Bundle Health Board 29 September 2022

1.0 22.181 - Exclusion of 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."

3 11:00 - 22.199 - OPENING BUSINESS

3.1 11:00 - 22.200 - Welcome and Apologies for Absence - Chairman - Information - Verbal Report

3.2 11:05 - 22.201 - Declarations of Interest - Chairman - Decision - Verbal Report

3.3 11:06 - 22.202 - Minutes of Last Meeting – 4th August ; 24 August 2022 Minutes of Last Meetings – Chairman - Decision - Paper

22.184 - Health Board Minutes 04.08.22 V0.3.docx

Extraordinary Health Board Minutes 24.8.22 - Draft V0.1 with MM copy.docx

3.4 11:10 - 22.203 - Action Log Chairman - Decision - Paper

1.4 Action Tracker 4 August 2022 Final.docx

a Horizon Scanning PP introduction action 20.pptx

3.5.1 11:20 - 22.204 - Patient Story - Executive Director of Nursing & Midwifery - Assurance - Video

1.5 Patient Story - Board - Sept 2022.docx

3.6 11:45 - 22.205 - Report of the Chairman - Chairman - Information - Verbal

3.7 11:50 - 22.206 - Report of the Chief Executive Officer - Chief Executive Officer - Assurance - Paper

1.7 CEO report - August final.docx

4.0 22.207 - STRATEGY AND PLANNING

To include minutes/briefings from All Wales Forums (WHSSC, EASC, SSP and CLF)

4.1 11:55 - 22.208 - Communications Strategy - Chief Executive Officer - Assurance - Paper

2.1 Cover sheet_ Health Board_ Partnerships, Engagement and Communications Strategy FINAL DRAFT September 2022.docx

2.1b BCUHB Partnerships Engagement and Communication Strategy 2022-2025 FINAL DRAFT 20.09.22.docx

2.1 Appendix 1 PEC Implementation Plan_FINAL.docx

2.1 Appendix 2 PEC Strategy Stakeholder Analysis DRAFT FINAL.docx

2.1 Appendix 3 PEC Strategy Equality Impact Assessment Screening_PEC Strategy.docx

2.1 Appendix 4 PEC Strategy Socio-economic Impact Assessment Template FINAL.docx

4.2 12:05 - 22.209 - Decarbonisation Plan - Executive Director of Finance - Assurance - Paper

2.2 Board Committee Coversheet - Health Board - BCUHB Decarbonisation Action Plan 29-09-2022 Rev 1.1 Final.docx

2.2 CR_NZO_BCUHB_Decarbonisation-plan-2022-24_v6(f)_220706.pdf

2.2 NHS Wales Decarbonisation Strategic Delivery Plan.pdf

5.0 22.210 - QUALITY, SAFETY AND SIGNIFICANT REPORTING

5.1 12:07 - 22.211 - Planned Care Assurance Report - Deputy CEO/Executive Director of Integrated Clinical Services - Assurance - Paper

3.1 Board Committee Coversheet - V0.3 Planned Care 21092022 updated.docx

5.2 12:22 - 22.212 - Patient Safety Report - Executive Director of Nursing & Midwifery - Assurance - Paper

3.2 Quality and Patient Safety Report V2 - Board - Sept 2022.docx

5.3 12:32 - 22.213 - Vascular Report - Executive Medical Director - Assurance - Paper

3.3 Public board.VascularSeptember2022 NL.docx

5.4 12:42 - 22.214 - Welsh Government Quality & Safety, Learning and Improvement Framework - Executive Director of Nursing & Midwifery - Assurance - Paper

3.4 a WG Quality Framework - Board - Sept 2022.docx

3.4 APPROVED - WG Quality Framework - Appendix 1 - Board - Sept 2022.pdf

5.5 12:44 - 22.215 - North Wales Market Stability Report 2022 - Executive Director Transformation, Strategic Planning and Commissioning / Executive Director of Integrated Clinical Services Assurance 11:35

3.5 Health Board Coversheet Market Stability Report 290922.docx

3.5 MSR Draft (English) v.04.pdf

3.5 MSR EqIA v.1 (English).pdf

5.6 12:46 - 22.216 - Healthcare Inspectorate Wales Annual Report 2021/22 - Healthcare Inspectorate Wales - Assurance - Paper

3.6 HB Presentation - Betsi Cadwaladr.pptx

5.7 12:56 - 22.217 - Update of Register of Approved Clinicians and of Section 12(2) Doctors - Executive Medical Director - Decision - Paper

3.7 S12 Board Report FV September 2022.docx

6.0 22.218 - GOVERNANCE

Committee Chairs to highlight any matters referred to Board
Covid Cabinet (Mark Polin)
Audit Committee (Medwyn Hughes)
Quality, Safety & Experience Committee (Lucy Reid)
Performance, Finance & Information Governance Committee (John Cunliffe)
Charitable Funds Committee (Jackie Hughes)
Mental Health & Capacity Compliance Committee (Lucy Reid)
Remuneration & Terms of Service Committee (Mark Polin)
Partnerships People & Population Health Committee (Linda Tomos)
Stakeholder Reference Group (Clare Budden)
Healthcare Professionals Forum (Gareth Evans)
Local Partnership Forum (Sue Green)

6.1 12:58 - 22.219 - Targeted Intervention Report - Deputy CEO/Executive Director of Integrated Clinical Services - Assurance - Paper

4.1 TIFF V0.6 MM clean final.docx

6.2.0 13:08 - 22.220 - Committee and Advisory Group Chairs Assurance Reports - Committee Chair - Assurance - Paper

6.2.1 13:23 - 22.221 - Cabinet Report - 14.7.22, 28.7.22, 22.8.22, 28.8.22, and 31.8.22

4.2.1 Chair's Assurance Report_Cabinet MM (002).docx

6.2.2 22.222 - Audit Committee - 24.8.22

4.2.2 Audit Committee chairs report.docx

6.2.3 22.223 - Quality, Safety and Experience Committee - 6.9.22

- 4.2.3 Chair's Assurance Report QSE 06.09.22.docx

6.2.4 22.224 - Performance, Finance and Information Governance Committee 25.8.22

4.2.4 Chair's Assurance Report PFIGC 25.8.22.docx

6.2.5 22.225 - Stakeholder Reference Group - 5.9.22

4.2.5 SRG Advisory Group Chairs Report to the Board 05.09.22 V0.01 Draft.doc

6.2.6 22.226 - Partnerships, People and Population Health – 13.9.22

6.2.7 22.227 - Healthcare Professionals Forum - 2.9.22

4.2.7 HPF Chair's Report Health Board September 2022 ENG v1.0.pdf

6.2.8 22.228 - Mental Health Capacity and Compliance Committee - 29.7.22

4.2.8 Chair's Assurance Report MHCCC 29.7.22.docx

6.2.9 22.229 - Local Partnership Forum - 19.7.22

4.2.9 LPF Chair's Assurance Report 19.7.22 v1.0 Eng.doc

6.2.10 22.230 -Targeted Intervention Steering Group - 22.08.22

Chair's Assurance Report TIIF Steering Group 22.08.22 v0.01 Draft.docx

6.3 13:23 - LUNCH

7.0 22.231 - PEOPLE AND RESOURCES

Prepared by Board secretariat

7.0 22.232 - PERFORMANCE AND DELIVERY

7.1 13:53 - 22.233 - Finance Report - month 5 - Executive Director of Finance - Assurance - Paper

6.1a Board Financial Cover sheet month 5 v2.docx

6.1 Report M5 V4.pdf

7.1 14:03 - 22.234 - Integrated Quality & Performance Report - Executive Director of Finance - Assurance - Paper

Verbal

5.1 IQPR for HB - September 2022 (July 2022 position) FINAL2 Cymraeg English.docx

5.1 IQPR Dashboard.pdf

8.0 22.235 - ANNUAL REPORTING

8.1 14:23 - 22.236 - Welsh Language Annual Monitoring Report - Executive Director of Public Health - Assurance - Paper

7.1 Board Report Template - Welsh Language Services Annual Monitoring Report 2021-2022.docx

7.1 Welsh Language Services Annual Monitoring Report 2021-2022.docx

8.2 14:25 - 22.237 - Safeguarding Annual Report - Executive Director of Nursing & Midwifery - Assurance - Paper

7.2a HB Exec Summary Corporate Safeguarding Annual Report 2021-2022 V2.00.docx

7.2 Corporate Safeguarding Annual Report 2021-2022 V1.00.docx

9.0 14:35 - 22.238 - CLOSING BUSINESS

9.1 22.239 - Items to Refer to Committees - Chairman - Decision - Verbal Report

9.2 22.240 - Review of Risks Highlighted within the Board meeting - Chairman - Decision - Verbal Report

9.3 22.241 - Summary of Private Board Business - Board Secretary - Assurance - Paper

8.3 Summary of Private Board Business.docx

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Health Board meeting held in public
on 4 August 2022 via video conferencing

Board Members Present:

Name	Title
Mark Polin	Chairman
Jo Whitehead	Chief Executive
Lucy Reid	Vice Chair
Clare Budden	Associate Board Member
Nichola Callow	Independent Member
Cllr Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Gareth Evans	Acting Executive Director of Therapies and Health Sciences
John Gallanders	Independent Member
Sue Green	Executive Director of Workforce and Organisational Development
Gill Harris	Deputy CEO/Executive Director of Integrated Clinical Services
Sue Hill	Executive Director of Finance
Cllr R Medwyn Hughes	Independent Member
Dr Nick Lyons	Executive Medical Director
Molly Marcu	Board Secretary (Interim)
Richard Micklewright	Independent Member
Teresa Owen	Executive Director of Public Health
Chris Stockport	Executive Director Transformation, Strategic Planning and Commissioning
Angela Wood	Executive Director of Nursing and Midwifery
Jane Wild	Associate Member (non-voting)

In Attendance:

Lowri Gwyn	For Translation
Philippa Peake-Jones	Head of Corporate Office
Fiona Lewis	Corporate Governance Officer (for recording)
Matthew Joyes	Acting Associate Director of Quality, Patient Safety and Experience
Sally Thomas	Head of Equality and Human Rights, Workforce and OD (for item 22/160)

Agenda Item	Action
OPENING BUSINESS	
22/137 Welcome and Apologies	

The Chairman welcomed Angela Wood, Executive Director of Nursing and Midwifery who had started this week to her first board meeting. He reminded the board that they were welcome to make their contributions in either Welsh or English. **22/137.1** Apologies were received from: Jacqueline Hughes Independent Member Adrian Thomas, Executive Director of Therapies and Health Sciences Dylan Roberts, Chief Digital information Officer Helen Stevens-Jones, Director of Partnerships and Stakeholder Engagement	
22/138 Declarations of Interest **22/138.1** There were no declarations to note.	
22/139 Draft Minutes of the Health Board meeting held on 26 May 2022 for accuracy **22/139.1** The Minutes of the 26 May 2022 Health Board were received and agreed as an accurate record, subject to the following: Minute 22/108.3 (Report of the Chair) the first sentence would be amended to read "It was noted that there were a number of areas that were receiving urgent attention, including concerns that had been raised by staff at Ysbyty Gwynedd; the Acting Executive Director of Nursing and Midwifery and the Executive Director of Workforce and Organisational Development were addressing these." Minute 22/114.9 (Operating Model Implementation Infrastructure) – as a clarification, it was emphasised that the matters set out here comprised board actions and expectations	**PPJ** **JW/GH**
22/140 Matters Arising and Summary Action Log **22/140.1** The Board reviewed the action log. The following points were highlighted: Action 3 (Review of meeting effectiveness) - it was noted that duplication between cycles of business between board and committees was being addressed for the next cycle of meetings; the issue would continue to be discussed through the board development programme. Action 4 (Patient Story) it was noted that the final report would be shared in today's private board meeting initially; subject to no further issues arising, close Action 5 (ward clerk vacancies) The Executive Director of Workforce and Organisational Development confirmed that information would be re-circulated; close subject the action being concluded	**SG**

Action 10: Carlton Court IT it was noted that the issue had been reviewed and actions taken to reduce connectivity issues where possible. Closed. Action 18 :(diagnostic wait times) The Deputy CEO updated the board on actions underway Action 21 (acute intervention team) M Joyes confirmed that the review of the acute intervention team was underway. It was noted that staff concerns regarding being re-deployed were being investigated. L Reid requested a more detailed update as concerns had been raised with her as committee chair. Closed. It was agreed that where actions included a substantive update on the same agenda that this be referenced more clearly.	**MJ** **DS**
22/141 Patient Story – Long Covid service **22/141.1** The Executive Director of Nursing and Midwifery introduced the patient story, which was then presented by the Acting Associate Director Of Quality, Patient Safety and Experience. The story featured the development of the Health Board's Long Covid service and heard from patients affected by Long Covid. The availability of self-referral into the adult service was emphasised. Referrals were over 1,000 at this stage and the average waiting time was around 15 weeks. Children had previously been referred to Alder Hey, but this service had ceased in June and discussions were underway in Wales about future provision. Carers were part of the engagement group and a range of materials were available to carers. There was understood to be one Welsh speaker in the service. This would be confirmed. The Board applauded the patient story and asked whether assurance could be given that the service was structured appropriately to enable a sustainable and responsive service provision, given the high waiting times. **22/141.2** It was resolved that the patient story be received.	**MJ** **MJ**
22/142 Public Forum Questions It was noted that no questions had been received. The Chair said he had asked that the means by which the public could table questions be examined.	**PPJ**
22/143 Chairman's Assurance Report **22/143.1** The Chairman reminded the Board that it had not been possible to submit the Chair's actions report at the May Board meeting, so the matters set out	

dated from April would now be set out. He had approved the following matters within his delegated powers, as advised by the Board Secretary:

- Flow Cytometry Contract Award
- 3 x High Value Claims
- Lease of rooms for Neuro Development Services at Parc Menai
- Lease extension for CAMHS team at Optic Centre
- Endoscopy Contract Extension
- Temporary Building Lease for Prehabilitation Services in the East
- Regional Treatment Centres – (Phase 1): Direct Award Approval
- Contractor Request to Novate the General Dental Services TAW and Exemplar Lease
- Neurodevelopment Contract
- Tender of All Wales Framework Agreement for the Provision of Insourcing / Outsourcing Clinical, Surgical and Diagnostic Procedures
- Wrexham Imaging Tender Award

22/143.2 In addressing more substantive items in terms of his update, the Chairman reiterated that he had clearly indicated previously to the Board that the late or incomplete publication of papers for Board and Committee meetings, save in very exceptional circumstances, is unacceptable and impedes the Board in exercising its governance and assurance role and weakens the opportunity for public scrutiny. This has happened again today along with the fact that several rows in the action tracker have either not been updated, or inadequately so. Both are matters members knew he was far from happy about were in his view simple and basic expectations. Moreover, the quality of some of the papers, for example the performance report and finance report are of such quality as to offer no or little assurance.

These two items were not accompanied by the newly adopted report template, which requires a grading on the assurance level, which in the circumstances no doubt would have led to further change in terms of the assurance being provided. He had clearly laid out these and other concerns to the Chief Executive. He was concerned that the executive team had judged the reports referred to as acceptable from their perspective in running the organization. He expected the CEO to offer an explanation and proposed action in their update along with the Board Secretary if necessary in her update.

In terms of today's meeting, he stressed the need for the papers to be accepted as read and for presenters to focus on highlighting on key considerations and recommendations. He expected all contributions to be structured and succinct.

22/143.3 Despite positive feedback received from Welsh Government officials, the Chairman informed the Board that the three year integrated medium term plan submitted has been accepted only as an annual plan. There would be a discussion on this topic and on the accounts for 2021/22.

The Board received the Chairman's report.	
22/144 Chief Executive Officer's Report **22/144.1** The report of the Chief Executive Officer (CEO) was received. The Chief Executive highlighted a number of points: The Health Board had received the draft support offer from IHI and Improvement Cymru following a joint diagnostic meeting held on 13th & 14th July and followed up with an improvement summary at a meeting on 27th July. The feedback from those sessions was that there is currently insufficient improvement capacity to support the current range of improvement efforts within the Health Board, despite acknowledging that the organisation has one of the largest and newest improvement teams in Wales and there is insufficient capability across the organization as a whole from ward managers upwards to build and sustain improvement activity. **22/144.2** The combined IHI and Improvement Cymru programme is designed to strengthen awareness, capability and capacity at all levels of the organization, including the Board with focused training interventions being proposed to be put in place for a period of up to 12 months. Health Improvement Wales (HIW) has reported that they find our relationships with them positive, that they have confidence in our team and that the responses the Health Board made to HIW are seen to be of a good quality. More important is ensuring that the Health Board acts on HIW reports and the HIW report on the emergency department at Bangor was due to be published within week commencing 8th August 2022, with actions in place within the emergency department at YGC in response to their findings. In response to the HIW review, more seven day working was being introduced, triage times are improving and we are much more confident around the presence of our clinical staff in both adult and paediatric waiting areas and the Health Board is seeking to implement GP referrals to the acute assessment unit. **22/144.3** The matter of the final accounts was referenced later on the agenda and in both the Chairman's assurance report for the Audit Committee and in the Finance Report. The audit by Audit Wales the audit of our accounts was ongoing. The 2021/22 accounts will be qualified. As Accountable Officer, she had recommended to the Audit Committee that the 2021/22 accounts should not be reopened and the Committee have accepted this recommendation. There will be an opportunity to discuss these matters elsewhere on the agenda today. **22/144.4** Regarding the quality of paper papers and associated governance issues, she acknowledged the points made by the Chairman and the requirements to improve in this regard. The Board Secretary and CEO had agreed a more robust	

Standard Operating Procedure, which is designed to ensure more thorough oversight and QA process of all papers going to the Board and Committees, all associated action logs and minutes; this includes bringing forward our internal paper deadlines significantly and oversight of all papers not only by the executive director responsible for the quality of those papers, but also by the entire executive team and a more extensive QA process within the office of the Board Secretary. **22/144.5** The report described the CEO's other regular activities and meetings including with the Chair and Chief Officer of the Community Health Council, MS and MPs, the Welsh Health Specialised Services Committee (WHSSC), Chief Executive of Digital Health and Care Wales (DHCW) and a range of other national and locality meetings and events. An Independent Member expressed his concern that the report did not adequately reflect the range of concerns and challenges that existed concerning the operation and performance of the organisation and the responses to them. The CEO undertook to reflect on this observation. The Board received the CEO's report.	
22/145 Mental Health Act 1983 (as amended by the Mental Health Act 2007) **22/145.1** The report from the Executive Medical Director detailed an update of the Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales for 3rd May– 28th June 2022. **22/145.2** The Board ratified the updates.	
STRATEGY	
22/146 A Clinical Strategy for north Wales **22/146.1** The Board received the report from the Executive Medical Director seeking approval for the Clinical Services Strategy which was set out in full in the Board papers. The strategy set out the Board's plans for the delivery of healthcare to the population informed by a population needs assessment and public engagement. The strategy took account of a range of guidance and was based on an ongoing engagement with staff. A clinical service plan 2023/26 would be developed. The Executive Medical Director highlighted the guiding principles (Section 4 of the report) that underpinned the strategy. **22/146.2** The following principal points were made: • paragraph 1.3 the reference to equality of opportunity would be re-phrased • long-term workforce planning through the People Strategy would be considered	

• the strategy aimed to bring care closer to home, for example from acute to community and community to primary care • the Executive Medical Director remained committed through the strategy to the Board's community hospitals, the "jewel in the crown" • pathway re-design would take account of patients' multiple conditions • clinical engagement had been taken forward by a clinical senate • the clinical services plan should be updated in September 2022 alongside an update on clinical engagement **22/146.3** The Board approved the Clinical Strategy	
22/147 Living Healthier, Staying Well – strategy refresh **22/147.1** The Board received the report from the Executive Director of Transformation, Strategic Planning and Commissioning presenting the outcome of the engagement feedback on the Living Healthier, Staying Well strategy. The strategy had been approved in spring 2018 originally and had been the subject of engagement, which had confirmed that the long-term goals set out in the strategy remained appropriate. **22/147.2** The Executive Director of Transformation, Strategic Planning and Commissioning highlighted that the engagement had taken place during the Covid pandemic, so had highlighted issues around waiting times, for example. There was acceptance of the need to travel for specialist services. The feedback received had influenced the medium term plan and the Clinical Strategy. **22/147.3** Public engagement would continue and would aim to engage with hard to reach communities – younger people may engage through social media approaches. The size of the cohort answering the questionnaire was noted. The role of Executive Delivery Groups would be discussed later on today. **22/147.4** The Board approved the strategy refresh.	
22/148 Integrated Medium Term Plan refresh process **22/148.1** The Board received the report from the Executive Director of Transformation, Strategic Planning and Commissioning detailing the outcome of the Welsh Government scrutiny of the Board's Integrated Medium Term Plan (IMTP) submitted for 2022 – 2025. The report included a high level plan for the January 2023 submission to the Welsh Government. **22/148.2** The report stated that confirmation has been received of the Minister's decision that the plan submitted in March does not fully meet the requirements of the NHS Wales framework and therefore is not approved as an IMTP. The plan submitted has been accepted as an Annual Plan and will be subject to ongoing monitoring.	

22/148.3 The Executive Director of Transformation, Strategic Planning and Commissioning informed the board that engagement with the Welsh Government was continuing. The suggestion was the Board should focus on an annual planning process. Other health boards' three year plans had not been fully accepted. **22/148.4** Planned care profiling was being further worked through. The Welsh Government had acknowledged that the Board had made progress in relation to its past position. It was not intended to re-write the plan wholesale. **22/148.5** The Executive Director of Transformation, Strategic Planning and Commissioning confirmed that he was confident in the Board's capacity to submit the next iteration of the plan in January. Conversations were underway and the matter would be discussed at the PPPH Committee. A summary of the horizon scanning undertaken in July would be circulated. **22/148.6** The draft plan would be tested against existing workforce, digital and financial plans in September. It was noted that PFIG would be considering a framework and a financial strategy; the Estates Strategy expired in 2022. The planning cycle would include the explicit review of the enabling strategies. John Cunliffe stressed the need to achieve cost improvements through the year. The Chairman decided in the interests of time that further discussions on Estates and Finance would be taken under the respective items later today. **22/148.7** It was agreed that the IMPT refresh would be monitored through PPPH Committee.	**CS**
22/149 Transformation and improvement update **22/149.1** The Board received a report from the Executive Director of Transformation, Strategic Planning, and Commissioning describing the main activities of the new transformation and improvement (T&I) team. The report described the emerging Betsi Way and set out how the T&I function aims to support the organisation by: 1. Being a single point of coordination for all Transformation and Improvement work across the Health Board 2. Creating a professional, consistent and effective programme, project and improvement centre of excellence which robustly applies evidence-based approaches 3. Enabling and supporting a self-improving organization that prioritises the interventions that make most difference to people **22/149.2** The Executive Director highlighted the approach to service improvement in the report (page 5) and several clinical pathway reviews. He	

described the prioritisation process, which was undertaken through the executive team. Patient safety ran through a number of clinical programmes. The CEO added that the risk register highlighted areas for improvement. The Chairman stated that the Board needed assurance that the investment in the T&I team was being realised, including a clearer description of delivery of priorities or addressing risks – the Executive Director accepted this action. **22/149.3** The Board noted the report.	**CS**
RISK	
22/150 Risk Management Strategy 2022/25 **22/150.1** The Board received the report from the Board Secretary setting out, for annual approval, the Risk Management Strategy. The draft had been reviewed by the Quality, Safety and Experience Committee on 5 July and Audit Committee on 13 July 2022. The strategy would make risk management and assurance more integrated, forward-looking and dynamic. **22/150.2** The strategy proposed that the Board Assurance Framework (BAF) is monitored by the Board on a quarterly basis, supported by the Board Committees alongside their regular reviews of the Corporate Risk Register. This would be reviewed by Board annually. The report proposed that the Risk Management Group, which currently feeds into the Audit Committee should report to the Quality, Safety and Experience Committee. **22/150.3** In relation to Strategic Objective 5 (safety/quality of services) the stated risk appetite of CAUTIOUS reflected the current status and risk exposure in terms of vascular and Never Events. It was noted that the Digital Strategy and the IMTP would be monitored by Partnerships, People and Population Health (PPPH) Committee and that this would be amended accordingly. In relation to the Targeted Intervention framework, this would be reflected in the strategy going forward. **22/150.4** The Board: 1. Approved the implementation of the risk management strategy 2. Approved the integrated assurance infrastructure approach as set out in section 3 of the report 3. Approved the revised approach to reviewing and monitoring the BAF as set out in appendix 4 of the report 4. Approved the revised oversight arrangements for risk management as set out in section 4	**MM** **MM**
22/151 Board Assurance Framework (BAF) 2022/23	

22/151.1 The Board received the report from the Board Secretary to review and agree the revised BAF for 2022/23 and the proposed approach to monitoring thereof. The BAF included the risks deemed most significant to the delivery of the strategic objectives of the Health Board. Some are assessed as being outside of the risk appetite /and had significant gaps in controls and assurance. **22/151.2** The report set out how the BAF structure was evolving under the Risk Management Strategy and changes to the content of the BAF; six risks from the legacy BAF were moved to the Corporate Risk Register and five new risks were proposed to be added to the BAF, as summarised below with the current score: 1.1 Consistently safe provision of care to patients at YGC 20 1.2 Risk of the provision of poor standards of care resulting in harm to patients 20 1.4 Risk of a consistent failure to meet performance targets 16 1.7 Risk of significant delays in medically fit for discharge patients adversely impacting on patient safety and flow 16 2.3 Risk of the Health Board's failure to meet the breakeven duty, due to an inability to meet financial targets 16 Detailed assurances in relation to all the identified risks are incorporated in appendix A of the report, and these would be reviewed in detail for completeness by the respective Board committees ahead of a further submission to the Board in November 2022. **22/151.3** The Board Secretary drew attention to risk 2.4 in the BAF (relating to the delivery of an approved integrated medium term plan), which had been added to the BAF in light of the document not receiving approval from the Welsh Government. In addition, the Board was informed that the finance risk was now merged to incorporate the achievement of the break-even duty as well as the savings target under risk 2.3, because of feedback received at the June Board workshop.	
22/151.4 There was concern that some risks were not being actively addressed. In relation to risk 3.2 (listening and learning) there was a concern that this was focused only on concerns raised by staff and did not include other stakeholder sources. The Board Secretary undertook to consider this and report back to QSE in September. The Board Secretary undertook to review the overall presentation to Board of the BAF to enable more ease of use.	**MM** **MM** **MM**

22/151.5 The Chairman proposed an off-line discussion involving an Executive Director about the range of risks identified, and the level of assurance available. The Chief Executive advised that this would incorporate the Executive Medical Director as lead Executive Director for risk management. John Cunliffe offered to make contributions as part of the process **22/151.6** Subject to the above discussion, the Board: 1. Approved the 2022/23 BAF and the proposed approach to monitoring the BAF as set out in section 2 of the report; 2. Approved the actions agreed at the June Board workshop for the legacy BAF described in paragraph 3 3. Approved the adoption of the new BAF risks summarised above and set out in the report, as well as the BAF document subject to further discussion	
22/152 Revised Scheme of Reserved Delegation (SoRD) **22/152.1** The Board received the report from the Board Secretary setting out the SoRD for approval. Sixteen different operational Schemes of Reservation and Delegation had now been consolidated into one document; this had been endorsed by the Audit Committee. **22/152.2** In line with the move to the new Operating Model, this version of the SoRD had been updated and enabled standardisation, consistency and clarity in relation to the delegation of matters from the Board through the Executive Team to the Operational Divisions and Services. Its implementation was contingent on the new Operating Model. Any updates would be reported to the Audit Committee over the next 12 months as the document evolved further. The important role of the Chief Finance Officers in ensuring compliance (as a first line of defence check) with financial limits was highlighted. This clarity and standardisation in relation to Delegated Matters will be set and delivered through one single Health Board wide SoRD, which covers all Operational Divisions and Support Functions. **22/152.3** Three areas were identified as requiring a further review to ensure they reflected the Health Board's arrangements, taking into account the provisions of the All Wales Standing Orders: Item 47 (appointment of medical consultants) would be amended in line with the 2005 regulations. Item 12 (Charitable Funds Held on Trust) it was noted that the SoRD was based on an all-Wales document and the Board Secretary would reflect in this version the separate status of the Board in the role of trustee. On items 10p and 10q (Staffing) it was agreed this should refer to "any action" in relation to the Performers List. The Executive Director of	**MM**

Workforce and Organisational Development indicated that further adjustments were required. It was agreed that the Board Secretary would circulate to the Board the finalised document for information. A concern was raised about the inconsistent use of the agreed bi-lingual board cover sheet, which the Board Secretary would investigate. **22/152.4** The Board: 1. approved the proposed changes to the SORD as highlighted in Appendix B of the report; 2. approved the continued development of the next level of detail (as posts are agreed within the structures) alongside the Operating Model go-live**;** 3. approved the continued oversight by the Audit Committee over the next 12 month period.	**MM/SG** **MM**
22/153 Corporate Risk Register (CRR) **22/153.1** The Board received the report of the Executive Medical Director. The purpose of this standing item was to update the Board on activity for the Corporate Risk Register (CRR) since the last Board review in January 2022, including the oversight by the Board's Committees and the work of the Risk Management Group. The report also summarised the changes that have been captured following a review and update of the risks on the CRR, noting the support provided by the Corporate Risk Team. The CRR enables the Board to fulfil its obligations of ensuring there are effective and comprehensive systems and processes in place to assess current and future risks deemed high enough to negatively impact on the delivery of operational objectives, whilst evaluating the effectiveness of their controls, and monitoring associated action plans. **22/153.2** The Executive Medical Director drew attention to the eight top risks on the register. He highlighted a new vascular risk (reference 4476) that had yet to be considered through committee; risk CRR21-11 (cyber-security) was to be considered in the private Board meeting. There was a concern about the consistency and objectivity of the risk scoring and the impact of identified mitigations. There should be a clearer focus on cause and effect. Some risks had been on the register since 2020, which prompted a concern about the overall working of the risk management process. It was also suggested the Health Board should clearly identify any failings against statutory requirements. In relation to a concern about employing unsuitable individuals particularly in patient-facing roles the Executive Director of Workforce and Organisational	

Development described the process the Board used to manage this. The mitigations in place meant that a lower level risk on safe employment was in place. She undertook to discuss this issue individually. **22/153.3** The Board noted the top corporate risks as set out in the report, and the updates to risk movement in the report.	**SG**
GOVERNANCE	
22/154 Operating Model: Update on Implementation **22/154.1** The Board received the report of the Chief Executive providing an update on the timescale and arrangements in place to implement the new Operating Model for the organisation, and particularly the creation of the Integrated Clinical Delivery structure on 1 August 2022. The report outlined structures to Tier 4 of the organisation, an update on the recruitment and appointment to roles in this structure, the governance and assurance framework and communications and engagement plan. **22/154.2** The Executive Director of Integrated Clinical Services highlighted the links between the governance processes and the new structures. Risks associated with the paper were being transferred to the corporate risk register. Remaining vacancies were being recruited to. Partnership working was being strengthened, including the implementation of the Health Board Leadership Team. There were initial signs of the new structure having an effect on the ground, for example weekend opening times. In relation to risk management (paragraph 7b) “encouraged” meant “expected”. The project risk log was reflected in the corporate risk register. **22/154.3** There was concern about: • Duplication among meetings, for example the Executive Delivery Groups and their upwards reporting arrangements, for example to avoid by-passing Board Committees. • Paragraph 11 c and the requirement for authorisations for representatives to commit the Board – this would be considered further to ensure that it operated to strengthen partnership working. **22/154.4** The Board noted the report.	**GH**
22/155 Committee and Advisory Group Chair's Assurance Reports **22/155.1** The Board received reports and escalations from the following meetings:	

Quality, Safety and Experience Committee: 03.05.22, 26.05.22 (Extraordinary), 05.07.22 Targeted Intervention Improvement Framework Steering Group: 04.07.22, 12.05.22 Remuneration & Terms of Service Committee: 18.1.22, 3.2.22, 30.3.22, 26.4.22 and 12.7.22 Partnerships, People and Population Health Committee: 20.5.22, 12 07.22 Healthcare Professionals Forum: 10.06.22 Stakeholder Reference Group: 06.06.22 Audit Committee: 30.06.22, 13.07.22 and 22.07.22 Performance, Finance and Information Governance Committee: 30.6.22 The Chairman invited the leads from these meetings to highlight significant points to the Board: **22/155.2** QSE – • the Committee had escalated to Board the absence of an agreed and corporate mental health improvement plan; the Chairman reminded the Board that the service had been in special measures and was now the subject of targeted intervention. He set out the expectation that the mental health improvement plan will be reported to the next QSE. • concerns about learning – the Committee is not sufficiently assured in this area as there are recurring themes. The Committee has requested information about near misses to a future meeting – executives gave assurance that this was in hand. • the Committee noted that the YGC improvement plan had been reviewed by Cabinet **22/155.2** PPPH - • A Board escalation matter was raised around the new Estates Strategy (now Asset Management Strategy) not being available to the Committee; assurance that it would come to the October Committee meeting was sought; the CEO undertook to check the position before providing assurance • There should be an escalation pathway where agreed matters were not progressing – the Board Secretary would progress this • The Chairman sought assurance around key senior positions in the estates infrastructure; the CEO confirmed that key individuals remained in post • The PPPH was planning a joint session with the Performance Committee on a recruitment deep dive. **22/155.3** SRG - • The group was planning an away day to improve attendance and representation and would report back **22/155.4** Audit -	**TO** **JW** **MM**

• The Auditor General intends issuing a qualified true and fair opinion for the 2021/22 accounts, as he has been unable to obtain sufficient appropriate audit evidence that accruals, payables and related expenditure has been properly accounted for in the correct accounting period • Fifteen limited assurance reports have been received; the CEO confirmed that a strengthened approach to responding to audits was in place • The CEO confirmed that the audit plan was being reviewed in relation to the Board's long-term issues **22/155.5** The Board received the reports from committees and working groups.	
PERFORMANCE AND DELIVERY	
22/156 Integrated Quality & Performance Report **22/156.1** The Board received the report to 31 May, which had been reviewed by the Finance & Information Governance Committee and the Quality, Safety & Experience Committee. This report was the first publication of the IQPR at the Health Board and reflected the ambition of the Health Board in using technology to gain greater insight into health care performance across North Wales. The Executive Director of Finance commented on the development of the report in recent months and in steps being taken to improve it, including providing more up to date information. The Chairman indicated he had set out a range of concerns regarding this report prior to the meeting and the report was currently still not fit for purpose. It was unclear and contained errors. The Chairman stated that a narrative from the Committees reviewing it should be included. The report needed to provide a headline narrative on overall performance. The Executive Director Finance undertook to re-issue the report with the narrative clarified. **22/156.2** The Chairman highlighted the scale and extent of under-performance shown in the report. On Unscheduled Care there was a focus on YGC performance, supported by Improvement Cymru. Work with partners on delays for patients medically fit for discharge continued. On Planned Care, the Health Board had worked with the Delivery Unit who were happy with the work undertaken. The Health Board was risk assessing opportunities including the use of English services. The Chairman asked about sickness rates. The Executive Director of Workforce and OD was confident in the staff well-being support was in place, there was more to do in supporting managers in handling sickness absence.	**SH**

22/156.3 The Chairman asked about mental health performance and the impact of the improvement plan: this would continue to be discussed by the QSE Committee. Recent data was showing an improving trend. **22/156.4** The Chairman proposed a board workshop on primary care sustainability and the performance report and the report was received.	**MM**
22/157 Annual Plan Monitoring Report **22/157.1** The Board received the report, the first in this new format, from the Executive Director of Finance for quarter one. Narrative would be added in respect of amber rated indicators. The Executive Director Transformation, Strategic Planning and Commissioning added that the concerns about the depth of information provided would be addressed. Outcomes described in the report needed to be linked to agreed measures in the medium term plan. On 2022.8 the diabetic foot pathway the pathways had been approved and consultant recruitment was starting. **22/157.2** The Board noted the report.	**SH** **CS** **CS/SH**
22/158 Finance Report — Month 3 **22/158.1** The Board received the report from the Executive Director of Finance for 1 April to 30 June 2022. With regard to the financial statements for the 2021/22 financial year the Executive Director confirmed: • While the audit is ongoing, the Auditor General intends issuing a qualified true and fair opinion as he has been unable to obtain sufficient audit evidence that accruals, payables and related expenditure have been properly accounted for in the correct accounting period. • Audit Wales continue to work to reduce any residual uncertainty with the balances. • The Health Board have had to defer the AGM and have thereby breached standing orders • An Audit Wales QA check was arranged to allow the Health Board to finalise the audit, approve the accounts and hold the AGM **22/158.2** There was an Audit Committee scheduled on 24 August to sign off the accounts for 2021/22. The Executive Director of Finance apologised to the	

Board for the errors made that had led to the current situation. A remedial action plan was in place to improve assurance and prevent a recurrence. **22/158.3** As Accountable Officer (AO), the CEO added that the matter had been discussed at Audit Committee and she thanked the Committee for its scrutiny. She acknowledged her responsibility as AO and added her apology to the Board. The Chairman endorsed the recommendations made by the Audit Committee; the CEO confirmed that the recommendations would be implemented in full. In terms of Month 3, the Health Board was reporting a £2.3m adverse position against a break-even plan. This was an improvement on M1 and M2. The Health Board continued to project a break-even position as plans were in place to recover through the remainder of the year. **22/158.4** The savings pipeline included a forecasted £13.7m of schemes against a plan of £35m, so a £21m adverse variance. In setting the 2022/23 plan, there was a 50/50 split between transformational and transactional savings. The Executive Director felt that non-pay spend could be targeted. Current pressures included drugs. The Health Board was forecasting a £7.2m spend on Covid. The Executive Director of Finance highlighted the range of risks set out in the report totalling £68m. There was concern that insufficient savings schemes had been identified at this stage and whether a break-even forecast could be justified. It was suggested work should also start on savings for 2023/24. **22/158.5** The Chairman stated he was not assured by the report – there was overspending across almost all operational areas, and insufficient savings identified and planned. In short, the organisation was overspending and the savings performance was significantly off trajectory. It highlighted concerns as to the adequacy of financial controls. He asked PFIG to review the position at the August meeting. He called on the CEO to comment on financial control measures and other plans the executive had around the savings programme. The CEO stated that work was underway with provider colleagues to address financial control and savings requirements, and this had been discussed by the executive team earlier in the week. She felt there was ownership at all levels in the organisation of the savings requirements. There were savings that could be realised through the year. She reminded the Board that transformational savings schemes were profiled to deliver later in the year. She chaired a regular meeting with the executives on ensuring financial balance. The Deputy CEO added that under the new operating model conversations had taken place with operational leads to help drive savings.	**JC**

The Board Secretary confirmed that the AGM had been scheduled for 29 September. **22/158.6** The Board received the report.	
22/159 Capital Programme Report **22/159.1** The Board received the report of the Executive Director of Finance, which described the sources of capital funding and the requirements around how it was spent. The discretionary capital allocation for 2022/23 was just under £11m and represented a 24% reduction on previous years. Additional funding of £4.25m for 2022/23 has been confirmed by the Welsh Government in support of agreed imaging and radiotherapy priorities and a number of business cases have been submitted to the All Wales capital fund. The Capital Investment Group had identified capital requirements over the next 10 years of £1.6bn. It was considering a range of business cases, based on criteria outlined in the report. In terms of the Estate Strategy refresh, the Health Board had sought a partner to support it to update the Strategy, a prioritised capital investment plan and an estate rationalisation programme. It was planned to conclude this work in November. **22/159.2** The Board noted the report	
22/160 Annual Equality Report 2021/22 **22/160.1** The Board received the report from the Executive Director of Workforce and Organisational Development and the Chairman welcomed Sally Thomas to the meeting in support of this item. The Chairman asked about the race equality action plan, now the anti-racist plan. A Race Equality Action Group had been formed. Executive colleagues had taken on roles in relation to action around particular protected characteristics. The Chairman highlighted that all Board members were required to attend the current national diversity training programme. All recruitment and selection panels would be required to undertake training on value-based and equality and inclusion. On behalf of Jackie Hughes, the Vice-Chair passed on her thanks for the work represented here. She asked about the Gender Pay Gap – it was noted that it was a snapshot and the working groups was looking at lived experience factors. The Peace and Unity Forum for overseas and BME staff was highlighted as an opportunity for peer support, engagement and speaking up. The need to support overseas recruits was stressed.	

In relation to freedom to speak up, the Health Board had launched its Speak Our Safely initiative, which was tracking themes as well as responding to individual concerns. There were some compelling stories emerging from staff forums that could usefully be shared within the organisation. **22/160.2** The Board noted the report	
PEOPLE AND RESOURCES	
22/161 Quality and Patient Safety Report – April/May 2022 **22/161.1** The Board received the report from the Executive Director of Nursing and Midwifery. She reported that in this period there had been 20 reported incidents; falls had reduced and work in this area continued. All incidents had had a Make it Safe review. There had been 12 Never Events in 2021/22; there were none to report in this period. There had been three Regulation 28 notices from the Coroner which were being reviewed. The two Coroner responses due in July had been submitted on time. There was an increase in formal complaints and the response rate and number of overdue incidents was being reviewed which this work would be reported to the next Board meeting. It was noted that a report was coming to QSE on Regulation 28 notices, the process for learning from them and for providing assurance as to completion. It was confirmed that "care actions on deterioration" had been completed and regular audits were underway. In relation to complaints and litigation, the aim was to create a just and learning culture. Any evidence of conduct or capability issues were taken seriously and dealt with through appropriate processes. Staff were appropriately supported through the claims process. A Learning from Events report was produced for clinical negligence claims – this was submitted to the Welsh Risk Pool. The Chairman requested that Executive Director of Nursing and Midwifery liaise with the Chair of QSE in this regard. He also requested there should be more clarity about when improvement actions would be completed. **22/161.2** The Board noted the report.	**AW**
22/162 North Wales Vascular Service Update **22/162.1** The Board received the report, describing progress in delivery of the Vascular Improvement Plan arising from an invited review by the College of Surgeons (RCS) and ongoing work to ensure safe delivery of vascular services through the "hub and spoke" model that was implemented in April 2019 and touching on operational pressures. The first report from the invited review was received by the Health Board in March 2021 and the second report in February 2022.	

