsh Language Team consists of four services that supports the organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance
   Ensuring that we support the organisations to deliver its obligations under the Welsh Language (Wales) Measure 2011, facilitated by our Welsh Language Standards Compliance Officer.
2. Promotion and Engagement
   In line with the operational elements of delivering the *More than just words* Strategic Framework, our Welsh Language Officers actively support services and initiate projects and schemes that will provide effective customer service.
3. Training Provision
   Our Welsh Language Tutor and Support Officer ensure organisational development in line with our Bilingual Skills Strategy and the wider welsh language agenda.

4. Translation Services

Our senior Translator and five translators ensure that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

BCUHB Staff Survey 2018

The success of the support network outlined above is reflected in the findings of the NHS Wales Staff Survey 2018, with scores regarding provision of services in Welsh and meeting language needs of service users significantly above the NHS Wales average. In terms of being able to deliver services in the patient's preferred language, 69 per cent of staff said that they were able to deliver on this, with 74 per cent noting that they knew how to access Welsh language support in the workplace. Both these findings were significantly higher than the national average, with further improvements seen since the 2016 survey. However, as we continue to develop the Welsh language agenda, these findings will also allow us to target support where it is needed.

Therefore, this Welsh Language Services Annual Monitoring Report brings together strategic planning and operational activities during the 2017-2018 reporting period, and reflects the work undertaken to address the indicators as set by the Welsh Language Scheme and the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Self-regulation and Governance

Developing a clear strategy enables us to achieve our objectives and our *Welsh Language Strategic Plan*, has enabled us to focus through our dimensions of Behavioural Change, Strategic Intervention and Governance & Performance.
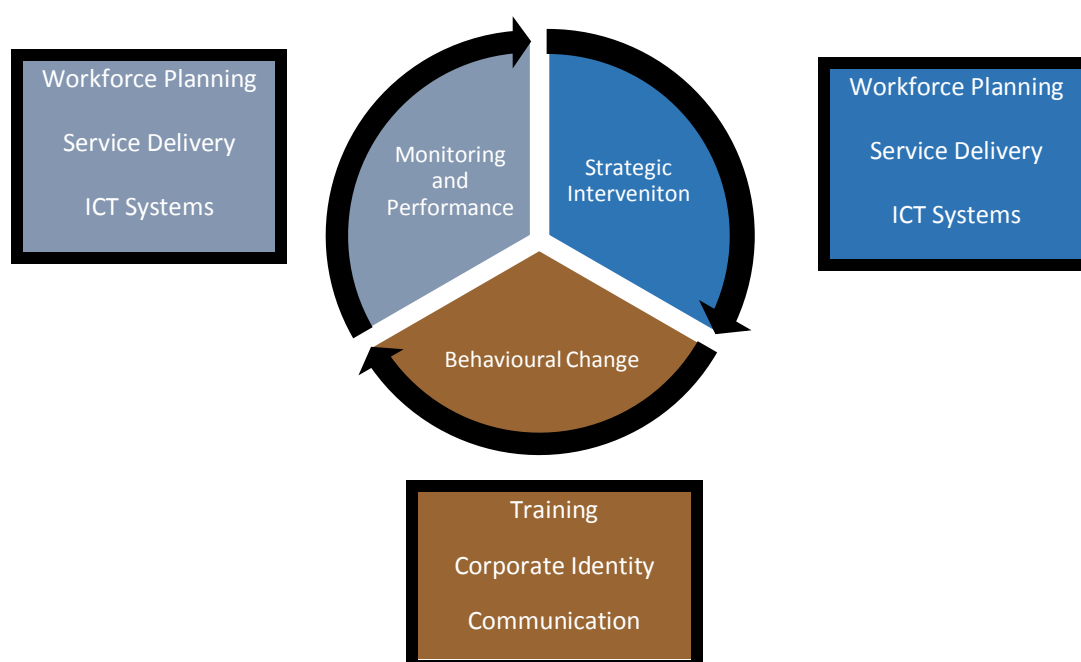
Our work programme over the past year has been built on these key dimensions and we have seen our services going from strength to strength.

Overall Board Accountability

Our Welsh Language Strategic Forum, chaired by our Executive Director of Public Health, establishes our internal governance arrangements. The Terms of Reference steers our strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. The Forum reports to the Health Board's Strategy, Partnership and Population Health Committee, which is a Committee of the Board, and chaired by the Vice-Chair. There is a clear scrutiny route as well as arrangements for escalating any issues of significance.

Welsh Language Services Risk Register

It is essential that the Health Board recognises possible areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current potential risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the Active Offer principle in line with Welsh Government's Strategic Framework *More than just words,* and delivering the *Bilingual Skills Strategy*.

All risks have been de-escalated in 2018-2019, and the risk rating is currently at moderate or minor. Controls have been put in place to mitigate any complex issues and to determine further actions required to achieve target risk score.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Incorporating the Welsh language into wider planning and performance

Ensuring that the welsh language is fed into the overall wider planning of the organisation is key to achieving our goals and dimensions. The *Well-being of Future Generations (Wales) Act 2015* requires us to think more about the long-term, with a focus on a Wales of vibrant culture and thriving Welsh language being one of its seven well-being goals. This drives us to work better with people, communities and other organisations, as well as directing us to adopt a more joined-up approach. As such, Welsh language requirements has been mainstreamed into our strategy for the future, *Living Healthier, Staying Well*, with short term goals and commitment having been established in our Three Year Plan. This has allowed us to unite our requirements in delivering the Welsh Language Standards and *More than just words*, as well as having a clear focus on developing our *Bilingual Skills Strategy*, leading on delivering a comprehensive Translation Service and facilitating Primary Care developments as part of our cluster planning. The Welsh Language Team provide bi-annual updates to the Planning Directorate on its operational service plan, providing assurance and RAG rating of our compliance and timescales.

Welsh language requirements has been incorporated into the Integrated Quality and Performance report submitted to the Board, reporting on Welsh language data completeness of skills on the Electronic Staff Register. Any breach or failure to achieve

targets requires the completion of an exception report, detailing robust actions on achieving compliance for the following quarter.

Welsh language key priorities are also incorporated into the NHS Wales Delivery Framework and bi-annual reports are submitted via our Performance Directorate for submission to Welsh Government. This has assured that Welsh language is mainstreamed into internal processes and monitoring, securing an organisation wide platform for ownership and delivery.

Internal Performance Assurance

A new Bilingual Services Monitoring Scheme was initiated in March 2018, in order to scrutinise the availability and quality of Welsh-medium services across the Health Board.

By utilising a combination of site visits and mystery shopper surveys, this ongoing scheme focuses on organisational compliance with key requirements within the Welsh Language Standards. This includes the displaying of signage, both permanent and temporary, and the provision of reception and telephone services at various sites.

A number of community hospitals, managed practices and acute main hospital services are surveyed each quarter. Individual audit reports are then presented to each site, practice, department and service leads which includes an overview of the findings as well as actions required to achieve a level of compliance. Members of the Welsh Language Team then arrange to meet with the area leads, before working alongside them to ensure that any necessary changes and improvements are put in place.

The implementation of the scheme has already resulted in a number of minor shortcomings being rectified at various sites and this has naturally contributed to a general improvement in the quality of Health Board's Welsh-medium service provision during the past year. Managers have consequently welcomed the scheme and their commitment to implementing the proposed improvements has been commendable. This has contributed greatly to the behavioural change dimension within service delivery.

At the same time, numerous examples of existing good practice have become apparent, and as part of the scheme, these are shared with other sites, practices and departments. To ensure increased accountability, general findings are reported to the Area and Hospital Management Teams with quarterly reports presented to the Welsh Language Strategic Forum. This process has allowed broader trends to be identified and addressed, alongside more localised issues.

The Bilingual Services Monitoring Scheme will continue during 2019-20 with the aim of surveying services for the second time to ensure the amendments and improvements have been upheld.

Welsh Language Standards

The Health Board has continued to prepare the organisation for the forthcoming Welsh Language Standards and is now in a position to be delivering against the Standards.

The Welsh Language Standards Project Management Group that was established to lead and drive the delivery of the Welsh Language Standards continues to meet quarterly. The Group's membership includes representatives from the three Area Management Teams, along with influential managerial staff from a number of services and divisions, who are primarily responsible for leading and co-ordinating the introduction and implementation of the Welsh Language Standards across the Health Board. The Welsh Language Standards Compliance Officer has been working alongside members to roll out the objectives established within the Work Programme.

The Health Board received its Draft Notice of Compliance in July 2018, followed by a three month consultation period to engage the organisation in discussions around potential challenges. The Final Notice of Compliance was issued to the organisation on the 30 November 2018. The Compliance Officer has since attended numerous management and team meetings to share key messages and to develop local actions plans to deliver our objectives and to address any barriers orr issues to overcome.

One of the main focus areas has been assessing the scope of the Standards relating to providing bilingual reception services. The Compliance Officer has worked with the representatives on the Project Management Group to gather data on reception areas, staffing numbers and current Welsh speakers within those areas. Any gaps in provision have been identified and actions established to ensure full compliance with the Standards. Following scoping work with switchboard services' leads, the Health Board's in-house Welsh Language Tutor has developed a course specifically tailored for reception and switchboard staff in order to give them the required skills to deal with queries through the medium of Welsh.

Another focus for the Welsh Language Standards Project Management Group has been around providing education courses for the public. Services have worked collaboratively to develop an assessment that is fit for purpose to ascertain the scope of offering a course through the medium of Welsh.

A policy on using Welsh with inpatients is currently in development and will focus on rolling out the Language Choice Scheme using the orange 'Working Welsh' logo in magnet form to identify patients' preferred language. Included in the policy also is the work undertaken to mainstream the Welsh language into the Ward Accreditation scheme whereby staff are presented with a set of standards to frame our quality, safety and patient care agenda. The resources for the scheme include bilingual welcome boards, patient safety boards, patient experience boards, and magnetic symbols.

Several sub-groups to the Project Management Group have been established in order to address more local issues and information or good practice is then fed back to the Project Management Group.

The Compliance Officer is also currently working on an internal campaign to raise awareness of the new legislative requirements with the strapline 'Are you ready?'. A Health Board-wide campaign will be launched in May 2019 to engage with staff on patient-centred care through the Welsh language. A specific signposting guide has been produced, targeted at staff at all levels and across all services, offering guidance and support on delivering the Standards.

More than just words

The Welsh Government's Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care, More than just words concluded in 2019 and the Health Board undertook a broad overview of compliance against its main targets and themes. Innovative actions and schemes have been established to deliver the concept of the "Active Offer", meaning providing a service in Welsh without someone having to ask for it, and some of the delivery examples will be demonstrated within this report.

The Health Board was primarily responsible for the establishment of the North Wales *More than just words* Forum in May 2016. The group and its work programme has continued to thrive during 2018-19 with representatives now consisting of a number of relevant organisations, including all six local authorities, Social Care Wales, the Wales Ambulance Service NHS Trust and Bangor University's School of Healthcare Sciences. The Forum continues to meet on a quarterly basis to facilitate the implementation of the *More than just words* collaboratively across North Wales. It is also a platform for sharing best practice and learning. The Corporate Director of Social Services at Gwynedd Council, who is also a BCUHB Associate Board Member, chairs the Forum.

The Health Board was involved in a *More than just words* workshop, focusing on identifying actions for the 2019-2020 *More than just words* Action Plan. The Health Board has developed an annual operational plan for 2018-2019 based on the trajectories of the 2019-2020 *More than just words*. Once again, we have cross-referenced these with the Welsh Language Standards and our delivery dimensions to ensure a seamless approach across all themes and infrastructures.

Welsh Language Training Developments

Welsh language training has evolved strategically during the year. Working collaboratively in identifying specific groups e.g. Care of the Elderly, has allowed the Welsh Language Tutor to tailor courses at specific Welsh language skill levels to facilitate planning and supporting future developments. This area is a key organisational development aspect of the Health Board's Bilingual Skills Strategy and is an increasingly successful and evolving element of the strategy.

The Health Board's In-house Welsh Language Training Programme

This year, the focus has mainly been on upskilling Welsh language ability in line with the Welsh language skills matrix on the Electronic Staff Record (Level 0-5). This has allowed the Tutor to work closely with specific groups to identify staff that have a good knowledge of Welsh but perhaps lack the confidence to use their Welsh at work. This approach has led to an increase in the number of services able to undertake clinical and cognitive assessments through the medium of Welsh:

> *"I know how much the staff appreciate the input of the Tutor, and it's fantastic that they're now able to perform ADOS assessments through the medium of Welsh"*
>
> *Dr Elin Walker Jones, Consultant Clinical Psychologist, Denbighshire and Conwy Childrens Development Centre*

- Dementia Care Workers in Ysbyty Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor Hospital
- Speech and Language Therapists
- Occupational Therapists

This level of outcome following in-house investment in Welsh language training, has had a direct positive impact on the range of services we are able to offer our patients.

Welsh Language Skills Certificate - *Coleg Cymraeg Cenedlaethol*

The Health Board is the first and only organisation in Wales other than higher education establishments to pilot this initiative.

The *Tystysgrif Sgiliau Iaith* (Welsh Language Skills Certificate) is a recognised and accredited qualification by the *Coleg Cymraeg Cenedlaethol* and the Welsh Joint Education Committee developed to enable applicants to acquire a certificate evidencing their Welsh language skills and ability to work through the medium of Welsh. It also aims to boost the ability to communicate confidently and professionally in Welsh, in written and verbal form in order to respond to the needs of the local population and service users.

This year, ten members of staff applied, with participants ranging from consultants in older people mental health, to surgeons and specialist nurses. All participants have successfully gained the qualification. Following the success of the scheme, the Health Board has been offered to continue its collaborative working with the *Coleg Cymraeg Cenedlaethol*, extending the agreement further.

Working with the Work Welsh programme, National Centre for Learning Welsh

Work Welsh is an initiative funded by the Welsh Government and is co-ordinated by the National Centre for Learning Welsh. A formal agreement was established between the Health Board and the Centre, with the Centre providing additional funding to deliver on specific targets and service objectives with the aim of increasing the use of the language in the workplace. The outcomes of the Work Welsh agreement supported and

Chief Executive, Gary Doherty, completing the Work Welsh online course

complemented our current training provision, maximising opportunities for staff through a variety of models:

- An online welcome/reception course and health online course
- Intensive courses in the workplace
- Tailored residential courses to increase confidence to speak Welsh

Since its commencement in April 2018, 81 members of staff have attended residential courses in Nant Gwrtheyrn, with over 516 members of staff enrolling onto the online Work Welsh Courses. This past year has also seen the Intensive Welsh Courses being piloted, with an unprecedentedly high response, leading to a total of 164 applications. Due to limited availability, the final number attending the courses was 35, on three ability levels and three sites across North Wales.

Appointment of a Welsh Language Training Support Officer

This year saw the appointment of a Welsh Language Training Support Officer, a position funded by the National Centre for Learning Welsh. The role was created to ensure that staff who had enlisted on *Work Welsh* courses were provided with continuing linguistic support and training opportunities once they had returned to the workplace. As part of our annual training programme evaluations, staff have noted that there was a need for continuous support to maintain momentum and further develop language skills in informal and work-based settings.

The work undertaken by the Support Officer has been invaluable in providing after-care and mentoring aid through a number of initiatives and models including:

- Supporting 40 members of staff who have registered onto the online courses by providing classroom based support to coincide with the digital training and to improve pronunciation and speaking skills;
- Providing informal opportunities for staff who have attended residential courses to put their Welsh into practice in friendly and informal environments through various clubs and sessions, e.g. 'Cymraeg, Coffi a Chacen'/'Welsh, Coffee and Cake';
- Establishing a Learners' Club to discuss Welsh novels, television or radio shows, or any local cultural event;
- Holding 1-to-1 sessions with a number of staff in preparation for residential courses, and providing follow-on mentoring for 35 members of staff who had attended courses;
- Establishing quarterly workshops for learners at every level. These workshops are aimed at introducing various topics presented by guest speakers allowing learners to gain more confidence and encourage the transfer of Welsh language skills from the classroom to the workplace. The first session attracted learners at various levels, and 88% indicated that the workshop had been 'very suitable' for developing their Welsh in the workplace;
- Creating a network of Welsh learners, including all staff members that have attended face to face courses. The network has allowed us to promote upcoming events and Welsh language training to aid staff to further develop their Welsh language skills. Further workshops have been arranged during 2019.

- Creating an electronic database regarding the learning history of every learner that has registered with our service, known as the Learners' Network. This ensures that information can be filtered to specific groups of learners to inform them of new suitable learning opportunities which can now be swiftly and efficiently achieved.

Following discussions with learners at the Intermediate and Advanced levels, when questioned whether they make regular use of their Welsh language skills at work, a key deterrent identified was a lack of confidence. An initiative we have therefore put in place in order to address this is the *Ffrindlaith* scheme. Fluent Welsh speakers support learners by pairing individuals with similar interests, providing an opportunity for the learners to converse naturally in a friendly environment. This scheme supports the normalisation of the language, thus allowing them to gain the necessary confidence to use it on a regular basis in the workplace.

The scheme was initially implemented and launched in the Pharmacy Department at Ysbyty Glan Clwyd with a targeted group typically representative of learners who have the adequate skills to speak Welsh but are not confident enough to do so. A membership base has been established and is growing, allowing for adequate number of registrants for appropriate pairing. Guidelines to aid fluent speakers with regards to etiquette for supporting Welsh learners have been developed.

Glan Clwyd's Pharmacy Department implementing Ffrindlaith

Exemplar of achievements and accomplishments in learning Welsh

With over 650 members of staff accessing Welsh language training over the past reporting year, there are numerous examples of excellent practice and successes. Here are some inspirational examples of individuals and groups who have been learning Welsh over the past 12 months.

Dr Anita Staddon – Clinical Fellow Oncology in Ysbyty Glan Clwyd

Dr Anita Staddon recently moved to Wales from Ireland and has since been working at Ysbyty Glan Clwyd, recently completing the Level 1 Welsh language training course. With further support from our Support Officer, she is now able to speak basic Welsh and put greetings, introductions and day to day phrases to use.

"I do feel that it is helpful in my line of work, especially to connect with my Welsh-speaking patients. Because most people are bilingual and very fluent in English, it's easy to forget that some people feel more comfortable in their mother-tongue. I often get a surprise smile from patients when I tell them that I'm learning Welsh, and I found that it's been a very receptive audience – that most people appreciate that we're making the effort to learn their native language".

Dr Anita and Catrin, our Training Support Officer

Welsh Language Skills Certificate Group

Some of the staff who have undertaken the certificate previously attended a residential gaining confidence course leading to their desire to achieve an accredited certificate evidencing their Welsh language skills and ability to work through the medium of Welsh. The course has allowed them to refine their Welsh grammar and oral Welsh, giving them the confidence and support needed to transfer these skills into the workplace. The course is challenging and requires commitment and revision, which has paid off as they have fully immersed into the course and have achieved success in both the written and oral examinations.

The Health Board has commissioned an independent company to undertake a full evaluation of its Welsh language training provision through the funding provided as part of the Welsh Government's Work Welsh Scheme.

Primary Care Services

The Welsh Language Team has been proactive in encouraging primary care contractors to provide bilingual services, despite there being no statutory requirement for them to comply with the Health Board's Welsh Language Scheme. The Health Board has therefore gone above and beyond with the level of support provided to contractors. Individual practices continue to be targeted, with numerous GP Practices benefitting from direct support and guidance from the Welsh Language Team.

Despite the success of this level of support offered to GP Practcies the Health Board wanted to extend its support to other areas within primary care provision. As a result of a joint project with Hunaniaith and Menter Iaith Bangor, the Health Board was able to drive forward support within pharmacies across the area. A *Welsh in the Pharmacy* Pack was developed with the aim of encouraging more pharmacy staff to use the Welsh language, and to make the language more visible within pharmacies, for the benefit of Welsh speaking patients. The packs facilitate pharmacists and pharmacy staff to develop a Welsh language face-to-face service for the public, by providing sector-specific useful

phrases. In displaying the tailor-made pharmacy posters, it also informs and reminds the public that they are welcome to speak Welsh when accessing. In addition to strengthening pharmacists and pharmacy staff Welsh language skills, these packs will also be of benefit to members of the public who use the services, and could boost their confidence to use the Welsh language when they use the pharmacy services.

On 13 June 2018, the *Welsh in the Pharmacy* Pack was launched at Morrisons Pharmacy, Bangor. Head Pharmacist at Morrisons, Cameron Kinnell emphasised the value of the collaboration work:

"It's been an honour and privilege on my own behalf and on behalf of Morrisons Pharmacy to have been part of this project from the beginning. The help and support we've received from the Health Board, Hunaniaith and Menter Iaith Bangor has been invaluable and we look forward to continuing to progress and provide the best care to our patients through the medium of the Welsh language."