In response to the first report, a group was established to develop and oversee an improvement plan. This group has participation from the Community Health Council (CHC) and lay representation. In November 2021 the Terms of Reference for the group were revised and the group became the Vascular Steering Group which now meets monthly and is chaired by the Executive Medical Director (EMD). Quality, Safety and Patient Experience (QSE) Committee receive regular updates on progress with the Vascular Improvement Plan. The second report from the RCS related to a case note review of 50 sets of notes. The College was able to review 47 sets of notes and raised concerns about the care received by patients and the quality of documentation. Two Never Events in the service and other concerns relating to safety and sustainability resulted in Health Inspectorate Wales (HIW) in March 2022 designating the vascular network a Service Requiring Significant Improvement. In response to these safety concerns, a series of additional measures were introduced to ensure safe delivery of care to patients. These measures were reviewed regularly and two requirements (including dual consultant operating) were removed in May 2022 after a detailed risk assessment, supported by external vascular advice. On 8 July 2022 the Chair of the VQP raised safety concerns in relation to the management of aortic patients following the completion of a review of 11 patients' notes. The EMD received three recommendations for immediate implementation. These were: 1. Re-introduction of dual consultant operating (for aortic patients only) 2. Involvement of a specialist centre in the Multidisciplinary Team (MDT) meetings for all aortic cases 3. The recruitment of a vascular surgeon with aortic experience. The recommendations 1 and 2 were implemented immediately and remain in force. The MDT is supported by Liverpool University Hospital Foundation Trust (LUHFT). In two instances, the dual consultant operating requirement affected waiting lists. However, no patients have needed so far to be transferred. Patients were normally seen within BCUHB before being transferred. **22/162.2** The Board noted the report and the Chairman requested the Executive Medical Director keep the Board informed on this matter.	**NL**
OMMUNICATION AND ENGAGEMENT	
22/163 Partnerships, Engagement and Communication Update **22/163.1** The Board received a report from the Chief Executive providing a triangulation of engagement activity across functions to show the breadth of work taking place across BCUHB, which was noted.	

CLOSING BUSINESS	
22/164.1 Review of Risks Highlighted within the Meeting There was nothing to note.	
22/165 Summary of Private Board Business to be reported in Public **22/165.1** The Health Board had considered the following matters in private session on 26 May 2022: • Bangor Health and well-being Strategic Outline Case (SOC) • Microsoft Enterprise Agreement **It was resolved that** the report be noted.	
22/166 Date of Next Board Meeting • 29 September 2022	
22/167 Exclusion of Press and Public **22/167.1 It was resolved 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.	

Betsi Cadwaladr University Health Board (BCUHB)
Draft minutes of the Extraordinary Public Health Board meeting
on 24 August 2022 via Zoom conferencing

Present:

Mark Polin, Chairman of the Board
Nichola Callow, Independent Member
John Cunliffe, Independent Member
John Gallanders, Independent Member
Gareth Evans, Acting Executive Director of Therapies and Health Sciences
Gill Harris, Deputy Chief Executive/Executive Director of Integrated Clinical Services
Hugh Evans, Independent Member
Sue Hill, Executive Finance Director
Jackie Hughes, Independent Member
Medwyn Hughes, Independent Member
Dr Nick Lyons, Executive Medical Director
Molly Marcu, Interim Board Secretary
Richard Micklewright, Independent Member
Lucy Reid, Independent Member and Vice-Chair of the Board
Fon Roberts, Associate Board Member
Jo Whitehead, Chief Executive
Jane Wild, Associate Board Member

In Attendance:

Matthew Edwards, Audit Wales
Lowri Gwyn, Translation
Fiona Lewis, Governance Officer
Simon Monkhouse, Audit Wales
Philippa Peake-Jones, Head of Corporate Affairs
Michelle Phoenix, Audit Wales
Dylan Roberts, Chief Digital and Information Officer
Llinos Roberts, Business Support Manager
David Seabrooke, Interim Assistant Director of Governance
Dawn Sharp, Assistant Director, Deputy Board Secretary
Helen Stevens-Jones, Director of Partnership, Communication and Engagement
Dave Thomas, Audit Wales

Agenda Item	Action
22.176 Opening Business – Apologies for Absence **22.176.1** The Chairman welcomed attendees including the new Associate Board Member Fon Roberts to the meeting and stated that no apologies had been received. He reminded Members that this was an extraordinary meeting of the Health Board to consider the Financial Accounts, Annual Report and Annual Governance Statement and Audit Wales Audit Report on the Financial Statements and that the meeting followed on from a meeting of the Audit Committee held earlier in the day. The Chairman then called on Independent Member, Richard Medwyn Hughes to provide an update for the Board in terms of the outcomes of the earlier Audit Committee meeting. **22.176.2** The Chairman of the Audit Committee read out a statement on behalf of the Committee to formally record Members' dissatisfaction in terms of the position regarding the scale and scope of internal control failures in relation to the financial statements, which had resulted in substantial delays in the completion of the audit, resulting in the Annual General Meeting being postponed to the 29th September 2022. He stated that the Committee had monitored progress of the audit through a series of meetings held on 30.6.22; 13.7.22 and most recently 22.7.22. **22.176.3** The significant internal control failures were highlighted in the Audit Wales report and the associated qualified true and fair opinion. On 22.7.22 the Committee had received and accepted the Chief Executive's advice not to adjust the material misstatements of £10.3m upon balancing the risk on clinical services provision for the population North Wales. This amount would move the organisation towards a savings target of £45m for 2022/23, rather than the current £35m. **22.176.4** In accepting the position the Committee had made it clear that urgent remedial actions were required to improve the internal control environment, and would be seeking an update at the October meeting. **22.176.5** Furthermore, on 13.7.22, the Committee had agreed to oversee an external review of the financial controls, to be undertaken upon the completion of the external Audit Wales review on 19.8.22. Initial terms of reference and scope of the review was currently being agreed with Ernst and Young, in collaboration with Audit Wales, taking into account the findings from the audit. **22.176.6** He stated that the matters had already been escalated via his Committee Chair's Assurance report to the Board on 4.8.22 and that as part of the escalation he had also highlgihted to the Board the high number of limited assurance audit opinion reports as well as the overall limited internal audit opinion. This was also incorproated within section 21 of the Annual Governance Statement, which formed part of the agenda. He concluded by stating that whilst the Committee had endorsed the financial accounts, annual report and annual governance statement, he emphasised again the dissatisfaction around the unacceptable position that the Committee found itself in. He went on to state that	

to this end, the Committee would closely monitor the financial controls review and the subsequent findings arising from it, noting the significant impact this would have on the 2022/23 financial statements. **22.176.7** The Chairman of the Board thanked the Audit Committee Chair for his input and informed the Board that he intended to vary the order of business as had happened at the Audit Committee and to consider the Audit Wales Audit Report prior to considering the financial accounts.	
22.177 Opening Business – Declarations of Interest **22.177.1** No declarations of interest were reported at the meeting.	
22.180 Audit Wales Report on the Financial Statements (taken out of agenda order) **22.180.1** Audit Wales introduced the paper which reported the audit findings following completion of the audit of the Health Board's 2021-22 Financial Statements. They intended issuing a qualified 'true and fair' audit opinion on the financial statements as they had been unable to obtain sufficient appropriate audit evidence that accruals, payables and related expenditure had been accounted for in the correct accounting period. **22.180.2** The audit opinion in respect of the regularity of expenditure would also be qualified in two respects. Firstly, because the Health Board had not met its revenue resource allocation over the three-year period ending 2021-22 and secondly, following a Ministerial Direction, the accounts included expenditure and funding in relation to clinicians' pension tax liabilities. **22.180.3** A substantive report would be provided with the audit opinions, setting out further detail in respect of the matters. The substantive report would also refer to the Health Board not meeting its financial duty to have an approved three-year integrated medium-term plan for the period 2019-20 to 2021-22. **22.180.4** The challenging nature of the audit was highlighted and Audit Wales explained that the £9.1m material misstatements related to what they could quantify and that the residual populations were what they were unable to audit based on the decision of the Finance Team being unable to support further testing. **22.180.5** Both the Chief Executive and Executive Director of Finance expressed their sincere apologies for the position and stated that they accepted Audit Wales' recommendations in full and would ensure that these were addressed in a proactive manner. **22.180.6** Members queried the consequences of not having had approval for the £1.7m contract referenced within the audit report. The Executive Director of Finance responded to say that approval from Welsh Government (WG) had been sought but that WG had asked for further information. The Health Board had now responded to WG. A report would be presented to a future Board	

meeting seeking formal approval for the contract prior to then seeking WG approval. The consequences of this had delayed the work progressing. **22.180.6** The Chairman sought clarification on the £9.1m material misstatements and asked what actions were necessary to reconcile the position. The Executive Director of Finance responded to say that the surplus for 2021/22 had been understated but that the rolling statutory duty over the two years would be unaffected. **22.180.7** Members sought clarification regarding the decision to cease further testing. The Executive Director of Finance explained that the decision had been taken by the Finance Team as to have continued would have placed further strain on Audit Wales and the Finance Team. Audit Wales stated that they had been prepared to continue auditing but that the Health Board had indicated that it could no longer support the audit. **22.180.8** The Chairman stated that due deference had not been paid to the role of the Audit Committee. This had not been the best approach by the Executive Team and he did not wish to see a repeat. He emphasised the serious nature of the matter and reminded all present that was the reason for commissioning the external review and involving Audit Wales in drafting the scope of the review. In relation to the written response to Audit Wales this was to be overseen by Independent Members. **RESOLVED: That** **(1) the content of the report be noted and the recommendations included within the Auditor General for Wales report to the Senedd (appendix 3 of the report) be accepted, namely that the Health Board:** • **undertakes a comprehensive exercise to identify, and correct for, the errors in its accounting records;** • **identifies the corrections it needs to make to ensure that its 2022-23 accounts give a true and fair view; and** • **undertakes a review to understand why these issues occurred and to strengthen its controls accordingly; and** **(2) a written response from the Health Board be provided to the Auditor General by 30 September 2022 setting out how it proposes to respond to the recommendations.**	JW/SH
22.178 Financial Accounts 2021/22 **22.178.1** The Health Board had a statutory requirement to prepare a set of annual financial statements in a standard format provided by Welsh Government, with the approval of H M Treasury. The annual financial statements had been completed in accordance with the National Health Services (Wales)	

Act 2006, the Welsh Government Health Board Manual for Accounts and HM Treasury's Financial Reporting manual (FReM) in order to reflect: • International Financial Reporting Standards (IFRS); • Accounting and disclosure requirements of the Companies Act 2006, where appropriate; • Any other pronouncements made, or endorsed by, the International Accounting Standards Board. **22.178.2** The unaudited annual financial statements for 2021-22 had been submitted to Welsh Government and Audit Wales on 29.4.22. Following completion of their financial audit, Audit Wales had prepared an Audit of Financial Statements Report providing a summary of amendments made to the unaudited financial statements along with findings and recommendations arising from their audit work. **22.178.3** The audited annual financial statements required approval by the Audit Committee prior to submission to Welsh Government and the Auditor General for Wales. Members acknowledged that the Audit Committee had met earlier in the day and had recommended approval of the 2021/22 annual financial statements to the Board. **22.178.4** The Executive Director of Finance presented the report and highlighted that Audit Wales had identified a number of issues within the accounts finally concluding at £9.1m material misstatements. She recommended approval of the accounts, recognising that mitigations were being put in place as outlined in the earlier item. **RESOLVED: That the Health Board's 2021-22 annual financial statements be approved.**	
22.179 End of Year Reporting 2021/22 **22.179.1** The Interim Board Secretary presented the report. The Annual Governance Statement (AGS) was part of the Health Board's statutory Annual Report to Welsh Government. Its content was in a standard format in accordance with the reporting arrangements prescribed in the Manual for Accounts. **22.179.2** The delay in the receipt of the final audited accounts had resulted in the Board not being able to sign off its accounts, annual report and AGS in time for the original deadline of 15.6.22 set by Welsh Government and accordingly the Board was unable to hold its Annual General Meeting as scheduled for 28.7.22. **22.179.3** Members acknowledged that the Audit Committee had held a number of meetings over the period (namely 30.6.22, 13.7.22 and 22.7.22) in an attempt to understand the issues being presented and working with Audit Wales and the Finance Team to reach a position where it could sign off the accounts. The	

Chair's Assurance report presented to the Board on 4.8.22 had highlighted to the Board the issues of concern. **22.179.4** The Audit Committee which had met earlier in the day had considered the latest iteration of the Annual Report including the AGS (the latter which had been updated to reflect the findings of the financial audit of accounts). The Committee had recommended approval of the documentation to the Board. The Interim Board Secretary highlighted Section 21 of the AGS which provided an overview of the governance issues facing the Board and stated the commitment of the Executive Team to address those issues. Where appropriate, elements would be delegated to appropriate committees to monitor progress. **22.179.5** The Chief Executive commented on the scale of the issues and stated that a range of measures had been put in place to address these and that the Executive Team were already making progress. **22.179.6** It was suggested that it would be helpful to have the actions clearly set out in a robust action plan to ensure that the matters were being taken seriously and that progress could monitored easily. **22.179.7** Members acknowledged that the Annual Report would be presented to the rescheduled Annual Meeting on 29.9.22. **RESOLVED: That the Annual Report (including the Annual Governance Statement) be approved for submission to Welsh Government.**	MM
The meeting concluded at 14:41.	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
Actions from Health Board 26.5.22						
17	Chief Executive	**22/114.9 – Operating Model** Clarification around board expectations • to receive reports on progress on the implementation and any significant changes should be highlighted. • to receive a recruitment and selection timeline that moved the Operating Model forward • that when colleagues left the organisation their cover arrangements were shared with partners. • as permanent recruitment took place, the Remuneration and Terms of Service Committee will monitor the number of interim appointments in the structure • Executive Portfolios be finalised and reported to the Remuneration and Terms of Service Committee and clarity around the Executive Director of Therapies & Health Sciences position be provided.	July and September 2022 Board Meetings	Full update on implementation given at 4.8.22 board ref: 22/154 Further updates to be provided as implementation progresses.	Implementation ongoing.	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
	Vice Chair, Chair of PFIG and Deputy CEO/Executive Director of Integrated Clinical Services	• that as the Operating Model moved forward, the culture and expectations of leaders would witness change. • that the structures below the higher tiers to be shared with the Board as these were clarified. • expect to be clear on the governance, performance and assurance framework and the timing for implementation and that the Vice Chair, Chair of PFIG and Deputy CEO/Executive Director of Integrated Clinical Services would progress this outside of the meeting.				
Actions from Health Board 4.8.22						
Action Tracker						
(3)	Board Secretary	**21.189.1 Review of Meeting Effectiveness** Reflect and follow up comments regarding duplication in some papers already having been through the Committee structure and being presented to Board in the same format when perhaps	October 2022	Review progress on this at the next Committee Effectiveness Group (Executive Board Development scheduled for 15/6/22) This meeting has been postponed and will be arranged as soon as possible	Continue to discuss through the board development program. Actions in place for September round of committees	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
		a summary would have sufficed. There were also comments made that information in some papers was out of date by the time it reached Board.		4.8.22 – action kept open		
(5)	Executive Director of Workforce and OD	Ward Clerk vacancies – ensure requested information is circulated	13 September	Information circulated by email on 5th August.	completed	
(21)	Executive Director of Nursing & Midwifery	Provide update to L Reid re staff redeployment concerns	13 September	A further review of the AIT has been undertaken with feedback provided directly to the Vice Chair	Completed	
Public Agenda						
18	Executive Medical Director	**22/141 Patient Story – Long Covid service** Confirm whether there was Welsh speaking capacity in the Long Covid service	5 September 2022	Confirmed: we have several Welsh speaking staff working within the service. All our literature and online information resources to support people living with Long Covid are also available in Welsh.	Completed	
19	Executive Medical Director	**22/141 Patient Story – Long Covid service**		Implementing a sustainable service model is a commitment	Ongoing	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
		Could more assurance be provided about the structure of the service to enable a sustainable and responsive service?		in the IMTP for this year. A business case will be finalised by the end of September, which will set out how this will be achieved.		
20	Executive Director of Transformation, Strategic Planning and Commissioning	**22/148** **Integrated Medium Term Plan refresh process** Circulate the summary of the horizon scanning	5 September 2022	**Update 13.9.22** - The horizon scanning session was an informal sharing of key risks and issues as well as early priorities. An outline summary of the key points raised has been circulated to the Board. IHCs and pan-North Wales services are working on their IMTP submissions for the end of the month which will firm up may of the initial areas identified. **Update 22.9.22** - IMTP development process In response to the enquiry for summary of key issues discussed at the internal horizon scanning session, please find attached the brief introductory slides	Completed	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
				used to recap current drivers. Each team – Integrated Health Communities, pan-North Wales services, corporate support services and key programmes – were given the opportunity to present their initial view on key risks, issues and priorities informally to support each other in identifying major issues, testing and reviewing the early thinking, and sharing common themes and opportunities for joint working. An example slide of headline issues in strategic planning is included. Integrated Health Communities are developing plans on a page to support their business management and development, and all teams are finalising scheme outlines for		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
				consideration within the IMTP prioritisation process. These are due for submission by end of September. Following this there will be follow up sessions with all teams to review the overall submissions for strategic fit, identify any gaps, and any opportunities for a once for North Wales approach. We will provide an update following this.		
21	Executive Director of Transformation, Strategic Planning and Commissioning	**22/149 Transformation and Improvement Update** Provide assurance re benefits realisation and information about prioritization of work	29 September Board	**Update 13.9.22** - The work the Transformation and Improvement team have prioritised since its formation and continues to be focused around areas of greatest need and risk to delivery of the organisation's strategic ambitions, which have safe and effective patient care at their heart. Given the elective backlogs, ambulances waiting		

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				outside of ED, HIW reports and Welsh Government national focus, the areas we have prioritised our support around have been Planned Care, Unscheduled Care, MHLD and YGC. Our Pathways capacity has been focussed around high volume low complexity orthopaedic pathways, which support the nationally commissioned Getting It Right First Time (GIRFT) review, as well as making a significant contribution to the Planned Care backlog recovery. To continue to evolve our prioritisation approach, we have developed a draft prioritisation framework and scoring matrix, that is built upon value based care principles and ensures the following are at the		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
				heart of our prioritisation decision making across the organisation: strategic alignment, value for money, level of risk, patient experience and outcomes and deliverability. An early version of this was tested as part of the IMTP prioritisation process and following a period of socialisation and co-design, has now been developed to a stage where it is sufficiently flexible to be fully tested across a number of different use cases before being finalised. Once it has been fully tested it can be shared with the Board for any final feedback before being made available to the whole of organisation.		
22		**22/151** **2022/23 Board Assurance Framework**	5 September 2022	Discussions carried out with lead Executive Director owners for each risk in advance of	Ongoing, the revised BAF will next be submitted to the	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
	Board Secretary	(i) Review the overall provision of the BAF in the board papers (ii) off-line discussion about the range of risks and associated assurance		submission to PFIG, PPPH and QSE. The work on the BAF is ongoing as part of a process of ensuring the document is live, dynamic and reflective of gaps in controls and assurances	Board in January 2023	
23	Board Secretary/ Executive Director of Workforce and O.D. (ii)	**22/152** **Revised Scheme of Reserved Delegation** (i) Amendments in association with relevant ED to rows 10, 12 and 47 (ii) Re-circulate final document (iii) Ensure consistent use by report authors of agreed bi-lingual covering report template	5 September 2022 29 September board	Completed on 5th August 2022 Report template adopted consistently for September Board meeting.	Completed	
24	Deputy CEO	**22/154** **Implementation of Operating Model** Consider whether paragraph 11c operated to strengthen partnership working	29 September board	Para 11.c is intended to support partnership working by ensuring that staff who represent the Board have delegated authority to make	Complete	

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
				decisions with partners and commit to action.		
25	Executive Director of Public Health Executive Director of Finance	**22/155 Committee and Advisory Group Assurance reports** (i) QSE to receive the mental health improvement plan (ii) PPPH: Estate Strategy to come to committee	September QSE November PPPH	Completed. Plan provided to QSE on 6th September 2022 Not yet due. To be discussed at Board Workshop	Complete	
26	Board Secretary Executive Director of Finance	**22/156 Integrated Quality & Performance Report** (i) board workshop on primary care sustainability (ii) Re-issue the IQPR with improved narrative on performance	30 October 5 September 2022	Workshop 20 September The above workshop will include proposals to strengthen the quality of narrative provided in future reports	Complete	
27	Executive Director of Finance	**22/157 Annual Plan Monitoring Report**		Concerns raised will be reflected in the next		

Ref	Lead Executive / Member	Minute reference and agreed action	Original Timescale	Update (date)	Action status	RAG status P Complete G On track A Slippage on delivery R Delivery not on track
		Address concerns about the depth of information provided	29 September Board	scheduled report to Board in November		
28	Executive Director of Finance	**22/158 Finance Report** PFIG to review the plans to achieve efficiencies and control over-spending	November PFIG	Not yet due		

Planning for 2023 – 2026

Horizon Scanning
29 July 2022

GIG CYMRU NHS WALES
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Betsi Cadwaladr
University Health Board

Agenda

- Introduction
- Aims
- Commissioning intentions and forward look
- Presentations of headline issues – IHCs, pan-North Wales services and programmes
- Break
- Presentations of headline issues – corporate support services
- Breakout discussion
- Next steps

Aims

- Sharing key risks, issues, priorities at an early stage
- Commencing review of commissioning intentions
- Identifying areas of collaboration, or potential impact
- Flag transformation opportunities and prudent use of resources
- Ensuring we build on integration of approach

Refresh of the IMTP

- A Healthier Wales
- Addressing Ministerial Priorities
- Addressing the five Planning Principles
- Informed by Population Needs Assessment, Well-being Assessments, Locality and Cluster priorities
- Responding to the Clinical Services Strategy
- Continuing our recovery and transformation journey
- Consistent with our partnership plans – RPB and PSBs
- Guided by NHS Wales framework
  yet to be updated for 2023 – 2026

Current Ministerial priorities

- A Healthier Wales
- Population Health
- Covid response
- NHS recovery
- Mental Health and emotional well-being
- Supporting the health and care workforce
- NHS Finance and managing within resources
- Working alongside Social Care
- Cluster Planning

Commissioning intentions 2022 - 2025

- Prevention and Wellbeing Priorities
- Planned Care Priorities
- Unscheduled Care Priorities
- Mental Health Priorities
- Organisational Transformation

Updating for 2023 – 2026….

Learning from the 2022 - 2025 IMTP process

- Continuing to build on the closer integration of service planning, workforce and finance
- Building efficiencies and savings alongside the IMTP development process
- Clarity of process and communication
- Supporting Integrated Health Communities and pan-North Wales services
- Linking with cluster planning
- Engagement with partnership plans
- Developing a commissioning approach – a plan for all our commissioned services, not a provider plan
- Responding to Welsh Government and specifically Delivery Unit feedback
- Evidencing the capacity to deliver the plan

Current view – key issues

Strategic Planning

Significant risks and issues

No approved IMTP
Performance position creates a challenging start point for the 23-26 plan
Targeted Improvement framework
Business case process to be confirmed
Winter planning
Team capacity
Reshape to support new operating model
Engagement, consultation duties

Development priorities	*Programme*	Timeframe
Clinical services plans	All?	23/24
Specialised services work plan	WHSSC	23/24
Recovery & sustainability	Planned care	22/25
ACDP	Primary Care	22/25
Third Sector commissioning	All	23/24
Unscheduled care & winter plans	UScC	23/24

EXAMPLE

Transformation opportunities including efficiencies

Cluster plans
RPB plans, Regional Integration Fund (RIF), PSB well-being plans
Clinical services plan – potential service reconfiguration opportunities
Clinical variation and VBHC
WHSSC commissioning and repatriation priorities

Who do you need to work with? Impact on other services?

Cluster leads and ACDP programme
Partner organisations
WHSSC
Clinical Senate
IHC service leads
Pan-North Wales service leads
Corporate support services
Co-production with stakeholders

What are the take away thoughts from todays session?

- Positives
- Barriers
- Impacts

Next Steps & close

Teitl adroddiad: ***Report title:***	Patient Story
Adrodd i: ***Report to:***	Public Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	A patient story is presented to the Board to bring the voice of the patient directly into the meeting. The digital patient story will be played at the meeting. A short summary is included in the attached paper.
Argymhellion: ***Recommendations:***	The Board is asked to receive and reflect upon the patient story.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery
Awdur yr Adroddiad: ***Report Author:***	Matthew Joyes, Associate Director of Quality

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***
In line with best practice, the patient story is presented to Board in order to bring the voice of the patient directly into the meeting; it is not presented as an assurance item. However, the accompanying paper describes some of the learning and actions undertaken in response to the story.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	N/A
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A

Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	N/A
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** Patient Story summary sheet – digital story will be played in the meeting.	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Betsi Cadwaladr University Health Board
Cardiac Care – Rysseldene G.P. Surgery Story

A video story told by Cheryl Williams, Advanced Nurse Practitioner, and patients attending Rysseldene G.P. Surgery be will be played at the meeting.

Overview of Patient Story

The story is a collection of experiences from patients accessing the specialist Primary Care, Cardiac Care Clinic at Rysseldene Surgery, in Colwyn Bay.

Cheryl Williams, Advanced Nurse Practitioner, has been in position for 12 months specialising in Cardiology at the G.P. surgery. The Cardiac Clinic helps reduce hospital admissions by providing local support, care and treatment to patients. The Cardiac Clinic helps bridge the gap between Primary and Secondary Care Cardiology Services.

Recent feedback has shown this service is of great benefit to both patients and their unpaid carers.

Summary of Learning and Improvement

The collection of positive patient stories from the Cardiac Clinic has been shared with the Rysseldene Surgery team and will be used for training purposes, and will be shared wider to promote best practice.

Key learning points shared:

- Overall excellent experience of the Cardiac Care Clinic from the perspective of both patient and carer.
- Improved communication and easier access to specialist Cardiology advice and signposting.
- Access to localised care reducing the need for patients to access Secondary Care services.
- Supportive staff understanding the needs of the patients and what matters to them.
- A good practise model that can be replicated across the Health Board.

This story highlights positive experiences and as part of our commitment to build a learning culture from patient experience, the learning from positive experience is equally important to ensure all people who use of services receive a consistently positive experience of their care.

The Patient and Carer Experience Team extend their gratitude and appreciation to all of the patients, carers and staff who shared their experiences.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board – 29th September 2022

Report Title: Chief Executive's report

Situation

The purpose of the report is to keep Board Members updated with regard to issues affecting the organisation and highlight topical issues which are of interest to the Board.

Some issues raised in this report feature more prominently within reports of the Executive Directors as part of the Board's public business.

Background

This report provides an update for Board Members on issues affecting the organisation, external work with partners and services recognised through nominations and awards.

There are specific papers on the Health Board meeting agenda which address current priority issues, including communication and engagement, vascular services, Targeted Intervention and seasonal planning. These issues are therefore not referred to in this report.

Assessment and Analysis

External / Partnership Activities

All Wales Commissioning Meetings

I attended the commissioning meetings for both the Welsh Health Specialist Services (WHSSC) and Emergency Ambulance Services (EASC). At both meetings issues which are of significance to the provision of services in North Wales were referenced as follows:

WHSSC

The following items of interest to the Board were discussed:

- The proposed engagement arrangements to support the development of a revised Specialist Services Commissioning Strategy were discussed. This strategy will cover all services commissioned by WHSSC and will reference

the specific arrangements in place for North Wales residents accessing the North West of England. The engagement will run from the 20th September to the 22nd December and will involve specific Health Board development sessions; details to be confirmed. The strategy is due to be published in March 2023.

- The Committee considered the draft Specialised Paediatric Services 5 Year Strategy which has been developed following a period of engagement. The development work involved a specific group considering the needs of North Wales and clinicians from the Health Board have contributed to this work. The strategy will now be finalised and published in due course
- The Committee also discussed potential changes to the Individual Patient Funding Request (IPFR) process which are under development. These procedures consider individual applications for access to specialised services which are not widely available. Proposed revisions to the governance process will be presented to the Board for approval once they are finalised.

EASC - Wales Air Ambulance

On 6th September, I attended a meeting of the Emergency Ambulance Services Committee (EASC), which oversees the commissioning of emergency ambulance services in Wales. At this meeting, the commissioners provided a presentation regarding work they are undertaking in collaboration with the Wales Air Ambulance Charity to undertake a strategic review of the Charity's operations. The aim of this review is to maximise the utilisation of the charity's assets in order to reach as many patients as possible. The work will also inform a procurement exercise in relation to its aviation contracts which will seek to ensure maximum value for money.

Early analysis has indicated that over 500 additional missions could be undertaken if the deployment of resources changes. It is proposed that the Welshpool base be merged with the North Wales base to form a single North Wales resource. The location of this proposed base is yet to be determined. No decisions have been made at this stage and there is significant engagement to be undertaken with stakeholders before further information is presented to a future meeting of the Committee, prior to any decision being made. EASC will need to be assured that the proposals, when finalised, are both deliverable and in line with policy and service needs.

The Charity has published further information regarding the review, which is available on its website: Air Ambulance could reach hundreds more patients thanks to analysis | Welsh Air Ambulance Charitable Trust (walesairambulance.com)

NHS Wales Shared Services Partnership Meeting (NWSSP)

The meeting of the NWSSP Committee was held on 22nd July. Discussion covered a range of important topics including:

- Transforming Access to Medicines (TRAMs) – this project is seeking to modernise the approach to medicines supply into hospitals by developing regional manufacturing and distribution centres. The first of these has now open in Cwmbran. Discussions are ongoing with staff in North Wales regarding the future model for delivery in our area. As proposals are developed further updates will be provided.
- Laundry – Laundry and linen services are now provided to the Health Board by NWSSP. As part of this national service there is a commitment to replacing and modernising existing laundries, including the one located at Ysbyty Glan Clwyd. The outline business case for the replacement of the YGC laundry was approved by the Committee for submission to Welsh Government, alongside the proposal for South-West Wales.
- Procurement – a presentation was given on the new operating model for procurement services. The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively.

A summary of the meeting is at Appendix 1 for information.

Following on from that meeting the Executive Team met with colleagues from NWSSP to discuss local priorities. This included a particular focus on workforce and recruitment, where the services of NWSSP are critical to our local recruitment activities and processes.

Value Base Healthcare

In August, members of the Executive Team met with the national Value in Healthcare Team to provide an update on our current activities and discuss how these align with national priorities. The national team outlined the approach to developing Value Based Healthcare (VBHC) in Wales and the strategic priorities which are being pursued.

As part of the financial allocation for 2022/23 the Health Board has received £3.4m of resource to support the rapid adoption of VBHC. The Health Board's current programme of work includes significant pathway redesign in diabetes services, diabetic foot care, prostate cancer and carpel tunnel syndrome. These pathway reviews focus upon enhancing outcomes for patients whist demonstrating effective use of resource.

VBHC projects which are currently being progressed in the Health Board include:

- Heart failure services
- Lymphoedema services
- Prehabilitation
- ICAN Primary care

Critical next steps in the development of the Health Board's adoption of VBHC include:

- the development of a robust governance structure to oversee pathway developments and live projects
- the development of a VBHC virtual programme to continue to identify and champion initiatives with strong VBHC principles

- further development and review of the VBHC Approach, enhancing engagement and demonstrating progress through the VBHC Maturity Matrix

We will continue to work with the national team to draw upon their resources and expertise as we roll out our programme of work.

North Wales Medical School

In April 2022 Welsh Government (WG) formed a Programme Board to drive forward phase three of the work to develop an independent medical school in North Wales. The Programme Board is chaired by the Vice-Chancellor of Bangor University (BU) and includes representatives of all medical schools in Wales, the Chief Executive of Betsi Cadwaladr University Health Board (BCUHB) as well as WG Officials and HEIW.

The group is overseeing work in the following areas:

- Workforce planning to triangulate the numbers of medical students and foundation doctors
- Confirmation of undergraduate and graduate entry student numbers for the independent Medical School in light of the above
- An all-Wales approach to placements jointly endorsed by all Medical Schools in Wales

The focus of our local work since the establishment of the Programme Board has been to develop more detail regarding curriculum and placement requirements. This phase of work seeks to translate the needs of the curriculum and placements into accommodation and staffing requirements. In addition, external support has been commissioned to develop capital investment proposals to facilitate the delivery of the required accommodation.

This work has been progressing over the summer months and is expected to conclude in the autumn when a full report will be provided to the Board.

Oversight of our local work continues to be provided through our joint Bangor University (BU) and Betsi Cadwaladr University Health Board (BCUHB) governance arrangements to ensure the development of the school progresses in line with our plan and timescale.

Establishment of the Wellbeing Hub in Wrexham

During September the development of the Wellbeing Hub in Wrexham, one of many such joint ventures across North Wales, came to fruition. The Wellbeing Hub is an early intervention and prevention initiative co-created by a partnership of Wrexham County Borough Council, AVOW (Association of Voluntary Organisations in Wrexham) and the Health Board. It will provide integrated community, health, social care and third-sector support, advice, and engagement opportunities for the public. The Hub is designed to be an accessible space for all and a significant support resource for the local population in promoting health and wellbeing.

Internal Activities

Operating Model Implementation

As from August 1st the implementation of the new operating model has commenced. Internal appointments have been made to senior roles through the organisational change process, with secondments and interim appointments being made to cover current gaps whilst permanent recruitment takes place. Interviews for the two outstanding Integrated Health Community Director roles will take place on 22nd and 23rd September and for the Deputy Director of Integrated Clinical Delivery – Primary Care on 26th and 27th September. Recruitment for the outstanding IHC Nurse Directors has closed and interview dates will be confirmed imminently. Interviews for the Deputy Director of Integrated Clinical Delivery – Regional Services will take place on 10th October.

The new Health Board Leadership Team, which brings together Executive Directors and senior leaders from service areas will meet for the first time on 5th October. Accountability arrangements for Integrated Health Communities, Mental Health and Learning Disabilities, Womens Services and Regional Services have been established with the first meetings held in August. These will now take place bi-monthly.

Personal support and coaching has been made available to staff who have been affected by the changes within the operating model. Leadership development is available for new and emerging teams as part of the transition. A network event will take place on 30th September to bring together new leaders and emerging teams to start to build the wider Health Board leadership team.

COVID Vaccine Booster Programme

The autumn booster programme commenced on 1st September in line with the requirements set by Welsh Government. Letters of invitation to those eligible for the programme are being issued and the first of these began arriving in peoples' homes on Saturday 20th August.

As with previous programmes, delivery will be through a combination of activity in GP Practices, Community Pharmacies and Health Board Vaccination Centres. The contribution of colleagues in primary care alongside Health Board staff will be critical to the success of the programme. Primary care colleagues will deliver the vaccination to their eligible patients whilst Health Board staff focus on delivery in care homes, for the housebound and for health and social care staff.

National Audit of Dementia

Commencing on 19th September, the Health Board will be participating in the National Audit of Dementia (NAD), which is a clinical audit programme commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England and the Welsh Government. It examines the quality of care received by people with dementia in general hospitals.

The audit is prospective and will identify patients admitted into our hospitals for 24 hours or more, who have a diagnosis of dementia or suspected dementia and then undertake case note reviews in the autumn. In early 2023 there will be a further phase of work to examine discharge arrangements. The audit also involves Patient and Carer surveys.

The audit is being led by Dr Indrajit Chatterjee who is also co-ordinating Ysbyty Glan Clwyd's involvement. The other Clinical Leads are Dr Sam Abraham (Wrexham Maelor) and Dr Conor Martin (YG). There is a core BCUHB team supporting the audit as well as contribution from WAST and Dementia Regional Collaborative colleagues. Details of the timeline and content of the audit can be found here timeline-and-content-summary.pdf (rcpsych.ac.uk)

Awards and Nominations

National Joint Registry – Quality Data Provider Award

The Health Board has been awarded the NJR Quality Dara Provider Award for 2021/22 for two of its hospital sites, Ysbyty Glan Clwyd and the Wrexham Maelor Hospital.

The 'NJR Quality Data Provider' scheme has been devised to offer hospitals public recognition for achieving excellence in supporting the promotion of patient safety standards through their compliance with the mandatory National Joint Registry (NJR) data submission quality audit process.

To gain Quality Data Provider (QDP) status for 2021/22, hospitals were required to meet the targets for best practice; increase engagement and awareness of the importance of quality data collection and embed the ethos that thorough and accurate data ultimately enables the NJR to develop improved patient outcomes.

Health Service Journal - Patient Safety Award Nomination; Heart Failure Services

Heart Failure services in the Health Board have been nominated for a major national award following a collaborative project to use mobile phone technology to help monitor patients. The project is a collaboration with Cwm Taf Morgannwg LHB, Life Sciences Hub Wales and Huma, a health technology company based in London.

This collaborative heart failure remote patient monitoring work has also been selected as a HSJ Patient Safety Awards 2022 finalist in the Virtual or Remote Care Initiative of the Year category.

During the project, monitoring patients via a smart phone app prevented readmissions and sped up discharges. Patients sent data including their blood pressure, heart rate, oxygen levels and details of developing symptoms to their clinical team on an app. The figures were collated on a "dashboard", which flagged any signs that a patient might need medical help, allowing doctors and nurses to bring them into hospital or alter their medication as required.

The winners are to be announced at an event in Manchester on 15th September.

NHS Wales Awards and Patient Experience Network National Awards; Long Covid-19 service design

The work of the Health Board in engaging people living with Long Covid-19 into the design of our service pathway has been recognised nationally. The programme has been shortlisted for the NHS Wales Awards and is a finalist in the Patient Experience National Network Awards.

Examples of how patients have influenced the Long Covid-19 service design include:

- The suggestion for the inclusion of mental health support services as part of the Long Covid-19 service offer.
- The recommendation to include a self-referral process as well as GP referral process. This is the first self-referral process for Long Covid in the UK. The self-referral process helps reduce any barriers patients are experiencing contacting their GP and gives patients easier access to services, empowering patients to be responsible for the management of their own care
- Re-shaped the content and delivery of the EPP Long Covid self-management course to ensure it continues to meet the needs of patients.
- Patient involvement in agreeing clinic locations to ensure there is an equal geographical spread across North Wales.
- As directed by Lived Experience Representatives the self-referral process is promoted across primary, secondary, community care and third sector organisations such as Carers Wales and Samaritans.
- The development of online group clinic sessions. These online groups can be more accessible for patients to access if they struggle travelling to a clinical setting for their appointment. Patients can also benefit from peer support by attending group clinic sessions.

- Following on the completion of the EPP Long Covid self-management course there is a clear, defined pathway for patients who want to participate in sharing their experiences. A menu of involvement options is developed and given to patients on completion on the course; examples of involvement include sharing their experience through a patient story.

Recommendation

That the Board notes the content of the report.

APPENDIX 1

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 July 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising – Procurement Update

Jonathan Irvine, Director, Procurement Services, provided an update on the New Operating Model for Procurement. This built on an initial presentation given to the Committee in January of this year, and particularly focused on the perspective of NHS Wales organisations as customers of the service.

The objectives for the new model include greater exploitation of opportunities for regional and all-Wales procurement; ensuring support for national initiatives such as decarbonisation, the foundational economy and social value, and utilising expert procurement resource more effectively. Progress will be monitored through a revised suite of KPIs.

The Committee **NOTED** the update.

Matters Arising – Recruitment Update

Gareth Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal overview on progress with the modernisation plan for Recruitment. There has been effective dialogue with Workforce Directors, leading to the establishment of a Programme Board to oversee the development of the plan. Moves to implement technology to facilitate more effective checking of ID is still on track for August and is awaiting final Government sign-off.

The Committee **NOTED** the presentation.

Chair's Report

The Chair updated the Committee on the activities that she had been involved with since the May meeting. These have included:

- Attending a development session with the Velindre Trust Board on 28 June to update Board members on recent developments within NWSSP and to assess how the Trust and NWSSP can work more effectively together;
- Continuing to meet with NWSSP Directors and undertaking a further visit to IP5; and
- Attending the Audit Committee and the Welsh Risk Pool Committee during July.

The Chair also had two papers as part of her presentation as follows:

- The first related to the re-negotiation of the contract for the Microsoft Licences for NHS Wales where the work had been led by DHCW. This included the financial allocations for all NHS Wales organisations, and due to the need to agree this by the end of May, the paper had been approved previously via a Chair's Action. The Committee ratified the action taken and endorsed the paper;
- The second paper concerned the proposal for the Committee to have a development session(s) in the autumn to provide time for Committee members to debate how it can be more effective in its role for the benefit of all NHS Wales organisations. The paper suggested the option of either a full-day session or a number of half-day sessions. There was universal support for the session(s) but mixed views on which option to select. It was hoped that the sessions would be in person and further work would be undertaken outside the meeting to progress this.

The Committee **NOTED** the update and **Endorsed** the Chair's Action.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The recent Joint Executive Team meeting with Welsh Government was very constructive with positive feedback provided on progress to date and future plans;
- The proposal for Welsh Government to take back the revenue savings resulting from the purchase of Matrix House did however come as a surprise and will adversely impact the NWSSP financial position;
- The risk-sharing agreement on the Welsh Risk Pool will be invoked again this year and is forecast to be £25m;

- We continue to work with the Chief Pharmacists Peer Group to develop the product ranges being developed through the Medicines Unit in IP5. The validation of the new automated filling equipment is going well and should become available for use in the next few weeks; and
- The expansion of SMTL services within IP5 is also going well, with the new equipment being validated and an expectation that additional testing facilities and methodology will be in place by August.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Laundry Outline Business Case

The Programme Business Case for the Laundry Service concluded that a total of three units would be required in the future to serve Wales as follows:

- A new build facility in South-West Wales to replace the laundries at Glangwili Hospital and Llansamlet;
- A new build facility in North Wales to replace Glan Clwyd Laundry;
- A refurbishment of Green Vale to upgrade the existing laundry facility and to allow closure of Church Village Laundry.

Following feedback the Welsh Government required the new facilities in South-West Wales and North Wales to proceed as Outline Business Cases, whereas the refurbishment at Green Vale is subject to a separate Business Justification Case.

The paper presented to the Committee concerned only the Outline Business Cases for South-West and North Wales. Governance of the Transformation Programme is through the Laundry Programme Board who approved these outline business cases on the 22nd of June. The outline business cases have also been subject to two Gateway reviews and an assessment by Internal Audit.

The main benefits in taking over the Laundries was to ensure that the Laundries were compliant with relevant standards and legislation and not to deliver a cheaper service although efficiencies would be made. There has been a lack of investment in Laundry services for a very long time and the three business cases require capital investment of £77m. NHS Wales is hugely dependent on the laundries – as an example the two current sites in South-West Wales process over 9m items per annum. The outline business cases, whilst undoubtedly requiring capital investment, do make sound economic sense and they tick all the environmental boxes, and provide the workforce with much better working conditions. The All-Wales capital position may mean that Welsh Government may not be able to afford to fund the business cases concurrently, so NWSSP will need to explore the options with them.

The Committee **APPROVED** the Outline Business Cases to proceed to Full Business Cases to enable formal requests for funding from Welsh Government to be submitted.

Patient Medical Record Accommodation Business Case

The Patient Medical Records Store in Brecon House, Mamhilad, has now reached maximum capacity and consequently no additional records are able to be accommodated without additional space being procured. In practice this means that not only will no additional GP practices be able to take advantage of this service, which frees up space for additional clinical services, but NWSSP will also be unable to take additional medical records from GP Practices who already use the service, from deceased patients, patient movements or practice mergers for example.

A number of options for expansion of the scheme have been explored in the business case but the preferred option is the acquisition of a further warehouse on a 10-year lease providing a further 75,000 square feet of storage space. Whilst this acquisition provides some funding challenges, these will be met through the generation of additional income; savings resulting from moving PPE from commercial storage facilities to this new warehouse (until capacity is reached on the PMR scheme) and internal savings on the Primary Care budget.