*Launch of the Welsh in the Pharmacy Pack at Morrisons, Bangor*

Managed Practices
The Health Board has been expanding and improving its Welsh language services at a number of GP practices that are managed by the Health Board. Practice Managers meetings have been attended to provide information about the Welsh language statutory benchmarks and offer advice about how their introduction is likely to impact on managed practices. A regional work programme was developed in order to ensure that the delivery of bilingual provision at those sites could be improved in a prompt and consistent manner, following successful roll out of support in Ruabon Medical Centre. Welsh language awareness sessions have been held for staff at the Forge Road Surgery in Southsea, Hillcrest Medical Centre and Borras Park Surgery in Wrexham, and a number of tangible steps have also been taken in relation to written correspondence, signage and telephone services. The Health Board's Translation Team has also provided additional support to convert a large number of generic letter templates into Welsh.

The work programme was subsequently rolled out to all managed practise across North Wales, and further support in the form of taster sessions delivered by our Welsh Language Tutor have also been arranged. As managed practices are included as part of the Welsh language services accountability framework, work is ongoing to further develop and monitor the progression of services.

The Translation Service

The translation service has seen a significant increase in the number of translation requests received this year. 1,107,840 more words were received in 2018-19 compared to 2017-18, a significant increase of 41.4% as demonstrated below.
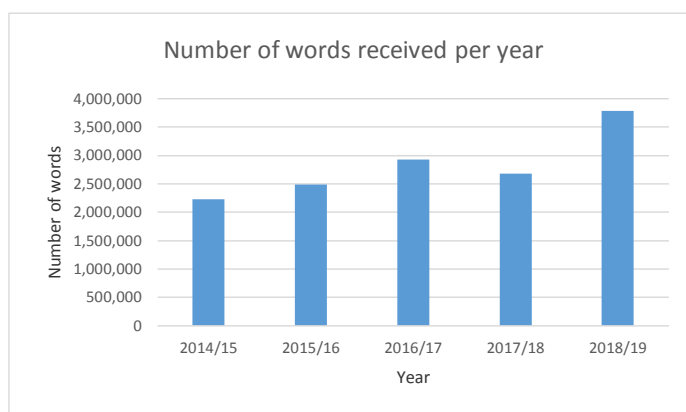
Below is a breakdown of the number of words translated each month during the reporting period:
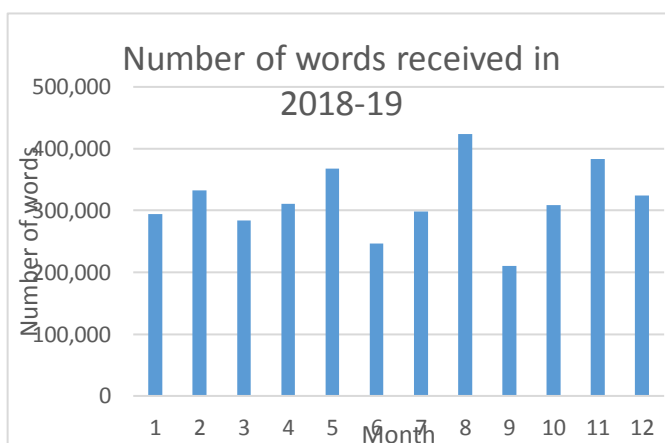
This reflects the work undertaken to raise awareness of the Welsh Language Standards. It also reflects the work done to continually promote the Health Board's Translation Service to staff. During the reporting period, the team visited community sites and managed practices in order to promote and expand the service. We also have an established process for translating internal correspondence and newsletters for staff.

We have established and facilitated a North Wales network of partners from public sector organisations who meet bi-annually to share learning, identify training needs and address issues such as recruitment. We also work closely with *Cymdeithas Cyfieithwyr Cymru* (*the Association of Welsh Translators and Interpreters*) to facilitate training and professional development opportunities.

We have continued to up-skill and enhance our training for the whole team to provide simultaneous translation for Health Board committees and forums. This will be further expanded during the coming months, and has included partnership working with other public sector partners such as Gwynedd Council and North Wales Police.

The translation service has also embarked on an exciting translation project at the request of the Health Board's CAMHS service. The FRIENDS Resilience Programmes were developed in Australia and are an internationally recognised group based interventions that teach children, young people and adults techniques to cope with anxiety and promote wellbeing, social and emotional skills and resilience. The translation team are undertaking this work, the first of its kind in Wales, and the Health Board will be fully recognised for translating all the workbooks and facilitator handbooks into Welsh so they're available for schools and practitioners across Wales.

Service Developments and Key Achievements

The Health Board has progressed its services even further this year with a number of developments and activities undertaken across the organisation. This section provides a brief overview of some of the most pioneering initiatives we have seen across Wales.

Language Choice Scheme

The Language Choice Scheme, which utilises orange magnets to identify Welsh-speaking patients and staff on wards, has continued to thrive positive feedback consistently being received from service users, their families and Health Board employees alike.

Having initially been piloted on specific wards at Ysbyty Gwynedd in early 2017, the scheme has now been greatly expanded and is in operation on numerous wards at both acute and community hospitals throughout North Wales. This expansion is set to continue during 2019-20, introducing the scheme in community hospitals across North East Wales beginning with Chirk Community Hospital. The Language Choice Scheme is already in operation within the Neonatal Unit in Glan Clwyd Hospital, however, on 1 May 2019, the Scheme will be launched and rolled out on all wards in the hospital.

The Senior Staff Nurse at the Neonatal Unit outlines below that both staff and parents are benefitting from being able to easily identify other Welsh speakers:

What are the advantages for you of implementing the Scheme?
Staff within the Unit have become more aware of each family's specific / individual needs. The magnets allow us to see if new parents are Welsh-speaking, without having to ask.
Has the scheme allowed you to pair Welsh speaking staff with Welsh speaking patients?
Yes. When Welsh-speaking members of staff are on duty within the Unit, they are now paired with Welsh-speaking parents.
What difference has the scheme made to the family?

As our staff also wear the 'Speak Welsh' logo on uniforms, this Scheme works both ways as parents can also see which staff members are Welsh-speaking without having to ask. This ensures that they feel more comfortable, as they can communicate with those staff members in their first language.

Use your Welsh...at Work!

On 18 February 2019, the Health Board re-launched its *Use Your Welsh* campagin, with a new twist of encouraging staff to use their Welsh at work, with colleagues, patients and visitors. The campaign encoura ges every staff member to use their Welsh, whether they are fluent, or if they are only able to say a few words. One of the key messages of the campaign was focused around the fact that staff members should not be afraid to use any Welsh they have, and should never think that their Welsh language skills are not good enough. Past experience has demonstrated that any effort made to speak Welsh with them is appreciated. By introducing this campaign across the three main hospital sites, it has raised awareness of the Welsh language internally among staff and its importance within the health sector, and as a result has increased the opportunities patients have to use the language.

The *Use Your Welsh at Work* campaign saw the publication of the widely- distributed second edition of Betsi Cadwaladr University Health Board's Welsh Language Team newsletter. As part of the newly re-designed campaign, focus was also aimed at the rights of staff to use Welsh as part of their working life. This strengthened and confirmed the Health Board's commitment to implementing the Operational Standards following the approval of our *Health Board Wide Procedure for Using Welsh Internally* in 2017.

BCUHB Staff celebrating our 'Use your Welsh at Work' campaign!

Staff members shared their experiences and different messages regarding the importance of using the Welsh language in the care setting on the Health Board's social media channels. Fluent Welsh speakers, fluent Welsh learners, and staff members who are commencing their journey in learning the language also contributed to the campaign, all focusing on the benefit of using the Welsh language with patients, with over 10,000 views on social media. Promotional stalls were held in three main acute hospitals, distributing supporting resources to staff members. Staff engagement continued with the Welsh Language Team, visiting the wards and talking with clinical staff. A successful *Use your Welsh* workshop was also held, with guest speakers from the *National Centre for*

Members of the Welsh Language Team launching the campaign

Learning Welsh in attendance to give presentations and useful tips on how to use the Welsh language and language transmission within the workplace. The *Ffrindiaith* Scheme was also launched as part of the campaign, affording the opportunity for Welsh learners to practice speaking Welsh in a friendly environment, and to increase their confidence in using the language. The campaign was welcomed with enthusiasm and positivity, with high level of engagement and participation within the workplace from staff on all levels.

Cymraeg i Blant / Cymraeg for Kids

One of the key development areas of Welsh Government's strategy *Cymraeg 2050: A million Welsh speakers*, is language transmission within the family. As part of the delivery of the strategy, health boards have a key role in supporting parents. The Health Board has been working in collaboration with *Cymraeg for Kids*, a Welsh Government funded scheme that supports parents to use the Welsh language with their children. The Health Board's Women's Division has been actively working to support this initiative, providing *Cymraeg for Kids* resources such as bilingual scans, bilingual maternity folders and other supporting resources to increase the visibility of the Welsh language within the maternity services.

The Welsh Language Team and Cymraeg i Blant providing information to future parents.

Representatives from *Cymraeg for Kids* attended the Health Board's Midwives Conference in Wrexham during May this year, where they had the opportunity to engage with staff from our maternity services discussing the value of transferring and introducing the Welsh language to children from a young age. The collaborative working has seen *Cymraeg for Kids* officers attending Parent Craft sessions and yoga sessions for mother and babies. Information has also been included in the electronic maternity leave pack that all mothers receive prior to their maternity leave.

Sioned from the Welsh Language Team discussing the advantages of raising children bilingually

The Health Board's Welsh language Team, along with *Cymraeg for Kids*, held a stall at Ysbyty Gwynedd recently to allow them to meet with expectant mothers and discuss the advantages of the Welsh language in terms of children's development, and the benefits of raising children bilingually. This partnership working is currently being rolled out in Wrexham Maelor Hospital and will be rolled out into community services across North Wales.

Working with schools and colleges

Building on successful events that were held during the previous year, the Health Board up-scaled its work with schools and further education institutions in order to promote the benefits of having bilingual skills within a professional workforce.

Following on from the success of an initial workshop that held at Ysgol Morgan Llwyd, in Wrexham, during the Health Board's inaugural Welsh Language Week in February 2018, series of similar events were held at secondary schools throughout north Wales in July 2019.

The Welsh Language Team worked with *Social Care Wales*, *Coleg Cymraeg Cenedlaethol* and *Careers Wales* to arrange workshops for year 9 and 10 pupils at Ysgol David Hughes, Menai Bridge, Ysgol y Creuddyn, Penrhyn Bay, Ysgol Glan Clwyd, St. Asaph and Ysgol Maes Garmon, and Ysgol Morgan Llwyd. The workshops featured a series of presentations, which showcased the importance of Welsh-medium health and social care provision, whilst also highlighting the benefits of bilingualism as an employment skill.

> *'Hearing about the importance of the Welsh language within the Health Service was extremely beneficial to the students, especially as they got to hear directly from people who work in the sector, instead of teachers and lecturers. The discussions were lively and interesting, and emphasised the value of the Welsh language beyond the school and exams. Thank you very much'.*
>
> **Trystan Derbyshire (Head of Year 10, Ysgol Morgan Llwyd)**

A recently qualified nurse working in Ysbyty Gwynedd presented at the workshops, sharing her experiences of studying and working bilingually. These events were very well-received, with participating schools sharing their appreciation on social media.

Alongside these workshops, the Welsh Language Team also contributed to a similar event that was arranged for further education students at Coleg Cambria's Yale College campus in Wrexham.

Beyond this, members of the Welsh Language Team also attended further workshops for year 10 pupils at two English medium-schools, Ysgol John Bright, Llandudno and Rhyl High School.

> *'It was excellent because I learnt no matter how much or little Welsh I know, I can use it and that this will make a difference in relation to getting different jobs'.*
>
> **Feedback from a year 10 pupil at Rhyl High School**

This afforded opportunities for the Welsh Language Team to promote the importance of Welsh-medium healthcare services to audiences of young people that may not have previously been encouraged to consider the advantages of bilingualism.

The Welsh Language Team also accepted an invitation from *Careers Wales* to attend a 'Welsh in the Workplace Day' speed-networking event for local primary school children at Ysgol y Grango, in Rhosllanerchrugog, designed to help year 6 pupils to develop their communication skills and confidence whilst learning about the use of Welsh within various workplaces. The Health Board was one of six north east Wales-based employers to participate in the event, which was attended by over 160 ten and eleven year olds from four local primary schools. Following the success of this event, two further 'Welsh in the Workplace Days' have been arranged.

Work has also been undertaken with students studying Health and Social Care, with students from Grŵp Llandrillo Menai visiting Ysbyty Gwynedd to learn how Welsh language services are offered and provided to patients. The students received a Welsh language awareness session, which focused on patients' rights to receive Welsh language services, as well as initiatives and procedures implemented within the Health Board to ensure that patients' linguistic needs are met.

Lesley, a dementia Support Worker in Ysbyty Gwynedd discussing the Language Choice Scheme with Grŵp Llandrillo Menai students

A brilliant insight to see the Welsh language being used. It was lovely to see the support that is available to staff in order to learn and use the Welsh language in the workplace, and the positive effect this has on service users.
Health and Social Care Tutor, Grŵp Llandrillo Menai

Following the presentation, the students were provided the opportunity to see a number of these initiatives in practice and visited Glaslyn Ward to see our Language Choice Scheme being implemented as part of the care provided to people living with dementia. They also had the opportunity to visit the Pharmacy Department to observe the Welsh language being used naturally in the health setting, and had the opportunity to speak to Yankier Perez, a Pharmacy Technician who originates from Cuba, and has learned Welsh fluently to be able to converse with patients. The students and the tutors found all of the sessions beneficial, especially witnessing first-hand the Welsh language used in everyday situations.

Staff Engagement and Welsh Language Awareness

The Welsh Language Team has continued its aim of engaging further with the workforce in order to raise awareness of the Welsh Language Standards and repercussions for individual staff members. This year as part of our language awareness sessions we have engaged with our staff to determine their awareness of requirements as well as gaining valuable insight into whether information presented

as part of language awareness sessions contribute to their overall approaches and understating in the workplace.

Interactive Awareness Sessions

One example is the work undertaken with the Posture and Mobility service. Three language awareness sessions were conducted, one in Bryn y Neuadd and the other with staff based in Wrexham, with a total of 28 attendees. The sessions had been structured to explain and reiterate the importance of bilingual healthcare provision and to empower staff to deliver their services accordingly. A questionnaire and feedback form was distributed at the end of each session to determine whether the information provided had contributed to their understanding of the subject and whether this would change of their working practices. The sessions were well-received and the findings are outlined below.

Question	Yes	No
Were you aware of Welsh language legislation before the session?	41%	59%
Did the presentation's content contribute to your understanding of the subject?	96%	4%
Do you feel that you have more awareness of the Welsh language following the session?	75%	25%
Are you going to act differently in the workplace after this session?	82%	18%

When asked what three things they had learnt, common themes included:
- That it's important to consider things from the patient's perspective
- That enabling the patient to use their first language is important (especially) as they may be under stress
- The importance of being able to offer a Welsh-medium service to young children, older people, mental health and learning disabilities service users
- How to use Welsh in the workplace and what to do in different situations

One of the most important part of the session was whether the information provided would have an impact on the way they undertake their work on an operational level. When discussing what one thing they would take with them back to the workplace, the main themes that became evident were:

- 'I'm going to learn more Welsh and use it more often'
- 'I'm going to implement the Active Offer'
- 'I'm going to remember to ask patients what their first language is'
- 'I will try to speak Welsh when a Welsh-medium service is needed and to make this easier, I will do what I can to improve my confidence'

Undertaking this engagement exercise has demonstrated that this level of feeding information has, and will make a difference to those staff who work on the ground, achieving the main aim of the sessions.

All-Wales online Welsh Language Awareness module
In order to ensure availability and ease of access to Welsh language awareness training, the health Board has been leading on the development of an all Wales online module. This module will be made available to all NHS Wales staff through ESR.

A draft of the new resource has been developed by the Health Board's Welsh language Team, and we are currently working with the NHS Wales Technology Enabled Learning (TeL) Programme Manager to transform that draft into a working interactive module. This will ensure that awareness training can be made available to all staff, be it face to face sessions delivered by the Welsh Language Team or via accessing online ESR training.

Performance Indicators Data

Performance indicators have been set by the Welsh Language Commissioner and are directly related to the Health Board's Welsh Language Scheme requirements.

Policy Impact Assesment

- ***Number and percentage of policies (including those that were reviewed or revised) where consideration was given to the effects the policy would have on the use of the Welsh language***

  All new policies and initiatives produced by the Health Board are subject to an Equality Impact Assessment, which includes language impact assessment.

  During 2018/19, 53 policies were produced or revised with 100 per cent scrutinised for language impact assessment. Of these, five policies (9 per cent) made specific reference to the Welsh language, where the policy would have an effect on the use of the Welsh language as part of the organisation's service delivery.

  Policies which did not require reference to the Welsh language ranged from clinical policies (e.g. *Clostridium difficile protocol*, *Decontamination procedures, Influenza Management*), Medicine Management policies (e.g. *Restricted Antimicrobial Policy*) to Medical Devices Policies (e.g. *Procedure for the Selection, Loan and Procurement of Medical Devices*). The policies, as part of the robust impact assessments, had been identified as not having an effect on a patient's ability to receive services through the medium of Welsh.

  2018 / 2019 Data:

  53 policies were produced or revised, of which 100 per cent were scrutinised for effects on the Welsh language, with five of these (9 per cent) including references to the use of the Welsh language

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> **2017 / 2018 Data:**
>
> **43 policies were produced or revised, of which 100 per cent were scrutinised for effects on the Welsh language, with six of these (14 per cent) including references to the use of the Welsh language**

- *Example of an assessment deemed to have an impact on the use of the Welsh language and details of how the policy was amended as a result*

The Health Board's policy impact assessment procedures allow for the consideration of how certain policies and procedures will affect service provision. One example is the Health Board's Patient Transfer Procedure, which has been amended recently to include reference to the Welsh Language Standards in accordance with the *Policy Making Standards*:

> **Welsh Language**
> *In accordance with the Health Board's Welsh Language Standards, the patient's preferred language should be identified at the earliest opportunity and this information included in the patient's handover to ensure that their needs are accommodated. A note should also be made in the healthcare record. Care and language go hand in hand and quality of care can be compromised by the failure to communicate with people in their first language.*

Please find below an example of how the Health Board's robust policy impact assessment has ensured that the Welsh language was incorporated into the *Patient Transfer Procedure.*

Item 1 - Patient Transfer Procedure

Another example is the *Associate Hospital Managers Procedure.* The purpose of this procedure is to ensure that those appointed by the Health Board as AHMs will gain appropriate competencies and act lawfully in accordance with the principles set out in the Mental Health Act Code of Practice 2016.

References to the Welsh language include -

> *'The MHA Manager will ensure that day to day activities in relation to panel bookings are efficient and that hearings are fairly distributed, that hearings are facilitated within the language of choice by the patient and that there are sufficient Associate Hospital Managers who speak Welsh'.*

> *'Every effort will be made to recruit AHMs from a diverse ethnic background reflecting the local population. In addition sufficient Welsh language AHMs will be recruited to provide panels with Welsh speakers.'*

Item 2 - Associate Hospital Managers Procedure

A Policy Working Group was established in July 2017 for the purpose of reviewing the overall arrangements within the Health Board for the creation, cascading, accessing and storage of policies, guidance documents, protocols and standard operating procedures, and to propose and implement improvements across the Health Board to ultimately support patient safety arrangements. It is chaired by the Deputy Board Secretary and members include the Head of Transforming Nursing Care, Head of Informatics, Performance and Improvement Lead, Digital Media Officer as well as the Welsh Language Standards Compliance Officer. This provides the Welsh Language Team with the opportunity to further scrutinise policies for opportunities to include Welsh Language requirements.

Services Provided By Others

- ***Number and percentage of third party agreements monitored to ensure they comply with the relevant requirements of the Welsh Language Scheme***

2018 / 2019 Data:

Awaiting data.

2017 / 2018 Data:

Number: 290 contract reviews (this is a mix of formal contract reviews, site visits and annual due diligence checks / self-assessment returns)

Percentage: 61 per cent (of 470 healthcare contracts excluding Welsh public bodies who report separately to the Commissioner)

- ***Example of monitoring work undertaken to assess whether or not a third party agreement complied with the relevant requirements of the Welsh Language Scheme and details of any action taken as a result of the monitoring work***

The majority of formal monitoring of Welsh Language Compliance indicate independent providers are working to the requirements built into the contract, and have not resulted in any further action.