Questions were raised by Committee members as to whether future plans should focus more on digitisation rather than acquiring more space to store paper records. AB confirmed that this is the aspiration for the longer-term, but for the time being GP Practices are requesting that paper records continue to be stored, and the costs of digitisation are very substantial.

The Committee **APPROVED** the Business Case.

Annual Review 2021/22

The Annual Review for the 2021/22 financial year was reviewed by Committee members who commented favourably on both the content and presentation and suggested that this should be shared more widely where possible.

The Committee **APPROVED** the Annual Review.

Audit Committee Terms of Reference

The Audit Committee Terms of reference were reviewed and approved by the Partnership Committee.

The Committee **APPROVED** the Terms of Reference.

Finance, Performance, People, Programme and Governance Updates

Finance – The Month 3 financial position is a cumulative non-recurrent underspend of £1.338m after anticipating £0.943m of WG funding for the 1.25% NI increase, Covid recovery support costs and energy pressures. This funding can only be anticipated at risk at present – the financial position would have been £0.395m underspent without the assumption of this funding or any utilisation of centrally held reserves. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the financial year. The position also does not reflect the claw back of £176k of funding from WG in respect of Matrix House, notified in July 2022. Directorates are currently reviewing budgets with a view to accelerating initiatives to generate further benefits and savings to NHS Wales. The forecast outturn remains at break-even with the assumption of exceptional pressures funding from Welsh Government. £10.277m Welsh Risk Pool expenditure has been incurred to 30th June 2022. A high-level review of cases due to settle in 2022/23 indicates that the £134.8m included in our IMTP remains within the forecast range, requiring £25.3m to be funded under the Risk Share Agreement in 2022/23. The 2022/23 risk share apportionment has been revised to reflect the updated cost driver information from the 2021/22 outturn position. This has resulted in some changes to the contributions from organisations as a result of movements in the actual 2021/22 data. The updated shares are being reported to the Welsh Risk Pool Committee on 20th July 2022 and will be subsequently shared with Directors of Finance. Our current Capital Expenditure Limit for 2022/23 is £1.473m. The NWSSP discretionary allocation for 2022/23 has been reduced by Welsh Government to £0.457m from £0.6m and the IP5 discretionary allocation reduced from £0.25m to £0.19m. Capital expenditure to Month 3 is £0.297m. A review of all discretionary capital funding requests is being undertaken which includes any capital funding requirements identified in the IMTP and any new requests flagged by our Services. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service. Attached to the report were the Audit Wales Management Letter and review of Nationally Hosted Systems that both provided positive opinions on the integrity of NWSSP systems and procedures.

IMTP Q1 Update – The first formal quarterly update against the IMTP was presented to the Committee. 2022/23 is a year of transition as new measures of performance are developed. The update looks at how NWSSP adds value in terms of quality and socio-economic benefit alongside cost reductions and savings. At the end of Quarter 1, 1% of divisional objectives have been 'completed and closed', 76% of objectives are 'on track' to be completed, 15% are 'at risk of being off track', 4%

are 'off track for delivery' and 4% have 'not yet started'. The Committee were also asked to feedback on the content and format of the report.

Performance – 34 KPIs are reported of which 31 are rated as green and three as amber. Two of these relate to the number of calls handled which should be at 95% but this is not being met in either Payroll (73%) or Student Awards Services (92%). The remaining amber indicator is in Recruitment where the average time to create an unconditional offer from first creating the vacancy should be no more than 71 days and this is currently measuring 91 days. Work is on-going to address all these areas and improvements are already being noted. The report also included an assessment of Professional Influence Benefits to NHS Wales which are calculated at £35m for the first quarter of the financial year.

Project Management Office Update – Of the 24 schemes being managed by the PMO, there is only one that is currently rated as red. This is the project for the replacement of the Student Awards System which is approaching end-of-life and with no option to extend the support contract arrangements beyond March 2023. NWSSP are currently undertaking a procurement exercise to source a replacement system

People & OD Update – The report is in a new dashboard format which was commented on favourably by Committee members. Sickness absence rates continue to be very low, but improvement is needed in the timeliness of reporting absence. PADR rates continue to improve but still require more work – a particular focus recently has been on Laundry Services where compliance was initially very low but is now at 73%. Headcount is now nearly at 5,300 following the transfer of the final cohorts of the Single Lead Employer Scheme. Questions were asked on how NWSSP can undertake research to look at better facilitation of apprenticeships and new ways of working to make NHS Wales an attractive employer in the future. This is something that will be considered going forward.

Corporate Risk Register – there remains one red risk relating to the inflationary impact on goods and services, particularly relating to energy. This continues to be mitigated as far as possible through the actions of the Energy Price Risk Management Group. There is one new risk that has been added relating to the reputational risks associated with NWSSP's role in helping to establish the Citizens' Voice Body. The risks associated with the replacement of the GP Payments system in Primary Care Services, and the upgrade of CLERIC in Health Courier Systems, have both been removed from the Corporate Risk Register as the new systems are working successfully in both cases.

Declarations of Interest – the Committee reviewed a report summarising the recent declarations of interest exercise within NWSSP. This has now been extended to all staff on the basis that they complete a lifetime declaration which only needs updating if circumstances change. However, Directors and Independent Members will be required to

continue to provide an annual Declaration and an appendix containing details of their most recent declarations was included in the report.	
Papers for Information	
The following items were provided for information only: • Decarbonisation Action Plan; • Annual Governance Statement 2021/22; • Health & Safety Annual Report 2021/22 • Finance Monitoring Returns (Months 2 and 3)	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	22 September 2022

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: ***Report title:***	Draft Partnerships, Engagement and Communications Strategy
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	The Strategy sets out the strategic approach for Partnerships, Engagement and Communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt. It describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out the approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and the PEC objectives and activity and aligns them with the Health Board's priorities and the priorities of partners. The Board is asked to discuss and approve the draft Strategy.
Argymhellion: ***Recommendations:***	The Board is asked to discuss and approve the draft Strategy.
Arweinydd Gweithredol: ***Executive Lead:***	Jo Whitehead, Chief Executive
Awdur yr Adroddiad: ***Report Author:***	Helen Stevens Jones, Director of Partnerships, Engagement and Communications

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	The draft Strategy sets out the Partnerships, Engagement and Communications objectives and activity and aligns them with the Health Board's priorities and the priorities of partners.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Strategy takes account of the Health Board's statutory duties, including: • NHS (Wales) Act 2006. Most relevant to this strategy is Section 183 • The Equalities Act 2010, Welsh Language (Wales) Measure 2011 • The Social Services and Well Being (Wales) Act (2014) • The Health & Care Standards 2015 • The Well-being of Future Generations (Wales) Act 2015 • A Healthier Wales: Our Plan for Health and Social Care • Welsh Language Standards
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	An EqIA Impact Assessment Screening has taken place and is attached at Appendix 3.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	A Socio-Economic Impact Assessment has taken place and is attached at Appendix 4.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The key risk associated with the Strategy is that dis-jointed, poorly timed or inauthentic communications and engagement could risk patient, staff and partner confidence, satisfaction and experience.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Not Applicable
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Improved communications and engagement systems and approaches will benefit the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori	

Feedback, response, and follow up summary following consultation	The draft Strategy has been reviewed and discussed by members of the Stakeholder Reference Group, the Partnerships, People and Population Heatlh Committee and with Executive Directors. It has also been shared with other key partners internally and externally to BCUHB. Comments from discussions have been included in this draft.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not Applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** *The Health Board is* asked to discuss and approve the draft Strategy.	
Rhestr o Atodiadau: ***List of Appendices:*** *Appendix 1: Implementation Plan* *Appendix 2: Stakeholder Analysis* *Appendix 3: Equality Impact Assessment (Screening Assessment)* *Appendix 4: Socio-Economic Impact Assessment*	

Guidance:

CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR
RHOWCH Y DYDDIAD
TEITL YR ADRODDIAD

HEALTH BOARD
29 SEPTEMBER 2022
DRAFT PARTNERSHIPS, ENGAGEMENT AND COMMUNICATIONS STRATEGY

1. Introduction

Y cyd-destun sy'n esbonio pam fod yr adroddiad yn cael ei gyflwyno i'r Bwrdd/Pwyllgor, unrhyw gamau ymgynghori blaenorol, a'r pwrpas o'i gyflwyno i'r Bwrdd

Introduction

The draft Partnerships, Engagement and Communications Strategy sets out the strategic approach for partnerships, engagement and communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt.

It has been discussed at the Partnerships, People and Population Health Committee and the Stakeholder Reference Group, with Executive Directors and has also been shared with key partners. Comments from these disucssions have been included in this final draft version for the Board to consider.

***2.* Context of the Strategy**

As an integrated health board, excellent communications, engagement and partnership working are critical. We want to have a deep understanding of what matters to our population, our partners, and our workforce and to have an open and ongoing dialogue with the people of North Wales.

Day to day communications and engagement with patients, carers, the public, our workforce, elected representatives and our partners creates a lasting impression about the Health Board. This means everyone has a role to play in sharing the responsibility to communicate and engage.

This strategy describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out our approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and aligns the PEC objectives and activity with the Health Board's priorities and the priorities of partners.

We will use this strategy to help us talk openly and honestly about the kind of organisation we aspire to be, the standards we set, and hold ourselves accountable to, the changes we need to make and the challenges we face.

We will proudly celebrate our successes and the progress we make on our improvement journey. We will be accountable and say sorry when we make mistakes, share the lessons we learn from those mistakes and commit to continuously improving the care we provide.

The delivery of this strategy will be led by the Partnerships, Engagement and Communications team but also offers opportunities for everyone. Whether they work in our health settings, are cared for by us, work in partnership with us or have any kind of interest in helping to build a better future for the health and wellbeing of the people of North Wales. Its success also heavily depends on the related functions of Workforce and Organisational Development (which leads on staff engagement) and Quality (which leads on patient engagement).

The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy.

3. Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications*

3.1 The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver partnerships, engagement and communications activity on an annual basis. Alongside this, opportunities for additional sources of resource will always be explored on a project specific basis.

4. Rheoli Risg / Risk Management

The key risk associated with the Strategy is that dis-jointed, poorly timed or inauthentic communications and engagement could risk patient, staff and partner confidence, satisfaction and experience.

5.* Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications

5.1 While there are no equality and diversity implications to the Strategy itself, the very nature of communications and engagement and the work of the function is fundamentally based around principles which include inclusivity, accessiblity, two-way, targeted and planned.

5.2 An EqIA Screening Assessment and Socio-economic Duty Impact Assessment have been completed.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

DRAFFT Strategaeth Partneriaethau, Ymgysylltu a Chyfathrebu

DRAFT Partnerships, Engagement and Communications Strategy

2022-2025

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Appendices	• Implementation Plan • Stakeholder Analysis • Equality Impact Screening Assessment • Socio Economic Impact Assessment	

Introduction

This document sets out the strategic approach for partnerships, engagement and communications that Betsi Cadwaladr University Health Board (BCUHB) will adopt.

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Day to day communications and engagement with patients, carers, the public, our workforce, elected representatives and our partners creates a lasting impression about the Health Board. This means everyone has a role to play in sharing the responsibility to communicate and engage.

This strategy describes how this will be supported and facilitated and how the Health Board will prioritise its efforts and resources in engaging and communicating. It sets out our approach to maximising the expertise and resource within the Partnerships, Engagement and Communications (PEC) function and aligns the PEC objectives and activity with the Health Board's priorities and the priorities of partners.

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The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy (which is currently under review).

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Section 1: Background

About Betsi Cadwaladr University Health Board

We are the largest health organisation in Wales, with a budget of £1.9 billion and a workforce of over 19,000 staff serving a population of around 703,000. We provide primary, community, mental health and secondary care (acute hospital) services for the people of North Wales.

BCUHB operates three main hospital sites at Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital. We are also responsible for community hospitals, health centres, clinics, mental health units, community teams, GP practices and other NHS services provided by dentists, opticians and pharmacists across North Wales.

Our vision is to improve the health of the population of North Wales, with a particular focus upon the most vulnerable in our society. We will do this by developing an integrated health service that provides excellent care delivered in partnership with the public and other statutory and third sector organisations. We will develop our workforce so that it has the right skills and operates within a culture of learning.

Our ambition to improve health and deliver excellent care is supported by our seven strategic goals:

- Improve health and wellbeing for all and reduce health inequalities
- Work in partnership to design and deliver more care closer to home
- Improve the safety and outcomes of care to match the NHS's best
- Respect individuals and maintain dignity and care
- Listen to and learn from the experiences of individuals
- Support, train and develop our staff to excel
- Use resources wisely, transforming services through innovation and research

Context and Challenges

BCUHB has a complex history. It was formed in 2009 when the North Wales NHS Trust, the North West Wales NHS Trust and the six Local Health Boards of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham combined to become Betsi Cadwaladr University Health Board.

It operates in a highly political environment, with direct accountability to Welsh Government and within a region served by 14 Members of the Senedd and 10 Members of Parliament as well as 330 councillors from six local authorities.

In addition, it is regulated by Health Inspectorate Wales (HIW) and Audit Wales. It is also scrutinised by the North Wales Community Health Council.

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The Health Board works closely with six local authorities (Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham) on a programme of improvement as well as through day-to-day interactions and links with the Third Sector through service provision and support to patients and carers.

It was put into Special Measures (the highest level of Government oversight) between 2015 and 2020 due to a series of issues, including financial, governance and management concerns, growing waiting lists, and a challenging report into a mental health unit. Since November 2020, the Health Board has been in Targeted Intervention by Welsh Government (TI) across four areas. These are mental health (adults and children), strategy, planning and performance, leadership and engagement.

Prior to the COVID-19 pandemic, BCUHB had faced a range of challenges when delivering health care services to an aging population with increasingly complex healthcare needs across a large and diverse geographic area. This has not changed and is now compounded by a considerable backlog in planned care, increased demands on primary, community and acute hospital services, recruitment and IT infrastructure challenges.

More recently, Ysbyty Glan Clwyd (YGC) was added to Welsh Government's Targeted Intervention, the way care is delivered to patients on some vascular pathways is under review and the Health Board's 2021/22 annual accounts received a qualified opinion.

BCUHB has endured many challenges for many years, which has resulted in sustained negative media coverage. This has damaged the trust of the people of North Wales. As the only health organisation in North Wales it is in the constant spotlight for local media when it comes to health reporting and this has created a sense of relentless negative coverage even though independent media monitoring shows that there is significantly more positive or balanced coverage than negative.

BCUHB must rebuild credibility and trust with patients, workforce, public and stakeholders if it is to be successful in delivering its objectives, goals and vision.

A fresh approach to organising how it delivers care and services, combined with enabling strategies (such as the People Plan, IMTP and Quality Strategy), a clinical services strategy and single improvement methodology forms the foundation of the work now underway to transform Betsi Cadwaladr University Health Board into a high performing organisation that puts patients first and provides excellent care.

We will use this narrative as our basis for our work, expanding it into key messages that will inform our engagement and communications approach and shape our conversations with the people of North Wales.

We will be proactive and consistent in all our communications and engagement, promoting the Health Board as a provider of high quality health care services and an employer of choice. We will build on our approach to engagement, embedding a culture of continuous involvement and championing co-design as BCUHB's standard methodology. We will ensure that the views of our patients, public and partners shape the design of services and influence decision-making.

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We will develop and support new and existing relationships so that our partners are engaged and involved and bring about a deep understanding of the Health Board's commitment to deliver high quality safe care by keeping them informed about what is happening and involving them in decisions that affect them.

We will ensure our workforce has opportunities for two-way communication so that they are engaged in BCUHB's commitment to deliver high quality, safe care by building on our ways of engaging and communicating with them using their feedback to inform our approach.

About Partnerships, Engagement and Communications

The Partnerships, Engagement and Communication (PEC) Team manages the Health Board's day-to-day public affairs, public relations, internal and external communications, public engagement, media liaison and management, digital platforms and campaigns. It is a relatively new function with the public engagement and corporate communications teams combining with the public affairs and charity support teams in August 2021.

It is not responsible for the PALS service or formal patient complaints but the team works closely with colleagues in the Quality Team, led by the Executive Director of Nursing and Midwifery, where there are areas of day to day crossover, as well as opportunities to share key themes to inform the work of the team.

The joining up of the previously separate teams provides an opportunity for more effective engagement and communications by strategically approaching and developing relationships, co-ordinating and sharing insight and ensuring consistency in messaging and involvement activity.

The Awyr Las Charity reports into the Charitable Funds Committee and a separate strategy (2022-2027) to support the ambitions of the charity has been approved in principle. This strategy seeks to maximise public relations opportunities as the Awyr Las Charity strategy is implemented.

Statutory Framework for Partnerships, Engagement and Communications

We have a range of statutory duties that we must meet under the NHS (Wales) Act 2006. Most relevant to this strategy is Section 183 - our statutory duty to involve people, whether directly or through representatives, in:

- the planning of the provision of services,
- the development and consideration of proposals for changes in the way those services are provided, and
- decisions to be made by the Local Health Board affecting the operation of those services.

Sections 184 and 185 of NHSWA 2006 confer power on the Welsh Ministers to make regulations to provide for local authority overview and scrutiny committees in Wales

(or joint committees for the areas of two or more local authorities) to have a scrutiny role in relation to NHS matters in Wales. There are no relevant regulations in force in Wales in relation to this.

Other statutory duties relevant to this strategy are:

The Equalities Act 2010
Welsh Language (Wales) Measure 2011
More than just words Five Year Plan 2022 - 2027
The Social Services and Well Being (Wales) Act (2014)
The Health & Care Standards 2015
The Well-being of Future Generations (Wales) Act 2015
A Healthier Wales: Our Plan for Health and Social Care
Health and Social Care (Quality and Engagement) (Wales) Act 2020

In addition, the Welsh Language Standards are a set of statutory requirements which are relevant to the Health Board. They state clearly our responsibilities to provide bilingual services to patients, the public and staff. Legislation is supported by the delivery of the Active Offer principle as outlined within More than just words.

We also pay due regard to Guidance for Engagement and Consultation on Changes to Health Services and the National Principles for Public Engagement in Wales.

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Section 2: Partnerships, Engagement and Communications Objectives

The overarching aim of this strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.

We have developed a set of objectives to help achieve this:

- Develop continuous and meaningful engagement with patients, the public and carers.
- Nurture new and existing relationships to enable partners to be engaged and involved.
- Bring about a deep understanding of the Health Board's vision, values and objectives.
- Develop the brand and reputation of the Health Board through proactive and reactive media and partner management and effective engagement.
- Ensure our workforce has opportunities for two-way communication.
- Ensure the Health Board plays an active role in its local communities.
- Ensure Welsh language needs are considered at every opportunity.

We will do this by:

- Rebuilding credibility and trust in Betsi Cadwaladr University Health Board.
- Promoting the Health Board as a provider of high quality health care services and an employer of choice.
- Being proactive and consistent in all our communications and engagement.
- Engaging patients, the public and partners, in their language of choice, and ensuring their views are reflected in our decisions, using the principle of co-design in all our work
- Raising awareness and understanding of health and wellbeing to improve health and change behaviour where needed.
- Embedding a culture of continuous engagement in the organisation by improving the engagement capability of staff.

We will ensure consistent messages flow through all engagements and all communications channels. Those common messages will include:

- We aim to be a high performing organisation that puts patients first and provides excellent care.
- We are a large, complex organisation and our teams work hard every day to provide high quality services for the people of North Wales.
- We are on a journey of improvement and are making good progress in some areas. We know that we have more to do and are determined to speed up the pace of change and deliver high quality services.
- We have recently introduced a new way of working to improve how we deliver integrated services for patients across North Wales.

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- We work closely with our staff, partners and communities across the region to shape and deliver our services.
- We are committed to delivering services in Welsh in line with the Active Offer principle.

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Section 3: Partnerships, Engagement and Communication Insights

Gathering insight is a key principle of this strategy and shapes our direction and actions. We are continually gathering insight through our conversations, feedback and monitoring systems and we will use this to ensure a co-ordinated approach.

Insight that informs this strategy includes:

- Feedback from engaging with the public on our Living Healthier, Staying Well strategy and Clinical Services strategy.
- BCUHB stakeholder survey.
- Staff survey (communications preferences).
- Routine monitoring of the outputs from the PEC function (e.g. intranet, website, print, broadcast and social media).
- Dialogue and correspondence from Members of the Senedd and Members of Parliament.
- Our partnerships, groups and networks such as the Stakeholder Reference Group, Engagement Practitioner Forums, North Wales Cancer Forum, North Wales Community Health Council.
- Service improvement engagement programmes such as end of life care, nuclear medicine, managed practices.
- High footfall public events such as Anglesey Show, Denbigh and Flintshire Show, Eisteddfod.
- Views from stakeholders regarding new services, including capital programmes
- Surveys such as *Covid Conversations*, Outpatients, GP patient surveys, digital consultations.
- Collaboration with groups representing Minority Ethnic Communities and seldom heard groups such as the North East Wales Chinese Women's Association, North Wales Africa Society and refugees, the traveller community and the homeless.
- Third Sector engagement forums.
- Key themes as identified in complaints, concerns and compliments received by BCUHB.

Key insights that inform our work include:

The main feedback received through our engagement often highlights positive support for our clinical staff, and this was particularly true during the COVID-19 pandemic. There are however, issues regularly raised by the public, patients, staff and partners. The key themes and areas are:

- The ability of the Health Board to deliver on its strategic intentions.
- Access to health services, including geographically and waiting times (primary care, planned care etc).
- The challenges of recruitment and retention of our workforce.
- Patient involvement, including listening to patients, involvement of decisions about their care and wider participation in service improvements.

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- Communication and listening, including more joined-up communications between services and information to patients.
- Partnership working, including continued collaboration, new ways of working and maintaining the momentum.
- Co-ordinated care for patients.
- Prevention, including a focus on mental health, education and maintaining health and wellbeing.

The feedback we have received indicates that people are keen to see delivery of improvements to health services in North Wales, and there is an appetite from the public, patients, staff and partners for it to move quickly from a position of strategic intentions to detailed implementation and tangible actions.

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Section 4: Our principles

Our Principles for Engagement

1. Transparent
    - We will be open and transparent in order to build a trusting environment.

2. Empowering
    - We will ensure the public feel able to influence our services and their own health and wellbeing.

3. Co-design
    - We will co-design services, plans and strategies with patients, the public and our partners

4. Creative
    - We will adapt what we do to different audiences.
    - We will use technology and innovation wherever appropriate.

5. Accessible
    - We will go to people rather than expect them to come to us.

6. Inclusive
    - We will give everyone the opportunity to participate.
    - We will ensure we involve seldom heard communities.
    - We will engage with people in their language of choice.

7. Continuous
    - We will foster ongoing meaningful engagement with communities and stakeholders in the planning and design of language appropriate care and services.

Our Principles for Communications

1. Clear, consistent and timely
    - We will use clear language (avoiding jargon and acronyms) and explain the reasons for what we do.
    - We will meet our statutory duties in the Welsh Language Standards, providing bilingual communications to patients, the public and staff.
    - We will respond to requests for information promptly and fully.
    - We will make sure we share messages in a timely way to suit the needs of our stakeholders.

2. Open, honest and accurate
    - We will be open and say sorry when we make mistakes.
    - We will check our facts and use credible sources.
    - We will build credibility and trust through the sharing of achievements and organisational successes.

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3. Two way
    - We will encourage feedback.
    - We will promote our commitment to being a listening and learning organisation.
    - We will use channels that make it easier for our audiences to engage with us.

4. Targeted and relevant
    - We will ensure we reach the right audiences.
    - We will ensure our communications are accessible to our intended recipients.
    - We will be mindful of the diversity within our communities.

5. Planned and professional
    - We will ensure our work supports the Board's strategic objectives and those of our partners whenever we can.
    - We will work with partners to plan and co-ordinate communications.
    - We will ensure the PEC team has the appropriate resource, skills and expertise to deliver.

6. Channels (our ways of communicating) that are appropriate
    - We will routinely review the use of our channels to determine their effectiveness.
    - We will innovate and adapt new technologies as appropriate.

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Section 5: Implementing the Strategy

The following sections set out the approach to delivering the partnerships, engagement and communications strategy:

- Public communication and engagement
- Workforce communication and engagement
- Public affairs and partnerships
- External communications and reputation management
    - Media relations
    - Digital communications
    - Crisis communications
    - Joined-up working

Public communication and engagement

We need to involve, engage and communicate with patients and the public to listen and act on what they tell us so that they can co-design and influence care and services. We also need to hear from them in order to help shape our strategic direction. This section summarises our approach.

Continual and open dialogue builds a culture of transparency and trust. Our philosophy is to have a routine programme of engagement alongside mechanisms that enables the public to have a tangible input into strategic decision-making.

Being open about the challenges facing the NHS and working with Planning and Strategy colleagues involving local people, staff and partners in identifying solutions is fundamental if we want to provide high quality, safe and sustainable health care that meet our community's needs now and into the future.

Our engagement work follows a cycle of listening, analysing, checking our understanding, considering the options, implementing the agreed approach and evaluation. This helps us to work with patients, carers and the public to transform and improve services so that patients receive better-integrated services, high quality care, language choice and a better experience.

We are committed to seeking views at an early stage and feeding back to people who contribute to conversations and surveys.

Co-design as standard

Wherever possible, we will co-design with patients, the public, our workforce and partners. Through our continuous engagement approach, we will initiate conversations about challenging issues at an early stage and seek to find solutions together to service challenges so that we can co-design and co-produce improvements.

We want to explore and understand from our patients, the public and partners what 'good' will look like for them and what the health and wellbeing outcomes will be.

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NHS services are for everyone and we want to be sure that people with different physical, mental health, social, cultural or learning needs are included in our conversations. It is vital that improvements the Health Board seeks to make improve the lives of the people of North Wales.

Targeted Improvement

As part of the Targeted Improvement work, we have concentrated efforts to join-up engagement work across the organisation so that we are maximising opportunities to listen and provide timely, proactive and targeted information that shows feedback is being used. By working with colleagues across BCUHB, we are demonstrating significant progress towards continuous and embedded engagement with initiatives such as 'engagement toolkits' and auditing engagement across the organisation to develop an action plan to address the gaps.

We will continue to provide opportunities for people to get involved, including surveys and drop-ins, involvement of service users, patients and interest groups. We will also explore opportunities for people to get involved through a refreshed public involvement scheme and encourage people to sign up to opportunities to get involved with the Health Board and shape its services.

We will produce surveys with questions that are carefully thought through which enable participants to meaningfully engage.

Inclusive and connected

To ensure communities can be involved we will take account of the geographical challenges and diversity of our local areas and tailor our approach to ensure meaningful engagement. Our approach will be mindful not to impose engagement activity on communities without first considering opportunities to link into existing partner networks and groups, who all have a wealth of local knowledge. Our Integrated Health Communities (IHCs), which form the core of the Health Board's new Operating Model and which was launched in August 2022, are well placed to identify local and corporate priorities for engagement and communication and we will work alongside them to deliver these.

To ensure we are co-ordinating and maximising resources, we will work with colleagues in planning, transformation, and public health and in the IHCs to develop an annual programme of activity that is updated quarterly. In addition, we will introduce a new template (We Said, We Did) for all programmes of work that have been informed by engagement.

Over the next year, we will build on our engagement framework by co-creating a refreshed version with patients, the public and partners.

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Workforce communication and engagement

Workforce communication and engagement is a responsibility for all staff and is critical if we are to deliver the Health Board's vision and aims.

The combination of the continued pressures on the workforce and a significant transformation programme alongside the introduction of a new Operating Model in August 2022 means staff communication and engagement has never been more important.

Fundamental resources to support good internal communication are already in place, following the redevelopment of the intranet, the requirement for all staff to have a regular appraisal (PADR), a programme to increase the visibility of leaders through initiatives such as the introduction and development of small-group engagement events such as conversations with the Chief Executive and Ask the Panel sessions. In addition, the Staff Recognition Awards are an established annual event which encourage staff to recognise and nominate colleagues for their outstanding contribution.

Some of these initiatives are from the Stronger Together programme following widespread engagement with staff and there are plans in place to deliver more actions from the programme. These include co-designing a compact around values and behaviours, , re-introducing Team Brief and developing toolkits to support line managers with engagement and communications. The Organisational Development (OD) team leads on these initiatives and is supported by the PEC team to deliver them.

Changes to internal communication processes were made following a 2017 audit comprising feedback from more than 1,400 members of staff. Changes included:

- Introduction of a robust process to quantify the use of all user emails and set our expectations on their use.
- Procurement of a third-party app to support staff with poor access to BCUHB ICT systems.
- Increasingly moving to digital format for news distribution, but noting that printed documents are needed in some situations.
- Focus on developing bilingual content which improves morale, engages staff and helps staff feel informed.

Recovery from the disruption caused by COVID-19 provides us with an opportunity to re-review these findings in light of the different way the organisation now works. This audit is currently taking place, with key themes starting to develop.

We will use the feedback as part of work to continue improvements and innovations within staff communications. Broad targets and areas for improvement include:

- Focus on improving communication channels for staff who do not have routine access to BCUHB devices as part of their working day.
- Further develop analytics and data collection to evidence communications activities focussed at BCUHB staff.

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- Continue to look at developing two-way communication systems and support a culture of engagement and co-production, moving away from the broadcast-orientated practices.

However, there must also be recognition that staff engagement and communications is a two way process and everyone must recognise their responsibility to engage and communicate within and across their teams and beyond to the broader organisation when appropriate.

Public affairs and partnerships

Engaging with our stakeholders is vital if we are to strengthen our relationships with them. We need to understand the needs and motivations of all of our stakeholder groups and within this context explain the challenges and successes of the Health Board. We will counter misinformation with facts and statistics and explore opportunities that mutually benefit stakeholders and the Health Board.

Our key stakeholders include Members of the Senedd (MS) and MPs, Welsh Government, local authority political leaders and Chief Executives, and members of pan North Wales groups such as the Regional Partnership Board and Public Service Boards.

We have recently strengthened our focus on improving partner relationships and are starting to build stronger and more positive relationships with MSs, MPs, their staff and community representatives. A weekly political and partner bulletin has been introduced and a schedule of quarterly meetings with all MS and MPs in North Wales is in place.

During the coming months and years, we will scale up this approach with our other key partners. For example, we will attend Local Authority Committee meetings, the Regional Partnership Board, set up face to face meetings with our Stakeholder Reference Group members and Third Sector organisations which have a particular interest and work closely with BCUHB.

Maintaining regular face-to-face meetings, developing our formal and informal channels and providing opportunities to see facilities, talk with staff and patients are essential components of the forward work programme.

External communications and reputation management

Patients' confidence and satisfaction is driven by their lived experience of healthcare either as a patient or as carer, from friends and family, or from what they read and hear in the media. The more they know, the more informed they will be about accessing services and the information and advice they receive.

BCUHB's reputation is built upon these experiences and understanding and while much of the direct contacts with healthcare are outside the scope of the PEC team, we do have a role in shaping perceptions and managing expectations, particularly in the media and with partners.

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External communications are an essential part of making sure the Health Board protects and enhances its reputation. Our external communications are often the first impression the majority of people have of our organisation.

External communications activities make sure that the messages and information are delivered to the right people, at the right time. Our communications tools and activities will support and assure people about the safety and quality of our services.

This strategy aims to develop and protect the BCUHB brand through proactive and reactive media relations, digital communications and a joined-up approach with the public affairs, engagement and charity support teams.

Media relations

As an NHS organisation, we are accountable to the public and need to work with the media to explain our role and be accountable. We also need the media - it is a valuable way of reaching people, raising awareness and encouraging healthier lifestyles. For this reason alone, it is crucial that good media relations form one of the core principles of our communications and engagement strategy.

The media are both an audience and a communications vehicle with the capacity to bolster or damage a reputation. By working on a basis of mutual professional respect, we need to continue to build our relationship of trust with the media; not only feeding a steady stream of positive news stories but also, owning up to mistakes if things have gone wrong.

This is achieved by working with the media, responding quickly to media enquiries, getting back to journalists when we say we will. It is about going the extra mile to help a journalist with their inquiry by finding an answer to a question or a spokesperson to make a comment on an issue or topic.

We already have excellent working relationships with our local and national media that have been developed by the communications team over many years. We delivered a focus on Health Board's pandemic response in the media, whilst keeping staff and patients safe and following the stringent infection prevention and control guidelines.

Over the past three years enquiries and requests for interviews and filming has continued to increase significantly. For example, in 2019 the Health Board managed 271 media enquiries, which increased by 207 per cent to 833 in 2021. The majority of this media coverage has been positive, which is a result of the proactive and positive news stories the team has generated that focus on the work being carried out by our staff across North Wales.

By continuing to work closely with our local and national media colleagues, we will continue to promote the Health Board. We will work with the media to explain how our primary, community and hospital services work and the transformational service change we are seeking to deliver. We can also manage difficult stories more effectively. We will work with our staff to prepare proactively for any potential media stories.

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Digital communication

Digital communication plays a major part in the promotion and management of the Health Board's reputation. It is a source of information for patients, public, staff, stakeholders and potential employees.

During the pandemic, the need for effective two-way communication became a fundamental part of the response to the virus and we saw unprecedented levels of demand for, and engagement with our digital platforms.

The rapid growth of social media, the routine use of smartphones and the shift towards an "always on" culture of communication have all further stretched the capacity and capability of NHS communicators working in what was an already high profile, politically sensitive and volatile environment.

The rise of citizen journalists, bloggers and other opinion formers operating outside the framework of traditional media activity has added a further element of complexity.

In addition, increasing familiarity with social media has empowered patients, visitors, staff and volunteers to share their stories, in real time, on their experiences of being cared for or working in our hospitals, for better or worse.

This means we now manage many of our relationships with stakeholders in the public domain and these interactions must be managed carefully. There is potential for this 'frontline customer' offer to be considered as part of wider discussions on improving patient and public first contact services and we welcome both this prospect and the opportunity to discuss the resource to shape an improved offer to patients and the public.

Social media has also become a key part of proactive and reactive functions helping to strengthen relationships with stakeholders, transform the media landscape and support the organisation in a crisis.

We increasingly deliver information in a timelier and more targeted way through our own platforms and are directly reaching our intended audiences. The Health Board's website is an example of a platform that is widely promoted and receives a significant volume of traffic. In turn, this gives us more control over our own content without reducing the coverage it generates.

A key insight from our public perceptions survey during the pandemic was that we needed to tailor our digital communications towards smaller communities. We are now creating tailored content and new opportunities on social media to do this which we expect to translate into more meaningful engagement and an increase in our reach.

By using monitoring tools, we are continually improving how we work across our digital platforms and exploring new ways of reaching and engaging with online audiences.

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Crisis communications

Pre-empting, handling crises successfully, and minimising risk to the organisation through negative media coverage is a key part of effective communications management across North Wales

During the COVID-19 pandemic, BCUHB demonstrated its ability to operate in a sustained period of crisis. There was learning from the experience and we will continue to use learning to enhance our crisis communications.

We have a duty to communicate well with the public during a crisis so that they are well informed and able to respond to an emergency, and therefore to minimise the impact of this on all NHS services.

We have an experienced communications team who can deliver communications support in an emergency when required. We also have a robust approach to connecting with the gold command director on call arrangement for out of hours communications.

We are a key partner in the North Wales Media Cell that has a specific focus on how health would communicate in a crisis. We have written guidelines about how we will communicate in a crisis or major incident.

Reputational risks will be pre-empted where possible and a clear line of communications established for handling crisis situations when they do occur.

Joined-up approach

In August 2021, the public engagement and corporate communications teams joined forces with the public affairs and charity teams to become the Partnerships, Engagement and Communications function. The newly formed team has brought together expertise into one directorate to co-ordinate efforts to listen, understand and act on feedback from the public and partners.

This joined-up approach helps to develop and protect the Health Board's reputation by co-ordinating an open, honest and timely approach to communicating and engaging with its stakeholders.

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Section 6: Outcomes from this Strategy

The outcomes we expect are:

- Demonstrable improvement in stakeholder relationships as measured in the annual stakeholder survey.
- Ongoing improvement in the reputation management of BCUHB, as measured in print, social and broadcast media reporting and analysis.
- Continued improvement in the Targeted Improvement Maturity Matrix Engagement domain, as measured by the evidence submitted.
- Stronger relationships with the offices of the Members of the Senedd, Members of Parliament and Local Authorities, as measured in a public affairs survey.
- More opportunities for the people of North Wales to be involved in co-designing services and shaping plans and strategies, as measured in our refreshed involvement framework, service transformation plans and refreshed public involvement scheme.
- Continued improvement to our communications channels, as measured by our response to feedback from patients, the public, staff and partners.
- Strong team working in the PEC function, as measured in the team's objectives

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Section 7: Budget and resources

The partnerships, engagement and communications team has lead responsibility for delivering this strategy with the support and endorsement of the Chief Executive, Health Board and its executive management team, alongside the involvement of individuals and teams across the organisation.

As a corporate resource, the partnerships, engagement and communications team delivers engagement and communications activities, advice and guidance across all corporate departments and clinical divisions, and the whole organisation, and will continue to manage the conflicting demands and pressures and the impact this has on delivery of engagement and communications activities that this presents.

The effective implementation of this strategy will require financial resources. There is currently an identified budget to deliver partnerships, engagement and communications activity on an annual basis. Alongside this, opportunities for additional sources of resource will always be explored on a project specific basis.

The team will also seek to secure sponsorship for specific projects where possible, for example the annual staff awards ceremony.

The Director of Partnerships, Engagement and Communications, who is a non-voting member of the Health Board, leads partnerships, engagement and communications.

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Section 8: Evaluation

Evaluation and review of this strategy will be on going. We have a range of sources that give us a baseline of what the public, workforce and partners think and how our channels are performing, e.g., stakeholder, public and workforce surveys and website and social, print and broadcast monitoring. These allow us to monitor the effectiveness of channels and products and make changes and adjustments as and when necessary.

We will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.

We will continuously review and analyse our performance using various sources, outlined below.

- All media coverage
- Analysis of BCUHB website – unique visitors, number of visits, page hits, interaction and responses
- Feedback from our interactions with the public
- Social media interaction, e.g., number of Twitter followers and mentions, and Facebook likes and comments
- Changes to care and services as a result of our insight gathering – we will track the impact of patient and public voices in our service development/transformation work
- Involving seldom heard groups – we will track who we are talking with and listening to by project, campaign and engagement activity
- Analysis of MS and MP correspondence trends
- Analysis of patient advice and liaison service enquiries (PALS)
- Analysis of complaints and compliments trends
- Feedback from advocacy groups, such as the North Wales Community Health Council
- Feedback from our stakeholder survey
- Feedback from our internal communications surveys
- Our own media evaluation and reporting

We will review our progress against the objectives set out in this strategy on a monthly basis and make any amendments to the action plan and tactics as required.

Progress against this strategy will be reported to the Health Board on a six-monthly basis or as requested by the Board.

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Appendix 1

Implementation Plan

This Implementation Plan provides more detail on how we will achieve our objectives. We will continually monitor our activity and regularly update the plan to reflect the progress made against each of the actions.

We will update the plan using the following key:

Not started	Ongoing monitoring	Complete	In progress	Overdue

Objective 1: Develop the brand and reputation of the Health Board through proactive and reactive media and partner management and effective engagement so that patients, the public and partners see BCUHB as an effective and response organization that provides high quality, safe healthcare services.

Objective 4: Bring about deep understanding of the Health Board's vision, values and objectives to support patient care, staff wellbeing and the efficient use of resources.

Action	Lead	By when / collaboration needed?	Status
Generate at least two proactive news stories every week to raise awareness, influence behaviour and celebrate the success of our staff and services through a range of internal and external communications channels.	Assistant Director Corporate Communications and Public Engagement	Ongoing Monthly review of outputs with quarterly analysis	

Stories are generated via our three press and communications officers in each Integrated Healthcare Community and our forward planner ensures the approach is co-ordinated and evenly distributed across the areas.			
Provide an effective press office function to ensure a timely, professional response to media enquiries, coverage and challenge public criticism where appropriate.	Assistant Director Corporate Communications and Public Engagement	Ongoing Daily updates on activity and weekly and annual analysis of coverage	
Set up a forward planner of planned PEC activity Ensure planner is regularly updated to inform wider planning	Director of Partnerships, Engagement and Communications	Complete Ongoing	
Develop tailored communications and engagement plans for key areas of focus, eg Ysbty Glan Clwyd improvement work, vascular services, mental health and learning disabilities, primary care, regional treatment centres	Assistant Director Corporate Communications and Public Engagement Executive Directors	Ongoing Governance of plans, progress and assurance will be done with relevant executive or programme leads	
Develop and maintain a schedule of quarterly face-to-face meetings with all MS and MPs	Assistant Director Public Affairs and Partnerships	Ongoing Quarterly analysis of themes and trends	

Attend Local Authority key committee meetings, Regional Partnership Board and building into the Public Affairs annual schedule	Assistant Director Public Affairs and Partnerships	Ongoing Bi-annual analysis of themes and trends	
Provide verbal and written updates to MS and MPs on cases raised, aiming to reduce the backlog in cases by December 2022	Assistant Director Public Affairs and Partnerships	Ongoing Quarterly analysis of themes and trends	
Arrange visits for MS and MPs to see improvements and new initiatives	Assistant Director Public Affairs and Partnerships	Ongoing Annual forward plan and quarterly review of visits	
Provide a weekly bulletin for politicians and partners Improve content and style of the bulletin based on feedback	Assistant Director Public Affairs and Partnerships	Ongoing Annually, first review by December 2022	
Undertake an annual stakeholder perceptions survey	Assistant Director Public Affairs and Partnerships	By January 2023 And then annually	
Set up face to face meetings with our Stakeholder Reference Group members and Third Sector organisations which have a particular interest and work closely with BCUHB.	Assistant Director Public Affairs and Partnerships	From January 2023	
Ensure comments and enquiries through social media channels are answered in a timely and appropriate way, correcting factual inaccuracies through signposting	Assistant Director Corporate Communications and Public Engagement	Ongoing Monthly analysis	

Review and update the media guidance for staff	Assistant Director Corporate Communications and Public Engagement	By March 2023	
Audit social media accounts affliated to BCUHB. Advise of guidance and protocols for staff using social media	Assistant Director Corporate Communications and Public Engagement	By December 2022	
Increase the reach and engagement through our social media channels by increasing the number of followers we have on Facebook, Twitter and Instagram by 10%	Assistant Director Corporate Communications and Public Engagement	By March 2023	
Investigate, develop and launch new platforms to reach different audiences for examples community channels and Snapchat	Assistant Director Corporate Communications and Public Engagement	By March 2023	
Develop the use of digital communities	Assistant Director Corporate Communications and Public Engagement	Throughout 2022 to 2025 Annual analysis	

Objective 2: Develop continuous and meaningful engagement with patients, the public and carers, offering a range of mechanisms for two-way conversations that shape the design of services and influence decision-making.