Within our monitoring regime, we do have specific Welsh Language Compliance questions, but also the Health Care Contracting Team will notice weaknesses when measuring compliance in other areas.

Awaiting further information.

Workforce Planning

- *An update on progress made to adopt/implement the organisation's Welsh language/bilingual skills strategy*

The Bilingual Skills Strategy is designed to enable effective workforce planning and the recruitment of staff to ensure the delivery of bilingual services through the medium of Welsh and English, according to individual choice and the needs of the population in the area. The vision is to provide a service that satisfies the needs of Welsh speakers and their families or carers, by ensuring that they are able to receive services in their own language through the care process. To deliver this, the Bilingual Skills Strategy has four key workstream areas to support the goal of ensuring that appropriate Welsh language skills are available within the workforce to deliver a bilingual service:

- Audit of current workforce Welsh language skills
- Assessment of the Welsh/bilingual service needs
- Identifying skills gaps
- Workforce planning and recruitment

Work continues to increase the data held on the Welsh language ability of staff. Data compliance has been included in the Integrated Quality and Performance report to the Board, with a target of 2 per cent increase per quarter. This has ensured progression during the reporting year, which is reflected in the increased figures outlined below.

The decision has also been taken to adviertise the following posts with the ability to speak welsh as the essential default:
- Receptionists
- Switchboard / Call Centres
- Patient Appointment Booking Centres
- Ward clerks

2018 / 2019 Data:

88.5 per cent of the entire workforce had recorded their Welsh language skills on ESR

2017 / 2018 Data:

83.77 per cent of the entire workforce had recorded their Welsh language skills on ESR

- *Number and percentage of the organisation's employees:*
    - *whose Welsh language skills have been assessed;*
    - *that has Welsh language skills (per skill level)*

Across the organisation

Count of Employee Number	2016/17		2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	5785	32.41	7165	38.57	7954	43
1 - Entry/ Mynediad	2134	11.96	2336	12.57	2366	13
2 - Foundation / Sylfaen	1081	6.06	1171	6.30	1185	6
3 - Intermediate / Canolradd	1104	6.18	1203	6.48	1243	6.5
4 - Higher / Uwch	1558	8.73	1546	8.32	1502	8
5 - Proficiency / Hyfedredd	1896	10.62	2141	11.53	2217	12
Total	13,558	75.96%	15,562	83.77%	16,467	88.5%
Total number of staff	17,850		18,577		18,624	

- *Number and percentage of employees working in the following priority group services, whose Welsh language skills have been assessed, per skill level:*

> Paediatrics
> School nursing
> Health visiting
> Elderly care medicine
> Speech and Language Therapy
> Learning Disabilities
> Mental health services: - Child and Adolescent
>   - Adult
>   - Community
>   - Older People

Paediatrics				
Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	211	34.70	230	40
1 - Entry/ Mynediad	85	13.98	69	12
2 - Foundation / Sylfaen	32	5.26	33	6
3 - Intermediate / Canolradd	27	4.44	36	6
4 - Higher / Uwch	34	5.59	32	6
5 - Proficiency / Hyfedredd	88	14.47	85	15
Total	477	78.44%	485	85%
Total number of staff	608		571	

School Nursing

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	49	33.56	54	41
1 - Entry/ Mynediad	11	7.53	22	17
2 - Foundation / Sylfaen	3	2.05	2	2
3 – Intermediate / Canolradd	5	3.42	4	3
4 - Higher / Uwch	28	19.18	17	13
5 - Proficiency / Hyfedredd	30	20.55	26	20
Total	126	86.29%	123	92.5%
Total number of staff	146		133	

Health Visiting

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	93	31.85	105	34
1 - Entry/ Mynediad	40	13.70	47	15
2 - Foundation / Sylfaen	18	6.16	20	6
3 - Intermediate / Canolradd	19	6.51	24	8
4 - Higher / Uwch	34	11.64	36	12
5 - Proficiency / Hyfedredd	41	14.04	48	16
Total	245	83.9%	280	91%
Total number of staff	292		308	

Elderly Care Medicine

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	99	23.91	74	30.5
1 - Entry/ Mynediad	49	11.84	23	9
2 - Foundation / Sylfaen	32	7.73	19	8
3 - Intermediate / Canolradd	39	9.42	14	6
4 - Higher / Uwch	81	19.57	44	18
5 - Proficiency / Hyfedredd	49	11.84	31	13
Total	349	84.31%	205	84.5%
Total number of staff	414		243	

Speech and Language Therapy

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	58	37.66	66	40
1 - Entry/ Mynediad	18	11.69	15	9
2 - Foundation / Sylfaen	7	4.55	7	4
3 - Intermediate / Canolradd	14	9.09	19	11
4 - Higher / Uwch	23	14.94	22	13
5 - Proficiency / Hyfedredd	30	19.48	36	22
Total	150	97.41%	165	99%
Total number of staff	154		166	

Learning Disabilities

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	97	30.5	126	33.5
1 - Entry/ Mynediad	62	19.5	66	17.5
2 - Foundation / Sylfaen	29	9.12	39	10
3 - Intermediate / Canolradd	25	7.86	36	10
4 - Higher / Uwch	30	9.43	47	13
5 - Proficiency / Hyfedredd	54	16.98	54	14
Total	297	93.39%	368	98%
Total Number of staff	318		376	

Mental Health Services - overall

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	718	36.90	784	40
1 - Entry/ Mynediad	289	14.85	307	16
2 - Foundation / Sylfaen	157	8.07	153	8
3 - Intermediate / Canolradd	183	9.40	190	10
4 - Higher / Uwch	166	8.53	156	8
5 - Proficiency / Hyfedredd	227	11.66	234	12
Total	1740	89.41%	1824	94%
Total number of staff	1946		1946	

Mental Health Services - CAMHS

Count of Employee Number	2018/19	
Individual Proficiency Level	Total	%
0 - No Skills / Dim Sgiliau	117	51
1 - Entry/ Mynediad	30	13
2 - Foundation / Sylfaen	16	7
3 - Intermediate / Canolradd	14	6
4 - Higher / Uwch	10	4
5 - Proficiency / Hyfedredd	15	7
Total	202	88%
Total number of staff	230	

Mental Health Services - Community

Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	76	34.86	158	38
1 - Entry/ Mynediad	35	16.06	79	19
2 - Foundation / Sylfaen	13	5.96	32	8
3 - Intermediate / Canolradd	24	11.01	45	11
4 - Higher / Uwch	17	7.80	22	5
5 - Proficiency / Hyfedredd	32	14.68	55	13
Total	197	90.36%	391	94%
Total number of staff	218		418	

Mental Health Services - Adult				
Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	251	36.43	233	43
1 - Entry/ Mynediad	96	13.93	66	12
2 - Foundation / Sylfaen	60	8.71	47	9
3 - Intermediate / Canolradd	72	10.45	57	10
4 - Higher / Uwch	45	6.53	33	6
5 - Proficiency / Hyfedredd	89	12.92	85	16
Total	613	88.97%	521	96%
Total number of staff	689		543	

Mental Health Services - Elderly				
Count of Employee Number	2017/18		2018/19	
Individual Proficiency Level	Total	%	Total	%
0 - No Skills / Dim Sgiliau	95	37.70	91	40
1 - Entry/ Mynediad	39	15.48	46	20
2 - Foundation / Sylfaen	13	5.16	10	4
3 - Intermediate / Canolradd	21	8.33	22	10
4 - Higher / Uwch	19	7.54	20	9
5 - Proficiency / Hyfedredd	25	9.92	24	11
Total	212	84.13%	213	94
Total number of staff	252		226	

Training to Improve Welsh Language Skills

As already outlined within the report, we have seen considerable progress in Welsh language training provision within the Health Board. The following data demonstrates significant increase in the number of staff accessing training, reflecting the positive outcomes of this innovative role within the health sector.

Training provided via the Health Board's Internal Programme

Courses	Location	Number
0-5 Welsh Language Skills Courses. Including Postgraduate and Undergraduate Courses	Ysbyty Gwynedd	104
Welsh Language Skills Certificate, Coleg Cymraeg Cenedlaethol	Ysbyty Gwynedd	10
Occupational Therapy Course	Ysbyty Gwynedd	6
0-5 Welsh Language Skills Courses	Ysbyty Glan Clwyd	32
0-5 Welsh Language Skills Courses	Ysbyty Maelor Wrecsam	38
Speech and Language Course	Ysbyty Maelor Wrecsam	15
Total Number of Staff		**205**

**Training provided in collaboration with the
National Centre for Learning Welsh**

Courses	Registered	Completed
Online Courses	516	87
Intensive Welsh Courses, 4 hours a week for 11 weeks.	35	35
Residential Courses at Nant Gwrtheyrn.	81	81
Total:	**632**	**203**

- *Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level*

2018 / 2019 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 837

This total equates to 5.1 per cent of the Health Board's current workforce

2017 / 2018 Data:

Number of the organisation's workforce that received training to improve their Welsh skills to a specific qualification: 513

This total equates to 2.8 per cent of the Health Board's current workforce

This is an increase of 4.6 per cent since the introduction of the Health Board's Welsh Language Training Programme where only 90 members of staff accessed training during 2016 / 2017.

Recruitment

- *Number and percentage of new and vacant posts advertised with the requirement that:*

2018 / 2019 Data:

- Welsh language skills are essential - 59 (2 per cent)
- Welsh language skills are desirable - 2790 (98 per cent)
- Welsh language skills not required - N/A

2017 / 2018 Data:

- Welsh language skills are essential - 53 (1.9 per cent)
- Welsh language skills are desirable - 2845 (98.3 per cent)
- Welsh language skills not required - N/A
-

- *Example of an assessment which shows how a decision was taken to advertise the post* :

- Welsh Language skills are essential;
- Welsh language skills are desirable;
- Welsh language skills are not required.

Welsh language skills requirements continue to be assessed as part of the Health Board's position request form. This assists managers to determine whether posts should be advertised as Welsh Essential or Welsh Desirable. The tool ensures that recruiting managers follow set formulae, looking at language needs of the population, current skill mix and skills gap within the team. This allows services to recruit individuals with the required level of Welsh language ability to ensure a comprehensive bilingual service is available.