Objective 6: Ensure the Health Board plays an active role in its local communities by leading debate about health, healthcare services and wellbeing; and co-designing services and the strategy for healthcare in North Wales to improve health and wellbeing.			
Action	**Lead**	**By when / collaboration needed?**	**Status**
Develop an annual programme of engagement activity	Assistant Director Corporate Communications and Public Engagement Director of Transformation, Strategic Planning and Commissioning Director of Nursing and Midwifery	Plan to be developed by December 2022 Quarterly review Collaboration with colleagues in planning, transformation, public health and Integrated Health Communities	
Support service transformation programmes with tailored engagement plans	Assistant Director Corporate Communications and Public Engagement Director of Transformation, Strategic Planning and Commissioning	Ongoing Governance of engagement plan progress and assurance will be done through service change task groups, PPPH Committee	

Introduce a *We Said, We Said* template for use in all programmes of work that have been informed by engagement	Assistant Director Corporate Communications and Public Engagement Director of Nursing and Midwifery Director of Workforce and Organisational Development Director of Transformation, Strategic Planning and Commissioning	From December 2022 Annual Review	
Continue to develop engagement toolkits for staff	Assistant Director Corporate Communications and Public Engagement Director of Nursing and Midwifery	Quarterly Review	
Establish a library of good practice for engagement on BetsiNet	Assistant Director Corporate Communications	During 2023/24	

	and Public Engagement Director of Nursing and Midwifery		
Develop a training programme aimed at awareness raising and embedding a culture of engagement	Assistant Director Corporate Communications and Public Engagement	During 2023/24	
Review the organisational engagement approach and explore opportunities for people to get involved through a refreshed public involvement scheme Establish an oversight group to co-ordinate the embedding of engagement across the Health Board (in support of TI approach)	Director of Partnerships, Engagement and Communications Director of Workforce and Organisational Development Director of Nursing and Midwifery Director of Transformation, Strategic Planning and Commissioning	Review completed by March 2023 Actions from the review to be planned into 2023/24 and 2024/25 activity Collaboration with Patient Experience Team, Staff Engagement (OD team), Planning and Public Engagement Teams	
Refresh our Public Engagement Strategic Framework through co-design	Assistant Director Corporate Communications	During 2023/24	

	and Public Engagement		
Develop an annual schedule of health campaigns that we will lead on and those that we contribute to	Assistant Director Corporate Communications and Public Engagement Director of Public Health	Each April Annual analysis	
Promote priorities as set out in the Director of Public Health's annual report	Assistant Director Corporate Communications and Public Engagement Director of Public Health	Ongoing DPH Report yet to be published for 2021/22 Collaboration with Public Health Team	

Objective 3: Nurture new and existing relationships to enable partners to be engaged and involved in delivering care and shaping future arrangements.

Action	Lead	By when / collaboration needed?	Status
Map partner relationship owners and build a partnership support programme	Assistant Director Public Affairs and Partnerships Executive Directors	By December 2022 Collaboration with Executive Directors, Integrated Healthcare Community Directors	

	Integrated Healthcare Community Directors		
Meet with the new Integrated Health Community Directors and set up ways of working that support area needs	Director of Partnerships, Engagement and Communications Integrated Healthcare Community Directors	By December 2022 Bi-annual review	
Develop and manage a central database of MS and MPs	Assistant Director Public Affairs and Partnerships	By October 2022 Review annually	

Objective 5: Ensure our workforce has opportunities for two-way communications so that they are engaged in the Health Board's commitment to deliver high quality safe care, by keeping them informed about it happening and involving them in the decisions that affect them.

Action	Lead	By when / collaboration needed?	Status
Carry out internal communications audit of staff communications to help shape the future of communications, including how we deliver messages, how we can listen to views, and what type of communications staff prefer	Assistant Director of Corporate Communications	By October 2022	

	and Public Engagement Director of Workforce and Organisational Development		
Raise staff awareness of what is happening and how they can be involved through routine channels: • Chair/CEO weekly bulletin • Weekly bulletin • Team Brief (see below)	Assistant Director of Corporate Communications and Public Engagement Director of Workforce and Organisational Development	Ongoing Internal comms audit will inform improvements	
Manage the annual Staff Achievement Awards, including securing sponsorship for the event, organizing, promoting and managing the event	Assistant Director of Corporate Communications and Public Engagement Director of Workforce and Organisational Development	From March to October 2022 Event on 21 October 2022 Collaboration with the OD Team	
Raise awareness across our sites of our organisational values	Assistant Director of Corporate Communications and Public Engagement	By November 2022	

	Director of Workforce and Organisational Development		
Support the Ysbty Glan Clwyd Targeted Improvement work with tailored partnerships, engagement and communications work	Director of Partnerships, Engagement and Communications Deputy CEO/Director of Integrated Clinical Services	Ongoing Tailored communications plans are monitored monthly as part of the TI process (links to Objective 1)	
Develop an organisational Team Brief to follow Board meetings	Assistant Director of Corporate Communications and Public Engagement Director of Workforce and Organisational Development	By December 2022 Collaboration with OD Team to support the cascade process	
Improve communications channels for staff who do not have routine access to BCUHB devices	Assistant Director of Corporate Communications and Public Engagement	Review by December 2022 Implementation of solutions during 2023/24	
Improve analytics and data collection to evidence communications activities for staff	Assistant Director of Corporate	Ongoing	

	Communications and Public Engagement Director of Digital, Data and Technology	Quarterly analysis Collaboration with Director of Digital, Data and Technology	
Further develop two-way communication systems to support a culture of engagement and co-production	Assistant Director of Corporate Communications and Public Engagement Director of Workforce and Organisational Development	Ongoing Work to be informed by outcome of 2022 internal comms audit, solutions worked up by March 2023 and implemented 2022-25	

Appendix 2

Stakeholder Analysis

As an organisation we engage with a broad range of stakeholder groups to support the Health Board to achieve its ambitions. Each stakeholder group will have its own level of interest in the Health Board's plans and ambitions and varying influence over its ability to achieve them. We need to understand those stakeholder groups and ensure they are managed effectively.

The level of interest and influence for all stakeholders can change depending on circumstances at the time, such as a proposed change to hospital services – but broadly this analysis provides an overview of BCU's stakeholders and how key people and teams within the Health Board, in addition to the Partnerships, Engagement and Communications Team, engages with them.

This analysis uses

Stakeholder groups

- General public
- Service users and carers
- Staff
- Primary Care
- Media
- Local Authorities
- Town and Community Councils
- MSs
- MPs
- North Wales Community Health Council
- Welsh Government
- NHS partners (such as the Welsh Ambulance Services Trust)
- Corporate stakeholders (such as the North Wales Police and North Wales Fire and Rescue, Natural Resources Wales)
- Third Sector (such as County Voluntary Councils, condition specific networks and individual organisations – contracted and non-contracted)
- Private sector
- Strategic partners
- Seldom heard groups
- Social economic disadvantaged communities

Stakeholder mapping

Regularly reviewing the needs and interests of our stakeholders will ensure we determine how best to involve and communicate with them at a given point in time. These stakeholder groups broadly fit into four different groups:

- High interest and high influence (manage closely)
- High interest and low influence (keep informed)
- Low interest and high influence (keep satisfied)
- Low interest and low influence (monitor)

Stakeholder engagement

We use a range of different channels to engage with our stakeholders. The level of engagement with any stakeholder group can change depending on circumstances, but the table below outlines the established channels we have.

Stakeholder Engagement Groups and Channels		
Stakeholder Group	**Channels**	**Lead(s)**
Public	• Website • Social Media • Newsletters • Supporting Materials (e.g. posters, banner stands, and leaflets) • Public Events • Public Survey • Virtual Q&A Sessions	Corporate Communications Team Public Engagement Team
Service Users and carers	• Day to day interactions • Website • Social Media • Newsletters • Public Survey • Supporting Materials (e.g. posters, banner stands, and leaflets)	BCUHB staff Corporate Communications Team Patient Experiece Team
Staff	• Day to day interactions • Website • Betsinet • Staff App • Social Media • Newsletters • Staff Updates (including Chair/CEO message) • Corporate Bulletin • Staff Briefings • Executive Visits • Supporting Materials (e.g. posters, banner stands, and leaflets)	Executive Directors Integrated Health Community Directors Service Managers Corporate Communications Team Organisational Development Team
Primary Care	• Website • Betsinet • Briefings via Primary Care Contracting Team • Supporting Materials (e.g. posters, banner stands, and leaflets)	Primary Care Contracting Team Corporate Communications Team

Media	• Website • Social Media • Press Releases • Filming / Interviews	Corporate Communications Team
Local Authorities	• Direct Briefings / Meetings • Partner Briefings • North Wales Media Cell meetings / briefings • Practitioner Forums • Council Meetings	Executive Directors Integrated Health Community Directors Planning Team Public Affairs Team Corporate Communications Team Public Engagement Team
Members of the Senedd	• Partner Briefings • Direct Briefings / Meetings • Social Media • Weekly Communications Update	Executive Directors Integrated Health Community Directors Public Affairs Team Corporate Communications Team
Members of Parliament	• Partner Briefings • Direct Briefings / Meetings • Social Media	Executive Directors Integrated Health Community Directors Public Affairs Team Corporate Communications Team
Community Health Council	• Partner Briefings • Direct Briefings / Meetings	Executive Directors Integrated Health Community Directors Planning Team

		Public Affairs Team
Welsh Government	• Direct Briefings / Meetings Weekly Communications Meeting (national) • Weekly Communications Update • Forward Planner • Partner Briefings	Executive Directors Integrated Health Community Directors Corporate Communications Team
NHS Partners	• Direct Briefings / Meetings • Weekly Communications Meeting (national) • Weekly Communications Update	Executive Directors Integrated Health Community Directors Corporate Communications Team
Corporate Stakeholders	• Direct Briefings / Meetings • Website • Social Media • Introduction letter / email • Engagement sessions	Executive Directors Integrated Health Community Directors Corporate Communications Team Public Engagement Team
Third Sector	• Direct Briefings / Meetings • Stakeholder Email • Living Healthier Staying Well Engagement Sessions • Website • Social Media • Public Survey	Executive Directors Integrated Health Community Directors Public Engagement Team Corporate Communications Team
Private Sector	• Direct Briefings / Meetings • Website • Social Media • Stakeholder Email	Executive Directors Integrated Health Community Directors

		Corporate Communications Team Public Engagement Team
Strategic Partners	• Direct Briefings / Meetings • Website • Social Media • Engagement Practitioner Forums • Engagment Sessions	Executive Directors Integrated Health Community Directors Corporate Communications Team Public Engagement Team
Seldom Heard Groups	• Website • Social Media • Stakeholder Email • Engagement Sessions • Public Survey	Corporate Communications Team Public Engagement Team Equalities Team
Social Economic Disadvantaged Communities	• Website • Social Media • Stakeholder Email • Engagement Sessions • Public Survey	Corporate Communications Team Public Engagement Team Equalities Team

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

IT FORMS

PARTS A (Screening – Forms 1-4) and

B (Key Findings and Actions – Form 5)

For:	*Partnerships, Engagement and Communications Strategy*
Date form completed:	*1st September 2022*

PARTS A: SCREENING and B:

KEY FINDINGS AND ACTIONS

Introduction:

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

Remember, the term 'policy' is used in a very broad sense to include "..all the ways in which an organisation carries out its business" so can include any or all of the above.

Assessing Impact

As part of the preparation for your assessment of impact, consideration should be given to the questions below.

You should also be prepared to consider whether there are possible impacts for subsections of different protected characteristic groups. For example, when considering disability, a visually impaired person will have a completely different experience than a person with a mental health issue.

It is increasingly recognised that discrimination can occur on the basis of more than one ground. People have multiple identities; we all have an age, a gender, a sexual orientation, a belief system and an ethnicity; many people have a religion and / or an impairment as well. The experience of black women, and the barriers they face, will be different to those a white woman faces. The elements of identity cannot be separated because they are not lived or experienced as separate. Think about:-

- ✓ How does your policy or proposal promote equality for people with protected characteristics (Please see the General Equality Duties)?
- ✓ What are the possible negative impacts on people in protected groups and those living in low-income households and how will you put things in place to reduce or remove these?
- ✓ What barriers, if any, do people who share protected characteristics face as a result of your policy or proposal? Can these barriers be reduced or removed?
- ✓ Consider sharing your EqIA wider within BCUHB (and beyond), e.g. ask colleagues to consider unintended impacts.
- ✓ How have you/will you use the information you have obtained from any research or other sources to identify potential (positive or negative) impacts?

Part A Form 1: Preparation

Please answer all questions

1.	What are you assessing i.e. what is the title of the document you are writing or the service review you are undertaking?	*Partnerships, Engagement and Communications Strategy*
2.	Provide a brief description, including the aims and objectives of what you are assessing.	*The overarching aim of the strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.*
3.	Who is responsible for whatever you are assessing – i.e. who has the authority to agree or approve any changes you identify are necessary?	*Helen Stevens Jones, Director of Partnerships, Engagement and Communications*
4.	Is the Policy related to, or influenced by, other Policies or areas of work?	*The strategy sits alongside and is informed by other Health Board strategies, including Living Healthier, Staying Well, the Integrated Medium Term Plan, People Strategy and Plan, Clinical Services Strategy and Quality Strategy.*
5.	Who are the key Stakeholders i.e. who will be affected by your document or proposals? Has a plan for engagement been agreed?	*The key stakeholders are patients, the public, staff and partners.*
6.	What might help or hinder the success of whatever you are doing, for example communication, training etc.?	*The delivery of this strategy will be led by the Partnerships, Engagement and Communications team but also offers opportunities for everyone. Whether they work in our health settings, are cared for by us, work in partnership with us or have any kind of interest in helping to build a better future for the health and wellbeing of the people of North Wales. Its success also heavily depends on the related functions of Workforce and Organisational*

Part A Form 1: Preparation

Please answer all questions

		Development (which leads on staff engagement) and Quality (which leads on patient engagement). *The communications and engagement approaches already undertaken by the Health Board take account of the different communities and people who share protected characteristics. Our engagement reports reflect the depth and breadth of the conversations we have, either routinely (as part of our continuous engagement approach) or as part of service improvements and planned change. We work with programme leads to carry out Equality Impact Assessments on all service improvements/change and therefore our efforts and resources are always targeted and reflect the local population as well people who share protected characteristics. However, we acknowledge that there is always more that can be done and our work to embed engagement expertise throughout the organisation (which also forms part of our Targeted Improvement work) includes engagement toolkits, best practice training and communications advice and support for projects and teams.* *There is a risk of engaging with the same groups repeatedly but we also acknowledge that in order to understand and incorporate the views of groups who are less heard we need to work with them and their representatives in ways that work for them. We keep a watching brief on all our engagement and adapt and alter how we work based on feedback.*
7.	Think about and capture the positive aspects of your policy that help to promote and advance equality by reducing inequality or disadvantage.	*The Strategy takes account of the Health Board's statutory duties, including:* • *NHS (Wales) Act 2006. Most relevant to this strategy is Section 183* • *The Equality Act 2010, Welsh Language (Wales) Measure 2011* • *The Social Services and Well Being (Wales) Act (2014)* • *The Health & Care Standards 2015* • *The Well-being of Future Generations (Wales) Act 2015*

Part A Form 1: Preparation

Please answer all questions

		• *A Healthier Wales: Our Plan for Health and Social Care* *In delivering the strategy we will be promoting and advancing equality as part of our messaging in the Health Board's communications and engagement activities.*

Part A Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Please complete the next section to show how this policy / proposal could have an impact (positive or negative) on the protected groups listed in the Equality Act 2010. It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do to remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for *not assessing equality impacts*. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Remember to ask yourself this: If we do what we are proposing to do, in the way we are proposing to do it, will people who belong to one or more of each of the following groups be affected differently, compared to people who don't belong to those groups? For example, will they experience different outcomes, simply by reason of belonging to that/those group(s). And if so, will any different outcome put them at a disadvantage?

The sort of information/evidence that may help you decide whether particular groups are affected, and if so whether it is likely to be a positive or negative impact, could include (but is not limited to) the following:-

- population data
- information from EqIAs completed in other organisations
- staff and service users data, as applicable
- needs assessments
- engagement and involvement findings and how stakeholders have engaged in the development stages
- research and other reports e.g. Equality & Human Rights Commission, Office for National Statistics
- concerns and incidents
- patient experience feedback
- good practice guidelines
- participant (you and your colleagues) knowledge

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Protected characteristic or group	Will people in each of these protected characteristic groups be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below) *for further direction on how to complete this section please click here training vid p13-18)*	Reasons for your decision (including evidence that has led you to decide this) A good starting point is the EHRC publication: "Is Wales Fairer (2018)?" You can also visit their website here	How will you reduce or remove any negative Impacts that you have identified?
	Guidance for Completion *In the columns to the left – and for each characteristic and each section here and below – make an assessment of how you believe people in this protected group may be affected by your policy or proposal, using information available to you and the views and expertise of those taking part in the assessment. This is your judgement based upon information available to you, including relevance and proportionality. If you answered 'Yes', you need to indicate if the potential impact will be positive or negative.* ***Please note it can be both e.g. a service moving to virtual clinics: disability (in the section below) re mobility issues could be positive, but for sensory issues a potential negative impact. Both would need to be considered and recorded.*** *The information that helps to inform the assessment should be listed in this column.* ***Please provide evidence for all answers.*** **Hint/tip: do not say: "not applicable", "no impact" or "regardless of…". If you have identified 'no impact' please explain clearly how you came to this decision.**		

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

	NB: For all protected characteristics please ensure you consider issues around confidentiality, dignity and respect. **For the definitions of each characteristic please click here**					
	Yes	**No**	**(+ve)**	**(-ve)**		
Age	☼		☼		*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people of all ages as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of all ages through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all ages in future planning. There is also*

Please answer all questions

						legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. older people often are more reliant on carers, family or public transport to attend appointments so engagement on service change will specifically target*

Please answer all questions

						conversations with this cohort to discuss and potentially co-design solutions.
Disability					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on disabled people as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from disabled people through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people with disabilities in future planning. There is also legislation, for example the Accessibility Regulations,*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We will also take account of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The Standards set out the level of service delivery that people with sensory loss should expect to be met with when they need healthcare.* *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health*

Please answer all questions

						inequality as a result of their protected characteristic. E.g. some disabled people cannot work because of their disability or find it harder to get a job and have less money to live on. They can also have worse mental health than other people. Some children with special education needs and disability are not getting the education they need. We will therefore target our communications and engagement to ensure we take account of these factors.
Gender Reassignment					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are going through or have gone through gender reassignment as the principles within the Strategy*	*We have established channels to engage with, and gather feedback from people who are going through or who have gone through gender*

Please answer all questions

					take into account our equality duties and all our approaches are tailored to different audiences.	*reassignment through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people who are going through or who have gone through gender reassignment in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning*

Please answer all questions

						has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. people who are undergoing or have undergone gender reassignment often have to deal with stigma and they can also have worse mental health than other people. We will take account of this in our work and will specifically target our engagement and communications with this*

Please answer all questions

						cohort to discuss and potentially co-design solutions.
Pregnancy and maternity					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are pregnant as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from pregnant people through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of pregnant people in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. people who are pregnant or are the main carer for their newborn can find public transport or getting out and about a challenge. They can also have mental health issues.* *We will take account of this in our work and will*

Please answer all questions

						specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.
Race					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on race as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of all races through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all races in future planning. There is also*

Please answer all questions

						legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. E.g. We know that barriers exist, particularly for people from ethnic minorities or for whom English is an additional language. There are also barriers to accessing*

Please answer all questions

						health services for Gypsy, Roma and Traveller families, refugees and asylum seekers. We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions. *Our engagement activity will be intelligence based, acknowledging the context of health inequality.* *The strategy will comply with the Welsh Government Anti-racist Action Plan, and with Travelling to Better Health.*
Religion, belief and non-belief					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who have a religion, belief or no belief as the principles within the Strategy take into account our*	*We have established channels to engage with, and gather feedback from people of all religions, beliefs*

Please answer all questions

					equality duties and all our approaches are tailored to different audiences.	*and non-belief, through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all religions, beliefs and non-belief in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics.*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic. *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.* *The strategy will be underpinned by cultural competence, including acknowledging that cultural*

Please answer all questions

						barriers to engagement can exist and will be recognised and removed
Sex					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people of different sex as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of all sexes through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all sexes in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Sexual orientation					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who identify as lesbian, gay, bi-sexual, transgender ++ as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.* *We are mindful that Welsh Government will soon publish its LGBTQ+ Equality Action Plan. When it is available, we will review our strategy and align it accordingly.*	*We have established channels to engage with, and gather feedback from people of all sexual orientations through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of all sexual orientations in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our*

Please answer all questions

						work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *E.g. We know that barriers exist for our LGBTQ++ communities.* *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and*

Please answer all questions

						potentially co-design solutions.
Marriage and civil Partnership (Marital status)					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are married or in a civil partnership as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people of any marital status through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people of any marital status in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

						Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *We will take account of this in our work and will specifically target our engagement and communications with this cohort to discuss and potentially co-design solutions.*

Part A

Form 2: Record of potential Impacts - protected characteristics and other groups

Please answer all questions

Socio Economic Disadvantage					*The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on people who are socio and/or economically disadvantaged as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences.*	*We have established channels to engage with, and gather feedback from people who are socio and/or economically disadvantaged through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people who are socio and/or economically disadvantaged in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we*

Please answer all questions

						comply with to ensure our work and future planning has a positive impact on all protected characteristics. *We acknowledge that there is a spectrum of health inequality, and that our partnerships, engagement and communications strategy will ensure that we identify opportunities to proactively engage with those who live with health inequality as a result of their protected characteristic.* *E.g. We know that people who are socio-economically disadvantaged rely heavily on public transport for access to services or present late for some conditions due to the stigma.* *We will take account of this in our work and will specifically target our*

Please answer all questions

						engagement and communications with this cohort to discuss and potentially co-design solutions.

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Human Rights:

Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our intranet pages at: Equality resources and campaigns (sharepoint.com) and for additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com.

The Articles (Rights) that may be particularly relevant to consider are:-

- *Article 2 Right to life*
- *Article 3 Prohibition of inhuman or degrading treatment*
- *Article 5 Right to liberty and security*
- *Article 8 Right to respect for family & private life*
- *Article 9 Freedom of thought, conscience & religion*

Please also consider these United Nations Conventions:

UN Convention on the Rights of the Child

UN Convention on the rights of people with disabilities.

UN Convention on the Elimination of All Forms of Discrimination against Women

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Will people's Human Rights be impacted by what is being proposed? If so is it positive or negative? (tick as appropriate below)				Which Human Rights do you think are potentially affected	Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
Yes	**No**	**(+ve)**	**(-ve)**			
	☼				People's human Rights will not be directly impacted by the Strategy.	

Part A Form 3: Record of Potential Impacts – Human Rights and Welsh Language

Please answer all questions

Welsh Language:

There are 2 key considerations to be made during the development of a policy, project, programme or service to ensure there are no adverse effects and / or a positive or increased positive effect on:

Welsh Language	Will people be impacted by what is being proposed? If so is it positive or negative? (tick appropriate below)				Reasons for your decision (including evidence that has led you to decide this)	How will you reduce or remove any negative Impacts that you have identified?
	Yes	No	(+ve)	(-ve)		
Opportunities for persons to use the Welsh language	☼		☼		The work of the Partnerships, Engagement and Communications function takes into account the Welsh Language Standards. This includes ensuring there are opportunities for people to use the Welsh language in their feedback.	
Treating the Welsh language no less favourably than the English language	☼		☼		The work of the Partnerships, Engagement and Communications function takes into account the Welsh Language Standards. This includes ensuring our written communications are always in the medium of Welsh and English.	

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

Please record here details of any engagement and consultation you have undertaken. This may be with workplace colleagues or trade union representatives, or it may be with stakeholders and other members of the community including groups representing people with protected characteristics. They may have helped to develop your policy / proposal, or helped to identify ways of reducing or removing any negative impacts identified.

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could impact upon vulnerable and/or disadvantaged people.

What steps have you taken to engage and consult with people who share protected characteristics and how have you done this? Consider engagement and participatory methods. *for further direction on how to complete this section please click here training vid p13-18)*	*While the draft Partnerships, Engagement and Communications Strategy is not a service change, how we communicate and engage with the people of North Wales routinely takes account of people who share protected characteristics.* *We have established channels to engage with, and gather feedback through our Engagement Team, professional staff networks, patient representative groups, correspondence and partnership work with political representatives and local authorities, and social and digital media channels. This enables us to continually improve the way the directorate operates inclusively and has taken into account the needs of people who share protected characteristics in future planning. There is also legislation, for example the Accessibility Regulations, Equality Act and Welsh Language Standards, we comply with to ensure our work and future planning has a positive impact on all protected characteristics.* *In drafting the Strategy we have reviewed feedback/insight from a range of conversations we have had over the last three years and used it to inform our approach. This includes:* • *Engaging with the public on our Living Healthier, Staying Well strategy and Clinical Services strategy.* • *BCUHB stakeholder survey.* • *Staff survey (communications preferences).*

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

	• *Routine monitoring of the outputs from the PEC function (e.g. intranet, website, print, broadcast and social media).* • *Dialogue and correspondence from Members of the Senedd and Members of Parliament.* • *Our partnerships, groups and networks such as the Stakeholder Reference Group, Engagement Practitioner Forums, North Wales Cancer Forum, North Wales Community Health Council.* • *Service improvement engagement programmes such as end of life care, nuclear medicine, managed practices.* • *High footfall public events such as Anglesey Show, Denbigh and Flintshire Show, Eisteddfod.* • *Capital Programmes such as the North Denbighshire Community Hospital* • *Surveys such as Covid Conversations, Outpatients, GP patient surveys, digital consultations.* • *Collaboration with groups representing Minority Ethnic Communities and seldom heard groups such as the North East Wales Chinese Women's Association, North Wales Africa Society and refugee drop in sessions, traveller community liaison, homeless communities and third sector engagement forums.* *In addition, we will refresh our Public Engagement Strategic Framework through co-design with our patents, the public, staff and partners in the coming year.*
Have any themes emerged? Describe them here.	*Themes from our insight inform the messaging of our work which varies by project and programme. However, there are some key overall themes which we build into our overarching messaging:* • *The ability of the Health Board to deliver on its strategic intentions.*

Part A Form 4: Record of Engagement and Consultation

Please answer all questions

	• *Access to health services, including geographically and waiting times (primary care, planned care etc.). Also inequalities and barriers such as language.* • *The challenges of recruitment and retention of our workforce.* • *Patient involvement, including listening to patients, involvement of decisions about their care and wider participation in service improvements.* • *Communication and listening, including more joined up communications between services and information to patients.* • *Partnership working, including continued collaboration, new ways of working and maintaining the momentum.* • *Co-ordinated care for patients.* • *Prevention, including a focus on mental health, and education on the spread maintaining health and wellbeing.*
If yes to above, how have their views influenced your work/guided your policy/proposal, or changed your recommendations?	*Feedback on our communications and engagement work is used to inform planning and service improvements.* *For the purpose of this Strategy, feedback has been used to improve how we communicate and engage with our audiences, such as the introduction of new bulletins, new face to face meetings and what we communicate, such as content/topic areas that reflect what people have told us they want.*

For further information and help, please contact the Corporate Engagement Team: BCU.GetInvolved@wales.nhs.uk

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

1. What has been assessed? (Copy from Form 1) *for further direction on how to complete this section please click here training vid p13-18)*	*Partnerships, Engagement and Communications Strategy*

2. Brief Aims and Objectives: (Copy from Form 1)	*The overarching aim of the strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.*

From your assessment findings (Forms 2 and 3):

3a. Could any of the protected groups be negatively affected by your policy or proposal? **Guidance: This is as indicated on form 2 and 3**	Yes	No x
3b. Could the impact of your policy or proposal be discriminatory under equality legislation? **Guidance: If you have completed this form correctly and reduced or mitigated any obstacles, you should be able to answer 'No' to this question.**	Yes	No x

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

3c. Is your policy or proposal of high significance? **For example, does it mean changes across the whole population or Health Board, or only small numbers in one particular area?** High significance may mean: - The policy requires approval by the Health Board or subcommittee of - The policy involves using additional resources or removing resources. - Is it about a new service or closing of a service? - Are jobs potentially affected? - Does the decision cover the whole of North Wales - Decisions of a strategic nature: In general, strategic decisions will be those which effect how the relevant public body fulfils its intended statutory purpose (its functions in regards to the set of powers and duties that it uses to perform its remit) over a significant period of time and will not include routine 'day to day' decisions. GUIDANCE: If you have identified that your policy is of high significance and you have not fully removed all identified negative impacts, you may wish to consider sending your EqIA to the Equality Impact Assessment Scrutiny Group via the Equalities Team/	Yes	No x

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

4. Did your assessment findings on Forms 2 & 3, coupled with your answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?	Yes	No x
	The implementation of the Partnerships, Engagement and Communications Strategy would have a positive impact on all protected characteristics as the principles within the Strategy take into account our equality duties and all our approaches are tailored to different audiences. The strategy does not include the delivery of any healthcare services.	
5. If you answered 'no' above, are there any issues to be addressed e.g. reducing any identified minor negative impact?	Yes	x
6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your policy or proposal?	Yes x	No
	How is it being monitored?	*We will update the strategy regularly to reflect feedback from our staff, patients, public, partners and stakeholders.* *We will continuously review and analyse our performance using various sources, outlined below.* • *All media coverage*

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

		• *Analysis of BCUHB website – unique visitors, number of visits, page hits, interaction and responses* • *Feedback from our interactions with the public* • *Social media interaction, e.g. number of Twitter followers and mentions, and Facebook likes and comments* • *Changes to care and services as a result of our insight gathering – we will track the impact of patient and public voices in our service development/transformation work* • *Involving seldom heard groups – we will track who we are talking with and listening to by project, campaign and engagement activity* • *Analysis of MS and MP correspondence trends* • *Analysis of patient advice and liaison service enquiries (PALS)* • *Analysis of complaints and compliments trends* • *Feedback from advocacy groups , such as the North Wales Community Health Council*

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

		• *Feedback from our stakeholder survey* • *Feedback from our internal communications surveys* • *Our own media evaluation and reporting* *We will review our progress against the objectives set out in this Strategy on a monthly basis and make any amendments to the action plan and tactics as required.* *Progress against this Strategy will be reported to the Health Board on a six-monthly basis or as requested by the Board.*
	Who is responsible?	Director of Partnerships, Engagement and Communications
	What information is being used?	*As detailed above.*
	When will the EqIA be reviewed?	*September 2025*

7. Where will your policy or proposal be forwarded for approval?	*Stakeholder Reference Group, Partnerships, People and Population Health Committee and the Health Board.*

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

8. Names of all parties involved in undertaking this Equality Impact Assessment – **please note EqIA should be undertaken as a group activity** Senior sign off prior to committee approval:	Name	Title/Role
	Helen Stevens Jones *Alan Morris* *Andrew Rogers*	Director of Partnerships, Engagement and Communications Assistant Director of Public Affairs and Partnerships Head of Communications
	Name of senior sign off prior to committee approval	
Please Note: The Action Plan below forms an integral part of this Outcome Report		

Action Plan

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	*N/A*		
2. What changes are you proposing to make to your policy or proposal as a result of the EqIA?	*N/A*		
3a. Where negative impacts on certain groups have been identified, what actions are you taking or are proposed to reduce these impacts? Are these already in place?	*N/A*		
3b. Where negative impacts on certain groups have been identified, and you are proceeding without reducing them, describe here why you believe this is justified.	N/A		

Part B Form 5: Summary of Key Findings and Actions

Please answer all questions

	Proposed Actions **Please document all actions to be taken as a result of this impact assessment here. Be specific and use SMART actions. Please ensure these are built in to the policy, strategy, project or service change.**	Who is responsible for this action?	When will this be done by?
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	*N/A*		

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SOCIO ECONOMIC IMPACT ASSESSMENT TEMPLATE

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

Public health data is available here North Wales Population Health Directory. If you require support with interpreting public health data please contact the Betsi Cadwaladr Public Health Team.

Further support in applying this process is available from Strategy and Planning colleagues, the Equality Team and your Equality Delivery Group representative. An intranet resource page to guide you through the process has been set up here Betsi Cadwaladr University Health Board | Socio-economic Duty (wales.nhs.uk)

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

Policy / Strategy / Proposal/Procedure Title	Partnerships, Engagement and Communications Strategy
Lead Manager	Helen Stevens-Jones
Approval Committee	Partnerships, People and Population Health Committee
Date form completed	5th September 2022
What are the aims and objectives of the policy/strategy/proposal?	*The overarching aim of the strategy is to establish and embed a partnerships, engagement and communications approach that supports Betsi Cadwaladr University Health Board to achieve its corporate objectives, goals and vision.*

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STAGE 1: PLANNING					
Is the decision a strategic decision? See definition	YES	Please provide a brief explanation for your answer	The overarching aim of the strategy is to establish and embed a partnerships, engagement and communications approach that supports and explains Betsi Cadwaladr University Health Board's strategic objectives, goals and vision in the short, medium and long term to the public and to specific interest groups.		
Have you identified key stakeholders groups? Please detail below	Yes	**Can you identify relevant communities of interest?** See guidance Please detail below	Yes	**Can you identify relevant communities of place?** See guidance Please detail below	Yes
Members of the Senedd Members of Parliament Local Authorities Community Health Council Citizens Voice (from April 2023) Patient groups Third sector Stakeholder Reference Group Residents associations		Groups, including charities, with special interest in specific health matters. For example, patient groups for cancer care, mental health issues and orthopedics, etc. Partnership groups and networks such as the Stakeholder Reference Group and minority groups including the black and ethnic minorities community, homeless groups, the traveler community and refugee groups.		There are areas of socio-economic depravation in both urban and rural areas of North Wales. To ensure these communities are as closely involved in the Health Board's work as other parts of the region, we will take account of the geographical challenges and diversity in local areas and tailor our approach to ensure meaningful two-way engagement. We will work co-operatively with existing partner networks who already have a wealth of information they can share and assist us in reaching our target audiences. We will take into account socio-economic factors in areas including unemployment figures and others who are economically inactive, the socially excluded, poverty as well as access issues and challenges faced by identified demographic groups.	

STAGE 2: EVIDENCE	
What evidence have you considered about socio-economic disadvantage and inequalities of outcome in relation to this decision?	We use national research and statistics including the Welsh Index of Multiple Deprivation (WIMD), which is the Welsh Government's official measure of relative deprivation for small areas in Wales. It identifies areas with the highest concentrations of several different types of deprivation. WIMD ranks all small areas in Wales from 1 (most deprived) to 1,909 (least deprived). It is a National Statistic produced by statisticians at the Welsh Government. The analysis includes six reports on age and sex, disability status, ethnicity, marital status, religion and sexual identity. It includes maps showing the most deprived areas in North Wales which are scattered across the region.
Have you engaged with those affected by the Policy / Strategy Proposal / Policy?	We are nurturing new and existing relationships to enable partners to be engaged and involved in shaping future developments in the Health Board. We engage and collaborate with: Staff through daily updates on our intranet, BetsiNet. The general public through all available print, broadcast and online communication channels including social media. The public during events such as shows and exhibitions. Individual Members of the Senedd and MPs each quarter. Group meetings with political parties every quarter. A weekly newsletter sent to all MS and MPs, as well as the Chief Executives and leaders of local authorities in North Wales. The North Wales Community Health Council. Regional Partnership Boards. Local authorities. Public Service Boards. Health charities. Groups representing ethnic minorities and seldom heard groups including the North East Wales Chinese Women's Association, North Wales Africa Society, traveler community liaison and refugee groups and drop-in sessions.

What engagement with people living with socio economic disadvantage will be / has been undertaken?	We ensure that our communications and engagement activities are both targeted and relevant, using the appropriate channels to communicate with different socio-economic groups. We will ensure we reach the right audiences by identifying the most accessible channels for each group, encouraging feedback through a two-way conversation. We will work with partners, for example those organisations representing the traveller community, as part of our commitment to be mindful of the diversity within our community. The communications and engagement approaches already undertaken by the Health Board take account of the different communities and people living in different socio-economic circumstances. Our engagement reports reflect the depth and breadth of the conversations we have, either routinely (as part of our continuous engagement approach) or as part of service improvements and planned change. We work with programme *leads to carry out Equality Impact Assessments on all service improvements/change* and therefore our efforts and resources are always targeted and reflect people living with socio-economic disadvantage as well people who share protected characteristics. However, we acknowledge that there is always more that can be done and our work to embed engagement expertise throughout the organisation (which also forms part of our Targeted Improvement work) includes engagement toolkits, best practice training and communications advice and support for projects and teams. In order to understand and incorporate the views of groups who are less heard we need to work with them and their representatives in ways that work for them.
How has / will this influence your work/guided your policy/proposal, or changed your recommendations?	We monitor all our communications and engagement work and report their findings. We conduct surveys and drop-in sessions with individuals and representatives of specific groups, including those who are vulnerable and socio-economic disadvantaged, to receive feedback. When necessary we adapt our approach to those groups based on the feedback we receive and any changing circumstances. As part of the Targeted Improvement work we have concentrated efforts to join up engagement across the organization so that we are maximizing opportunities to listen and provide timely, proactive and targeted information. Through routine conversations with communities from the nine protected characteristic groups and auditing engagement across the organization we will develop an action plan to address any gaps in our communication and engagement activities.
Stage 3: ASSESSMENT AND IMPROVEMENT	
What are the main socio economic impacts of the proposal?	

Consider evidence from both research and any engagement already carried out.
Who is being affected? Refer to the North Wales Population Health Directory
Are some communities of interest or communities of place more affected by disadvantage than others?

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain these areas include:

- Education
- Work
- Living standards
- Health
- Justice and personal security
- Participation

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regards to each of these areas, evidence is provided below and issues for consideration suggested.

Education	**In Practice**	
A literature review by the Centre for Research in Early Childhood (CREC) finds that evidence they examined indicates that in the UK, especially, parents' socio-economic status continues to be the primary predictor of which children prosper in adult life. They report that the magnitude of early childhood inequality in the UK is well-documented; some estimates suggest that half the attainment gaps for pupils are already present at the start of primary	Overall school children in Wales attain scores in reading, science and mathematics below those in England, Scotland and most other developed countries. Since schools closed during lockdown, children from better-off families have been spending 30 per cent more time on home learning than poorer children	Data indicates that children and adults living in the poorest areas have worse health outcomes and struggle both financially and socially. Many children in poorer areas receive free school meals, a statistical indicator of social deprivation, and may be less likely to engage with health issues. Working with partners in education, particularly local education authorities, is the way forward for engaging with young people

school. Using Millennium Cohort study data, this research shows large gaps exist in the UK for vocabulary tests between children aged 4 and 5 from families with middle incomes and those from families with lowest fifth of incomes. Data for Wales also shows pupils eligible for free school meals and children in care have poorer educational outcomes in schools on average with the gap widening as pupils get older.	How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications? Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.	and surveying their health needs. Careers Wales provides advice for pupils and school leavers, and we can provide their advisors with information about career opportunities with BCUHB including apprenticeships and voluntary work. We will also work with the BCUHB Recruitment Team to support their efforts in this area.
Health There is a clear social gradient in terms of health outcomes as documented by the Marmot Review (2010 and 2020 update). It makes it clear that health is closely linked to the conditions in which people are born, grow, live, work and age and inequities in power, money and resources (i.e. the social determinants of health). Indeed, data for Wales shows that adults and children living in the poorest areas are having poorer health outcomes. Adults living in the most deprived areas of Wales have	**In Practice** How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors. What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote	We have established channels to engage with and gather feedback from people of all ages and all socio-economic backgrounds. This is done through our engagement team, professional staff networks, patient representative groups correspondence and partnership work with politicians and local authorities. We collaborate with third sector organisations and promote the healthy living campaigns of the Health Board, including those encouraging people to

lower life expectancies than those living in the least deprived areas. There is reasonable evidence that people in poverty or living in deprived neighbourhoods have a higher risk of addiction and mental illness and it's also known that many patients struggle financially and socially.	access to financial wellbeing, social and other support maximised?	stop smoking, and raising awareness of mental health issues and cancers. Although many of our communication channels are digital, our strategy includes methods to ensure everyone has an opportunity to participate, including surveys and attendance at community events to consult and help plan and design services for those communities
Living standards 3% of all people in Wales were living in relative income poverty between 2016-17 and 2018-19. This figure has remained relatively stable for the past 16 time periods. At 23%, the figure is slightly lower than last year's. Children were the age group most likely to be in relative income poverty (at 28%) and this has been true for some time. 11% of children living in Wales between 2016-17 and 2018-19 were in material deprivation and low income households.	**In Practice** How does your proposal take account of the impact of poverty and deprivation? Can you identify which groups are disproportionately impacted by poverty e.g. disabled people? Think about the UK-wide reforms to social security and the impact on the poorest in society, particularly women, disabled people, ethnic minorities and lone parents in Wales.How have the needs of people with caring responsibilities been considered? What is the incidence of rough sleeping and levels of homelessness? Twice as many people expect their financial situation to get worse as those who expect it to get better, with this rising to three times in the bottom income quintile, and more than three times for single parents.	Using the information contained in the Welsh index of Multiple Deprivation it is possible to identify areas where higher levels of socio-economic deprivation exist. Using that information and cooperating with existing partner networks – for example those working with disabled people, lone parents or the homeless among others - we can reach these groups and positively engage with them to help them play an active role in shaping health policies that directly affect their lives.

	Think about the availability and accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces. As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?	
Work When considering all children in Wales, the likelihood of being in relative income poverty is much greater, and the gap is increasing for those living in a workless household compared to living in a working household (where at least one of the adults was in work).	**In Practice** As one of the largest employers in Wales BCUHB provides numerous opportunities for people to access work, the Step into Work programme is a great example. Think about how careers support including apprenticeships and volunteer work placements can be promoted to support 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 and other seldom-heard groups. Think about people in terms of their income and employment status, consider the impact on the availability and accessibility of work, paid and unpaid employment, wage levels, job security and working conditions.	Working with Careers Wales we can promote careers in BCUHB directly to young people by providing their careers advisors with information on the opportunities available, including apprenticeships We will also work with the BCUHB Recruitment Team to support their efforts in this area.

	What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners. How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?	
Justice and personal security The National Survey for Wales (2018-19) shows that people who were not in material deprivation were found to be more likely to feel safe in their local area, compared with those who were in material deprivation. Research by the University of Bristol shows that, notwithstanding some significant methodological limitations, existing analyses in the UK and internationally have	**In Practice** How does your proposal take account of local crime rates and exposure to crime? What are the hate crime statistics? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious,	We are wholly committed to working with partner agencies to provide information to the public as part of a collaborative response to safeguard victims of domestic abuse. In 2015, the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act (VAWDASV) was implemented, aiming to improve the public sector response in Wales to

consistently found vulnerability to domestic violence and abuse to be associated with low income, economic strain, and benefit receipt. This association is underpinned by a complex set of relationships and interdependencies.	with higher levels of physical violence and coercive control. How can your proposal promote and protect people's rights and increase their access to justice and personal security?	violence against women, domestic abuse and sexual violence. The Health Board uses data to ensure trends in referral activity is analysed. This enables the identification of key areas which can be used to provide a targeted approach for communication and engagement. The Health Board has appointed two staff to new Independent Domestic Violence Advisor (IDVA) positions which are publicised. We have a section on domestic violence on our website, and there is practical guidance available for all our staff on our internal staff intranet.
Participation The National Survey for Wales (NSW) shows that in 2018-19, 87% of households had access to the internet. Household internet access varies by WIMD levels of area deprivation. In 2018-19, 92% of households in the least deprived areas had internet access, compared to 83% of households in the most deprived areas. The NSW also shows households in social housing were less likely to have internet access (75% of such households) than those in private rented (90%) or owner occupied (89%) accommodation. Those in employment were more likely to have	**In Practice** How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Covid-19 has shone a spotlight on a digital divide and highlights the effects of digital exclusion on those in poverty, with some feeling isolated and forgotten about. Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities. How can your proposal increase	Digital communication plays an important part in getting our messages across to the public and encouraging a two-way conversation about the Health Board's long term strategies and plans. However, the digital divide highlighted in the National Survey for Wales shows the need to use other means to communicate with those in most deprived areas who may not necessarily have internet access. Our Partnership, Engagement and Communication Strategy includes the methods we use to ensure everyone has an opportunity to participate. These

internet access at home (96%) than those who were unemployed (84%) or economically inactive (78%).	participation for people who experience socio-economic disadvantage?	include meaningful engagement with communities through surveys and attendance at community events to consult and help plan and design services for those communities.

What actions will you undertake to minimise any adverse impacts identified during this Socio Economic Duty Impact Assessment?			
Impacts Identified	**Mitigating Action to be Taken**	**Action Owner**	**Monitoring Arrangements**

STAGE 4: STRATEGIC DECISION MAKERS		
Who signed-off this SED Impact Assessment	**Signatory** As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.	
	Board or Sub Committee:	
Approval and Review	**Approval Date:**	
	Review Date:	

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Appendix 3

Type of Decision Includes but is not limited to:	**Equality Impact Assessment Required**	**Socio Economic Duty Impact Assessment Required**
Strategic policy development.Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions	x	x
Health Board Wide Plans.Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)	x	x
Business Case/Capital Involvement/Options Appraisal required	x	x
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)	x	x
Changes to and development of public services Closure of Services	x	x
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services	x	x
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities	x	x
Directorate Financial Planning	x	x
Divisional policies and procedures affecting staff	x	
New policies, procedures or practices that affect service delivery	x	
Large Scale Public Events	x	
Major procurement and commissioning decisions	x	x
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)	x	x

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Teitl adroddiad: ***Report title:***	**BCUHB – Decarbonisation Action Plan - 2022-2027 (Final)**
Adrodd i: ***Report to:***	**Health Board**
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	Climate change has been widely recognised as one of the greatest threats to public health globally and nationally. BCUHB as owners of the largest NHS estate in Wales play a key role in reducing emissions and therefore help the NHS to adapt to climate change and building healthier communities This Decarbonisation Action Plan is our commitment to reducing our environmental impact and promoting sustainable healthcare, enabling the NHS to deliver excellent patient care now and in the future. While we are proud of our achievements so far there is still so much more needed to be undertaken as outlined within the action plan. In response to the NHS Wales Decarbonisation Strategic Delivery Plan, this Decarbonisation Action Plan has been developed in partnership with expert guidance from the Carbon Trust on behalf of Betsi Cadwaladr University Health Board (BCUHB). It sets the strategic direction of travel for the next five years and summarises the key deliverable decarbonisation actions that will be implemented over the next two years starting in 2022/23 and 2023/2024. The Action Plan seeks to reduce carbon emissions across all greenhouse gas (GHG) and emissions scopes. The Carbon Trust in partnership with BCUHB developed this Action Plan based on an analysis of data provided by BCUHB, observations made during site visits, and information gathered during targeted engagement with key functions across the Health Board (Estates, Finance, Procurement, Transport and Clinical leads). It is recognised that it will not be practical or possible for BCUHB to stop all carbon emissions entirely from its operations. This will be the same for all Health Boards across Wales. BCUHB must strive to reduce all emissions as far as is reasonably practicable using offsetting measures as the final step to align with Welsh Government's Net Zero public sector by 2030 ambition. The action plan was submitted to the Partnerships, People and Population Health Committee on the 13th of September 2022 which endorsed the plan for submission to the Board for approval.

	As the Decarbonisation Action Plan is a key document within the IMTP, Welsh Government has asked all Health Boards for advanced copies. The Health Board's action plan was submitted in draft form to Welsh Government on the 5th of May 2022 and received positive feedback on the final document. A decarbonisation programme board will lead the implementation of the action plan. The programme board will engage across BCUHB; including estates and facilities, planning, transport, procurement, transformation, clinical/nursing and other wider stakeholder groups in North Wales. The programme board led by the Executive Director of Finance will ensure that actions and commitments contained within this Decarbonisation Action Plan are taken forward and implemented.
Argymhellion: ***Recommendations:***	1. The Health Board is asked to approve the Decarbonisation Action Plan - 2022-2027, for submission to Welsh Government 2. To note the planned governance arrangements to ensure engagement and delivery of actions contained within the action plan. 3. To note that the Partnerships, People and Population Health Committee endorsed the action plan at its meeting on the 13th of September 2020, for submission to the Board for approval.
Arweinydd Gweithredol: ***Executive Lead:***	Sue Hill – Executive Director of Finance
Awdur yr Adroddiad: ***Report Author:***	Rod Taylor – Director of Estates & Facilities

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐	Derbyniol *Acceptable* ☒	Rhannol *Partial* ☐	Dim Sicrwydd *No Assurance* ☐
	Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	The action plan responds to the Climate Emergency declaration and recognises that the NHS has a critical role to play in contributing towards this target, as the largest public sector organisation in Wales. The Health Board under the Well-being of Future Generations (Wales) Act 2015 has significant obligations in regards to climate change. The Decarbonisation Action Plan is one part of the key drivers contributing towards organisational and community sustainability. In order to meet the requirements of the Decarbonisation Action Plan, the organisation will need to build on the work already undertaken and the benefits of the Health Boards environmental management system (EMS) and Capital Investment Group. A large proportion of the current work programmes have been focused on Estates and Facilities and Capital Development, though there are also numerous examples for clinical engagement making changes e.g. establishment and engagement of the YG/YGC and Wrexham Maelor Green Groups. During the pandemic, there has been a substantial decrease in business travel through increased agile working, an increase in the use of tele-health and consideration for further biodiversity, all of which have contributed to decarbonisation and need to be consolidated and maintained in a sustainable recovery. The Health Board currently has no defined travel/transport strategy and the environmental management policy will require refreshing to align with the decarbonisation action plan. In order to recognise the specific health emergency issues, there are opportunities to combine decarbonisation and sustainability within the public health agenda, with value based health care and to involve greater staff engagement and awareness in general but clinical engagement in particular; there are also further opportunities to enhance other programmes including staff wellbeing and for further collaborating with regional partners.

	The Decarbonisation Programme Board will drive implementation and seek to progress opportunities for financial benefits to sustain the programme and deliver other opportunities by linking up with other established programmes (e.g. agile working) to tackle the health emergency while reducing emissions to achieve the ambitious targets from the NHS Wales Decarbonisation. It is essential that the action plan is integrated into plans being progressed through the Health Board's new Clinical Strategy. IMTP Plan for 2022-25, People Strategy & Plan and the drafting of the new Estates Strategy. The action plan will be shared and delivered on a regional basis to ensure that any joint working opportunities with the Regional Partnership Boards, North Wales Regional Leadership Board, Ambitions North Wales and Public Health Wales are taken account of. This approach will ensure that the Health Board plays a key role in regional decarbonisation and sustainability programmes in the context of the public sector in North Wales.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	In April 2021, Welsh Government launched the NHS Wales Decarbonisation Strategic Development Plan 2021-2030, a plan to tackle the Climate Emergency that it declared in 2019. The plan was a response to this declaration and aligns with Welsh Ministers ambition for the public sector to be net zero (in carbon emissions) by 2030. All Health Board's in Wales are required to develop decarbonisation action plans in support of the public sector achieving net zero carbon emissions by 2030. The Health Board's Decarbonisation Action Plan proposes a list of actions and programmes of works to ensure that the Board has robust and deliverable action plans in place to reduce carbon emissions by 2030 in compliance with Welsh Government's targets.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	An Equality Impact (EqIA) and a Socio-Economic (SED) Impact Assessment is not required as this is an internal action plan.

Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	An SEIA Impact Assessment is not required as this is an internal action plan.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The proposed decarbonisation actions listed within this report ensures that the Board has a robust and deliverable action plan to reduce carbon emissions by 2030 in compliance with Welsh Governments targets and legislation. Actions contained within the action plan will contribute to risk reduction as recorded in BAF 21-17(Estates and Asset Development) and BAF 21-21(Estates and Asset Development).
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Funding the Decarbonisation Action Plan will require low carbon alignment in how the Health Board utilise existing funding allocation for healthcare delivery, procurement and capital investments. Based on specific decarbonisation actions and measures contained within the action plan, it is estimated that over two years additional capital funding is required at circa £10m. The Capital Investment Group has already allocated £500k of discretionary capital funding for decarbonisation projects in 2022-23. To support implementation of both the NHS Wales Decarbonisation Strategic Delivery Plan and also BCUHB's own decarbonisation action plan, we have commenced work on an estate wide energy efficiency programme of work, through a Welsh Government supported programme, Re:fit, Cymru. The Re:fit, Cymru programme is a procurement initiative for public bodies wishing to implement energy efficiency, decarbonisation, and local energy generation measures to their buildings or their estates, with support to assist in the development and delivery of the schemes. These measures improve the energy performance of buildings/sites.

	As a result, carbon emissions are reduced, and substantial guaranteed annual cost savings can be achieved. Client-side support is being provided through the framework owners, Local Partnerships, and through the Welsh Government Energy Service. The framework will provide a 100% guarantee of the energy performance (including saving or generation) via a contractual agreement between the health board and the selected service provider for the duration of the payback period of the project. This key feature helps to remove risk of failure with new developments, protecting the client and its investment. Local Partnerships will provide comprehensive support to the health board across the following areas: • Project preparation and development; • Development and launch of mini-competition/contracting with the selected service provider; and • Project delivery. Welsh Government have also indicated that there could be ring fenced decarbonisation revenue/capital funding grants available across Wales for Health Boards to bid against in 2022-2023. The action plan also identifies that the Programme Board will require dedicated capacity to ensure delivery. The Programme Board will agree what level of additional capacity both internally and externally is required ready for a proposal to be submitted to the Executive Director for Finance as Senior Responsible Officer for the decarbonisation programme.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Programme management capacity is required for the delivery of the actions contained within the plan. Resources will be addressed internally through support from the Transformation and Improvement team.

Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Partnerships, People and Population Health Committee at a meeting on the 9th of December 2021 supported the recommendations to appoint the Carbon Trust to assist the Health Board with developing a five-year decarbonisation plan in response to Welsh Governments decarbonisation targets for 2030. A Health Board wide stakeholder group have been working with the Carbon Trust to develop the Board's Decarbonisation Action Plan which is presented as appendix 1. The draft action plan has been presented to a number of internal and external stakeholders groups for consultation and engagement feedback from which has now been incorporated within the final document. These groups included :- • Executive Team and Executive Management Group. • Capital Investment Group. • Welsh Government – Health and Social Care Climate Emergency National Programme (Building,Estates,Planning and Land Use Project Board. • Welsh Governent – Energy Service. • Welsh Goverment – NHS Decarbonisation Action Plans – Community of Experts. • Green Groups within BCUHB • North Wales Regional Leadership Board. • Partnerships, People and Population Health Committee.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Programmes contained within the action plan, relating to buildings and land will improve energy efficiency and drive improvements in estate infrastructure across BCUHB's estate. Projects defined within the action plan will support the follow BAF risks :- 1 – BAF 21/17 (Estates and Asset Development) 2- BAF 21-21 (Estates and Assets)

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Delivery of the Decarbonisation Action Plan and half yearly reporting to Welsh Government.	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 – BCUHB – Decarbonisation Action Plan - 2022-2027 (Final v 6.0) Appendix 2 - NHS Wales Decarbonisation Strategic Delivery Plan 2021-2030	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

CARBON TRUST

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Decarbonisation Action Plan

Final v6.0

July 2022

About the report

In response to requirements set out in the NHS Wales Decarbonisation Strategic Delivery Plan, this initial Decarbonisation Action Plan has been developed by the Carbon Trust on behalf of Betsi Cadwaladr University Health Board (BCUHB). It sets the strategic direction of travel for the next five years and summarises the deliverable decarbonisation actions that will be implemented over the next two years from March 2022. The Action Plan addresses carbon emissions across all greenhouse gas (GHG) emissions scopes, with a specific focus on the emissions associated with construction and estate refurbishment.

Acknowledgments

The Carbon Trust developed this Action Plan based on an analysis of data provided by BCUHB, observations made during site visits, and information gathered during targeted engagement with key functions across the Health Board (Estates, Finance, Procurement, Transport, Clinical).

The Carbon Trust would like to thank everyone that has contributed their time and expertise during the preparation and completion of this report. A list of those who have helped contribute and shape this document can be found in the Appendices.

Who we are

We are a trusted, expert guide to Net Zero, bringing purpose led, vital expertise from the climate change frontline. We have been pioneering decarbonisation for more than 20 years for businesses, governments, and organisations around the world.

We draw on the experience of over 300 experts internationally, accelerating progress and providing solutions to this existential crisis. We have supported over 3,000 organisations in 50 countries with their climate action planning, collaborating with 150+ partners in setting science-based targets, and supporting cities across 5 continents on the journey to Net Zero.

The Carbon Trust's mission is to accelerate the move to a decarbonised future.

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Abbreviations

DAP	Decarbonisation Action Plan
BCUHB	Betsi Cadwaladr University Health Board
NWSSP	NHS Wales Shared Services Partnership
WGES	Welsh Government Energy Service
GHG	Greenhouse gas
GWP	Global warming potential
CO_2e	Carbon dioxide equivalent
tCO_2e	Tons of Carbon Dioxide equivalent
DEC	Display Energy Certificate
ASHP	Air Source Heat Pump
(B)EV	(Battery) Electric Vehicle
ULEV	Ultra-Low Emission Vehicle
BMS	Building Management System
UFH	Underfloor Heating

Glossary of Terms

Carbon footprint	A carbon footprint measures the total greenhouse gas emissions caused directly and indirectly by a person, organisation, service, or product, and is calculated by multiplying activity data with an associated emissions factor. The accuracy of a carbon footprint is largely dependent on the quality of activity data available. Primary data related to the specific activity being footprinted (e.g., electricity meter readings) is preferred, but benchmarks and/or proxies can provide an estimation where primary activity data is not available. Emission factors define the carbon intensity of an activity, and the most common emission factors are updated and published annually by the UK Government.
Reporting framework and emission scopes	The greenhouse gas (GHG) protocol is an established and internationally recognised methodology for carbon reporting. In the protocol, emissions are categorised into three scopes: • Scope 1 – Direct GHG emissions (i.e., occur at the point-of-use) from sources that are owned or controlled by the reporting organisation. For example, this would include emissions from the operation of a petrol vehicle owned/controlled by the reporting company, as emissions are directly released from the vehicle exhaust. • Scope 2 – Indirect GHG emissions (i.e., do not occur at the point-of-use) from energy consumed by the reporting organisation's owned/controlled assets. This includes electricity consumption, where the emissions associated with the consumption do not occur at the point-of-use but have been produced in the initial generation of the consumed electricity (e.g., from the burning of natural gas at a power station). • Scope 3 – All other indirect emissions that occur in the reporting company's value chain. For example, the commission of a third party to provide social care services on a council's behalf.
Carbon dioxide equivalent	GHG's contribute to global warming by 'trapping' in heat that would otherwise escape to space. Carbon dioxide is the most widely produced GHG but there are many others. Some GHGs are more potent than others (for a set amount) and trap more heat in the Earth's atmosphere. The potency of GHGs is defined by their global warming potential (GWP). Carbon footprints are measured in carbon dioxide equivalent (CO_2e), combining the impact of different greenhouse gases into one CO_2, equivalent figure based on their global warming potential. The measured footprint therefore includes the impact of the seven most impactful greenhouse gases, not just carbon dioxide.

Executive Summary

- This Decarbonisation Action Plan sets the strategic direction of travel for Betsi Cadwaladr University Health Board over the next five years and identifies deliverable actions for the two years from March 2022. **Successful implementation of this Decarbonisation Action Plan will require a step-change in decarbonisation activity across BCUHB**.
- **It addresses carbon emissions across all GHG emissions scopes**, including those from buildings and land use, transport, waste, water, procurement of goods and services and wider clinical healthcare delivery. In addition, it provides a specific focus on the emissions associated with construction and refurbishment.
- **The table below sets out a summary of the impact (where quantifiable) of the decarbonisation actions that will be implemented by BCUHB from March 2022 to March 2024 to align with the NHS Wales Decarbonisation Strategic Delivery Plan (SDP).** As shown, it has not been possible to quantify every action in the 2022-24 Decarbonisation Action Plan. A full breakdown of these decarbonisation actions can be found in Section 4 and details of how actions have been quantified are in Appendix 2.

	Estimated Annual Savings			Est. Capital Costs 2022-24 (£)	Est. 10 year Carbon Savings (tCO_2e)
Area	**£**	**tCO_2e (2024)**	**Activity (unit)**		
Carbon Management	£528,615	1,297	6,232,124 kWh	-	9,586
Buildings	£582,295	3,565	17,092,515 kWh	£8.6m	28,161
Transport	£305,895	741	248,906 Litres - 406922 kWh	£1.1m	5,296
Procurement	-	14,366	-	£100k	94,342
Estate Planning & Land Use	-	-	-	-	-
Approach to Healthcare	-	-	-	-	-
Total	**£1,416,805**	**19,969**	**-**	**£9.75m**	**138,015**

- The opportunities identified should all be implemented within the lifetime of this action plan. They needn't be prioritised by return on investment or similar metric, but should be looked at from a decarbonisation and enabling point of view.
- It is recognised that it will not be practical or possible for BCUHB to stop all carbon emissions entirely from its operations. This will be the same for all Health Boards and Trusts across Wales. **BCUHB must strive to reduce its emissions as far as possible before using offsetting**

measures as the final step to align with Welsh Government's Net Zero public sector by 2030 ambition.

- This calculation is called the "Gap to Target", which is the gap that will require offsetting measures. **A gap to target has been estimated in 2025 as 55,467 tCO_2e. This represents BCUHB's estimated residual carbon emissions in 2025, plus the initiatives that were unquantifiable at this point in terms of carbon savings**. BCUHB will need to offset the remaining carbon emissions using the correct and approved methods. The graph below gives a visual representation of these savings as BCUHB's 'Decarbonisation Pathway' towards 2025. A business-as-usual (BAU), Net Zero 2030 pathway and the NHS Wales Strategic Delivery Plan target have also been included for context.

- It should be noted that under a business-as-usual case, both grid decarbonisation and a decarbonisation of the supply chain are taken into account. As a result of these factors, **the total footprint is expected to decrease by 11% between 2019 and 2025 under the business-as-usual case.**

- The 'initiatives' case takes into account both the reductions of the business-as-usual case as well as the potential carbon savings resulting from the actions developed within this plan. This decarbonisation plan focusses on the near future (2022-24), meaning the actions identified are likely to be low hanging fruit that can be quickly implemented. A result of this is that the carbon savings from initiatives levels off after 2024, leaving a significant gap to target; this will be addressed in future decarbonisation plans with the development of more initiatives in future years. Furthermore, many of the actions outlined within this report suggest the implementation of feasibility studies, therefore, **the largest reductions in emissions are likely to be seen post 2025.**

- A result of the action plan focussing on the time period of 2022-24 is that many of the identified opportunities centre around buildings. However, **the largest reductions arise from actions taken within the purchase of goods and services** – as this is greatest proportion of the overall carbon footprint.
- It should be noted too that **the vast majority of actions identified within this plan cannot be quantified but are likely to either support the reduction of emissions of contribute to emission reductions in the future**. These measures are not reflected in the graphs and tables above but will underpin a lot of the work that will need to be carried out by BCUHB in order to meet its 2030 target.
- Although these initiatives, if implemented, are likely to result in strong carbon reductions, especially when measured against the SDP target, there is still a long way to go in achieving net zero emissions by 2030. **Future decarbonisation plans will need to increase the level of ambition and look to reduce emissions even further and faster.**
- The recently developed **decarbonisation programme board will drive the implementation of the decarbonisation plan**. The decarbonisation programme board and its members will engage others across BCUHB; spanning estates and facilities, planning, transport, procurement, clinical, and wider stakeholder groups, to ensure that the actions within this Decarbonisation Action Plan are taken forward and implemented within the stated timeframe.
- Funding this Decarbonisation Action Plan will require low carbon alignment in how we utilise existing funding for healthcare delivery, procurement, and capital projects. Based on specific additional decarbonisation actions and measures shown, **the additional funding required is estimated as £10m**.
- One of the key routes for delivery for the built estate, energy efficiency, and renewable energy programmes will be through an energy performance contract, BCUHB are currently in the process of signing up for Re:fit Cymru.
- Implementing the Decarbonisation Action Plan will require additional internal resource and capacity, as well as expert contracted support.
- This Decarbonisation Action Plan should be considered a working document by BCUHB, where costs and funding can be updated as certain actions and policy decisions become clearer.

1. Context

1.1. Welsh Government and NHS Wales ambitions for public sector decarbonisation

- The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd and committed to achieving a carbon neutral public sector by 2030.
- The NHS Wales Decarbonisation Strategic Delivery Plan was published in March 2021 and demonstrates how NHS Wales can play its part in the recovery from Covid 19 and its commitment to the Wellbeing of Future Generations Act 2015 which directs public bodies to consider long term persistent problems such as poverty, health inequalities, and climate change.
- The Plan responds to the Climate Emergency declaration and recognises that the NHS has a critical role to play in contributing towards this target, as the largest public sector organisation in Wales.
- It calls for swift action across all Health Boards over the next five years to ensure the targets are adhered to. This will rely on minimising waste, increasing efficiencies, investing heavily in decarbonisation of buildings and vehicles, and addressing carbon emissions in the supply chain It recognises that low carbon must be core to decision making, and embedded into everyday processes so that it becomes integral to the decisions that we make and calls for Health Boards to lead by example.
- Specifically, all Health Boards and Trusts are required to develop Decarbonisation 'Action Plans', to be regularly updated and committed to within Integrated Medium-Term Plans on a 2 yearly basis In addition, all new build developments and major refurbishments will need to be designed and accredited to a net zero framework.
- The wider Welsh Government policy context is supported by legislation, strategy, and ministerial ambitions:

Figure 1: Summary of Welsh Government decarbonisation policy context

1.2. Betsi Cadwaladr University Health Board

- Betsi Cadwaladr University Health Board (BCUHB) provides healthcare services to a total population of around 694,000 throughout North Wales. It provides Acute, Primary, Community, Mental Health and Learning Disabilities services through the operation of three district general hospitals (covering West, Central, and East); twenty-two other acute and community hospitals and over ninety health centres, clinics and smaller units.
- As lead authors of the NHS Decarbonisation Strategic Delivery Plan, BCUHB approached the Carbon Trust to provide support in the development of the Health Board's first Decarbonisation Action Plan.
- Following discussions with BCUHB, it was agreed that the Decarbonisation Action Plan needed to set the strategic direction of travel for the next five years and identify deliverable actions for the two years from March 2022.
- The Action Plan addresses carbon emissions across all GHG emissions scopes, including those from buildings, transport, waste, water and procurement of goods and services. In addition, it provides a specific focus on the emissions associated with construction and refurbishment.
- Targeted engagement with key functions across the Health Board (Finance, Procurement, Transport, Clinical etc.) were a critical aspect of this work, to ensure buy in, build momentum and help to embed decarbonisation into decision making and Business as usual.

This BCUHB Decarbonisation Action Plan, will align with the following policies and strategies within the Health Board:

Betsi Cadwaladr University Health Board [Annual Plan 2021/2022]

Betsi Cadwaladr University Health Board [Workforce strategy] 2019/22

Betsi Cadwaladr University Health Board [Living Healthier, Staying Well] three year plan for north Wales

2. BCUHB Carbon Footprint

2.1. Carbon footprint scope

BCUHB's carbon footprint is calculated annually in accordance with the Greenhouse Gas (GHG) Protocol – the most widely used and accepted methodology for GHG accounting. The GHG Protocol categorises emissions into three scopes:

a) **Scope 1:** All direct GHG emissions (i.e., 'on-site' emissions, such as from a gas boiler or tailpipe emissions from a vehicle).

b) **Scope 2:** Indirect GHG emissions from consumption of purchased electricity, heat or steam.

c) **Scope 3:** All other indirect emissions, such as the extraction and production of purchased materials and fuels, transport-related activities in vehicles not owned or controlled by the reporting entity, outsourced activities, waste disposal, etc.

Where direct and indirect emissions are defined according to operational control, such that:

- Direct GHG emissions are emissions from sources that are operationally controlled by the Health Board.
- Indirect GHG emissions are emissions that are a consequence of the activities of the reporting entity, but occur at sources controlled by another entity (for example, a power plant that generates the electricity consumed by BCUHB, or a wastewater treatment site that processes BCUHB's wastewater).

2.2. Carbon footprint analysis

Within the NHS Wales decarbonisation strategic delivery plan, a carbon footprint was calculated that covered all emissions sources across all health boards. The initial study found that the carbon footprint for NHS Wales to be approximately 1 million tonnes of CO_2e for the year 2018/19. This year has been set as the baseline from which targets are projected and progress measured.

For Betsi Cadwaladr University Health Board the total emissions measured **175,847 tCO_2e**, this is 16.7% of the total NHS Wales footprint and positions BCUHB as the health board with the second largest proportion of total emissions.

Figure 2: Breakdown of BCUHB's footprint by scope

The overwhelming majority of emissions arise from the indirect, upstream value chain sources – scope 3. This compares to NHS Wales where 80% of emissions arise from scope 3 sources. 12% of emissions are scope 1, from the direct creation or release of greenhouse gases, this is the same proportion as for the entirety of NHS Wales. 11% of emissions arise from scope 2 sources, namely those associated with the consumption of electricity, this compares to 8% for NHS Wales.

Figure 3: Breakdown of BCUHB's and NHS Wales's footprint by sector

The footprint can be broken down by sector, which highlights the emissions sources in a more relatable manner and in a way that aligns with the decarbonisation activity streams of the *NHS Wales Decarbonisation Strategic Delivery Plan*. This shows that for BCUHB the greatest emitting sectors are procurement (53%), building use (27%), and transport (19%); this compares to NHS Wales as a whole with 62%, 21% and 17% for the same sectors respectively. The following sections examine each sector in more detail.

2.2.1. Building use

Figure 4: Breakdown of BCUHB's emissions from energy and utility use in buildings

Emissions from buildings arise from energy consumed within acute sites and community hospitals, private GPs and primary care units are not included within the scope of this footprint. The vast majority of emissions from activities associated with building use arise from the actual energy consumed (85%). The energy consumed can be broken down into natural gas, electricity, and oil consumption. Of these fuels natural gas consumption produces the most carbon emissions, this will be predominantly for space heating and hot water services. Emissions from the consumption of electricity, although currently high, will likely decrease year on year as a result of UK grid decarbonisation. Upstream energy counts towards a significant proportion of building related emissions, this emissions source considers the emissions associated with the extraction, refining, transport and distribution of fossil fuels used by BCUHB and by power stations generating electricity; transmission losses associated with electricity consumption are also taken into account. Emissions associated with the supply of water, treatment of wastewater, and waste treatment account for less than 2% of building related emissions.

2.2.2. Transport

Transport related emissions form the smallest sectoral proportion of BCUHB's footprint. However, given the dependence of fossil fuels for powering vehicles, transport related emissions are unlikely to decrease over time unless action is taken.

Figure 5: Breakdown of BCUHB's emissions from transportation related sources

The vast majority of transport related emissions are from indirect sources, predominantly staff commuting and patient/visitor travel – together accounting for 94% of transport emissions. Although difficult to decarbonise due to lack of control of direct control of these emissions, BCUHB can nonetheless influence and encourage staff, patients, and visitors to travel more sustainably. Emissions from BCUHB's owned fleet and business travel contribute the remaining 6% to the transport footprint.

2.2.3. Procurement

Emissions associated with purchased goods and services will typically always form the largest part of any organisation's carbon footprint. The emissions covered within purchased goods and services relate to all upstream activities, including the production, transport and distribution and use phase of a product or service. The emissions are calculated by analysing the spend through the procurement department at BCUHB, the expenditure on each good or service is classed by a particular sub-sector for which the carbon intensity is known. Total emissions from procurement related spend equal **101,496 tCO_2e**.

Figure 6: Breakdown of BCUHB's emissions from procurement by sub-sector

Four categories account for over 80% of all procurement related emissions, these are:

- Drugs – 29,892 tCO_2e – 29%
- Continuing Healthcare & Funded Nursing Care – 27,688 tCO_2e – 27%
- Medical Equipment & Supplies – 19,907 tCO_2e – 20%
- Other – 4,922 tCO_2e – 5%

The remaining 24 categories account for 19% of the total procurement related emissions.

3. BCUHB Decarbonisation Pathway

It is recognised that it will not be practical or possible for BCUHB to stop all carbon emissions entirely from its operations. This will be the same for all Health Boards and Trusts across Wales. BCUHB must strive to reduce its emissions as far as possible before using offsetting measures as the final step to align with Welsh Government's Net Zero public sector by 2030 ambition.

This calculation is called the "Gap to Target", which is the gap that will require offsetting measures. A gap to target has been estimated in 2025 as 55,467 tCO_2e. This represents BCUHB's estimated residual carbon emissions in 2025, plus the initiatives that were unquantifiable at this point in terms of indicative carbon savings. BCUHB will need to offset the remaining carbon emissions using the correct and approved methods. The graph below gives a visual representation of these savings as BCUHB's 'Decarbonisation Pathway' towards 2025. A business-as-usual (BAU), Net Zero 2030 pathway and the NHS Wales Strategic Delivery Plan target have also been included for context.

Figure 7: Decarbonisation pathways for BCUHB

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	175,847	-	-
2024	135,149	22%	-40,664
2025	133,781	22%	-60,103

*Excludes impact of BAU

Table 1: Savings identified from all quantified actions

3.1. Buildings

Figure 8: Decarbonisation pathways for building related emissions

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	48,229	-	-
2024	30,846	24%	7,148
2025	30,335	25%	10,697

*Excludes impact of BAU

Table 2: Savings identified from all quantifiable building focussed actions

3.2. Procurement

Figure 9: Decarbonisation pathways for procurement related emissions

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	93,986	-	-
2024	68,990	29%	29,401
2025	67,660	30%	43,287

*Excludes impact of BAU

Table 3: Savings identified from all quantifiable procurement focussed actions

3.3. Transport

Figure 10: Decarbonisation pathways for transport related emissions

Year	Emissions (tCO_2e)	% Reduction from 18/19	Cumulative savings from initiatives (tCO_2e)*
2019	33,632	-	-
2024	34%	1,427	1,481
2025	32%	1,456	2,222

*Excludes impact of BAU

Table 4: Savings identified from all quantifiable transport related actions

The above charts and tables display the decarbonisation pathways under a business-as-usual case, the savings from the initiatives suggested within this action plan, as well as the target lines based on the NHS Wales Strategic Delivery Plan and Net Zero 2030.

It should be noted that under a business-as-usual case, grid decarbonisation, decarbonisation of the supply chain and planned floor area expansions are taken into account. The UK has set targets to achieve a zero carbon electricity grid by 2035, this means replacing gas and coal power stations with nuclear and renewables. As such the carbon emissions associated with the consumption of electricity is projected to decrease over time. Similarly, the carbon intensity of the supply chain is expected to decrease over time due to grid decarbonisation and efforts made by companies to reduce carbon emissions. As a result of these factors, the total footprint is expected to decrease by 11% between 2019 and 2025 under the business-as-usual case.

The 'initiatives' case takes into account both the reductions of the business-as-usual case as well as the potential carbon savings resulting from the actions developed within this plan. This action plan

focusses on the near future (2022-24), meaning the actions identified are likely to be low hanging fruit that can be quickly implemented. A result of this is that the carbon savings from initiatives levels off after 2024, leaving a significant gap to target; this will be addressed in future action plans with the development of more initiatives in future years. Furthermore, many of the actions outlined within this report suggest the implementation of feasibility studies, therefore, the largest reductions in emissions are likely to be seen post 2025.

A result of the action plan focussing on the time period of 2022-24 is that many of the identified opportunities centre around buildings. However, the largest reductions arise from actions taken within the purchase of goods and services – as this is greatest proportion of the overall carbon footprint.

It should be noted too that the vast majority of actions identified within this plan cannot be quantified but are likely to either support the reduction of emissions of contribute to emission reductions in the future. These measures are not reflected in the graphs and tables above but will underpin a lot of the work that will need to be carried out by BCUHB in order to meet its 2030 target.

Although these initiatives, if implemented, are likely to result in strong carbon reductions, especially when measured against the strategic delivery plan target, there is still a long way to go in achieving net zero emissions by 2030. Future action plans will need to increase the level of ambition and look to reduce emissions even further and faster.

4. BCUHB Strategic Direction 2022-26

Within the NHS Wales Decarbonisation Strategic Delivery Plan (DSPD) decarbonisation of NHS Wales has been structured into six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

Within the Technical Appendices of the DSDP initiatives (decarbonisation activities or projects) are listed for each activity stream. The structure above has been followed in this section of the report and those initiatives for which responsibility lies with Health Boards & Trusts in the DSDP are set out alongside commentary on how these apply specifically to BCUHB. The initiatives included within the activity streams will often provide carbon reduction across several footprint categories.

4.1. Carbon Management

Initiative 1: Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.

Having a clear governance structure will be key to ensuring the successful application of this action plan, and the implementation of any decarbonisation initiatives going forward. BCUHB will be required to further develop its carbon management structure to ensure that individuals within every team are aware of their responsibilities in delivering this action plan. This may require the putting in place of further dedicated and appropriately skilled resource within individual teams that relate to the activity streams outlined within this delivery action plan. Every action within this delivery plan is assigned to key roles or groups, who should take on the responsibility of understanding the requirements and efficiently implementing the action. The Welsh Health Environment Forum can also be a key mechanism to support best practice carbon management and learning for decarbonisation initiative implementation.

Initiative 2: Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.

To ensure successful acceptance of the delivery action plan and engagement with decarbonisation initiatives in the future it is essential to effectively communicate the plans, measures, and actions being put in place by the health board to both staff and the wider public. Proactive communication of the climate emergency with historical, ongoing, and future steps that have, are and will be undertaken to address it can increase engagement in reducing carbon emissions and help their ongoing success. This communication can effectively support the education and provide learning opportunities for both staff and the public, driving future positive change.

The health board should aim to further capture the results of carbon reduction opportunities from across all departments, develop case studies and communicate these with staff and the public through newsletters or other means of engagement.

Initiative 3: Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.

In the development of this delivery action plan senior staff and team leaders across estates, finance, procurement, transport, and clinical departments were engaged through a series of targeted workshops. This has laid the foundation for providing an understanding of the climate emergency, current carbon impacts and initiated the development of carbon reduction measures which have been captured within this delivery action plan.

Through these workshops it has been clear that the driving force for decarbonisation thus far has been from interested individuals within these departments. To ensure engagement across the organisation's leadership team, it will be key to further develop a 'decarbonisation programme board' containing senior individuals who will have dedicated resource to ensuring the effective delivery of this action plan. There should be a minimum of one member of staff per each category of the NHS Wales decarbonisation strategy within the decarbonisation programme board. Engagement of the board members with their respective teams and departments as well as with senior leadership will ensure an effective governance structure is in place to drive forward the health board's decarbonisation ambitions.

4.2. Buildings

4.2.1. Existing Building Retrofit

Initiative 4: Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.

In developing this initial delivery action plan, the Carbon Trust have undertaken energy and carbon audits of the three acute hospitals under BCUHB's control – Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor. These three sites account for over 70% of the scope 1 and 2 building emissions. Due to the size, age, energy consumption and carbon footprint of these three sites, they have been the primary focus of decarbonisation initiatives within this near-term delivery action plan. The remaining sites (categorised as: Community Hospitals, Specialist Hospitals, Health/Treatment Centres, Support Facilities, Non-Hospital (Patient Facilities) and Disposals) will also offer decarbonisation opportunities, albeit of less material impact. Many of the decarbonisation initiatives suggested for the three acute sites will still be pertinent to the smaller sites. A fabric first approach should be adopted across the BCUHB estate with a particular focus on single glazing upgrades with and increasing levels of insulation, especially at the acute site. Details of site audits can be found in Appendix 1 and 2.

Initiative 5: Fully replace all existing lighting with LED lighting by 2025.

During the energy and carbon audits of the three acute sites, lighting levels and existing lighting were reviewed, with suggestions for upgrades to LEDs quantified within the 2022-24 delivery action plan. Further lighting reviews across all sites should be carried out to understand the requirement for number, type and lighting controls that would be needed with an LED upgrade. Furthermore, wherever possible Estates and Facilities teams should move to upgrade to LED as soon as possible as opposed to replacing bulbs at end of life.

Initiative 6: Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.

All acute sites reviewed during the energy and carbon audits currently use fossil fuels as their primary heat source, in a low carbon future these buildings will need to use a different means to generate heat. Given the significant proportion of emissions that arise from heating, it is a matter of urgency to switch to low carbon heating alternatives. As such, BCUHB should commission low carbon heat specialists to develop a low carbon heat plan for each acute site.

Initiative 7: Progress low carbon heat generation for all non-acute sites larger than 1,000m^2 by 2030.

Switching all non-acute sites over 1,000m^2 to low carbon heating represents a significant challenge in terms of the infrastructure upgrades required within the buildings themselves and the likely high capital costs. Significant funding from Welsh and UK governments will be required in order to achieve this. However, within the short term, BCUHB can make sure it is prepared for any funding that becomes available by commissioning low carbon heating specialists in the short term to evaluate each individual site and detail a low carbon heating plan.

Initiative 8: No further natural gas CHP plant will be installed – renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.

Combined heat and power has offered BCUHB a means to generate low-cost and low carbon heat and electricity at two of its three acute sites for many years. However, the rapidly decreasing carbon intensity of the UK grid now means that the energy generated from gas-fired CHP is no longer an attractive low carbon option. The disparity in the carbon intensity of CHP generated energy versus grid electricity is only going to increase as time goes on. Therefore, for BCUHB to achieve its net zero targets, no more gas-fired CHP should be installed.

The CHP units at Glan Clywd and Ysbyty Gwynedd should be subject to a detailed technical review to understand when they can be decommissioned and what the alternative options are. Given any alternative will likely represent a significant increase in capital and operational costs, it is recommended that detailed financial modelling is carried out to ascertain the most financially attractive option.

Initiative 9: Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.

An up-to-date building management system (BMS) can provide extensive controls and high-resolution data for a range of building services, thereby granting building managers a significant opportunity to better understand the building operations and how to reduce energy consumption.

Recent and ongoing upgrades at all three acute sites will likely lead to reduced energy consumption and carbon emissions. However, it will be important to ensure that all relevant staff have had adequate technical training to ensure best practice operations – including data management, set points, schedules and timers.

Infrastructure upgrades in terms of building services and their controls may be required to ensure optimisation of all building systems is possible. The BMS system may help to provide an understanding of which building systems need to be upgraded and their appropriate sizing.

Initiative 10: Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.

BCUHB has worked closely with the Welsh Government Energy Service (WGES) to understand the potential for renewable generation, predominantly solar PV. A number of these projects have already been installed or are in the design/implementation phase. The remaining projects identified through WGES are to be implemented within the lifetime of this delivery action plan.

4.2.2. New Builds and Major Refurbishment

Initiative 11: Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals and adopt a net zero building accreditation approach which will be defined by 2022.

BCUHB should ensure that its current pipeline of major refurbishments and new developments, in the short term (ie. covered within the period of this action plan 2022-2024) should achieve BREEAM 'excellent' and 'very good' for new builds and refurbishments respectively. These will include developments such as Wrexham Maelor continuity and wider redevelopment programmes; regional treatment centres; Royal Alex Hospital; and Ysbyty Gwynedd programme of works.

The ongoing refurbishment of the mental health unit at Glyn Clwyd hospital should be assessed to ensure it is carbon 'net zero' in operation, this can be used as an exemplary model for any further planned refurbishments. Learnings from this development should be captured to ensure any new builds or major refurbishments further in the future post 2024 can be certified to a net zero standard.

It is important as well that carbon is taken in to consideration throughout the entire life cycle (cradle to grave) of any new building, meaning that buildings are net zero through construction, operation and end of life.

Initiative 12: All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.

To ensure that carbon emissions from buildings are not just an afterthought and are considered throughout the design process it is important that BCUHB have a suitably qualified client-side sustainability representative. This may require additional resource or upskilling of existing resource within the estates & facilities and capital projects teams. This representative should engage all teams across all elements of the design and construction phase to ensure that the health board can meet its decarbonisation targets in the long term.

Initiative 13: Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.

Many of the buildings within the health board's estate have been constructed with traditional building techniques. However, there have been a range of technological advancements in recent years in terms of building design and construction that can have beneficial impacts on the carbon footprint of new buildings. These modern methods of construction (MMC) can, in many instances, achieve faster build times, fewer storage requirements, fewer transportation miles, use of less environmentally impactful materials (with fewer embodied carbon emissions), and even cost savings compared to some traditional building techniques. It will be important to maintain a holistic view to new building construction in the ambition to become net zero by 2030 and the use of MMC is one area that will be considered by BCUHB moving forward.

Initiative 14: Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.

BCUHB across some of its major acute sites has significant issues with availability of parking and misuse of current parking infrastructure. This is an ongoing issue that will need to be addressed, if it is decided that any new parking development is required then it will be key for the health board to ensure that any parking infrastructure has extensive availability of electric vehicle charging points and can be easily modified in future to take advantage of requirements for increased charging capacity or new technologies.

Initiative 15: Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source.

Current government guidelines outline plans for gas boilers to be banned from domestic new builds from 2025, and no new gas boilers to be sold in the UK from 2035 onwards. Albeit for the domestic sector this clearly highlights the government's ambitions to move away from the use of fossil fuels for heating in buildings. As such, in line with the previous initiatives of achieving net zero operational emissions and the requirement for a sustainability representative in building design, BCUHB should ensure that any new primary heat source installed will be fossil fuel free (ie. no gas, oil, or LPG).

Initiative 16: Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.

In 2016, Welsh government released their 'Active Travel Action Plan for Wales'[1], this document details the ambition for walking and cycling to become the preferred means of transport over short distances. This is not only to reduce carbon emissions but to support the Welsh public more generally through reducing car dependency; reducing barriers to access to employment and healthcare; improved air quality; and better integration of existing land and transportation use.

In the design of any new sites or major refurbishment, the *Active Travel Action Plan* should be consulted, with the range of actions considered and taken in to account. These will be of particular importance at community hospitals and smaller sites. This work should also be carried forward in existing sites.

[1] https://gov.wales/active-travel-action-plan

4.3. Transport

Initiative 17: NWSSP will work with Health Boards and Trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.