Follow link to an example of an assessment undertaken that determined Welsh language skills were essential for a post:

Item 3 - Receptionist / Clerical Officer Assessment

Follow link to an example of an assessment undertaken that determined Welsh language skills were desirable for a post:

Item 4 - Health Records Clerk

All posts advertised require either Welsh language as an essential skill or Welsh language as a desirable skill. The Health Board undertook the innovative decision

to ensure no post was advertised stating that Welsh language skills are not required.

A new 'Welsh Language Requirements' section has been included in the Personal Specification, ensuring Welsh language skills, whether essential or desirable for a post, are noted prominently.

- ***Of those posts advertised with an essential requirement, the number and percentage of posts filled by individuals who met the requirement***

2018 / 2019 Data:

* With the current reporting functionality, organisations are unable to correlate the Welsh Essential advertised posts with the skills of the applicants appointed to them. However, this has been identified as an area of concern and will therefore be possible in future when the Trac Recruitment System builds the customisable report.

2017 / 2018 Data:
Welsh language skills are essential:
- **21 posts were unable to be recruited to**
- **26 were provided with job offers**
- **1 post was withdrawn by North Wales Shared Services Partnership**
- **23 were reportable (i.e. not at applicant stage)**
- **3 of which data is currently being sourced**
- **5 posts were appointed to without Welsh Speakers (none of which were BCU A&C Identified Posts), but of the 5 posts, 1 possessed Level 1 Welsh language skills and two had Welsh language skills at Level 2.**

Language Awareness Training

- ***Number and percentage of the organisation's new staff (i.e. new since 1 April 2017) that received Welsh language awareness training***

The Health Board's Orientation Programme is mandatory for all new members of staff, with a specific session on Welsh language awareness delivered by members of the Welsh Language Team. These sessions have been structured to provide information on legislative requirements and the 'Active Offer', with evidence and best practice showcased to demonstrate the strategic and practical steps undertaken to ensure organisation wide awareness of the importance of bilingual healthcare services.

2018 / 2019 Data:

2778 newly appointed staff have received Welsh language awareness training

This total equates to 100 per cent of the Health Board's new starters

2017 / 2018 Data:

1307 newly appointed staff have received Welsh language awareness training

This total equates to 100 per cent of the Health Board's new starters

Alongside these regular orientation training sessions, members of the Welsh Language Team also provide Welsh language awareness sessions for certain groups of Health Board staff. Specific sessions are intermittently held for medical students from Cardiff University and Swansea University as a part of their orientation training at the beginning of work placements within the Health Board. Seven sessions were held at the North Wales Clinical School's Undergraduate Centre in Glan Clwyd Hospital during 2018-19, with a total of over 100 students attending.

Welsh language awareness training sessions are also held as a part of the Health Board's orientation programme for first year nursing students. Four events were held during 2018-19, two in Wrexham and two in Bangor, with 60 and 80 students respectfully were present at the sessions. A number of specific staff groups / departments within the Health Board have also been provided with specifically tailored Welsh language awareness training during the past twelve months.

After Wrexham Maelor Hospital's Main Outpatients' Department was surveyed as part of the Health Board's ongoing Bilingual Services Monitoring Scheme, Welsh language awareness refresher sessions were held for the staff. Both these sessions were well-attended and well-received and have contributed towards a further improvement in the delivery of bilingual services within the department in recent months.

A similar series of three Welsh language awareness sessions were also held for the Posture and Mobility Service at Bryn-y-Neuadd and Wrexham during October and November 2018, with one-off sessions were also held for staff at Rysseldene Surgery, Colwyn Bay and for all West Area Health Visitors and School Nurses.

- ***Number and percentage of the organisation's entire workforce that has received Welsh language awareness training since the training was introduced***

The training was introduced at the establishment of Betsi Cadwaladr University Health Board in 2009.

2018 / 2019 Data:

Number of the organisation's entire workforce that had received Welsh language awareness training since the training was introduced: 12, 502

This total equates to 75.9 per cent of the Health Board's current workforce

2017 / 2018 Data:

Number of the organisation's entire workforce that had received Welsh language awareness training since the training was introduced: 9384

This total equates to 50.5 per cent of the Health Board's current workforce

Website

- *Percentage of the organisation's website that is available in Welsh*

Our last audit showed that about 97 per cent of our website is available in Welsh. There is no need for the user to look for the information in Welsh, it is offered proactively and includes over 1000 pages.

We are in the process of developing a new website for the Health Board using a new content management system called Mura that has been developed by NWIS (NHS Wales Informatics Service). As we are starting from the very beginning with this new system, we can ensure that each page has a Welsh language equivalent. We are reviewing all content and pages on the existing website before they are moved over to the new website.

The new Mura system includes advanced auditing tools for administrators to monitor page activity from Devolved Editors, including alerts and notifications when a new page has been created and edited. Going forward with this system, we can ensure that there is a Welsh language equivalent before a pages go live on the website. We aim to have a soft launch of the new website by the end of June 2019.

The website will:

- offer users language choice proactively from the start of their visit
- provide a clear language choice on each page
- allow Welsh and English pages are of equal quality
- offer a search function that works in Welsh and English

Users can search in Welsh or English and the results are returned in the present interface language used at the time. The search results do not inform the user if there are additional results available in the other language.

The website interface is the same in both languages. The layout is of the same quality in relation to colour, size, font and text format.

- ***Information relating to the process used to ensure that existing content, updates and new content complies with the Health Board's Welsh Language Scheme***

  The Communications Team and the Welsh Language Team have been monitoring existing web pages to ensure the information is up-to-date and available in both Welsh and English. The Communication Team is responsible for loading, editing and reviewing content on the Health Board's website but due to the organisation's substantial size, the task of editing the website has been delegated to a core of some 20 devolved website editors from various departments. As part of the process of re-developing the new website, from the very beginning each selected devolved editor will receive training to use the new 'Mura' content management system. During this training, the Communications Team will ensure that they understand the guidelines on publishing bilingual web pages and this will be an essential component of this training. They will also be informed that any content or pages that are submitted in English only will not be approved until it has been translated. The editors receive directions not to publish revised or new content on the website until it is available in Welsh and English, in order to ensure the consistency of pages in both languages.

When text is available to the editors in one language, they must arrange for it to be translated into the other language. A process has been established where a devolved web editor sends a request to the Health Board's Translation Service to prepare the text in the other language. The translated text is returned to the devolved editor for placing it on the new page and then the corresponding Welsh and English pages are simultaneously published on the website.

As we are in the process of developing the new website for the Health Board, this will be set up from the start. We will have less devolved editors and will have improved controls for managing existing content, and notifications when updates and new content is uploaded.

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

The Health Board received seven complaints in relation to the implementation of its Welsh Language Scheme during this reporting year, all of which were fully addressed under the *Putting Things Right* Regulations. However, it must be emphasised that three of these were in relation to primary care. As independent contractors, the Health Board can only support and encourage providers to deliver

services bilingually. As already demonstrated within this report the Health Board has gone above and beyond its requirements under the Welsh Language Scheme to address issues raised.

Of the other complaints, two were in relation to telephone calls received by the Health Board. However upon investigation it became evident that both occasions (within different services) were not reflective of the level of Welsh medium service usually offered by the services and following presentation of evidence, it was clear that there were adequate Welsh speakers within the team.

No external investigations were held during the reporting year.

Conclusion and Forward Vision for 2019 - 2020

Through its strategic planning, the Health Board has a clear vision for the next three years with its key focus on further developing the following service areas:

- Delivering the Welsh Language Standards across the organisation
- Planning the workforce through the implementation of the *Bilingual Skills Strategy*
- Promoting and implementing the 'Active Offer' principle in line with Welsh Government's Strategic Framework *More than just words*
- Develop and strengthen bilingual primary care services
- Provide a comprehensive translation service for the whole of the organisation

The Health Board will be focusing on rolling out its successes in terms of operationally delivering on the above pledges, and the work of the Project Management Group will be more crucial than ever as we move towards the new legislative landscape.

Partnership working will continue to be a focus for the Health Board with links already established to progress the *Cymraeg for Kids* project supporting the Welsh Government's Welsh language strategy *Cymraeg 2050: A million Welsh speakers*. We will see further developments with partners as we support wider integrated working with local authorities. This will be a key trajectory moving forward and will mean a joined-up approach to implementing the new actions identified for care, health and social services within *More than just words*.

Having identified the need to raise awareness amongst young people of the Welsh language being an employment skill, and seeing the success of our visits to local schools and colleges, the Health Board will expand the work undertaken this year by engaging further with both Welsh and English medium secondary schools.

Work has been ongoing with the primary care sector as demonstrated within this report, and this work will be further developed as part of the Standards and proposed duties on contractors.

We will also be working on a project with our Mental Health Division to scope our current provision and through service user engagement, we will work together to

identify areas and type of support required. These actions feed into the Health Board's wider planning and will be a continuous programme of work, monitoring and governance.

This is the Health Board's final report on its implementation of the Welsh Language Scheme. In reviewing the annual reports presented since the establishment of Betsi Cadwaladr University Health Board in 2009, the progress made within this period has been significant.

We have:
- improved the quality of care we provide through the language of choice
- increased compliance with legal and statutory requirements
- identified initiatives that have been implemented and rolled out to respond to language need as an integral element of care
- improved organisational development in terms of how we are able to support the workforce to be able to deliver services through the medium of Welsh

These successes have been acknowledged on a national level and we are at the forefront in sharing best practice and supporting other organisations within the sector.

We are now eager to progress our work further in delivering statutory obligations so we can further improve our services for our Welsh speaking patients in their language of choice.

Report Title:	Update on tobacco control in Betsi Cadwaladr University Health Board (BCUHB)
Report Author:	Mrs Delyth Jones, Principal Public Health Officer Mr Richard Firth, Consultant in Public Health
Responsible Director:	Miss Teresa Owen, Executive Director of Public Health
Public or In Committee	Public
Purpose of Report:	The purpose of this paper is two-fold: 1) To provide details of the Betsi Cadwaladr University Health Board performance in relation to smoking cessation activity, to update on the current provision of Health Board services, and describe planned future actions. 2) To provide an update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2018.
Approval / Scrutiny Route Prior to Presentation:	This work features in the BCUHB's Annual Plan for 19/20, with updates on progress presented at the Health Improvement and Inequalities Transformation (HIIT) Group meeting.
Governance issues / risks:	• The BCUHB Corporate Risk Register (001) highlights the risk to population health if issues such as smoking cessation are not fully addressed. • Implementation of the '*Smoke Free Premises and Vehicles Regulations*' is a legal requirement on the Health Board, and is an important step in de-normalising smoking in Wales. Implementation of the Regulations, which includes an enforcement approach, included fixed penalty notices, to smoke free premises, is challenging and will require strong communication and engagement in order to mitigate adverse reactions. The lead-time between publication of the final Regulations and their implementation may be short.
Financial Implications:	Funding for the Help Me Quit in Hospital Service from The Respiratory Health Implementation Group ceases in December 2019. Continuance of this service will require an annual investment from Q4 2019/20 onwards. Publication of the final Regulations will enable the Health Board to assess any financial implications. Costs will primarily arise from costs of new signage and costs associated with provision of local

	enforcement activities. Health Board non-compliance with the Regulations could result in fines.