It is essential that a best practice approach is developed for the design, planning, installation and operation of EV charging technology and parking planning; alongside the procurement of electric vehicles across NHS Wales sites such that a standardised approach is taken. This will facilitate and accelerate the uptake of electric vehicles. BCUHB should engage with NWSSP, as well other public sector partners, and with other health boards and trusts in order to ensure an aligned approach is taken, and best practice is noted and carried forward. The majority of staff across BCUHB travel by car so appropriate EV charging infrastructure and planning will enable staff to use lower emission sources of vehicle transport, although active travel should be prioritised as much as possible. This will help BCUHB to address the significant employee commuting emissions (see Figure 5: Breakdown of BCUHB's emissions from transportation related sources).

Initiative 18: A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance – this will entail central fleet management oversight within each organisation.

Current carbon emissions from fleet account for only 4% of total transport emissions, however, efforts should still be made to reduce these in order to achieve the health board's decarbonisation targets. Current fleet management is controlled by individual sites and departments, going forward the health board should consider installing a central fleet manager to oversee all vehicles and their usage. This will allow for far better control of decarbonising the fleet, developing a fleet strategy and ensuring actions and initiatives are put in place and the results monitored.

BCUHB have already installed telemetry equipment in the pool cars and the majority of the core fleet to help increase vehicle management. The use of telematics is planned to be rolled out to the remaining BCUHB fleet, under the current healthboard strategy, to help increase the data BCUHB holds on the fleet and to enable targeted carbon reduction measures to be implemented. Significant progress has already been made in reducing emissions from BCUHB's fleet, as fuel card volume has reduced 25% between 18/19 and 19/20 and the core fleet has been reduced from around 750 vehicles in 2018 to approximately 450 in 2022.

Initiative 19: All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.

The sale of petrol and diesel fuelled vehicles will be banned from 2030 onwards in the UK, signalling a move to low or zero carbon forms of transport. The growing trend for low carbon transport is being driven by the purchase of battery electric vehicles. The rollout of electric vehicles across BCUHB has already begun with the acquisition of six cars across west, central and east sites; and nine electric pool cars for estates and facilities.

Initiative 20: All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.

Medium and large freight vehicles are harder to decarbonise given the increased power requirements to move a larger load, as such there are few options on the market currently and often at a prohibitively expensive cost. However, this is changing and costs are beginning to decrease with new entrants to the market. Therefore, BCUHB should engage with suppliers to understand the future possibilities and options available to them, such that they are prepared to switch to ULEVs when appropriate.

Initiative 21: All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.

BCUHB should refresh their current sustainable travel policy, such that it better incentivises active travel low carbon forms of transport. This refresh should be developed by a sustainable travel manager and based on both the requirements to decarbonise staff travel along with the results of an annual staff travel survey that will need to be implemented. Engagement with public transport provides will also be important in reducing transport emissions. Additionally, all sites should have up to date active travel plans with visible active travel maps available to staff, patients and visitors.

Initiatives 22, 23, 24[2]

[2] Initiatives 22, 23 and 24 relate to Welsh Ambulance Services NHS Trust (WAST) activities. These initiatives fall under the responsibility of WAST, as detailed in the NHS Wales DSDP, and so are not considered within the scope of this action plan.

4.4. Procurement

Initiative 25: NWSSP will transition to a market-based approach for supply chain emissions accounting.

Current carbon accounting for purchased goods and services within the health board and used for the NHS Wales decarbonisation strategy have used an expenditure-based approach. This methodology reviews the spend across health boards grouped by the service or goods type and applies a spend based emission factor of a relevant economic sub sector to calculate carbon emissions. The approach is useful for understanding a high level overview of carbon emissions, and hot spots within the supply chain – however, it fails to capture the use of low carbon products and suppliers. A more accurate method for calculating emissions from purchased goods and services is to look at the carbon footprint of individual suppliers and the proportion of it that is covered by what is purchased by the health board. This is called a market based approach and better reflects the sustainable procurement policies and conscious decision to select low carbon suppliers. This methodology does however require strong engagement with suppliers from both a health board and shared services level.

Initiative 26: NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.

To ensure carbon emission reductions are accurately reflected in tender and other procurement documents, NWSSP and the All Wales Medicines Strategy Group have developed a new framework to address this. BCUHB will incorporate this strategy in Health Board level procurement decisions, which will help the Health Board assess the sustainability credentials of suppliers and reinforces the commitment of NHS Wales to achieve ambitious emissions reduction across the supply chain. It will also be important for the Health Board that relevant staff are well trained in best practice approaches to assess the sustainability credentials of suppliers. Additionally, issues surrounding an individual product's carbon footprint will be an important consideration (where available) when procuring sustainable products. The avoidance of single use items will need to be viewed alongside any best practice guidance for infection control.

Initiative 27: Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.

Supporting the local supply chain has become a key element of the updated NWSSP guidance for selecting suppliers, with the 'wellbeing and future generations act' and 'foundational economy' criteria both taking the local supply chain in to account. BCUHB have already taken this guidance in to account when developing their own procurement strategies. BCUHB should make sure that all staff across the organisation are aware of this guidance and take the local supply chain in to account during any purchasing decisions. Prioritising locally sourced goods and services helps to reduce the emissions associated with transport and distribution. However, the embodied emissions of the goods themselves should be taken in to account, making sure that this is not greater than combined embodied, and transport and distribution emissions of goods from elsewhere.

Initiative 28: 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.

Numerous electricity suppliers offer electricity which can be assured that it has come from or supports a renewable electricity source. This is using the REGO (renewable energy guarantee of origin) scheme, whereby renewable electricity generators produce a REGO certificate which can then be sold to consumers alongside their electricity which guarantees it is from a renewable source. Procuring REGO-backed electricity sends a signal to the market that there is demand for renewable electricity and encourages the support and rollout of further renewables. Currently the majority of electricity procured by BCUHB is REGO-backed, this is not reflected within the carbon footprint (see section 2).

The carbon footprint uses the UK average electricity grid emissions factor, which reflects electricity from all sources (natural gas, coal, wind, etc.). Using this approach, as opposed to zeroing out emissions from REGO sources, demonstrates that electricity is still being consumed and active measures should be taken to reduce its consumption. That is to say, by reporting emissions in this way aims to encourage energy efficiency measures. This should not detract from supporting REGO backed electricity suppliers, which sends a strong signal to the market that there is a desire for more renewable electricity generation.

Natural gas is by its nature carbon intensive, and currently there is limited or no alternative zero-carbon fuel that can be procured and accounted for in the same way as renewably sourced electricity. The alternative is for the gas supplier to ensure that the carbon impacts associated with the gas they sell is offset through a reputable, gold standard, offsetting framework.

Initiative 29: NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.

By moving to a market-based approach as per initiative 25, BCUHB's footprint will be intimately connected to the carbon emissions generated by the suppliers themselves. Therefore, in order to decarbonise the health board's supply chain, it is essential to select either a low/zero carbon product/supplier or engage with suppliers to encourage them to set their own decarbonisation targets and develop an action plan. One means to do this is to require suppliers to set a decarbonisation target that they act and report on in order to be selected as a supplier through the health boards procurement framework.

Initiative 30: Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.

To achieve significant and sustainable emission reductions over the long term it will be important that decarbonisation ambitions become embedded in the governance and decision making processes of both NWSSP and the health board. Regularly reviewing the progress of this action plan and integrating the review progress with other annual reporting will help incorporate decarbonisation within wider reporting metrics. It is also important that responsibility for sustainable procurement is taken at senior management level with a responsibility to report to director level. This will help embed decarbonisation within the governance structure, guide implementation and contribute to the success of this action plan.

Initiative 31: NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.

Within the full lifecycle of services and goods purchased by the health board, the carbon impacts of associated transportation and distribution must be considered. This will be particularly important as the health board moves to a market-based approach for footprinting its supply chain. Current efforts to centralise the delivery of goods should continue, using lower carbon 'last mile' options operated at higher load to minimise the number and frequency of deliveries to sites, where traffic is already frequently a problem.

Initiative 32: NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan.

Given the highly interconnected nature of procurement between NWSSP and BCUHB it will be crucial that close collaboration exists between both organisations to support the implementation of this decarbonisation action plan. The success of driving emissions reductions from procurement will necessitate engagement from both NWSSP and BCUHB and may require specific frameworks to be created for certain sectors such as EVs and infrastructure, renewable power, low carbon heat, local supply chains, and low carbon ICT procurement. BCUHB's procurement team, and relevant senior leadership teams, will continue to work closely with NWSSP to actively engage with new procurement requirements, support cross-cutting initiatives, and communicate learnings to drive emissions reductions across the whole supply chain.

4.5. Estate Planning and Land Use

Initiative 33: All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.

It is crucial, if long term and significant emissions reduction are to be achieved, that decarbonisation becomes embedded within strategic estate planning at both an All-Wales and a BCUHB level. Through maintaining carbon efficiency as a core principle and using it as a key decision metric BCUHB will be able to ensure emission reductions are achieved at the earliest opportunity and avoid carbon emissions becoming locked into new health board processes or developments that may be hard or costly to rectify in the future. BCUHB is already undergoing strategic reviews of its assets in terms of new developments, smart ways of working and estate rationalisation. The key moving forward is that senior decision makers champion decarbonisation within these strategic plans and incorporate tools such as the net zero framework to ensure carbon reductions maintains a principle consideration.

Initiative 34: NWSSP and Welsh Government will develop an approach to land use to advise Health Boards and Trusts on land identification, collaboration with Local Authorities and the community, and the appraisal approach for renewable energy and greenhouse gas removal.

In a holistic assessment of carbon emissions, it is important to consider not only the built environment and Health Board operations but also the effects land use can have, both positive and negative. It will be important for BCUHB to carry out a land evaluation survey to identify the areas of the existing estate for potential renewable energy generation and for GHG removals, which will play an increasingly significant role in the years to come. Areas of green space can increase biodiversity and can also contribute to better physical and mental health for users of the space, whilst helping to reduce carbon emissions. It will be important for BCUHB to collaborate with local authorities and neighbouring landowners to effectively manage green space to maximise biodiversity, health benefits and carbon emission reductions. BCUHB will also engage with NWSSP and Welsh Government so that a standardised and best practice approach is followed for assessing land use possibilities.

Initiative 35: NHS Wales will explore and progress large scale renewable generation with private wire connection to our sites.

Large scale renewable energy generation has the ability to significantly reduce the amount of electricity consumption from the national grid. This not only reduces utility costs, increases energy resilience, improves grid flexibility, and insulates the health board from energy market volatility, but crucially reduces associated carbon dioxide emissions from electricity use. BCUHB is a substantial electricity consumer from its estate across the north Wales region. To meet the ambitious decarbonisation

ambitions of the health board, it will be crucial that renewable energy generation is maximised across the health board's own estate but also through private wire connections to renewable energy generation on third party or joint venture sites.

BCUHB have worked with the Welsh Government Energy Service over a number of years to help facilitate renewable energy deployment across its' estate. Installations have already been commissioned with others in planning or early implementation phases. BCUHB will continue its collaboration with WGES with an aim to install 50% of all identified renewable energy projects by 2026 and 100% by 2030. The effective maintenance and operation of these assets will take on greater importance over the coming years as the total capacity installed increases. This will require strong governance structures across a number of teams throughout the health board.

4.6. Approach to Healthcare

4.6.1. Smart Working

Initiative 36: Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.

To effectively reduce emissions to a minimum, a new service model must consider a shift in the way that care is delivered. BCUHB is committed to working with WG Capital, Estates and Facilities to ensure that its estate caters to the modern healthcare journey.

Initiative 37: Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.

The covid-19 pandemic has accelerated many aspects of flexible and agile working, it has proven that productivity can remain high when staff work from home on a long-term basis and has increased the uptake of technology that facilitates remote working. Through staff surveys the health board can understand the willingness and efficacy of working from home versus office-based working; results from these surveys can show where aspects may need to be improved to further increase uptake of remote working. On a long-term basis, understanding working preferences can provide information needed for future planning of the health board's property portfolio and estate – leading to rationalisation of existing sites that are not fit for purpose and increasing smaller, more sustainable agile working hubs. The existing estates strategy should consider these impacts along with the property disposal strategy.

Initiative 38: Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.

As a necessity for reduced contact during the covid-19 pandemic, numerous staff/public interactions were forced to move online. A significant proportion of GP consultations were held virtually, fine tuning the technology behind this and the offering to the public will help to reduce the volume of patient, visitor and staff travel to health board sites. Further investigation should be undertaken by the health board to understand how and where appropriate more staff/public interactions could occur online.

BCUHB will continue to build upon the progress made during the Covid-19 pandemic in the following ways:

- Maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and patient travel - where medically appropriate.
- Use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services.
- Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.
- Take advice from NHS Wales to the best practice use of digital technology; and
- Continue the process of digitalisation of heath records, which has already begun, and will continue throughout the Action Plan period.

4.6.2. Education

Initiative 39: Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.

Educating staff and patients is seen as a key enabler for the success of this delivery action plan. A majority of the UK population sees the climate emergency as a significant concern, and a large proportion are unsure how best they can change their lifestyle, habits and actions to help[3]. Educating the wider public on the impacts of the climate emergency and what they can do in their everyday lives and in the workplace will be extremely beneficial for embedding good practice and decarbonisation actions.

It is suggested that all BCUHB staff undergo carbon literacy training, in development by PHW, in order to understand the carbon emissions impacts of their working operations, choices and habits.

Educating staff and patients was raised during many of the focussed workshops held in the development of this delivery action plan. It is currently believed that a significant proportion of staff are unaware of the NHS Wales decarbonisation target and strategy, what this means for BCUHB and the actions that are currently being undertaken to meet these targets. This relates to initiatives 2 and 3, in that the education of staff should go hand in with the approach to engagement.

4.6.3. Healthcare and Medicines

Initiative 40: Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.

BCUHB will consult with Welsh Anaesthetic Green Network (WAGN) and senior medical staff to evaluate their existing trials to reduce emissions associated with anaesthesia and Nitrous Oxide to help develop an approach to expand best practice across all of Wales. It will also work with the All Wales Medicines Strategy Group to assist with the implementation of a Environmentally Friendly Medical Gas Policy.

Initiative 41: Explore methods of minimising gas wastage and technologies to capture expelled medical gases.

BCUHB will ensure medical gas capture technology is integral to all new builds and major refurbishments.

Initiative 42: Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.

BCUHB will seek guidance from the All Wales Medicine Strategy group and RHIG on this initiative.

[3]https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/threequartersofadultsingreatbritainworryaboutclimatechange/2021-11-05

Initiative 43: Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.

BCUHB will seek guidance from the All Wales Medicine Strategy group and RHIG on this initiative.

4.6.4. Waste

Initiative 44: Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.

BCUHB will work with NWSSP and ensure best practice initiatives for the reduction of pharmaceutical waste are implemented once finalised. BCUHB will also collaborate with other Health Boards and Trusts to ensure a standardised approach.

Initiative 45: Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.

BCUHB will work with NWSSP and ensure best practice initiatives for plastics in healthcare are implemented once finalised. BCUHB will consider second life possibilities for non-medical equipment that is no longer required. Reuse elsewhere within the Health Board and donation will be prioritised over creation of waste. This will be incorporated into Health Board policy.

Initiative 46: Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.

BCUHB will introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders. It will also support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions and encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. It will also make use of the existing RHIG digital app to effectively communicate with patients.

5. Decarbonisation Action Plan 2022-24

This section of the report sets out the decarbonisation actions that will be implemented by BCUHB from March 2022 to March 2024 to align with the NHS Wales Decarbonisation Strategic Delivery Plan, along with key delivery dates and responsibilities. All actions have been linked back to the relevant initiative within the NHS Wales Decarbonisation Strategic Delivery Plan for ease of reference. Wherever possible, actions have also been quantified. See Appendix 2 for further details.

	Estimated Annual Savings			Est. Capital Costs 2022-24 (£)	Est. 10 year Carbon Savings (tCO_2e)
Area	£	tCO_2e (2024)	Activity (unit)		
Carbon Management	-£528,615.44	1,297	6,232,124 kWh	-	9,586
Buildings	£582,295.05	3,565	17,092,515 kWh	£5.4m	28,161
Transport	£305,895	741	248,906 Litres - 406922 kWh	£1.1m	5,296
Procurement	-	14,366	-	£100k	94,342
Estate Planning & Land Use	-	-	-	-	-
Approach to Healthcare	-	-	-	-	-
Total	**£1,416,805.43**	**19,969**	**-**	**£6.6m**	**138,015**

Table 5: Summary of 2022-24 Action Plan

While emissions reductions will need to be achieved across the Health Board to align with Net Zero 2030, buildings account for the majority of BCUHB's Scope 1 & 2 carbon footprint and, crucially, are under BCUHB's direct control. Decarbonisation of buildings therefore presents an opportunity for BCUHB to make significant and early progress towards Net Zero. The buildings within BCUHB's estate can be broadly split into two categories; existing buildings (where retrofit

solutions are required), and new builds and major refurbishments. This action plan follows the NHS Wales Decarbonisation Strategic Delivery Plan by exploring actions with regards to buildings under these two sub-categories.

BCUHB has a significant number of built assets that span a wide range of applications and construction years, with many sites that were not constructed to the same energy efficiency standards that are currently in place for new buildings. The wide variety in building types and energy efficiency standards of the property portfolio necessitates a targeted action plan that can achieve emission reductions across the built estate as well as specific measures to maximise decarbonisation on a building-by-building basis. It is important that the carbon reductions are prioritised in existing building retrofits and that business cases are not solely driven on cost savings, with some cases even resulting in increased costs to be expected. Additionally, strategy at NHS Wales level is that uncertainly to the future of built assets should not be a cause for inaction over decarbonisation initiatives. The estimated savings identified through audits at each acute hospital site, and associated capital costs, are summarised below in Table 6. For a more detailed breakdown of costs and savings by measure, see Appendix 2.

5.1.1. Existing Building Retrofit

	Est. Year 1 Savings			Est. Capital Costs 2022-24 (£)	Est. 10 year Carbon Savings (tCO_2e)
Acute Hospital	£	tCO_2e (2021)	kWh		
Ysbyty Gwynedd	310,130	270	1,178,400	793,900	2,140
Glan Clwyd	520,200	370	1,600,300	1,102,600	2,900
Wrexham Maelor	327,600	260	1,158,852	923,300	2,100

Table 6: Savings and costs identified through audits of acute sites

Carbon Management

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
1. Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.	Assign responsibility for the implementation of this Action Plan to a named person(s), and provide necessary resources to deliver all actions by 2024.	Decarbonisation Programme Board		N/A	Sep-22	£0	£0	
	Undertake monthly Action Plan progress reviews and utilise the Welsh Health Environment Forum to support delivery.	Decarbonisation Programme Board		N/A	Ongoing	£0	£0	
	Develop the decarbonisation programme board with cross-health board discipline members to increase engagement and drive implementation of decarbonisation initiatives. This board will report in to People, Partnerships and Public Health (PPPH). This can be supported by the current grass roots BCU Green Group.	Current SRO for decarbonisation (Exec. Director of finance)		N/A	Sep-22	£0	£0	
	Introduce a carbon literacy training programme for all BCUHB staff.	Decarbonisation Programme Board		N/A	Sep-22	TBC	TBC	
	Develop case studies of carbon saving in tandem with Welsh Government Energy Service.	Decarbonisation Programme Board		N/A	Sep-22	£0	£0	
2. Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.	Current BMS knowledge at acute sites is concentrated in key individuals. Provide internal training to upskill wider estates team on BMS operation and best practice use. Ensure knowledge of any system upgrades are appropriately disseminated within wider estates team.	Estates and Facilities - operational estate		N/A	Dec-22	£0	£0	
	Initial work needs to be carried out to develop an annual staff travel survey, understanding: how staff currently commute; what the current barriers are to active and sustainable travel; what would incentivise or motivate staff to travel sustainably.	Decarbonisation Programme Board / Transport and sustainable travel manager		N/A	Ongoing	£0	£0	
	Liaise with Welsh Government to ensure kept up to date on active travel plans and available funding options. Further engage with relevant external stakeholders mentioned within the active travel action plan to understand potential local opportunities.	Decarbonisation Programme Board - Transport leads		N/A	Ongoing	£0	£0	
	Carry out surveys to understand potential bicycle storage area requirements for each site, determine a location, cost of the project, and how it fits in with site operations and local travel planning. Understand the electrical demand requirement for e-bike charging. Review cycle to work scheme to ensure it can accommodate the purchasing of higher value e-bikes.	Decarbonisation Programme Board, Estates & Facilities, and transport manager		Dec-22	Mar-23	£0	TBC	
	Present a summary of this Decarbonisation Action Plan to BCUHB Senior Management (with the Carbon Trust).	Director of Estates / Carbon Trust		N/A	May-22	£0	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
3. Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.	Review a number of financial opportunities to support decarbonisation programme (e.g. already engaging with re:Fit)	Decarbonisation Programme Board		N/A	Sep-22	£0	£0	
	Continue to engage with the Welsh Government Energy Service to develop and deliver solar photovoltaic projects.	Estates and Facilities Managers		N/A	Ongoing	TBC	TBC	
	Following on from the development of a decarbonisation programme board, there should be dedicated sustainability managers within each major department that can report on and feedback progress to the decarbonisation programme board and vice versa.	Decarbonisation Programme Board and All departments		N/A	Sep-22	£0	£0	

Buildings

Existing Building Retrofit

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
4. Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.	Currently site audits have been undertaken at the three acute sites (Glan Clwyd, Ysbyty Gwynedd and Wrexham Maelor) as part of this 2022-24 delivery action plan. Further energy and carbon audits should be commissioned across other large or high impact sites as part of future delivery action plans. Implement actions outlined in site audits (Appendix 1), with priority given to building fabric improvements (glazing and insulation)	Estates and facilities		N/A	Mar-24	TBC	£0	
	Pipe insulation across the entire site at Ysbyty Gwynedd to be upgraded.	Estates and facilities		Dec-22	Mar-24	£0	£84k	
	Across all acute sites local heating controls should be upgraded to TRVs where appropriate	Estates and facilities		Dec-22	Mar-24	£0	£1.0m	
	Continue to rollout BMS upgrades at YG and YGC	Estates and facilities		Dec-22	Mar-24	TBC	TBC	
	Investigate options to install and rollout sub-metering for heating onsite at YG	Estates and facilities		Sep-22	Mar-23	TBC	TBC	
	Across all sites older AHUs should have their motors switched to inverter driven or preferably EC motors.	Estates and facilities		May-22	Sep-22	£0	TBC	
	The lifts at the main hospital at YG should be refurbished with more efficient motors.	Estates and facilities		Dec-22	Mar-24	£0	£60k	
	The assessment unit at YG should have insulation added to the pitched roof. Loft insulation to be installed within the EMS and estates buildings at WMH. Within the temporary building structures at WMH, insulation and draughtproofing should be installed or upgraded.	Estates and facilities		Dec-22	Mar-24	£	£55k	
	Further investigate the feasibility of solar PV installations across the acute sites	Estates and facilities						
5. Fully replace all existing lighting with LED lighting by 2025.	All lighting replacements across the estate will be with LED. Revised lux levels will be considered where necessary.	Senior Estate Managers			Apr-22	TBC	TBC	
	Continue journey to upgrade lighting across the health board's building estate by 2025. Additional funding may need to be sought. Preliminary financial modelling for lighting upgrades across the three acute hospital sites have been presented to BCUHB as part of the energy audits conducted for this action plan.	Senior Estate Managers		Mar-23	Mar-24	£0	£4.75m	
6. Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away	**Undertake specialist low carbon heat evolution plans at all three acute hospital sites to set out a transition plan away from fossil fuelled heat toward low carbon heat.** This will include heat generation, heat distribution, heat emitters, and building fabric upgrades.	Senior Estates Managers		Mar-23	TBC	£330k	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
from fossil fuel heat sources.	Undertake a feasibility study to convert Mental Health Unit at Wrexham Maelor Hospital to ASHPs - where there is underfloor heating is available.	WMH Senior Estates Managers		Sep-22	Mar-23	£10k	£0	
	Undertake detailed low carbon heat study and replace end-of-life boilers with air source heat pumps at both Mortuary and Creche at Glan Clywd.	YGC Senior Estates Managers		Sep-22	Dec-24	£20k	£140k	
7. Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Low carbon heat design and planning studies to be undertaken at non-acute sites.	Senior Estates Managers		Mar-23	Mar-24	£0	£330k	
8. No further natural gas CHP plant will be installed – renewable CHP will be championed instead. For existing CHP plant, decommissioning will be prioritised over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.	Continue to certify all CHP plant to the CHPQA programme.	Senior Estates Managers		N/A	Ongoing	TBC	£0	
	BCUHB have no plans for new CHP. CHP already exists at 2 acute sites. The scheme at Glan Clwyd should be investigated to understand whether it can be decommissioned as early as 2023. The CHP plant Ysbyty Gwynedd is approaching end of life and should be decommissioned as early as feasible.	Senior Estates Managers		N/A	Apr-22	£0	£0	
	Assess age and condition of current CHP plant for planned decommissioning and identify impact (financial and carbon) of early retirement where possible.	Senior Estates Managers		Mar-23	Mar-24	TBC	£0	
	Put plan in place for decommissioning current CHP plant at acute sites.	Senior Estates Managers		N/A	Ongoing	£0	TBC	
9. Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.	BMS upgrades are already ongoing at YG to modern Honeywell unit. With Trent unit upgrades at YGC and WMH.	Senior Estates Managers		N/A	Jul-23	£0	TBC	
	Estate departments should develop standard operating procedures for each acute site to optimise the efficient operation of buildings; this will include set schedules for time-clocks / operating setpoint / alarms.	Senior Estates Managers / BMS Site Leads		N/A	Sep-22	£0	£0	
	Have in place trained BMS operatives at 3 acute sites (for Honeywell and Trent systems). These individuals should hold regular internal training to upskill other Estates staff on BMS controls	Senior Estates Managers / BMS Site Leads		N/A	Sep-23	£0	£0	
10. Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Continue work with the Welsh Government Energy Service to assess renewable feasibility across the estate. This includes both roof-mounted and ground-mounted systems.	Decarbonisation Programme Board / Estates Managers		N/A	Mar-23	£0	£0	
	Develop a strategy to ensure existing renewable energy systems remain well maintained (e.g. periodic cleaning schedule, schedule of consumable part replacement (e.g. inverters) in line with expected lifespans).	Decarbonisation Programme Board / Estates Managers		Dec-22	Mar-23	£0	£0	

New Buildings and Major Refurbishments

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
11. Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals and adopt a net zero building accreditation approach which will be defined by 2022.	Ensure any new buildings will be BREEAM 'Excellent' with refurbishments achieving 'Very Good'.	Estates & Facilities		N/A	Ongoing	TBC	£0	
	Any future new builds will be certified to the relevant adopted net zero standard – including proposed new mental health unit at YGC.	Estates & Facilities		N/A	Ongoing	TBC	£0	
	Embodied carbon will be calculated and presented for new builds and major refurbishments (e.g. BS 15978, CIBSE TM65)	Estates & Facilities		N/A	TBC	TBC	£0	
12. All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.	Ensure that suitable qualified client-side sustainability representatives are in place for all new build projects. The sustainability representative will be responsible for championing flexibility in the design to ensure that new and emerging low carbon technologies can be added at later stages of the design process.	Estates team		N/A	Mar-24	TBC	£0	
13. Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.	BCUHB will work with the with design teams for all new build and major refurbishment developments to consider the use of Modern Methods of Construction (MMC) and modular designs principles. Design teams will have to provide compelling reasons if MMC are not considered or state why they are not appropriate.	Estates & Facilities		N/A	Ongoing	£0	£0	
14. Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.	BCUHB will carry out electric Authorised Service Capacity reports for all new build and major refurbishments to assess additional EV charging capacity at each site.	Estates & Facilities / Transport & Sustainable Travel Manager		N/A	Mar-22	£0	£0	
	All new car parks will have appropriate EV charging infrastructure installed to enable future connections and charging unit installs.	Transport & Sustainable Travel Manager		N/A	Ongoing	TBC	£0	
	Current EV charging infrastructure is a barrier to significant EV deployment. Engage with NWSSP to establish best practice approach to EV uptake (see Transport section and Initiative 17 of NHW Wales Decarbonisation Strategic Delivery Plan 2021-2030).	Estates & Facilities / Transport & Sustainable Travel Manager		N/A	Mar-22	£0	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	Look to install rapid charge points as EV infrastructure progresses across all sites.	Estates & Facilities / Transport & Sustainable Travel Manager		N/A	Ongoing	TBC	TBC	
15. Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source.	Ensure all new or refurbished sites utilise low temperature heating systems with variable flow temperatures and a low carbon heat source. No new natural gas, oil or LPG boilers will be installed as a primary heat source going forward beyond those which are currently planned - fossil fuels may only be used as backup energy sources.	Estates & Facilities		N/A	Ongoing	£0	£0	
16. Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.	Continue to work with local authorities and local public transport providers to ensure new sites have suitable public transport options. Ensure all three acute hospital sites have a fully up to date and maintained active travel maps. Incorporate cycling facilities to enable secure storage and shower/ locker facilities. This work should be replicated in existing sites.	Estates & Facilities		N/A	Ongoing	£0	£0	

Transport

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	BCUHB should support NWSSP in the development of the ongoing EV charge point framework (currently in development and expected Sep 22).	Estates & Facilities / Transport & Sustainable Travel Manager		Sep-22	Mar-23	TBC	TBC	
17. NWSSP will work with Health Boards and Trusts to develop the best practice approach for EV charging technology, procurement, and car park space planning – this will include consideration of NHS Wales's own fleet, staff vehicles, and visitor EV charging.	BCUHB should develop their own EV charging strategy following on from the framework developed by NWSSP. Currently 30% of lease cars are electric, and a strategy will need to be in place going forward to ensure that increasing demand for charge points can be met. As a result of current funding limitations, this strategy should be developed this financial year, with recommendations and suggestions implemented in the FY23/24.	Estates & Facilities / Transport & Sustainable Travel Manager		2022-23	2023-24	TBC	TBC	
	Engage with NWSSP and other public sector partners to implement further EV charging rollout at the scale and pace to match demand, which will be specified in the best practice approach.	Transport & Sustainable Travel Manager		Mar-23	Mar-24	TBC	TBC	
	20x EV charging points have been installed at the Wrexham site for use by the estates and facilities fleet. There is a need to further review the potential for EV charging points including fast chargers, including the upgrade of temporary EV chargers at Glan Clwyd and Ysbyty Gwynedd to permanent chargers.	Estates & Facilities / Transport & Sustainable Travel Manager		Apr-22	Mar-24	£0	£140k	
18. A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance – this will entail central fleet management oversight within each organisation.	BCUHB should create a new central, dedicated transport & sustainable travel role who should oversee all operations by 2023.	Senior Execs		Jul-22	Sep-22	£40,000	£0	
	Develop a BCUHB fleet baseline assessment to consider vehicle types / CO_2 emissions / age / efficiency / fuel types etc. Ensure arrangements are in place for an annual review of the fleet.	Transport & Sustainable Travel Manager / Decarbonisation programme Board		N/A	Sep-22	£0	£0	
	Continue to implement rollout of telematics tracking system across all BCUHB vehicles.	Transport & Sustainable Travel Manager		N/A	Ongoing	£0	TBC	
19. All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	Progress has been made to replace existing fleet with battery EVs. BEVs will be the default for all new vehicles up to 3.1t (except emergency response).	Transport & Sustainable Travel Manager		Sep-22	Mar-23	£0	£950k	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
20. All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	Develop an approach to decarbonise fleet emissions, including: Vehicle management systems to consolidate journeys / Technologies such as low energy tyres and aerodynamic improvements / Exploring localised opportunities for alternative fuels (e.g. biodiesel / hydrogen).	Transport & Sustainable Travel Manager		Sep-22	Mar-23	£0	£0	
21. All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles and public transport.	Consider incentives / disincentives to encourage staff to transition from ICE vehicles to ULEV / EVs. Identify the limitations / barriers to incentivisation that exist within the A4C terms and conditions or Equality legislation.	Transport & Sustainable Travel Manager		N/A	Sep-22	£0	£0	
	Publish sustainable travel hierarchy that prioritises active travel where possible and low emissions sources where active travel is not possible.	Decarbonisation programme Board		N/A	May-22	£0	£0	
	Increase awareness amongst staff of EVs and their benefits, develop soft touch approaches to encourage migration of staff vehicles over to EVs.	Transport & Sustainable Travel Manager		N/A	Ongoing	£0	£0	
	Develop a staff travel survey to establish staff travel routines, this will form part of the DGH's site-specific Green Travel Plans. Ensure surveys are undertaken on an annual basis.	Transport & Sustainable Travel Manager		Sep-22	Oct-22	£0	£0	
	Develop and implement a new process for the collection of patient travel data. Ensure surveys are undertaken on an annual basis.	Transport & Sustainable Travel Manager		Sep-22	Oct-22	£0	£0	
	Engage with public transport providers to optimise public transport routes and options to all sites.	Transport & Sustainable Travel Manager		N/A	Ongoing	£0	£0	
	Ensure all sites have up to date active travel plans with visible active travel maps for staff and visitors	Transport & Sustainable Travel Manager		Sep-22	Sep-23	£0	£0	

*Initiatives 22, 23 and 24 relate to Welsh Ambulance Services NHS Trust (WAST) activities. These initiatives fall under the responsibility of WAST, as detailed in the NHS Wales DSDP, and so are not considered within the scope of this action plan.

Procurement

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
25. NWSSP will transition to a market-based approach for supply chain emissions accounting.	Conduct a review of medical gas and inhaler procurement to better understand the supplier emissions breakdown.	Head of procurement		N/A	Mar-23	£0	£0	
	Develop a template for approaching BCUHB's top 100 suppliers (by value) to establish product-specific carbon emission information. This data should be collected annually from March 2022.	Head of procurement		May-22	Mar-23	£50k	£0	
	Share the key findings from the initial engagement with these top 100 suppliers across the Health Board and with NWSSP teams (including Transformational Procurement Team).	Head of procurement		N/A	May-22	£0	£0	
	Establish a system for engaging with the top 100 suppliers periodically (e.g., two-yearly) to undertake due diligence on supplier carbon emissions calculations.	Head of procurement		N/A	May-22	£50k	£0	
	Incorporate Welsh Government Policy Procurement Notes 06/21 and 12/21 into tender processes. With the support of NWSSP, continue developing a template for tenders that incorporates decarbonisation.	Head of procurement		N/A	Mar-22	£0	£0	
	BCUHB will take advice from NWSSP on updated carbon footprint methodology and the need to collect market-based carbon emission data. It will also engage with the forthcoming Welsh Government procurement workstream.	Head of procurement		N/A	Mar-22	£0	£0	
26. NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC	TBC	£0	
27. Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC	TBC	£0	
28. 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.	Continue to work with appropriate teams across NHS Wales to maintain 100% REGO backed electricity supply.	Head of procurement		N/A	Ongoing	£0	£0	
29. NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
30. Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			
31. NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			
32. NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Strategic Delivery Plan.	BCUHB Procurement to respond as required to outcome of NWSSP Procurement actions.	Head of procurement		TBC	TBC			

Estate Planning and Land Use

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
33. All-Wales strategic estate planning will have carbon efficiency as a core principle – quantified carbon will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.	Estates and asset management strategy will ensure the incorporation of recommendations of decarbonisation.	Planning and policy team		N/A	Ongoing	£0	£0	
	Ensure rationalisation of the estate where possible to reduce emissions by implementing the BCUHB estate strategy.	Decarbonisation programme board		Sep-22	Mar-24	TBC	TBC	
34. NWSSP and Welsh Government will develop an approach to land use to advise Health Boards and Trusts on land identification, collaboration with Local Authorities and the community, and the appraisal approach for renewable energy and greenhouse gas removal.	BCUHB will adopt guidance for carbon accounting of existing land and identifying suitable land for renewable energy generation and greenhouse gas removals, once provided by NWSSP and Welsh Government.	Decarbonisation programme board / Head of property		N/A	Mar-23	£0	£0	
	Undertake a land evaluation to establish areas of the existing estate for potential renewable energy generation or greenhouse gas removal. Assessments will factor in location, existing land use, planned future land use, proximity to NHS sites and private wire opportunities. Current land has been considered for selling, including Bryn-y-Neuadd.	Planning and policy team / Decarbonisation programme board		N/A	Mar-23	TBC	£0	
	BCUHB will look to support localised initiatives to maintain green spaces on hospital sites for use by staff, the public and patients. Additionally, BCUHB will consider land use change and biodiversity enhancement projects as these will contribute to the overall carbon reduction targets. This will be done in line with their public sector biodiversity duty. This relates to compliance with both the Environment Act (Wales) 2016 and Well-being of Future Generations (Wales) Act 2015.	Decarbonisation programme board		N/A	Ongoing	£0	£0	
35. NHS Wales will explore and progress large scale renewable generation with private wire connection to our sites.	Programme of potential PV for the next 2-3 years in place, continuation of current programmes - started with community assets in East regions with plans to then move to west region if funding is secured.	Head of property		N/A	Apr-22	£0	TBC	

Approach to Healthcare

Smart Working

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
36. Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.	Agile working group currently being developed, assign responsibility of actions to them	Agile working group		N/A	N/A	£0	£0	
37. Support the Welsh Government's target for 30% of the Welsh workforce to work remotely, by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.	Establish the proportion of the workforce that could feasibly work remotely (expected to predominantly be office-based staff). Actively encourage staff to work remotely where this can be feasibly achieved (it's recognised that in some parts of rural Wales this will not be possible without infrastructure upgrades).	Decarbonisation programme board		Sep-22	Mar-23	£0	£0	
	Develop and implement a hot desk policy for acute and community sites.	Decarbonisation programme board		May-22	Oct-22	£0	TBC	
	Develop the opportunities to work with external partners to share and utilise office space that have already been identified and continue to monitor opportunities throughout the action plan period.	Decarbonisation programme board		Mar-23	Mar-24	TBC	TBC	
38. Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.	Build upon the progress made during the Covid-19 pandemic and maintain the use of digital consultations and patient monitoring where possible to reduce the requirement for avoidable staff and patient travel - where medically appropriate.	Decarbonisation programme board		N/A	Ongoing	£0	£0	
	Continue to use technology alongside the 111 service to support patient triage, information gathering, and to signpost patients to appropriate health services. BCUHB will also keep in contact with initiatives at an NHS Wales level and look to implement when available (e.g., NHS Wales app).	Decarbonisation programme board		N/A	Ongoing	£0	£0	
	Ensure healthcare professionals are provided with the appropriate technology to carry out these tasks effectively.	Decarbonisation programme board		N/A	Ongoing	£0	TBC	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	BCUHB will continue to take advice from NHS Wales to the best practice use of digital technology. It will also investigate the possibility of creating a specialist sub-group to create an internal best practice approach to the use of digital technology and digital consultation technology.	Decarbonisation programme board		N/A	Sep-22	£0	£0	
	Continue the process of digitalisation of heath records, which has already begun, and will continue throughout the action plan period.	Decarbonisation programme board		N/A	Ongoing	£0	£0	

Education

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
39. Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.	BCUHB will engage with Carbon Literacy Programme being developed by Public Heath Wales for selected staff with a view to expanding to wider staff in the future. BCUHB will continue to provide space internally for sector leads and sustainability working groups. BCUHB will engage with Doctors for Greener Health Care Networks and look to incorporate it at the Health Board level. The current pan-Wales e-training module on environmental management should be reviewed and updated.	Decarbonisation programme board		May-22	Sep-22	TBC	TBC	

Healthcare and Medicines

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
40. Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.	BCUHB will ensure medical gas capture technology is integral to all new builds and major refurbishments, this should be promoted by the recently developed nitrous working group that has been set up across the three acute sites. Ongoing work to decarbonise medical gases in anaesthesia, maternity and emergency should be publicised more widely. For example, the results of project drawdown (switch from	Decarbonisation programme board		N/A	Ongoing	£0	TBC	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	anaesthetic gases, predominantly desflurane, to IV anaesthetics) should be championed across the HB.							
41. Explore methods of minimising gas wastage and technologies to capture expelled medical gases.	This has been identified as a significant issue by the clinical team at BCUHB. Current activities by postgraduate medical students are looking in to this subject, but further efforts need to be made within the health board to explore opportunities and undertake trials.	Decarbonisation programme board		N/A	Ongoing	£0	£0	
42. Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.	Introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders. Support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions. Actions should link to Green Primary Care agenda. Encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. Also make use of the existing RHIG digital app to effectively communicate with patients.	Decarbonisation programme board		N/A	N/A			
43. Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	BCUHB should encourage engagement with the Welsh Analytical Prescribing Support Unit (WAPSU), part of the All Wales Therapeutics and Toxicology Centre (AWTTC), utilising the recently developed dashboard to help inform conversations between practitioners and patients around the carbon footprint of inhalers and support, where appropriate, a switching to alternative inhalers.	Decarbonisation programme board		N/A	N/A			

Waste

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
44. Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.	BCUHB will work with NWSSP and ensure best practice initiatives for the reduction of pharmaceutical waste are implemented once finalised. BCUHB will also collaborate with other Health Boards and trusts to ensure standardised approach.	NHS shared services/Procurement/ Decarbonisation programme board		N/A	Mar-23	£0	£0	

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Responsibility of	Responsible Officer	Developed / Business Case by	Implemented by	Development Funding	Investment Funding	Comments
	Take learnings from ongoing and previous trials and roll them out across the HB. For example, the ongoing reusable linen trial.	NHS shared services/Procurement/ Decarbonisation programme board		N/A	Ongoing	£0	£0	
45. Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.	BCUHB will work with NWSSP and ensure best practice initiatives for plastics in healthcare are implemented once finalised.	NHS shared services/Procurement/ Decarbonisation programme board/clinical		N/A	Mar-23	£0	TBC	
	BCUHB will consider second life possibilities for non-medical equipment that is no longer required. Reuse elsewhere within the Health Board and donation will be prioritised over creation of waste. This will be incorporated into Health Board policy.	NHS shared services/Procurement/ Decarbonisation programme board/clinical		N/A	May-22	£0	TBC	
46. Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.	Introduce additional inhaler-specific disposal facilities in hospitals in partnership with industry stakeholders.	NHS shared services/Medicines management/ Decarbonisation programme board		N/A	Mar-23	TBC	TBC	
	Support the work of groups such as the Welsh Respiratory Health Implementation Group and the International Pharmaceutical Aerosol Consortium to emphasise the importance of responsible disposal with regard to carbon emissions.	NHS shared services/Medicines management/ Decarbonisation programme board		N/A	Ongoing	£0	£0	
	Encourage pharmacists and prescribers to stress the importance of responsible disposal to their patients, and the fact that even low carbon inhalers need to be disposed of properly. Also make use of the existing RHIG digital app to effectively communicate with patients.	NHS shared services/Medicines management/ Decarbonisation programme board		N/A	Ongoing	£0	£0	

6. BCUHB Action Plan 2024-26

This current Decarbonisation Action Plan sets out the key actions BCUHB will take in the next two years to reduce its carbon footprint and support the NHS Wales ambition of becoming net zero by 2030. It is also a requirement for all NHS Wales health boards to submit a Decarbonisation Action Plan every two years to the Welsh government. This is the first such action plan and sets out how BCUHB will address the initiatives from the NHS Wales DSDP between 2022 and 2024. However, it is also important for BCUHB to maintain a longer-term view to reducing greenhouse gas emissions. To meet the ambitious climate goals of the health board, and NHS Wales as a whole, it is important to consider short-term, medium term, and longer term actions. This requires strong carbon management and governance structures (see Section 4.1) and will be crucial to achieving the long term vision of the BCUHB.