Recommendation:	The Committee is asked to:
	
	1. **Note** the opportunity for continued improvement against current Tier One performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services.
	2**. Endorse** the approach being taken to
	    I. develop an integrated cessation service; and
	    II. ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations.

Health Board's Well-being Objective*s* *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	✓	1.Balancing short term need with long term planning for the future	
2.To target our resources to those with the greatest needs and reduce inequalities		2.Working together with other partners to deliver objectives	✓
3.To support children to have the best start in life	✓	3. Involving those with an interest and seeking their views	✓
4.To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being	✓	4.Putting resources into preventing problems occurring or getting worse	✓
5.To improve the safety and quality of all services	✓	5.Considering impact on all well-being goals together and on other bodies	
6.To respect people and their dignity	✓		
7.To listen to people and learn from their experiences	✓		
Special Measures Improvement Framework Theme/Expectation addressed by this paper *http://www.wales.nhs.uk/sitesplus/861/page/81806*			
Equality Impact Assessment EQIAs have been undertaken on the recently developed smoking cessation services in the Health Board.			

Title of Paper

Update on tobacco control in BCUHB

1. Purpose of report

The purpose of this paper is two-fold:

1) To provide details of the Betsi Cadwaladr University Health Board performance in relation to smoking cessation activity, to update on the current provision of Health Board services, and describe planned future actions.

2) To provide an update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2018.

2. Introduction

The percentage of adults smoking across Wales is decreasing; however, adult smoking prevalence across BCUHB is still at 19% with variation between counties ranging from 15.8% in Conwy to 21% in Flintshire.

Accessing specialist smoking cessation services offers the best chance of reducing smoking prevalence. Cessation services are up to four times more effective in achieving and sustaining a quit attempt than no help or over the counter nicotine replacement therapy (NRT). National minimum standards have been agreed for smoking cessation services, and are due to be launched by end of this month. These will support a local service review to support performance and quality improvement.

A national review of the smoking cessation system in Wales was undertaken last year, and work is currently underway across the public health system to look at the configuration of services to meet the needs of the local population. Potentially, this could mean that all smoking cessation services could be integrated fully under the leadership of the Health Board in the near future.

The Public Health (Wales) Act 2017 laid down the legislative framework for widening the extent of smoke free sites across Wales. Welsh Government consulted on draft Smoke Free Premises and Vehicles (Wales) Regulations 2018 in August 2018.

The key provisions of the Regulations relevant to the Health Board are:

I. Extension of the smoking ban to outdoor areas of hospital grounds and the requirement for Health Boards to work with Local Authorities to agree enforcement strategies (with fixed penalties for anyone smoking on site) ;

II. The removal of an exemption from previous legislation that allows designation of a room in which patients and residents of mental health units may smoke,

and replacing it with one that would expire 18 months after the new Regulations come into force;
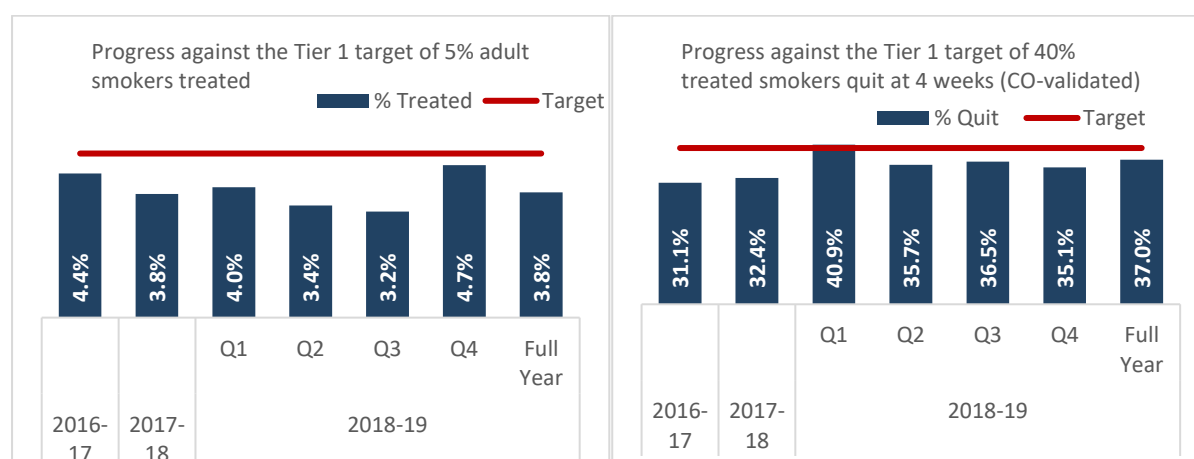
III.   Conditions relating to areas designated for smoking in hospital grounds *should* an organisation use their discretion to provide such areas. (*Our Health Board response did not support the inclusion of this discretionary element, on the grounds that the NHS needs to be an exemplar in delivering the smoke free social norm vision, and that it would detract from our efforts to deliver health promoting and smoking cessation messages.*)

IV.   Provision of signage within clearly marked boundaries in a prominent position at or near the main entrance.

3.   Performance update

The NHS Wales Tier One smoking cessation performance targets (for all Health Boards) are:
- 5% of smokers to make a quit attempt via smoking cessation services
- at least 40% carbon monoxide (CO) validated quit rate at 4 weeks for treated smokers

In BCUHB, there are an estimated 105,700 adult smokers, and our current annual treatment target is 5,252. Tier One performance against both targets are shown in the figures below:

Progress against the Tier 1 target of 5% adult smokers treated — % Treated, Target

		Q1	Q2	Q3	Q4	Full Year
4.4%	3.8%	4.0%	3.4%	3.2%	4.7%	3.8%
2016-17	2017-18	2018-19				

Progress against the Tier 1 target of 40% treated smokers quit at 4 weeks (CO-validated) — % Quit, Target

		Q1	Q2	Q3	Q4	Full Year
31.1%	32.4%	40.9%	35.7%	36.5%	35.1%	37.0%
2016-17	2017-18	2018-19				

BCUHB treated 3.8% of smokers during 2018/19 falling short of the 4% trajectory target, despite achieving 4% and 4.7% in Q1 and Q4. The service quality target was 37% at year-end with variation in quality observed between services offered (2018/19 Quit rates; HMQ in Hospital 56%, HMQ for Baby 30%, Pharmacy service 31% SSW HMQ in Primary Care project 45%).

The BCUHB Tobacco Control Dashboard is ready to be published on the Information Reporting Intelligence System (IRIS). The new tool will provide users with a visual and interactive experience of the Tier 1 metrics for smoking cessation. It will be accessible via the web, and provides links to HMQ in Hospital and HMQ for Baby

service level reports, which supports service performance management. In addition, analysis at cluster and GP practice level is available. Selected screenshots of the Tobacco Control Dashboard are shown below:
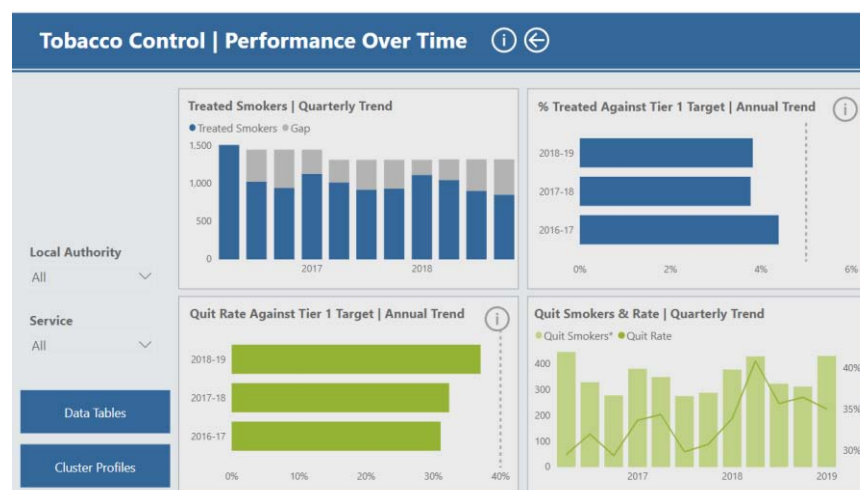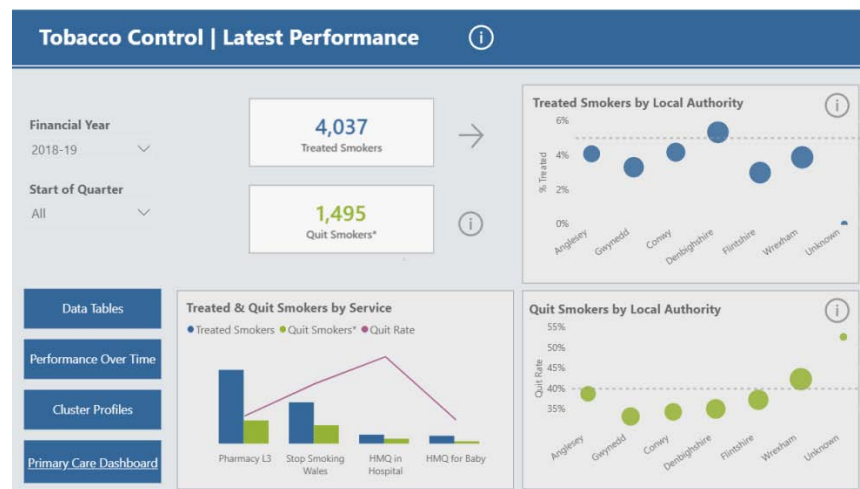
4. Improving performance

Across Wales, it is accepted that to meet the reduction in prevalence there is a need to work as a system with a specific focus on delivering high quality integrated smoking cessation services. The focus for the Health Board during this year (19/20) will be to review services against the national minimum standards and to increase footfall into the services.