Having sight of the actions that BCUHB will need to take during the next Decarbonisation Action Plan timeframe (2024-2026) will help the health board to implement the current list of actions as well as help to inform the creation of the subsequent Decarbonisation Action Plan in march 2024.

6.1. Carbon Management

The actions for BCUHB to undertake between 2022 and 2024 in relation to Carbon Management (section 4.1) are based around three key initiatives from the NHS Wales DSDP. The key actions for BCUHB to carry out during the next iteration of the Decarbonisation Action Plan will be based on the results of the action listed in this report. The progress made during 2022-2024 will inform these longer term actions, therefore, there are no specific actions listed here for 2024-2026.

6.2. Buildings

6.2.1. Existing Buildings

The following table details the key actions for BCUHB to undertake between 2024 and 2026 in respect to existing buildings.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
5. Fully replace all existing lighting with LED lighting by 2025.	Procure and implement LED upgrades across all buildings assumed to have a future beyond March 2027 by 2025. Buildings with an uncertain future (after 2027) should be considered on a case by case basis as this should not be a barrier to decarbonisation where LED upgrades may still be appropriate.	2025

7. Progress low carbon heat generation for all non-acute sites larger than 1,000m2 by 2030.	Implement changes to target a shift to full low carbon heating by 2030. Aim to have converted 50% of heat to low carbon heat by 2026.	2026
8. Determine the overall viable potential for onsite renewable energy generation at each NHS organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.	Following the feasibility study to establish the viability of renewable energy projects at each BCUHB site, conducted as part of this decarbonisation plan, at least 50% of these will be installed by 2026. Structural/infrastructure limitations at acute sites may impact future installations. Projects will therefore have to be viewed on a case-by-case basis.	2026

6.2.2. New Builds and Major Refurbishments

The key actions for BCUHB to carry out during the next iteration of the Decarbonisation Action Plan in relation to new builds and major refurbishments will be based on the results of the action listed in this report. The progress made during 2022-2024 will inform these longer term actions, therefore, there are no specific actions listed here for 2024-2026.

6.3. Transport

The following table outlines the transport related actions from the NHS Wales DSDP initiatives that BCUHB will need to undertake between 2024 and 2026.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
20. All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.	Procure ultra-low emissions freight vehicles across BCUHB from 2025 – in line with NHS Wales commitments.	2025

6.4. Procurement

Procurement for health boards is largely centralised through NWSSP across Wales, and actions for 2024-2026 will largely depend on the results of the actions taken by BCUHB and NWSSP from this action plan. However, below are actions from the NHS Wales DSDP for BCUHB to consider between 2024 and 2026.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
28. 100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.	All REGO backed electricity is at national level. BCUHB will continue to work with appropriate teams to maintain 100% REGO backed electricity supply.	2025

6.5. Estate Planning

The key actions for BCUHB to carry out during the next iteration of the Decarbonisation Action Plan in relation to estate planning will be based on the results of the action listed in this report. The progress made during 2022-2024 will inform these longer term actions, therefore, there are no specific actions listed here for 2024-2026.

6.6. Approach to Healthcare

The following table outlines the transport related actions from the NHS Wales DSDP initiatives that BCUHB will need to undertake between 2024 and 2026.

NHS Wales Decarbonisation Strategic Delivery Plan Initiative	BCUHB Actions	Implemented by
43. Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.	Target a shift to 80% of inhalers being low GWP alternatives, to put Wales in line with the current European leaders in the field, but only where clinically appropriate and where it is clear patients' stabilisation will not be affected. Deliver through the Welsh Respiratory Health Implementation Group.	2025

7. Implementation Next Steps

7.1. Management Approach

Successful implementation of this Decarbonisation Action Plan will require a step-change in decarbonisation activity across BCUHB.

In recognition of this, a 'Decarbonisation Project Manager' will be put in place to drive the implementation of the Decarbonisation Action Plan. The Decarbonisation Project Manager will sit outside of the estates department and become an active component of the newly developed decarbonisation programme board and engage across BCUHB; spanning estates and facilities, planning, transport, procurement, clinical, and wider stakeholder groups, to ensure that the actions within this Decarbonisation Action Plan are taken forward and implemented within the stated timeframe. The Decarbonisation Project Manager and wider management team within BCUHB will be responsible for implementation of this, and subsequent, Decarbonisation Action Plan(s). Availability of funding should ideally allow for the recruitment of more than one FTE to be part of the decarbonisation team; the weight of the task at hand will likely require numerous staff to support and implement this plan.

Overseeing these activities will be the newly developed decarbonisation programme board, it has been established to lead on the development and implementation of decarbonisation and sustainability programmes which deliver the Health Boards five–year decarbonisation programme as required by Welsh Government.

The Board will engage and coordinate a wider and inclusive organisational response to achieving Welsh Governments sustainability and decarbonisation targets by 2030.

The remit of the board will cover the following points:

- Work as a transformational board to progress opportunities for financial benefits to sustain the programme and deliver other returns through linking with other established programmes.
- Receive regular assurance updates on the development and implementation of Health Board decarbonisation plans in support of the NHS Wales Decarbonisation Strategic Delivery Plan.
- Ensure the views of all staff groups and key stakeholders are reflected and included in the decarbonisation plans.
- Work with other public sector bodies/agencies across North Wales in developing regional plans to tackle climate change.
- Ensure that the Health Board's values/priorities, organisational and executive leadership, governance and links to strategic plans are in place.
- Ensure that financial support and capacity is in place to run the programme.
- Seek advice and support from other professional bodies as and when required.
- An Independent Member from the Health Board will be appointed to support the Decarbonisation Programme Board.
- It is important that the decarbonisation and sustainability programme is integral to the work already being progressed through the Health Board's leading strategies namely, Stronger Together, Living Healthier-StayingWell and the annual IMTP

The current structure of the decarbonisation programme board has been detailed below:

Figure 11: Decarbonisation Programme Board governance structure

7.2. Funding

It is recognised that access to additional resource and finance is critical to ensure the success of this Decarbonisation Action Plan. However, much progress can be made by championing decarbonisation within the decision-making process, and by integrating this into behaviour across BCUHB.

Health Boards cannot access conventional borrowing or private finance, including the Public Works Loan Board. Health Boards are highly reliant on Welsh Government to enable funding mechanisms.
Additional funding sources:

Potential Funding	Notes
Discretionary Capital Programme	Subject to infrastructure investment funding business case process. Requiring a Business Justification Case (BJC), or Outline Business Case (OBC) to Welsh Government Health Capital Estates & Facilities. For 2021/22, the Health Board was allocated ~£12.95m. In 2022/23 however, the allocation is reduced to ~£10.97m.
Wales Funding Programme – Invest to Save	The Wales Funding Programme[4] is supported by the Welsh Government Energy Service, with funding applications administered by Salix Finance. Funding is then provided direct from Welsh Government on a repayable basis, with criteria limits on payback and carbon cost effectiveness. The Health Board have actively utilised this funding for phases of the multi-site solar PV scheme.
Estates Funding Advisory Board (EFAB) funding – decarbonisation, and infrastructure	£4.96m of grant funding through EFAB was made available in 2021/22. This was administered through NWSSP, with separate budgetary lots for infrastructure and decarbonisation. The decarbonisation budget for 2021/22 totalled £1.43m. Unfortunately, no EFAB grant funding is currently available for 2022/23.
Welsh Government Energy Service – Public Sector Fleet Grant	The Welsh Government Energy Service administer funding for fleet vehicle replacements to EVs, and EV charging infrastructure. In 2021/22, a total of £1.5m was made available to the public sector, the availability of grant for 2022/23 is still to be defined.
Welsh Government – Public Sector Low Carbon Heat Grant	The Welsh Government Energy Service and Salix Finance has overseen a pilot 'Public Sector Low Carbon Heat Grant' in 2021/21, this totalled £2.4m in value and was largely accessed by Local Authorities.

[4] https://www.salixfinance.co.uk/loans/welsh-loans

> No grant funding is planned for 2022/23, however it is expected that a funding scheme will follow in 2023/24. In is expected that development grant funding will be available in 2022/23 to support project to an investment ready position.

Betsi Cadwaladr UHB Estates Programme

Within the BCUHB Estates Programme a number of opportunities have been identified for the period 2022-2025 ranging from 'in development' stage through to 'full business case'.

The Health Board should utilise available capital and revenue budgets in a smart way, aligned with the climate emergency, in particular this will entail:

- Embedding quantified carbon as be a key decision metric in estates planning – this will be managed through the business case process for revenue and capital spending (Initiative 33).
- Proactive planning of maintenance issues (for instance boiler replacement) so that the low carbon options are understood and utilised (Initiative 7).
- Revenue budget availability should be utilised where possible to support project development.
- Progressing procurement initiatives to influence decarbonisation in the supply chain.

One of the key routes for delivery for the built estate, energy efficiency, and renewable energy programmes will be through an energy performance contract, BCUHB are currently in the process of signing up for Re:fit Cymru.

The current Estates Programme for 2022-25 include the following schemes:

Business Case	Status	Cash Value (Current estimate) £ millions	Source of Funding
Royal Alexandra Hospital (North Denbighshire)	Full Business Case - submitted to Welsh Government	£67.3 plus inflation	All Wales Capital
Wrexham Maelor Continuity Phase 1	Combined Outline / Full Business Case Stage	£43	All Wales Capital
Adult and Older Person's Mental Health Unit Glan Clwyd Hospital	Outline Business Case stage	£63.7	All Wales Capital
Regional Treatment Centres (previously Diagnostic & Treatment Centres)	Strategic Outline Case Stage	£154 - 252	Partnership Scheme - Revenue
Nuclear Medicine Reconfiguration (including PET)	Strategic Outline Case submitted to Welsh Government	£11	All Wales Capital
Residential Accommodation (includes Revenue Implication)	Strategic Outline Case Stage	£55.8	Partnership Scheme - Revenue
Bangor Health & Wellbeing Centre	Scoping Document stage	£32 -37 million	All Wales Capital

Conwy Integrated Services Facility	Scoping Document stage	£15 - 19	All Wales Capital
NWCTC Radiotherapy Software, Hardware and Linear Accelerator (Linac) Replacement	Business Justification Vase	£4.4 - 4.7	All Wales Capital
Wrexham Redevelopment Business Case	Programme Business Case stage	TBC £200+	All Wales Capital
Ysbyty Gwynedd: Fire Safety and Infrastructure Compliance	Programme Business Case Stage	£216	All Wales Capital
Neuro Rehabilitation Services: Llandudno General Hospital	Scoping Document stage	£5 - 8	All Wales Capital
Penygroes Health & Wellbeing Hub	Scoping Document stage	£6 - 8	Partnership Scheme - Revenue
Penrhos Polish Nursing Home	Scoping Document stage	£8	Partnership Scheme - Revenue
Hwb Cybi (Holyhead) Primary Care Health & Wellbeing Hub	Scoping Document stage	£15+	All Wales Capital
School of Medicine and Health Sciences	Scoping Document stage	TBA	All Wales Capital
Hanmer Health & Well-being Centre	Under Review	TBA	All Wales Capital
Llay Health & Well-being Centre	Under Review	TBA	All Wales Capital
Cefn Mawr Health & Well-being Centre: Feasibility study for the development of a new build	Under Review	TBA	All Wales Capital
Denbigh Integrated Re-ablement	Under Review	TBA	Partnership Scheme - Revenue
Kinmel Bay Business Case	Under Review	TBA	All Wales Capital
Maggie's Centre Ysbyty Glan Clwyd.	Exploratory Stage	TBA	Nil cost to Health Board
Colwyn Bay Integrated Health & Social Care Facility		2.2	Partnership Scheme - Revenue
Brymbo Primary Care Centre	Under Review	TBA	All Wales Capital
Porthmadog Primary Care Centre	Under Review	TBA	All Wales Capital

Future Major Schemes:

Through BCUHB's capital programme there is a series of programmes and projects across both discretionary (£43m) and All Wales (£831m) funding to be implemented between 2022/23 and 2026/27. Many of the projects to be implemented could result in carbon savings or have an element of carbon reduction built in to it. Currently approx. £40m+ and £830m+ of projects have been identified for funding between 2022 and 2027.

Furthermore within the newly developed 10 year capital programme there is potential for an additional £1,640m+ funding for currently unapproved estates schemes, many of which can result in carbon reductions. These include investments across: Statutory Compliance and Infrastructure, Recovery and Clinical Services, Regional and National, Integrated Primary, Community and Social Care, Programme for Government and Manifetso.

Funding this Decarbonisation Action Plan:

Funding this Decarbonisation Action Plan will require low carbon alignment in how we utilise existing funding for healthcare delivery, procurement, and capital projects. Based on specific additional decarbonisation actions and measures shown, the additional funding required is estimated as:

	Development Funding	Investment Funding
Decarbonisation Action Plan period 2022-24	Min. £500K	Min. £10M

In addition to the funding required from a developmental and investment perspective, there will be funding required for resource too. This should consider as a minimum the additional roles required for a decarbonisation manager and transport and travel manager. It is expected that further resource will be required beyond the two aforementioned roles for this plan to be executed fully, and ideally a whole decarbonisation team with dedicated roles should exist. The resource funding requirement for this should be defined by BCUHB.

7.3. Implementation Capacity

Implementing the Decarbonisation Action Plan will require additional internal resource and capacity, as well as expert contracted support. The capacity challenge can be simply split into two:

Internal resource

It is anticipated that additional resource will be required in the following areas:

- Decarbonisation Project Manager to act as a central, fully resourced, focal point for activity within the decarbonisation programme board.
- Estates support for project development and delivery – covering buildings.
- Sustainable Transport and Travel Manager – to act as a central point across patient and visitor travel, business travel, operational and grey fleet.
- Procurement team support, both to develop the supply chain engagement initiatives, and also support wider delivery.
- Decarbonisation officers to support the decarbonisation project manager and help implement the action plan.

Engagement across the health board will be required, and adjustments made to existing practice. This will require education and enabling of key staff groups, in particular for the approach to health care, waste, and employee commuting related initiatives.

External Resource

Utilising external resource will be required for both project development, and for 'supply & install' contractors for implementation. In particular:

- Utilising heat and renewable power experts for understanding the opportunity on the estate and creating specific implementation plans.
- Utilising planning, procurement, legal support in project development.
- Design team experts (e.g. architects / M&E engineers) to follow low carbon and net zero aligned standards in the design of major capital schemes.
- Collaboration with the NWSSP for procurement initiative implementation.
- Collaboration with the Welsh Government Energy Service to support implementation.
- Collaboration with the Regional Partnership Board and public sector partners for joint learnings.
- Collaborate with stakeholder groups and wider industry to further develop low carbon health care practice.

8. Key Next Steps

Mobilisation activities

- Incorporate the Decarbonisation Action Plan into the newly created Decarbonisation Programme Board.
- Review resource requirements, in particular put in place a central Project Manager role as a focal point for activity.
- Launch the Decarbonisation Action Plan and build responsibility for delivery across the organisation – assigning specific projects as required.
- The Decarbonisation Action Plan should be a live working document – seek feedback through engagement, and update as actions projects.

Key development actions

- Refine the short-term energy efficiency measures for delivery – in particular those identified in survey work.
- Undertake expert heat and renewable power studies – utilising existing relationships, the wider supply chain, and the Energy Service.
- In collaboration with NWSSP, engage further with the supply chain to gather sustainability credentials and available carbon data. Plan and target upcoming procurements for increased low carbon assessment (as appropriate).
- Update policy and practice – in particular with regard to commissioning and procurement.
- Engage across the organisation to build profile and support for activity – in particular waste and the approach to health care.

Key projects to implement

- Align fabric improvements and low carbon upgrades into delivery of the capital schemes.
- Implement heat pumps at target sites, in particular in place of end of life boiler replacements.
- Deliver EV charging and electric vehicles into the fleet.
- Enforce new procurement criteria when choosing new suppliers.

Making change happen

- Creating sustained momentum with a strong governance structure and clear communication across the organisation.
- Deliver success by accessing additional funding streams, and working with Welsh Government to support the following anticipated additional costs for implementing this action plan:

	Development Funding	Investment Funding
Decarbonisation Action Plan period 2022-24	Min. £500K	Min. £10M

9. Appendices

Appendix 1: Acute site energy audits

A key action for health boards and trusts from Initiative 4 from the NHS Wales DSDP is to 'carry out specialist energy and carbon audits every two years to evaluate the opportunities for carbon reduction and water savings at each site to inform decarbonisation 'Action Plans' as appropriate'.

As part of this current decarbonisation action plan, BCUHB commissioned the Carbon Trust to carry out energy audits of the three main acute hospital sites:

- Ysbyty Gwynedd,
- Glan Clwyd and
- Wrexham Maelor Hospital

These building audits were conducted in February 2022 and have contributed to the formation of key actions for BCUHB to undertake in the next two years (see Section 4).

The built estate accounts for 27% of the total carbon footprint for the health board (see Figure 2). Given the significant contribution from the use of buildings to the overall emissions, it is a key area where initiatives and actions for decarbonisation can be targeted. Many of the buildings within the health board's estate portfolio have been long term assets and were built when sustainability standards were much lower than for new buildings today. The result has been a number of aging assets that still use old, or original, mechanical and electrical equipment and have a relatively poor performing fabrics. The three acute hospital sites were chosen as they have the largest individual carbon footprints and represent a significant proportion of the health board's emissions from buildings. As such, they represent the largest opportunity for significant emission reductions through targeted decarbonisation action.

This appendix outlines the findings of the building energy audits of the three acute sites and presents key actions for the health board to reduce the carbon emissions associated with these sites.

Figure 12: Acute Hospital Sites

Ysbyty Gwynedd – Key Actions

Ysbyty Gwynedd was built in 1984 and has a capacity of 463 beds with a floor area of approximately 60,000m^2. The man hospital is generally heated with gas fired LTHW boilers and a combined heat and power unit. The Display Energy Certificate has a rating of 'F'.

Following the site audit at Ysbyty Gwynedd a number of potential decarbonisation actions were identified. These are presented in the table below:

Sector	Action 1	Action 2	Action 3	Action 4	Action 5
Estate	Carry out feasibility study for current 3MVA electrical supply and proposed EV change point requirements e.g. 22kW units	Add sub-metering across the site to increase data resolution and improve data accuracy	Review BMS system preferences and the possibly to reduce summer time CT flow temperature		
Building M&E	Reduce steam load in catering by converting to electric kitchen units	Current steam generators are oversized. Reduced steam load in catering could reduce need for large steam generators – replace with smaller electric steam units	Refurbish AHU with inverters on the fans, replace direct drive motors with EC fans and incorporate heat recovery	Review potential to decommission CHP plant early. Ensure it is not replaced in the event of failure	Add TRVs to radiator units to allow temperature control by end users
Buildings M&E	Review distribution pipework insulation and upgrade / replace where necessary	Replace all lighting to LED across the site	Review heating zones in main hospital to increase resolution and temperature control	Incorporate energy efficiency measures, where possible, in fire protection works	Refurbish lifts in main hospital to use efficient modern motors
Building Fabric	Replace single glazed windows with double glazed or secondary glazed units	Insulate aluminium spandrel panel on window units	Assessment Unit and Renal have uninsulated pitch roofs – add loft insulation as required		
Transport	Convert temporary charging units to fixed units	Carry out feasibility study to assess installation of EV charge points for staff, patient and visitor parking	Expand site EV fleet	Make sure there is an up to date active travel map for the site that is clearly displayed on site	
Renewables	Currently no solar PV on the site. Carry out a solar PV feasibility study. Funding available to work with WGES	Flat roof over main entrance to have solar PV design as well as Flat roof in the centre of hospital has potential for solar PV	Review accommodation units for solar PV arrays – consider wiring to hospital rather than flats	NHS direct building has a possible roof for solar PV, however, it is curved so installer inspection required	Assessment Unit Roof could accommodate a solar PV array

Table 7: Summary of key actions – Ysbyty Gwynedd

Glan Clwyd – Key Actions

Glan Clwyd was opened in 1980, and during the last 12 years has undergone a major refurbishment of around £180m. The extensive refurbishments have focused on asbestos removal but have also incorporated significant energy efficiency upgrades. The hospital has 466 beds with a floor area of approximately 85,000m^2.

Following the site audit at Glan Clwyd a number of potential decarbonisation actions were identified. These are presented in the table below:

Sector	Action 1	Action 2	Action 3	Action 4
Estate	Ensure new MHU building meets net zero standards	Potentially redesign DHW at new MHU to accommodate lower temperatures and use ASHP	Develop action plan for the laundry building once the NWSSP take laundry services offsite	Review DEC reports with assessor at next inspection to ensure accurate total floor area
Buildings M&E	Early retirement of CHP plant – due for decommission in 2023	Boiler replacement with ASHP at mortuary	Boiler replacement at Creche building with ASHP to take advantage of UFH	Migrate steam generation over to electric once laundry services move offsite
Buildings M&E	Lighting upgrade to LEDs across the site	Ensure estate & facilities staff are trained on new BMS system updates	Add metal casings (or similar) to AHU ductwork on roofs to prevent seagull damage to the insulation.	Upgrade remaining AHU motors to inverters / EC motors
Building Fabric	Realistic and cost-effective fabric upgrades have been achieved through asbestos refurbishment	Replace any outstanding single glazed windows with double glazed units		
Transport	Upgrade temporary changers to fixed units	Increase EV charging capacity for patient/ visitor travel	Make sure there is an up to date active travel map for the site that is clearly displayed on site	
Renewables	Ward 14 & 15 flat roof have potential to accommodate solar PV array	HSDU roof cold accommodate a solar PV array	Conduct feasibility study for a solar farm on the fields to the rear of the site	

Table 8: Summary of Key Actions - Glan Clwyd

Wrexham Maelor Hospital – Key Actions

Wrexham Maelor Hospital is an expansive site within the town of Wrexham that is divided by both the main road (Watery Road) and the River Gwenfro. There are multiple buildings that sit within the approximately 50 acre site, comprising the 1930s EMS site, the Phase 1 and 2 hospital that was built in the 1980s and the original buildings to the north of the site that now house many of the site office, such as facilities. There is also the modern Metal Health Unit and other smaller standalone buildings on the site. The larger buildings on the site have DECs that range from C-F with the predominant heating across all buildings as natural gas.

Following the site audit at Wrexham Maelor Hospital a number of potential decarbonisation actions were identified. These are presented in the table below:

Sector	Action 1	Action 2	Action 3	Action 4
Estate	Undertake electrical incoming capacity review with respect to increased load from EV charging and electric heat	Review parking controls on the site with an aim to reduce non-hospital traffic	Review the usage of temporary buildings that have been incorporated in main healthcare provision and assess if they are fit for purpose	Upgrade street lighting to LEDs
Buildings M&E	Review CT distribution circuit leakage at EMS site to increase boiler efficiency and reduce energy consumption	Incorporate heat recovery to AHUs	Transition motors for AHU over to inverter driven or EC motors	Ensure mech. Vent. Upgrades (6ACH) for minimum healthcare standards do not compromise energy efficiency
Buildings M&E	Upgrade lighting to LEDs across whole site (especially EMS, Phase 1&2, MHU, ALAC)	Carry out feasibility study to convert MHU, which has UFH, over to ASHPs		
Building Fabric	Upgrade single glazing to double glazed units – Especially EMS	Install loft insulation to EMS and estates buildings	Upgrade or replace insulation levels and draughtproofing to temporary building structures that have been incorporated into healthcare services	
Transport	Install the 20x EV charge points that have been secured.	Install LED lighting to multi-storey car park at rear of site	Review potential for more EV charge points to be installed and to increase size from 7kW (incorporate fast charge)	Make sure there is an up to date active travel map for the site that is clearly displayed on site
Renewables	Antenatal has a flat roof suitable for solar PV, however, there are plans to build a second storey on top	ALAC roof has potential for solar PV – meter/ wiring set up needs to be reviewed	Children outpatients and Mental Health Units could accommodate solar PV arrays	

Table 9: Summary of Key Actions - Wrexham Maelor Hospital

Appendix 2: Quantified decarbonisation actions

Included in the scope of work for this decarbonisation action plan were high level energy audits of the three acute hospital sites (YG, YGC and WMH). Following the site visits a number of actions that BCUHB can take to reduce the associated carbon emissions of these sites were identified, see Appendix 2. Financial and carbon modelling has subsequently been carried out, where possible and appropriate, for selected actions at each of these acute hospital sites. Calculations have been based on the FY19/20 consumption data but with the most recent energy unit prices to increase accuracy of the financial savings, as FY19/20 energy prices are now obsolete. The current volatility seen in energy prices in 2021 and 2022 are not reflected in these figures.

It is important to note that the figures presented here are based on high level energy audits for the three acute sites. The financial and carbon estimates outlined in this report are based on the stated assumptions and the data provided to the Carbon Trust as part of the agreed work. The figures outlined in this report are, therefore, representative only and any detailed analysis of cost, energy and emissions savings from the carbon reduction opportunities should be conducted by a suitably qualified professional following further detailed site specific assessments and calculations.

2.1. Ysbyty Gwynedd

2.1.1. LED Lighting Upgrades

Following a visual site inspection and data provided form BCUHB, it has been estimated that, currently, 20% of the light fittings at the site are using LED bulbs. The lighting upgrade calculations have been based on the replacement of T5 bulbs in 70% of fitting and T8 bulbs in 10% of fittings. It has been assumed that all lights are operational for 24 hours a day.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
T5 Bulb Replacement	201,400	167.4	724,400	201,400	1,160,900	5.8	1316	2,340	496
T8 Bulb Replacement	79,100	65.8	284,600	79,100	165,800	2.1	517	919	180

Table 10: Financial Modelling of LED Lighting Upgrades

2.1.2. Loft Insulation

Both the Assessment and Renal Buildings at Ysbyty Gwynedd were identified as having pitched roofs with little to no loft insulation. Due to a lack of sub-metering, the energy demand for these buildings have been assumed based on their estimated floor area and the kWh/m^2 rating from the DEC report. The levels of current insulation have been assumed to be 0-100mm with the upgraded insulation levels set to achieve a minimum u-value of 0.16W/m^{2}K.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Assessment Unit	3,400	10.4	56,600	3,380	36,600	9.1	104	311	98
Renal Unit	1,400	4.3	23,600	1,410	12,750	9.1	43	130	98

Table 11: Financial Modelling for Loft Insulation

2.1.3. Solar PV

There is currently no Solar PV installed at Ysbyty Gwynedd. A preliminary site survey has shown potential for the flat roof of the main hospital (87kWp) and pitched roof of the assessment unit (20kWp) could be used to install solar PV. It has been assumed that all generation will be used on-site. A specialist site survey would be needed to confirm suitability and exact capacity available. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Hospital Flat Roof	20,000	16.6	71,950	19,290	104,400	5.4	128	267	392
Assessment Building	4,790	4.0	17,240	4,630	24,000	5.2	31	64	376

Table 12: Financial Modelling of Solar PV Installations

2.1.4. Pipe Insulation

The initial site survey has uncovered that very little of the pipework for hot water and heating are insulated, both in plant rooms and throughout the site. It has been assumed that all pipework, valves and flanges will have a minimum of 22mm of lagging installed. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Pipe insulation	11,102	77	370,071	11,102	83,919	7.6	618	1,388	60.5

Table 13: Financial Modelling of Pipework Insulation

2.1.5. Elevator Upgrades

The majority of lifts across the site are aging and nearing end of life, it is suggested that all motors driving the lifts are replaced with efficient, modern units. Approximate, indicative savings are detailed below:

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
Lift upgrades	13,029	13	62,943	13,029	60,000	4.6	80	130	461.5

Table 14: Financial Modelling of lift upgrades

2.1.6. Air Handling Units Upgrades

During the initial site visit, it was noted that of the approximately 40 air handing units (AHUs) only 20% of these had inverters, and 15% had any form of heat recovery. Therefore, it is recommended that all air handling units undergo motor upgrades and have a form of heat recovery added to them. The estimated indicative costs for these upgrades have been noted below:

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
AHU motor upgrades	31,069	31	150,092	31,069	128,000	4.1	190	400	320

Table 15: Financial Modelling of AHU upgrades

2.2. Glan Clwyd

2.2.1. LED Lighting Upgrades

A high level visual inspection of the current lighting at Clan Clwyd was conducted during the site visit. This, along with information provided by BCUHB, has estimated that around 70% of the current light fittings are T5 bulbs, with a 10% assumption for T8 bulbs, and the remaining 20% being comprised of modern LEDs. The following calculation has estimated the costs and carbon saving of implementing a lighting replacement strategy to LEDs. It has been assumed that all lights are operational for 24 hours a day.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
T5 Bulb Replacement	343,700	244	1,057,300	343,700	1,694,300	4.9	1920	3,420	496
T8 Bulb Replacement	135,000	96	415,360	135,000	242,000	1.8	750	1,340	180

Table 16: Financial Modelling of LED Lighting Upgrades

2.2.2. Solar PV

There is currently only isolated, small Solar PV arrays installed at Clan Clwyd. A preliminary site audit has shown potential for the pitched roof of the HSDU (96kWp) and flat roof of the emergency department (48kWp) could be used to install solar PV. It has been assumed that all generation will be used on-site. A specialist site survey would be needed to confirm suitability and exact capacity available. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
HSDU	28,450	20	87,450	27,550	115,200	4.2	156	324	356
Emergency Department	13,100	9	40,220	12,900	57,600	4.5	72	149	387

Table 17: Financial Modelling of Solar PV Installations

2.3. Wrexham Maelor Hospital

2.3.1. LED Lighting Upgrades

A visual lighting inspection was carried out during the site visit of selected buildings at the Wrexham Maelor Hospital site. Combined with information provided by BCUHB calculations have been produced on upgrading the current lighting to LEDs. It has been assumed that the EMS building currently has 90% of light fittings as T5 bulbs with the remaining 10% as LEDs. All other buildings analysed have been assumed to have 85% of existing fittings as T5 bulbs, except the ALAC building which assumes 85% T8 bulbs.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
WMH - EMS	42,100	38	163,900	42,100	262,700	6.2	298	530	496
WMH - Phase 1	84,400	76	328,350	84,400	526,200	6.2	596	1,060	496
WMH - Phase 2	62,800	56	244,200	62,800	391,400	6.2	444	790	496
WMH - Ty Deerbyn	8,100	7	31,500	8,100	78,500	9.7	57	102	772
WMH - ALAC	8,300	7	32,200	8,300	37,500	4.5	59	104	361
WMH - MHU	30,800	28	119,800	30,800	192,000	6.2	218	387	496

Table 18: Financial Modelling of LED Lighting Upgrades

2.3.2. Loft Insulation

The site survey revealed that a number of buildings on the EMS part of the site that have little to no loft insulation within the pitched roof attic voids, contributing to large heat losses and increases in energy consumption. It is therefore, recommended that the loft insulation levels are improved to achieve a u-value of 0.16 W/m^2K. Due to a lack o sub-metering, the current gas consumption has been assumed based on the estimated ceiling areas for building needing insulation and the energy consumption figured from the most recent DECs.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
EMS Buildings	4,600	17	90,200	4,600	59,400	12.9	165	496	120

Table 19: Financial Modelling of Loft Insulation Upgrades

2.3.3. Solar PV

The site audit of Wrexham Maelor hospital highlighted a number of buildings that could accommodate solar PV arrays. There is not currently any solar PV installed on the site so it could be an action that BCUHB implements within the current action plan period to help reduce electricity consumption at the site. The high level buildings audit has found that the ALAC (90kWp), Childrens Out building (25kWp), and Mental Health Unit buildings (36kWp & 18kWp) all have available roof space for solar PV installations. The calculations have assumed that all generation will be used on-site. A specialist site survey would be needed to confirm suitability and exact capacity available. The below numbers are therefore indicative only.

	Est. Annual Energy Savings			Total Savings (£)	Cost (£)	Simple Payback	Carbon Impact (tCO_2e)		
Opportunity	£	tCO_2e (2020)	kWh				10 Year Carbon Saving	Lifetime Savings	£ / Lifetime
ALAC	20,770	19	80,820	20,000	108,000	5.4	144	300	360
Children Outpatients	5,770	5	22,450	5,560	30,000	5.4	40	83	360
MHU 1	8,000	7	31,030	7,700	43,200	5.6	55	115	380
MHU 2	3,700	3	14,360	3,500	21,600	6.1	26	53	400

Table 20: Financial Modelling of Solar PV Installations

2.4. Zero Carbon Heating

2.4.1. Non-Acute Sites

It is recommended that 5 non-acute sites are to have their heating upgraded from gas-fired boilers to electric air source heat pumps as a trial ahead of future rollout to further sites as would be outlined in future action plans.

The sites have been selected based on their current energy intensity metrics. Currently air source heat pumps are best suited to low flow temperatures, ie. where there is low demand or significant levels of insulation. In order to determine the non acute sites with the highest levels of heating efficiency, the gas consumption per metre squared of floor area was used. From this analysis the following sites have been recommended:

- Abergele Hospital
- Chirk Community Hospital
- Dolgellau & Barmouth District Hospital
- Tywyn & District War Memorial Hospital
- Cefni Hospital

The following estimated costs, energy savings and carbon savings are expected for each site:

Site	Heat Pump Sizing (kW_{th})	Energy Saving (kWh)	Carbon Saving (tCO_2e)	Energy Cost Saving (£)	System Cost (£)
Abergele Hospital	1,000	4,270,213	1,200	-£95,620	£563,125
Chirk Community Hospital	250	643,493	181	-£14,409	£225,781
Dolgellau & Barmouth District Hospital	200	710,325	200	-£15,906	£191,250
Tywyn & District War Memorial Hospital	200	943,701	265	-£21,132	£191,250
Cefni Hospital	300	1,270,248	357	-£28,444	£255,000

Table 21: Heat pump figures for non-acute sites

2.4.2. Heating Surveys

Within the actions it has been determined that specialist low carbon heat evolution plans should be developed at all three acute hospital sites to set out a transition plan away from fossil fuelled heat toward low carbon heat. This will include heat generation, heat distribution, heat emitters, and building fabric upgrades. The evolution plans should consider technologies such as heat pumps, biomass, chiller heat recovery, wider heat networks (where realistic) and other innovative heat solutions such as sewage heat recovery and emerging heat pump technology. Furthermore, low carbon heat feasibility studies at non-acute sites larger than 1000m^2 should be undertaken.

It is anticipated that consultancy costs for a detailed heat study of acute hospital would cost approx. £50,000 and £10,000 for a large non-acute site. The following costs for each site have been identified:

Site	GIA (m^2)	Cost for heat study (£)
Ysbyty Glan Clwyd	83,631.0	£50,000
Abergele Hospital	11,221.0	£10,000
Ysbyty Maelor Hospital	88,050.0	£50,000
Chirk Community Hospital	2,316.0	£10,000
Colwyn Bay Community Hospital	4,654.0	£10,000

Denbigh Community Hospital	3,618.0	£10,000
Holywell Community Hospital	4,272.0	£10,000
Mold Community Hospital	3,243.0	£10,000
Ruthin Community Hospital	2,478.0	£10,000
Ysbyty Gwynedd	64,695.0	£50,000
Llandudno General Hospital	13,307.0	£10,000
Bryn Beryl Hospital	1,957.0	£10,000
Dolgellau & Barmouth District Hospital	2,234.0	£10,000
Tywyn & District War Memorial Hospital	2,012.0	£10,000
Ysbyty Alltwen	6,752.0	£10,000
Deeside Community Hospital	4,668.0	£10,000
Ysbyty Penrhos Stanley	4,286.0	£10,000
Cefni Hospital	2,926.0	£10,000
Eryri Hospital	5,093.0	£10,000
Bryn-Y-Neuadd Hospital	25,403.0	£10,000
Bryn Hesketh	1,236.0	£10,000
Total	**338,052.0**	**£330,000**

Table 22: Heat study estimated costs

2.4.3. Heating Controls

Through the initial site visits of all three acute sites conducted by the Carbon Trust, it was noted that heating zones across all hospitals are currently very large with poor resolution. Most areas don't have TRVs and therefore end user control is severely limited. The following savings have been estimated based on the rollout of TRVs to all three acute sites:

Energy Saving (kWh)	Carbon Saving (tCO_2e)	Energy Cost Saving (£)	Capital Cost (£)
4,911,864	1,025	£147,356	£1,040,054

Table 23: Estimated annual savings of TRV rollout across acute sites

2.5. Transport

Two projects within the list of transport focussed actions have been deemed to be quantifiable. Pilot schemes for EV rollout have commenced already within estates and facilities, and telematics have been installed in all vehicles already. The details of the identified, quantifiable projects are given below:

Project	Energy Saving (unit)	Carbon Saving (tCO_2e)	Energy Cost Saving (£)	System Cost (£)
Fleet EVs	248,906 litres -406,922 kWh	741	£82,565	£932,722
EV charging	*Electricity consumed at EV charging ports by BCUHB owned fleet will be accounted for in the above line, electricity consumed by others at the charging bays are out of BCUHB's emissions boundary			£111,400

Table 24: Transport actions

2.5.1. Initial Phase of EV Rollout

It is assumed that any fleet vehicle will likely renew its lease every four years, this translates to half the fleet being replaced by electric vehicles in the period 2022-24. Here all diesel/petrol vehicles will be switched to battery electric.

2.5.2. EV charging

The potential for 20 EV charging bays have been identified, currently installed are temporary chargers, these should be upgraded and made permanent. Details are given below:

No. EV Chargers	No. Charging Bays	Total cost of works (£)
20	10	£ 111,400.00

Table 25: EV charging details

2.6. Procurement

Two actions identified within the procurement section have been deemed quantifiable, together it is expected they could achieve a combined annual carbon saving of approx. **14,366 tCO_2e**

1) An initial reduction in emissions of 10% across the top 100 suppliers through engagement activities. These could be activities such as focussed workshops, encouraging suppliers to reduce emissions, or selecting less carbon intensive products. This is expected to result in an estimated carbon saving of **8,163 tCO_2e pa**. It is anticipated that any engagement programme would cost approx. **£50,000 pa**.
2) Through the adoption of WG procurement policy, all suppliers will have had to set a net zero carbon reduction target. If all suppliers were to meet a net zero 2050 target, set in 2022, then supply chain emissions would reduce at an annual rate of 3.6% - resulting in annual carbon savings of **6,204 tCO_2e**.

2.7. Carbon Management

Action	Site	Annual Energy Saving (kWh)	Annual Energy Cost Saving (£)	Annual Carbon Saving (tCO_2e)
Best practice energy management	Acute sites	5,303,738	£476,874	1,102
Behaviour change	Pan BCUHB	764,277	£64,283	159
Carbon literacy training	Pan BCUHB	164,109	£13,194	37

Table 26: Annual savings from carbon management related actions

Two within the carbon management focus area have been quantified:

1) **Best practice energy management** – Energy management procedures across all four acute sites should be reviewed and updated to be in line with best practice.
2) **Behaviour change** – A pan wide behaviour engagement programme should be carried out, this could have particular focus areas for example: switching lights off, turning off equipment, active travel commuting, reduced printing.
3) **Carbon literacy training** – There is currently an environmental management training course available to all NHS Wales staff as part of the e-learning programme. However, it is suggested that a more focussed carbon literacy training is introduced, that will allow staff to fully understand the carbon impacts of their actions at work. This is expected to allow staff to then understand how they can better reduce their personal work carbon footprint.

2.8. Assumptions

Certain assumptions have been made during the financial modelling of the carbon reduction opportunities identified during the site visits, these are outlined below:

- Electricity price of 0.207 p£/kWh
- Gas Price of 0.024 £/kWh
- Diesel price of 131.6 p/litre
- 4% inflation rate for energy prices
- Discount rate of 3.5%
- Light fittings are assumed to be <2ft (this provides the most conservative cost replacement)
- Measures listed do not account for infrastructure works that may be necessary to ensure optimum operation of proposed measures (e.g., wiring upgrades / heat zoning upgrades)
- Energy use has been taken from FY19/20 data for each site
- LED lifespans assumed to be industry average of 20yrs, this may be less with high usage
- BMS lifespan assumed to be 10years, this may be higher with high quality installations
- ASHPs have a coefficient of performance (COP) of 2.7
- Boilers are assumed to have an efficiency of 80%

Calculations have been based on site visits and data provided from BCUHB, all figures are indicative only and suitably qualified professionals should be consulted to undertake detailed studies prior to any implementation

Appendix 3: Organisational Structure

Role	Name
Executive Director of Finance	Sue Hill
Senior Clinical Lead	Carsten Eickmann
Senior MH&LD	Mike Smith
Senior Finance Lead	David Williams
Senior WoD Lead	Lesley Hall
Associate Director of Corporate H&S	Peter Bohan
Chair of YG Green Group	Yasmina Hamadoui
Nursing Lead	Mandy Jones
Pharmacy Lead	Berwyn Owen
Procurement – Shared Services Lead	Simon Whitehead Deborah Evans
Director of Estates & Facilities	Rod Taylor
Head of Facilities Management	Paul Clarke
Assistant Director of Capital & Estate Development	Neil Bradshaw
Assistant Director Strategic and Business Analysis	Ian Howard
Welsh Government Energy Service	Rhys Horan
Communications Lead	Katie Sargeant
Area Environmental Officers	Jenny Usher-Jones Cynthia Williams Natalie Scott-Lakey
Assistant Director of Health Strategy	Sally Baxter
Leased Car Supervisor	Angela Howitt
Sustainable Transport & Travel Manager	TBC
Decarbonisation Programme Manager	TBC

It is important that the current and future pressures on staff in carrying out their existing job roles are not ignored. The key roles outlined above will need to be performed alongside existing job requirements. Staff cannot be expected to carry out the above roles without allocated time to dedicate to this workstream. It will, therefore, be crucial that the Decarbonisation Programme Board and the senior leadership work collaboratively with greener groups and staff to enable them and provide them with time and resource within their own job roles to carry out these additional and important tasks. A decarbonisation programme manager and additional staff should be hired in line with the available funding.

Appendix 4: Acknowledgements

Acknowledgments

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Neil Bradshaw
Paul Clarke
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CARBON TRUST

NHS Wales Decarbonisation Strategic Delivery Plan

2021-2030

Published March 2021

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

Who we are

Established in 2001, the Carbon Trust works with businesses, governments and institutions around the world, helping them contribute to, and benefit from, a more sustainable future through carbon reduction, resource efficiency strategies, and commercialising low carbon businesses, systems and technologies.

The Carbon Trust:

- works with corporates and governments, helping them to align their strategies with climate science and meet the goals of the Paris Agreement;
- provides expert advice and assurance, giving investors and financial institutions the confidence that green finance will have genuinely green outcomes; and
- supports the development of low carbon technologies and solutions, building the foundations for the energy system of the future.

Headquartered in London, the Carbon Trust has a global team of over 200 staff, representing over 30 nationalities, based across five continents.