4.1 HMQ for Baby Service

All pregnant women who smoke are referred into HMQ for Baby service, therefore it is not possible to increase footfall of women into the services. To address and support service quality issues a national minimum service standards audit tool is being developed by the BCU Public Health Team. An audit of community midwives' practice and services will commence in September 19. This will focus on the following key areas: management structures, processes and communications,

resources, staff competencies, activities, outcomes and equality. An action plan will then be developed.to respond to need.

Following scrutiny by Welsh Government of our 36-38 weeks data on the 'numbers of women given up smoking during pregnancy', it has been agreed that a notification will be included in the hand held notes to prompt midwives to capture data at this time point as opposed to onset of labour.

It has been recognised during 18/19 (nationally), that there is a data comparability issue across Wales as Health Boards capture this data at various time points using different data capture methods. This issue is being taken forward nationally by Informatics teams.

4.2 HMQ in Hospital Service

The 'Respiratory Health Implementation Group' funding for this service, which provides intensive behavioural support to cardiac, respiratory and diabetes in-patients will end in December 2019. A business case, requesting an annual investment for £170K, to maintain the service and to extend its offer to all in-patients and staff was submitted to the Health Board last year. The outcome of the business case process is awaited. The business case identified that the Service would offer an appointment to 4,470 smokers; treat 905 smokers and support 362 patients to quit at 4 weeks (CO validated). This would provide a 17% contribution to the Tier 1 target of 5,300 smokers annually.

4.3 Community Pharmacy Services

BCUHB commissions 123 pharmacy providers to deliver level two/three cessation services in North Wales, providing good geographic coverage across the region. The pharmacy service provides the benefits of reach, accessibility and infinite 'teachable moments' to smokers. It treated 56% of all smokers recorded as 'treated' in the region during 2018/19. Currently there is considerable performance variation by providers across the region.

During quarter one 19/20, the informatics team will review pharmacy service data to inform understanding of individual pharmacy performance and service offer across the region. This will inform the development of an action plan for service improvement by end of July 19. BCUHB Community Pharmacy team has identified that is currently lacks capacity to address service deficiencies and is seeking to secure additional team capacity to address data quality, training needs, equipment availability and improving uptake.

4.4 Stop Smoking Wales (SSW) (Public Health Wales)

To increase footfall to services, SSW advisors have supported the delivery of the Help Me Quit in Primary Care project. This project proactively targets smokers by inviting them into a GP practice to meet a SSW advisor.

During 2018/19, project roll out (phase six practices) enabled targeted support to 4,519 smokers. Of these 316 (6.9%) of smokers responded and attended an information session to discuss their options for quitting. This is considered to be an effective response rate for a cessation intervention. This resulted in an additional 117 smokers treated by SSW. Unfortunately, due to differences in data capture systems, it is not currently possible to track smokers treated by community pharmacy services.

This approach is reportedly well received by smokers:

> **"What motivated me was the fact that there was an appointment made, so I better go along and check it out. If there hadn't been a date and just a telephone number, I would have put it off… I think it is a good idea for GPs to arrange information sessions because it's more direct than just giving a number… I was thinking when to quit. Soon would be a good idea… Three months later soon would still be a good idea. I had that appointment made and I have quit"….** **45 years old (Llanrwst)**

Funding opportunities are being explored to roll out this approach across the region to increase footfall into SSW, and also community pharmacy services. This approach has the following benefits:

- Maximum reach and direct engagement with smokers, who are motivated to quit but not confident in the system
- Raising awareness and profile of the available services and increasing client's trust to utilise the services
- Meeting smokers need and offering a service in a location and time that's right for them

Additionally, work is being undertaken with communication colleagues locally and nationally to develop a HMQ Services communications plan to maximise opportunities to promote services offered.

5. Smoke Free Premises and Vehicles (Wales) Regulation 2018

Following informal discussion with Welsh Government, it is anticipated that the summary consultation response document will be published in July 2019. In response to the consultation, final Regulations will be produced for sign off by the Health Minister and they will enter a three month holding period whilst undergo an EU approval process. It is currently anticipated that the Regulations will not come into force until December 2019/Jan 2020.

In the absence of finalised Regulations, the Health Board has maintained contact with key stakeholders and national colleagues. A Task and Finish Group, chaired by Executive Director for Public Health, met in Feb 19 determining a number of preparatory activities and work strands in support of the proposed regulation. The Task and Finish Group will reconvene following publication of the consultation response to continue the preparatory work prior to receipt of finalised Regulations.

6. Recommendations

It is recommended that the Board:

Note the opportunity for continued improvement against current Tier 1 performance in relation to smoking cessation and the critical importance of continued investment in smoking cessation services.

Endorse the approach being taken to:

i.   develop an integrated cessation service; and

ii. ensure all our hospital sites become smoke free through delivery of the Smoke Free Regulations.

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To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	International Health Group (IHG)
Meeting dates:	26.2.18, 6.5.18, 10.9.18, 10.12.18, 25.3.19.
Name of Chair:	Grace Lewis Parry, Board Secretary
Responsible Director:	Grace Lewis Parry, Board Secretary
Summary of business discussed:	The IHG was established in 2017 and has been fully up and running throughout the 2018/19 reporting period. The Group was established to advise the Board on fulfilling its responsibilities, as a public body in Wales, for international development. These responsibilities include meeting the expectations set out in the national Charter for International Health Partnerships in Wales and promoting the potential for international health engagement for the benefit of patients, staff and the wider population. The Board Secretary is the Board's Director level Lead for International Health. The Group's terms of reference require an update on its activities to be submitted to the Strategy, Partnerships and Population Health Committee. The main agenda items covered during the 2018/19 reporting period were: • The development of the role of Clinical Fellows in Global Emergency Medicine • Indemnity cover for employees travelling overseas • Provision of post exposure prophylaxis (PEP) kits for colleagues volunteering overseas • Change of Chair for the Ysbyty Glan Clwyd / Ethiopia Link • Conclusion of a maternal health project carried out by volunteers working with Lesotho partners • Grant funding for overseas projects • Use of Skype during overseas work • Bangor University partners' work to establish a national training college in Lesotho • International Health Coordination Centre (IHCC) Performance Report • Development of a code of conduct for the prevention of sexual abuse and exploitation by those engaged in voluntary

	work overseas
	• Participation in regional and national shared learning events
	• Running an international health promotion stall at a Military & Humanitarian Symposium held at Ysbyty Gwynedd
	• Commencement of work do develop urgent care pathways in Lesotho
	• International Learning Organisation (ILO) supported work in Lesotho
	• Informatics support for partners in Africa
	• Primary Care link in Ethiopia
	• Study leave for those undertaking voluntary work
	• Mental health training delivered in Lesotho under the auspices of Dolen Cymru
	• Ophthalmology teaching and basic training in Ethiopia
	• Re-use of BCUHB decommissioned equipment
	• ILO work placement in Uganda to provide training in counselling, midwifery, personal care and management.; also community outreach in orphanages
	• Establishment of a new link with Busia County Referral Hospital in Kenya
	• Various volunteering trips overseas, including work to improve IT in African hospitals, running an HIV anti-stigma campaign, primary care, eye care, cardiology training, and emergency/intensive care training..
	• Fundraising events to support work in Uganda, Lesotho and Kenya
	• Presentation on prototype equipment for the 'Babysaver' project to improve the safety of maternal care in low resource settings
	• Presentation given at the national Wales for Africa Health Conference
	• Conclusion of grant funded maternity services work in Lesotho; presentation given at national conference
	• Mentorship for local Wales for Africa Links provide by Hub Cymru Africa
	• Development of good practice guidelines by BCUHB, adopted nationally.
	Further detail is available [here]().
Key assurances provided at this meeting:	• The Health Board, through the work of the IHG, is fulfilling its obligation to support international health development, and good governance arrangements are in place.
Key risks including mitigating actions and milestones	• Lack of funding (eg as a result of unsuccessful grant applications) is a risk to international health work, as this could hamper volunteers' ability to go on overseas visits to help partners in low resource settings. • Partners in low resource settings could be at a disadvantage in the volunteer / recipient relationship, hence the development of safeguards such as the code of conduct referred to above.

Special Measures Improvement Framework Theme/Expectation addressed	• Leadership and Governance.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	None.
Well-being of Future Generations Act Sustainable Development Principle	International Health work contributes to the global citizenship well-being goal.
Planned business for the next meeting:	• Charitable fund advisor training for IHG members • Consideration of how Informatics colleagues could further contribute to international health priorities.
Date of next meeting:	10.6.19

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Strategy, Partnerships and Population Health Committee 4.7.19	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board To improve health and provide excellent care

Report Title:	Summary of In-Committee business to be reported in public
Report Author:	Diane Davies, Corporate Governance Manager
Responsible Director:	Mark Wilkinson Executive Director Planning and Performance
Public or In Committee	Public
Purpose of Report:	To report in public session that the following items were considered at the Strategy, Partnerships and Population Health Committee held in private session on 2.4.19 • Services Strategy
Approval / Scrutiny Route Prior to Presentation:	The issues were considered by the Committee at its private in-committee meeting
Governance issues / risks:	Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.
Financial Implications:	The financial implications were discussed at the meetings
Recommendation:	The Committee is asked to note the report

Health Board's Well-being Objectives *(indicate how this paper proposes alignment with the Health Board's Well Being objectives. Tick all that apply and expand within main report)*	√	WFGA Sustainable Development Principle *(Indicate how the paper/proposal has embedded and prioritised the sustainable development principle in its development. Describe how within the main body of the report or if not indicate the reasons for this.)*	√
1.To improve physical, emotional and mental health and well-being for all	✔	1.Balancing short term need with long term planning for the future	✔
2.To target our resources to those with the greatest needs and reduce inequalities	✔	2.Working together with other partners to deliver objectives	✔
3.To support children to have the best start in life	✔	3. Involving those with an interest and seeking their views	✔
4.To work in partnership to support people – individuals, families, carers, communities - to	✔	4.Putting resources into preventing problems occurring or getting worse	✔

achieve their own well-being			
5.To improve the safety and quality of all services	✔	5.Considering impact on all well-being goals together and on other bodies	✔
6.To respect people and their dignity	✔		
7.To listen to people and learn from their experiences	✔		

Special Measures Improvement Framework Theme/Expectation addressed by this paper

- Leadership and governance
- Strategic and service planning

Equality Impact Assessment

Not applicable for a paper of this nature

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board