The Carbon Trust's mission is to accelerate the move to a sustainable, low carbon economy. It is a world leading expert on carbon reduction and clean technology. As a not-for-dividend group, it advises governments and leading companies around the world, reinvesting profits into its low carbon mission.

The NHS Wales Shared Services Partnership (NWSSP) is an independent organisation, owned and directed by NHS Wales. NWSSP supports NHS Wales through the provision of a comprehensive range of high quality, customer focused support functions and services.

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Numerous stakeholders have engaged with the development of this Delivery Plan. We would like to extend our thanks to all those who gave their time to contribute and review. This has helped to give this Delivery Plan the foundation it needs to be successful.

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This Decarbonisation Strategic Delivery Plan is supported by a separate Technical Appendices document. The Technical Appendices document provides further detail on the specific actions required for Delivery Plan implementation.

Statement of Commitment

Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

A clear and ambitious green recovery will be a key component to how we respond following the COVID-19 pandemic. This NHS Wales Decarbonisation Strategic Delivery Plan demonstrates how NHS Wales can play its part in the recovery and its commitment to the Wellbeing of Future Generations (Wales) Act 2015, which directs us to consider long-term persistent problems such as poverty, health inequalities, and climate change.

The Welsh Government declared a Climate Emergency in 2019 supported by Members of the Senedd. This Strategic Delivery Plan responds to this declaration and is aligned to Welsh Ministers ambition for the public sector to be net zero by 2030. As the largest public sector organisation in Wales the NHS has an important role to play to contribute towards this target and I would expect ambitious targets to be in place.

Good progress has been made in recent years across NHS Wales to decarbonise the estate but more can be done. Design and construction inevitably have a long lead-in time and ensuring we are at the forefront of emission reduction in our public buildings is ever more important. This Strategic Delivery Plan gives us opportunities to look again at building and energy uses as well as procurement, travel and other emission sources across the NHS. Despite progress to date, our operations in 2018/19, set out in the Carbon Footprint report, still resulted in the emission of more than 1,000,000 tonnes of carbon dioxide equivalent. More than two-thirds of these emissions are not in our direct control, which indicates the scale of the challenge we are embracing.

The very nature of the health service means it is unlikely we will be able to provide the services we do without causing any emissions, but more can be done to reduce them. Going forward the NHS in Wales will deliver safe and high-quality care for patients in the most effective ways, whilst also delivering on our commitments to climate change. The Wellbeing of Future Generations Act provides a unique and positive context for the NHS to exploit opportunities to make real change in its carbon emissions over the next decade.

The impact of emissions and pollution on health outcomes is also a wider health issue I am mindful of. Air pollution is widely linked to increased rates of cardiac arrest, stroke, heart disease, lung cancer, obesity, cardiovascular issues, asthma, and dementia. As a result, the Strategic Delivery Plan will not only help reduce emissions, but play a role in improving air quality which in turn has an impact on both businesses and the health service. Less emissions and the importance of green spaces and nature for example have provided significant therapeutic benefits during the pandemic and will continue to do so.

It is clear that the NHS must act now to reduce its environmental impact, play its part, and be an exemplar in the way forward in taking steps to reduce emissions.

This Decarbonisation Strategic Delivery Plan sets out our plan for addressing the Climate Emergency. The targets are ambitious, and in some areas will require a fundamental shift to our approach to healthcare, but will contribute to reducing our impact on the Global Health Emergency. The Strategic Delivery Plan sets out 46 initiatives and targets for the decarbonisation of NHS Wales that will be assessed and reviewed in 2025 and 2030.

Taking swift action over the next five years is critical to ensuring the targets within this strategy are adhered to. This relies on minimising our waste, increasing our efficiencies, and investing heavily in decarbonisation of our buildings and vehicles. Low carbon must be core to the decisions, and embedded into our everyday processes so that it becomes integral to the decisions that we make. The NHS in Wales, together with our public sector partners, must lead by example. This is particularly important with regard to our supply chain where our decisions and influence needs to be used to take our suppliers on the low carbon journey with us.

The Decarbonisation Strategic Delivery Plan has been developed through a partnership approach. Whilst recognising that some planned engagement activities were unable to take place due to the pandemic there has been significant interest in the development of the Plan both amongst NHS colleagues and wider stakeholders. I am encouraged to note that more than 100 industry experts and healthcare professionals have contributed to ensuring this plan is informed, targeted, credible, and will have a significant impact on the future operation of the Health Service in Wales.

I would conclude by saying that every single person in Wales has a role to play in the decarbonisation of our health service in line with prudent healthcare. The choices you make as an individual, as a patient, as a member of staff, as a supply chain partner, will undoubtedly play a role in helping to reduce our combined contribution to greenhouse gas emissions. We all need to contribute to this which will significantly improve wider health and well-being across the population of Wales.

Dr Andrew Goodall CBE

Director General of Health and Social Services / Chief Executive of NHS Wales

The Climate Emergency Challenge

A Climate Emergency for Wales

Immediate and bold action to tackle climate change is more crucial now than ever before.

There is now unprecedented political recognition of a global Climate Emergency. The Intergovernmental Panel on Climate Change has made it clear that limiting global warming to 1.5°C above pre-industrial levels is necessary to prevent a sustained public health catastrophe. This has culminated in the Paris Climate Change Agreement, in which 189 countries united to ratify a legally-bound commitment to act to limit global temperature rise this century .[1]

The five warmest years on record have occurred in the five years succeeding the Paris Agreement.[2]

Climate change is recognised as the most significant threat to the health of humanity on a global scale. The World Economic Forum states climate change as the greatest risk to the stability of the global economy, in terms of scale and likelihood;[3] which will increase pressure on health systems across the world. The World Health Organization estimates that climate change will lead to around 250,000 extra deaths per year globally from 2030, and that the direct cost impact will be $2-4 billion per year over the next decade.

With climate change and detrimental health impacts inextricably linked, the Climate Emergency must also be recognised as a health emergency.

Increased societal awareness has led to calls for greater action to tackle climate change. Activism has enhanced the media spotlight on the climate agenda. Increased public awareness has led to growing pressure on governments and businesses to act rapidly to mitigate climate change, calling for the UK and devolved governments to formally declare a Climate Emergency. This was also supported in 2019 by an open letter signed by over 1,200 UK doctors calling for direct action against the climate crisis, citing the significant threat that climate change poses to public health.

In April 2019, with cross-party support, the Senedd was the first Parliament in the world to declare a Climate Emergency.

Since the Climate Emergency declaration, Welsh Government has accepted the Climate Change Committee's recommendation to increase Wales's 2050 emissions target to a 95% reduction with a further ambition to achieve net zero. However further advice published in December 2020 has recommended that action needs to be taken sooner, and this must chart a steeper trajectory towards net zero.[4] If accepted, the advice would lead to a net zero target for all sectors in Wales by 2050 and a stretching target of a 63% reduction in greenhouse gas emissions by 2030 (compared with the current target of 45%).

To lead the way on climate action in Wales, Welsh Government set the ambition for the public sector in Wales to be net zero by 2030.

NHS Wales Climate Emergency

To implement decarbonisation, Welsh Government has put in place binding legislation, strategies, and ambitions to drive carbon reduction activity in Wales. In March 2019 the First Minister for Wales launched Prosperity for All: A Low Carbon Wales[5], this sets out Welsh Governments plan for decarbonisation in Wales. This further states the ambition for the public sector to be net zero by 2030, and the specific policy to reduce emissions in the health sector.

Legislation

- Well-being of Future Generations (Wales) Act 2015
- Environment (Wales) Act 2016
- The Climate Change (Carbon Budgets) (Wales) Regulations 2018

Strategy

- Prosperity for All -Economic Action Plan (2017)
- Prosperity for All – A Low Carbon Wales (2019)
- Prosperity for All - A Climate Concious Wales (2020)

Ministrial ambition

- Net zero Public Sector by 2030
- 70% of Wales electricity consumption to be renewable by 2030
- 1GW of electricity generated in Wales to be locally owned by 2030
- All new developments by 2020 to have a element of local ownership

NHS Wales recognises it has a significant contribution to make towards the 'team Wales' target of a net zero public sector. To stimulate engagement and action across all parts of NHS Wales, the first initiative within this Delivery Plan provides the commitment to address the Climate Emergency.

NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

The NHS Wales requirements under the *Well-being of Future Generations* (Wales) Act 2015 will ensure that the climate is considered at an everyday decision-making level. This world-leading legislation places NHS Wales with a duty to support the seven Well-being Goals put in place by the act. Decarbonisation has a critical role to play in meeting this duty, in particular to achieve a resilient, healthier, and globally responsible Wales. 6

With climate change, pollution, and detrimental health linked, it is the responsibility of NHS Wales to act on the climate and health emergency to support a healthier Wales now and in the future.

NHS Wales Carbon Footprint

Prior to developing this Delivery Plan, NHS Wales Shared Services Partnership (NWSSP) commissioned a Carbon Footprint assessment for the whole of NHS Wales. The *NHS Wales Carbon Footprint 2018/19*[7] has influenced the approach set out in this Delivery Plan and provides initial baseline emissions data for target setting.

Total NHS Wales Carbon Emissions 2018/19

The NHS Wales 2018/19 Carbon Footprint has been calculated as approximately 1 million tonnes of CO_2e, which represents around 2.6% of Wales's total greenhouse gas emissions.[8] This has been set as the baseline for emissions reduction targets going forward.

Emissions have been attributed to the three scopes as defined by the Green House Gas Protocol:

Scope 1	Scope 2	Scope 3
Direct emissions of an organisation, including combustion of fuels and fugitive emissions	*Indirect emissions of an organisation, including purchased electricity and heat*	*Other indirect emissions associated with an organisation, including the supply chain, transport and distribution, business travel and commuting, use of products, waste, investments and other leased assets or franchises.*

To aid understanding, emissions have been further broken down and analysed into **four** categories:

1. **Business use**
2. **Fleet and Business Travel**
3. **Staff, Patient and Visitor Travel**
4. **Procurement**

The following charts provide the split of NHS Wales Carbon Footprint by scope and by category.

NHS Wales Carbon Footprint by Scope 2018/19

NHS Wales Carbon Footprint by Category 2018/19

This Delivery Plan sets out a target for NHS Wales as a whole, and for the four categories of emissions assessed. However, no target has been set by scope of emissions.

The need to improve emissions data accuracy and coverage is recognised within the NHS Wales Carbon Footprint assessment. The requirement for ongoing data improvement, in particular for transport- and procurement-related emissions, is set-out within the Delivery Plan.

The following charts provide key summary information regarding the **four** categories assessed within the Carbon Footprint. Further detail and analysis of the *NHS Wales Carbon Footprint 2018/19* can be found on the Welsh Government website.

Buildings: 210,436 tCO_2e

Fleet & Business Travel: 19,073 tCO_2e

Procurement: 623,750 tCO_2e

Staff, Patient & Visitor Travel: 148,119 tCO_2e

Sustainable Recovery to the Pandemic

Alongside the tragic impact of the Covid-19 pandemic, a devastating economic impact has also been recognised.

Hundreds of health professionals in Wales have called on Welsh Government to support a *'healthy recovery'* to the pandemic. In June 2020, the UK Health Alliance on Climate Change wrote to the Prime Minister setting out 'Climate Change Principles for a Healthy Recovery.'[9] In July 2020, a letter signed on behalf of hundreds of Welsh doctors and healthcare workers highlighted evidence linking air pollution to the susceptibility of Covid-19 in patients, demonstrating their support for the climate agenda and recognition of the potential health benefits a green recovery can provide.

Photo credit: Laing O'Rourke

In response to the economic impact of the Covid-19 pandemic, the Welsh Government has set up a *Green Recovery Taskforce*. The aims of the task force are closely aligned with the aims of NHS Wales in this Delivery Plan. The opportunity for investment against the initiatives set-out will support a green economic recovery in Wales.

The response to the pandemic has demonstrated how significant and impactful change can be enforced into the day-to-day life of the public and the approach to work; this includes how healthcare is delivered. An NHS Trust in England demonstrated that remote working during the first Coronavirus lockdown reduced business mileage by 67% and reduced electricity consumption by 12-18% across their sites.[10]

With the pandemic demonstrating that rapid and significant societal change is achievable, the goal now must be to stir similar urgency and commitment to tackle the Climate Emergency.

NHS Wales Commitments

This NHS Wales Decarbonisation Strategic Delivery Plan has been developed to drive an ambitious but realistic reduction in carbon emissions from NHS Wales's operations.

This Delivery Plan sets out 46 initiatives for decarbonising NHS Wales. The commitments cover emissions from Scopes 1, 2, and 3.

The following table provides specific headline commitments up to 2030 which will be reviewed in 2025 and 2030 alongside the overall carbon reduction targets for these periods.

Access to resource and finance is critical to ensure the success of this Delivery Plan, and this will be supported by Welsh Government and NWSSP as part of the Action Plan review process. For the first year of delivery (2021-22), Welsh Government has made available £16m in capital finance.

Moving up a gear (2020-2022)

- → NHS Wales will fully support the Climate Emergency for Wales as declared by the Welsh Government
- → Carbon reduction will be a high priority in business case decision making – this will mean that increased revenue costs will not be a barrier to the optimal low carbon option
- → An 'NHS Wales Climate Change Group: Decarbonisation Board' and a 'Decarbonisation Programme Manager' will be put in place to lead Delivery Plan implementation
- → Welsh Government will enable access to finance to support the successful implementation of the Delivery Plan
- → 'Decarbonisation Action Plans' will be developed by Health Boards, Trusts, and NWSSP Procurement – these will be regularly updated and committed to within Integrated Medium-Term Plans on a 2-yearly basis
- → All new-build developments and major refurbishments will be designed and accredited to a net zero framework

Well on our way (2022-2026)

- → NHS Wales will have reduced carbon emissions by 16% in line with the 2025 interim target
- → Low carbon heat evolution plans for acute hospitals will be in place
- → By 2025, all lighting across the estate will be LED
- → The total renewable energy potential for the NHS Wales estate will be known, with an implementation plan progressing
- → Reducing emissions will be mandated within new procurement contracts for major suppliers
- → Procurement emissions accounting will shift to a 'market-based' approach
- → Medical gases with low global warming potentials will be used as standard with improved emissions accounting data available to assess the impact
- → All cars and light goods vehicles procured will be battery-electric where practically possible. Sufficient charging infrastructure will have been installed to support an increased uptake in fleet, staff, and public electric vehicles
- → Digital technology and telemedicine will be increasingly used to increase efficiency and reduce travel

Achieving our goal (2026-2030)

- → NHS Wales will have reduced carbon emissions by 34% equivalent to 383,000 tCO_2e as a minimum contribution to a net zero Welsh Public Sector
- → Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised and renewable energy will be generated on site
- → Aim for all natural-gas combined heat and power plant to be decommissioned
- → WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled
- → Large-scale renewable energy generation will be implemented by collaborating with public sector partners, landowners, developers, and local communities
- → Carbon sequestration land will have been developed and included within carbon accounting
- → A climate smart approach to modern healthcare will be incorporated into new developments

2025 and 2030 Emissions Targets

NHS Wales' Target

NHS Wales's emissions pathway has been mapped out between 2018 and 2030 for three scenarios:

- **Business-as-usual (BAU)** – presents the expected emissions if NHS Wales took no additional action to decarbonise; despite the ongoing decarbonisation of UK electricity grid, an increase is forecast due to the continual growth of the Health Service.
- **Decarbonisation Pathway** – presents a targeted decarbonisation scenario based upon the initiatives set within this Delivery Plan; this pathway sets the overall 2025 and 2030 emissions reductions targets.
- **Net zero** – a theoretical linear decarbonisation approach that achieves zero carbon to demonstrate the gap to net zero for NHS Wales.

NHS Wales Target Emissions 2030

The NHS Wales 2025 and 2030 decarbonisation targets are set as follows:

NHS Wales Decarbonisation Target	Emissions (tCO_2e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO_2e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

Category Targets

Alongside the overall NHS Wales emissions targets, assessments of performance will be made against the following category targets:

Key:

- BAU
- Interventions
- Net zero

Delivery Plan Implementation

The success of this Delivery Plan will be highly dependent on the governance structure put in place, the management approach to ensure sustained momentum, and the financial investment put forward to support implementation. The following activities set out the implementation approach for the Delivery Plan; these are split between mobilisation and an improvement approach. Further detail regarding the specific actions, responsibilities, and target dates can be found within the Technical Appendices.

Mobilisation

1. NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.
2. A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.
3. A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.
4. 'Action Plans' will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.
5. Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

Improvement and Revision Approach

6. NWSSP Specialist Estate Services will oversee the evolution of the Estates and Facilities Performance Management System (EFPMS) returns to capture improved data coverage and communicate carbon performance – this will evolve to align with the 'Carbon reporting guide for the public sector in Wales' data requirements when published.
7. Welsh Government and NWSSP will issue a revision of the Delivery Plan with updated and refined targets by 2023.
8. Welsh Government and NWSSP will review the success of Delivery Plan implementation in 2024, and issue an update of the Plan in 2025.

Decarbonisation Initiatives

Decarbonisation of NHS Wales has been structured into six main activity streams:

- Carbon Management
- Buildings
- Transport
- Procurement
- Estate Planning and Land Use
- Approach to Healthcare

The activity streams do not specifically match the Carbon Footprint categories or the specific targets; they are structured to aid understanding of implementation. The initiatives included within the activity streams will often provide carbon reduction across several of the footprint categories.

Initiatives are the decarbonisation activities, or projects, that NHS Wales will undertake.

The identification of initiatives involved multiple parties, including the Carbon Trust, NWSSP, Welsh Government, NHS organisations, voluntary commissions, healthcare staff, and industry experts.

The Technical Appendices provides a full summary of the initiatives and sets out the specific actions, responsibilities, target dates for implementation, and appropriate exclusions.

	Content
Carbon Management	• Approach to carbon management
Buildings	• Decarbonising the existing estate • Requirements for new build developments and major refurbishments
Transport	• Improvements to non-emergency response fleet • Improvements to fleet, staff, patient and visitor travel • Improvements to the Welsh Ambulance Service NHS Trust emergency response fleet
Procurement	• Improvements to supply chain carbon accounting and engagement • Approach to decarbonisation of the supply chain
Estate Planning and Land Use	• Approach to strategic estate planning and building use • Approach to using land for offsetting and renewable energy generation
Approach to Healthcare	• Approach to smart working • Approach to climate and decarbonisation education • Approach to management of healthcare and medicines • Approach to reducing carbon emissions from waste

Carbon Management

No.	Initiative
1	Implement best practice carbon management with dedicated roles in place to undertake Delivery Plan initiatives.
2	Proactively communicate the Climate Emergency to staff and the public with the aim of stimulating low carbon behaviours and growing engagement in the decarbonisation agenda.
3	Drive the engagement required for decarbonisation across each organisation's leadership team – Finance, Procurement, Estates, and Capital Project teams will engage to develop a focussed and active approach to project implementation.

Existing Buildings

No.	Initiative
4	Progress a transformational energy and water efficiency retrofit programme across the estate – every building with a long-term future will have undergone a multi-technology energy-efficient upgrade by 2030.
5	Fully replace all existing lighting with LED lighting by 2025.
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.
7	Progress low carbon heat generation for all non-acute sites larger than 1,000m^2 by 2030.
8	We will not plan to install any further natural gas CHP plant - renewable CHP will be championed instead. For existing CHP plant, we will prioritise decommissioning over investment in major refurbishment of failed CHP from 2025, with the ambition for all CHP to be decommissioned by 2030.
9	Take an active approach to efficient control of energy in our buildings. All buildings will have up-to-date, standardised, and effective building management systems (BMS). Dedicated resource to optimise the use of energy by BMS control will be put in place by 2023.
10	Determine the overall viable potential for onsite renewable energy generation at each NHS Wales organisation by 2023. Install half of this potential by 2026, and the remainder by 2030.

New Builds and Major Refurbishments

No.	Initiative
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.
12	All project teams to have an independent client-side sustainability representative to provide due diligence support for the optimal low carbon design across all development stages – and be responsible for ensuring the Net Zero Framework process is followed.
13	Integrate Modern Methods of Construction (MMC) into the design and construction of new buildings – this will consider modular design, offsite fabrication, and just-in-time delivery to minimise construction-related carbon emissions.
14	Install electric vehicle charging points in new developments beyond minimum requirements, and future-proof new car parks by installing infrastructure to enable straightforward installation of future charging points.
15	Prioritise low carbon heating solutions as a key design principle. No fossil fuel combustion systems are to be installed as the primary heat source for new developments.
16	Incorporate the principles of sustainable transportation into the design of new sites (in addition to electric vehicle infrastructure) in line with the Welsh Government's Active Travel Action Plan for Wales.[11]

Photo credit: Laing O'Rourke

Transportation

No.	Initiative
17	NWSSP will work with Health Boards and Trusts to develop the best practice approach for electric vehicle (EV) charging technology, procurement, and car park space planning – this will include consideration of NHS Wales' own fleet, staff vehicles, and visitor EV charging.
18	A standardised system of vehicle management for owned and leased vehicles will be developed to plan, manage, and assess vehicle performance - this will entail central fleet management oversight within each organisation.
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.
20	All new medium and large freight vehicles procured across NHS Wales after April 2025 will meet the future modern standard of ultra-low emission vehicles in their class.
21	All Health Boards and Trusts will appraise the use of staff vehicles for business travel alongside existing pool cars. Health Boards and Trusts will update their business travel policies to prioritise the use of electric pool cars, electric private vehicles, and public transport.
22	The Welsh Ambulance Service NHS Trust will continue to develop their electric vehicle charging infrastructure network plan for the existing NHS Wales estate to facilitate the roll-out of electric vehicles.

No.	Initiative
23	The Welsh Ambulance Service NHS Trust will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid EV, or fully battery-electric in appropriate locations.
24	The Welsh Ambulance Service NHS Trust will actively engage with vehicle manufacturers for research and development of low carbon emergency response vehicles and report annually, with the ambition to operate plug-in electric, or alternative low carbon fuelled, emergency ambulances by 2028.

Procurement

No.	Initiative
25	NWSSP will transition to a market-based approach for supply chain emissions accounting.
26	NWSSP will expand its current Sustainable Procurement Code of Practice to include a framework for assessing the sustainability credentials of suppliers.
27	Value to the local supply chain will be maximised, whilst maintaining high standards for goods and services.
28	100% REGO-backed electricity will be procured by 2025, and 100% offset gas by 2030.
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.
30	Sustainability will be embedded within strategic governance – NWSSP Procurement Services will work across Wales to champion decarbonisation in the supply chain, and influence decarbonisation ambitions for buildings and transport.
31	NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport.
32	NWSSP Procurement Services will actively develop and support procurement requirements to support implementation of this Delivery Plan.

Estate Planning and Land Use

No.	Initiative
33	All-Wales strategic estate planning will have carbon efficiency as a core principle – *quantified carbon* will be a key decision metric for planning new developments, rationalisation of the estate, and championing smart ways of working.
34	NWSSP and Welsh Government will advise Health Boards and Trusts on an appraisal approach for allocating land for uses such as renewable energy generation, greenhouse gas removal and afforestation – NHS Wales organisations will maintain green space and utilise land for decarbonisation, including collaborating with neighbouring land owners.
35	Large-scale renewable energy generation opportunities with private wire connections to NHS Wales sites will be progressed where viable.

Approach to Healthcare – Smart Working

No.	Initiative
36	Our approach to 21st-century healthcare will be central to the design of new hospital developments – redesigning the whole journey with care closer to home in a carbon-friendly primary care estate with a reduced need to visit hospitals.
37	Support the Welsh Government's target for 30% of the Welsh workforce to work remotely[12], by continuing to facilitate flexible and smart working, developing the existing approach to remote working technology, and rationalising existing office space.
38	Continue to utilise technology to increase the efficiency of engagements between staff and the public where suitable.

Approach to Healthcare – Education

No.	Initiative
39	Health education will be used to champion decarbonisation across our service – we will encourage sustainable healthcare practice, waste efficiency, and low carbon staff and patient behaviour.

Approach to Healthcare – Healthcare and Medicines

No.	Initiative
40	Support the work of existing working groups such as the Welsh Environmental Anaesthetic Network to raise awareness of the carbon impact of medical gases and transition to a culture where gases with low global warming potentials are prioritised.
41	Explore methods of minimising gas wastage and technologies to capture expelled medical gases.
42	Take a patient-centric approach to optimise inhaler use, focusing on a reduction in the over-reliance of reliever inhalers where possible and emphasising the importance of inhaler-specific disposal and recycling.
43	Transition the existing use and distribution of carbon-intensive and high global warming potential (GWP) inhalers to alternative lower GWP inhaler types where deemed suitable.

Approach to Healthcare – Waste

No.	Initiative
44	Support the development of guidance by 2022 for best practice reduction of pharmaceutical waste.
45	Develop a 'plastics in healthcare' initiative to address waste in the delivery of health care – this will aim to tackle PPE, single use plastics, and packaging waste.
46	Engage with pharmacists and prescribers to build upon and support existing efforts to encourage responsible disposal of inhalers through discussions with patients, information leaflets, posters and media.

Roadmap

The roadmap timeline sets out the NHS Wales summarised initiative activity out to 2030. To influence the roadmap, and the initiatives included within this Delivery Plan, a high-level scoring exercise has been undertaken. The scoring reflected should be used to reflect and visualise initiatives only, this does not provide the detail required to justify that one initiative should be prioritised over another, and is not a precise representation of impact.

Appraisals of initiatives were undertaken using the following metrics:

- *Carbon impact*
- *Technology and market readiness*
- *Effort and resource demands*
- *Strategic importance for enablement*

A quantitative scoring was allocated to each metric, with the combined total providing the overall score for each initiative. To maintain a decarbonisation focus, the carbon impact metric has a double weighting than that of other metrics. The Technical Appendices provides a full summary of initiative scoring and additionally includes a high-level financial impact assessment.

	Selected Example Initiatives	Score (/25)
5	Fully replace all existing lighting with LED lighting by 2025.	**14**
6	Complete expert heat studies by the end of 2023 for all acute hospitals to set the plan to transition away from fossil fuel heat sources.	**17**
11	Develop and build low carbon buildings to net zero standard – engage and collaborate with NHS partners across the UK on the emerging net zero building standard for hospitals, and adopt a net zero building accreditation approach which will be defined by 2022.	**15**
19	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric wherever practically possible. In justifiable instances where this not suitable, ultra-low emission vehicles should be procured.	**12**
29	NWSSP Procurement Services will embed NHS Wales' decarbonisation ambitions in procurement procedures by mandating suppliers to decarbonise.	**22**

Initiative Roadmap Scoring

The following charts provide a visualisation of the initiative appraisal. The chart presents:

- *Indicative year in which implemented (in reality each will be across several years)*
- *Initiative score, shown as a percentage, based on the assessment against the four metrics*
- *Initiative carbon impact, represented by the size of the bubble.*

Selected initiatives are presented in the first chart covering buildings, transport, procurement, and the approach to healthcare. Highest scoring and largest impact initiatives relate to procurement, these are shown early on the timeline. The second chart presents building only initiatives for comparison.

Selected Initiative Roadmap Scoring

Building Initiatives Roadmap Scoring

Roadmap Timeline for Implementation

The following timeline summarises key initiatives across buildings, transport, procurement, and the approach to healthcare.

	Buildings	Transport	Procurement	Approach to Healthcare
2021	Action Plan requirements and expectations to be developed	A best practice approach for EV infrastructure and management will be developed	NWSSP will start the transition to a market-based approach for supply chain emissions accounting	The Welsh Government's 30% work from home target will be facilitated with appropriate technology and an updated approach to office use
2022	Effective building management systems and dedicated resource to optimise the use of energy by better control will be put in place	All new cars and light goods fleet vehicles procured across NHS Wales after April 2022 will be battery-electric where possible	The Sustainable Procurement Code of Practice will include a framework for assessing the sustainability credentials of suppliers	Anaesthetists will be prioritising medical gases with low global warming potentials as standard
2023	By 2023 low carbon heat evolution plans will be completed for all acute hospitals, and renewable energy implementation plans will be developed	WAST will aim for all rapid response vehicles procured after 2022 to be at least plug-in hybrid-electric or fully battery-electric for appropriate locations	NWSSP Procurement will actively be working with targeted suppliers and sectors, and will have contractually mandated decarbonisation into major procurements	Best practice pharmaceutical waste practice will be in place championing better prescribing, reviewing, just in time delivery, and a shift away from procuring bundles of pharmaceuticals
2024	New buildings will be constructed and accredited to a net zero standard.		NWSSP Procurement Services will improve supply chain logistics and distribution to reduce the carbon emissions from associated transport	Technologies to capture expelled medical gases will have been assessed and put into trial

	Buildings	Transport	Procurement	Approach to Healthcare
2025	Decommissioning of natural gas CHP plants will be prioritised over refurbishment. All lighting will be fully replaced by LED	All new medium / large freight vehicles procured across NHS Wales after April 2025 will be to the future modern standard of ultra-low emission vehicles	NWSSP will have updated to market-based emissions accounting, and continues to engage with supply chains to support decarbonisation	Digital technology will be developed to support a smart communication approach between our sites and with the public at home
2026 / 27	50% of overall renewable energy generation potential will have been installed			
2028 / 29		WAST will aim for new ambulances procured to be plug-in electric, or alternative low carbon fuelled		
2030	Every building will have undergone an energy-efficient upgrade – low carbon heating will be utilised, renewable energy will be generated on site, and all gas CHPs will be decommissioned		Significant parts of the supply chain will have progressed to net zero emissions	

Emissions Modelling

The decarbonisation initiatives set out in the roadmap were modelled across the next decade based upon when and how the measures could be implemented.

The figure below shows an indication of how NHS Wales' emissions could look if the decarbonisation roadmap is followed. It shows decarbonisation speeding up after 2021, with the most significant decreases in emissions occurring from 2026 onwards with increasing scale of implementation of the Delivery Plan initiatives.

All emissions categories assessed demonstrate a reduction in emissions, this is also with respect to business-as-usual increases due to estate and healthcare service expansion. The largest source of emissions shown up to 2030 remains emissions associated with the procurement of goods and services.

NHS Wales 2018 - 2030 Emissions

In 2030, the estimated residual emissions are 661,500 tCO2e, with a 34% reduction achieved against the BAU. This presents the anticipated contribution to a net zero Welsh public sector.

The net zero target for the public sector will be on a 'team Wales' basis[13]; this means that carbon-positive organisations (such as Natural Resources Wales) will balance with residual emissions of other Public Bodies such as NHS Wales. To support consistent carbon accounting, a Carbon reporting guide for the public sector in Wales developed by Welsh Government is expected to be published in 2021.

NHS Wales 2030 Emission Reduction Breakdown

The carbon reduction contribution of initiatives set out in the Delivery Plan has been mapped against the 2018/19 carbon footprint as a baseline (1,001,378 tCO_2e).

Business-as-usual (BAU) up to 2030 includes the estimated increases in emissions from the expansion of the NHS Wales estate (2% increase in emissions), and increased demand for health care (28% increase in emissions linked to population growth and higher energy intensity of healthcare technology, etc.). The decarbonisation forecasts for UK grid electricity, the average UK vehicle emissions, and for the supply chain are reflected within 'UK carbon intensity and supply chain'; this presents a 27% reduction to show a BAU 2030 down to a similar level of emissions as 2018/19.

Initiatives have been simplified and modelled to present the contribution to the 34% carbon reduction target against a 2030 BAU.

2030 Emission Reductions from Initiatives

Buildings and Fleet 2030 Emission Reduction Breakdown

The following chart shows the potential emission reductions against the two categories of buildings, and fleet & business travel. These categories have been selected for presentation due to NHS Wales' direct control and influence over emissions.

Next Steps

The key next steps for putting this Delivery Plan into motion are focused around the five mobilisation activities.

2 A 'Decarbonisation Board' will be put in place to oversee implementation of the Delivery Plan; this will be a sub-group of the Welsh Government NHS Wales Climate Change Group.

3 A 'Decarbonisation Programme Manager' will be put in place as a dedicated role to drive the focussed implementation of the Delivery Plan.

To sustain momentum and action over the longer term, an effective governance structure must be put in place.

To oversee the implementation of this Delivery Plan, a new *Climate Change & Decarbonisation Programme Board* will be put in place. This Board will report to the existing Executive Directors Board and the NHS Wales Chief Executive; this demonstrates the significance and importance given to implementing this Delivery Plan. This importance must be recognised by NHS Wales organisations also, therefore responsibility for responding to the Climate Emergency must sit at Board Director level.

A *Decarbonisation Programme Manager* and a wider management team will be put in place to be the focal point of implementing the Delivery Plan. This team will undertake a breadth of engagement spanning estates and facilities, planning, fleet management, procurement, clinical, and wider stakeholder groups to drive activity forward. The organigram below provides the governance structure put forward; it is however recognised that this will evolve as the Delivery Plan is mobilised.

4 ‘Action Plans’ will be developed, which will form the basis of how NHS Wales organisations will implement Delivery Plan initiatives – these will be developed two-yearly and committed to within Integrated Medium-Term Plans.

5 Welsh Government will enable the successful implementation of the Delivery Plan by supporting access to additional resource and finance for delivery of initiatives.

For this Delivery Plan to be considered successful, a step-change in decarbonisation activity must be recognised.

The basis for the response to this Delivery Plan will be for NHS Wales organisations to develop Action Plans setting out how progress will be made against the initiatives set. It is important this is aligned with the strategic direction of each organisation also; therefore, the implementation of decarbonisation Action Plans are required to be committed to within Integrated Medium-Term Plans.

Key actions for each initiative are highlighted in the Technical Appendices, many of which will support Action Plan development. Important early actions for 2021/22 include putting in place data collection requirements to support market-based emissions accounting, supporting the approach for electric vehicles, planning specialist heat assessments, and engaging on the development of a new net zero building standard.

It is recognised that access to additional resource and finance is critical to ensure the success of this Delivery Plan. However, much progress can be made by championing decarbonisation within the decision-making process, and by integrating this into behaviour across NHS Wales.

Nevertheless, significant investment will be needed to meet the 16% reduction target by 2025 and 34% reduction target by 2030.

As part of the Action Plan development and review process, the *Climate Change & Decarbonisation Programme Board* and Welsh Government will understand the capital and revenue impacts for NHS Wales organisations. This will allow a strategic approach to be taken for investment decisions. The journey must start right away, to support this Welsh Government have ringfenced an initial £16m of decarbonisation capital to support initiative implementation in 2021/22.

The ultimate focus of Action Plans and investment decisions must be to recognise a step change in emissions across NHS Wales. Targets have been set for 2025 and 2030 for the overall emissions and a percentage reduction, these however will both be impacted by other business as usual changes in the health service. To appraise the success of action taken, a cumulative savings from initiatives target will be set; this will provide a focus to tracking interventions made through Action Plans across NHS Wales.

NHS Wales Decarbonisation Target	Emissions (tCO_2e)	Percentage reduction from 2018/19	Cumulative savings from initiatives will total (tCO_2e)
2025	845,600	-16%	459,000
2030	661,500	-34%	1,982,500

1 NHS Wales will show leadership and commitment to deliver this Decarbonisation Delivery Plan in order to address the Climate Emergency for Wales as declared by Welsh Government and the Senedd.

The most critical next step is to ensure that all parts of NHS Wales fully engage with and support the Climate Emergency.

This Delivery Plan provides a clear statement of commitment from Dr Andrew Goodall CBE, Chief Executive of NHS Wales, that NHS Wales will show leadership to tackle the Climate Emergency. This simple message must be the catalyst for all NHS Wales to engage and act.

Urgency, collaboration, and ongoing action are required to address climate change as a common cause, and to support the well-being of our future generations for a healthier Wales.

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Teitl adroddiad: ***Report title:***	Planned Care Assurance Paper
Adrodd i: ***Report to:***	Public Health Board meeting
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to provide partial assurance to the Health Board (HB) with the progress of the Planned Care programme in line with Welsh Governments' programme to modernise Planned Care services and decrease waiting lists. The HB had significant long waiting lists before the pandemic, these were exacerbated due to routine activity being paused for long periods. Welsh Government (WG), has instructed two ministerial priorities for this financial year (2022/23); • No patient should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022. • No patient should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023 HB's have been asked to provide trajectories against these two targets for compliance, as part of the Integrated Medium-Term Plan (IMTP) submission. The trajectories have been revised and have considered the de-escalation of COVID measures. These are under constant review and reported at Performance, Finance, and Information Governance Committee (PFIGC). To support the delivery of a reduction in waiting lists and backlog, WG have written a programme to modernise Planned Care services and decrease waiting lists, Planned Care have ensured that the Planned Care programme reflects this. Ensuring that the trajectories are revised and monitored via Planned Care Recovery and Transformation Group (PCRTG) and PFIGC. To support the delivery of these trajectories, is the Planned Care transformation programme reflecting the patient's pathway, with four work streams, outpatients being the most developed with a work stream lead and projects progressed for e.g. See on Symptoms (SOS)/Patient Initiated Follow Up (PFIU). In addition to this Planned Care have developed a recovery plan with focus on validation (to ensure we have a clear sight of the demand), adherence to policy (to ensure we schedule correctly and in a timely manner thus allowing us to evoke patient responsibilities e.g. DNA and Discharge), this with a review of capacity and improvements in efficient utilisation of outpatient capacity As well as the immediate need to deliver the health care as part of the Integrated Medium-Term Plan, Planned Care have instigated [currently named] PACE (Patient Administration Centre of Excellence). This building and documenting administration excellence that supports administration persons to deliver their roles and responsibilities. Underpinning both elements of delivery in reducing waiting lists whilst transforming Planned Care services is the governance framework to

	ensure there is oversight and scrutiny of the programme. It is also important that BCU recognises technology and with this adopts technology clinically and administratively, and with this Planned Care recognise the advantages [of digital] to our patients and staff and look to set-up a Digital work stream.
	The Board is asked to note the partial assurance of the Planned Care programme recognising that the delivery of this programme is vast and will take time in delivering the key objectives - reduction in waiting lists expected due to the volume of patients waiting and in transforming Planned Care services. In supporting the planned care recovery program is it important that all stakeholders have clear visibility of the challenge and their progression of meeting the challenges, this with the tools e.g. dashboards to facilitate service delivery. It is important not to under recognise or under estimate the importance of clean and accurate data that is presented in a way that fits its need and the audience its intended for.
Arweinydd Gweithredol: ***Executive Lead:***	Gill Harris - Deputy Chief Executive/Executive Director of Integrated Clinical Services
Awdur yr Adroddiad: ***Report Author:***	Co Authors: Nikki Foulkes, Acting Associate Director Planned Care/Andrew Kent, Interim Subject Matter Expert: Planned Care/Andrew Oxby, Interim Subject Matter Expert: Outpatients

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the Health Boards strategic goal of reducing the number of patients waiting.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not Applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Not Applicable

Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	Not Applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	Not Applicable
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Please refer to detail in report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Please refer to detail in report.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Planned Care programme is reported at the Planned Care Recovery and Transformation Group (PCRTG), Executive Delivery Group (EDG): Transformation and Performance, Finance, and Information Governance Committee (PFIGC).
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Please refer to detail in report.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations***	
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*	

HEALTH BOARD MEETING IN PUBLIC

29th September 2022
Planned Care Assurance Paper

1. Introduction/Background

1.1 The paper presented to Performance, Finance, and Information Governance Committee (PFIGC) described the challenges facing BCUHB (Betsi Cadwaladr University Health Board) in relation to Planned Care. Specifically, around the considerable number of patients waiting for an outpatient appointment,or a planned intervention/treatment, many of whom have been waiting more than 52 weeks and some more than 104. The origins of this precede Covid, in certain specialties but the pandemic has exacerbated the position significantly across all specialties.

1.2 This is an all-Wales concern with Welsh Government (WG) writing a strategy for 'Transforming and modernising planned care and reducing waiting lists,' (April 2022). Which builds upon the priorities within the NHS Planning Framework with the aim to accelerate health and care recovery in the short to medium term whilst focusing on stabilising and recovering the waiting lists, by developing and embedding longer-term transformative and innovative change.

1.3 The first step in this process for Planned Care was in producing a plan in collaboration with operational teams and Informatics. This plan included;

- A capacity model to get back to the level of activity performed in 2019/20,
- Trajectories to meet the 2 ministerial priorities for 2022/23,
  - No patient should be waiting more than 52 weeks for their first outpatient appointment (Stage 1) by the end of December 2022.
  - No patient should be waiting more than 104 weeks for any stage of their pathway by the end of March 2023
- Solutions to mitigate the gaps in capacity
- A transformation programme to support delivery and improve patient pathways. The Planned Care transformation programme reflects local requirements and the National Planned Care programme.

1.4 Underpinning this plan is the governance framework, as demonstrated in figure 1, and the 4 pillars of Planned Care (Performance, Delivery, Transformation and Planning) whereby the progress within these pillars are reported at the Planned Care Recovery and Transformation Group (PCRTG).

Figure 1

This governance commenced at the end of June 2022, with the terms of reference (TOR) reflecting the WG strategy for modernising Planned Care services, the Integrated Medium-Term Plan (IMTP) and the membership reviewed. The membership has been

strengthened to ensure all stakeholders within the delivery of Planned Care are involved in its recovery and transformation, for e.g., representation from Unscheduled Care (UC) as Planned Care should not be seen in isolation from the UC agenda with winter pressures which may mean that progress in reducing the waiting list backlog will continue to be a risk.

2. Body of report

2.1 Strategy Implications

The sustained delivery of Planned Care (and the clearance of the backlog) is a key business and safety objective for BCUHB. Delays to elective treatment, including cancer care, have had and are having significant impacts on the well-being of patients and their families. A delay in cancer surgery can obviously be life threatening, but a deferral of a hip replacement for example can be life limiting and have significant impact both socially and economically. Furthermore, for those patients on waiting lists for significant periods (e.g., more than 52 weeks), deterioration in their condition is almost inevitable.

The delivery of the Planned Care Recovery Plan is a combination of transactional (operational) and transformational (developmental) initiatives. As presented at PIFGC (25th August 2022), there are three distinct but inter-dependent stages;

- Restart
- Stabilisation
- Sustainability.

The first commenced, with varying degrees of completeness, and the immediate objective across the HB and Wales, has been to get back to activity levels of 2019/20 and creating that stability, which will see the waiting list plateau and begin to reduce. With the sustainability of services being one of the aims of the Planned Care transformation programme.

Since May, this has been three-fold, with reviewing the trajectories within the IMTP, agreeing, and implementing the Planned Care transformational programme and ensuring that there is a governance framework underpinning the Planned Care programme.

2.2 IMTP Trajectories

As reported at PIFGC (25th August), a quarter 1 refresh of the trajectories for the two ministerial priorities was performed and submitted as of 22.06.2022, with all known assumptions and mitigations to that date. These included the change in COVID de-escalation measures. When the first ministerial priority trajectories were performed, 2 specialties were forecasted to breach this target; Urology and Orthodontics. Whilst most specialties were identified to breach the second ministerial priority. These trajectories are under constant review and are reported at PFIGC.

2.3 Transformational Programme

The Planned Care transformational programme has been split into four work streams, which are presented at PFIGC and Executive Delivery Group (EDG): Transformation. They follow the patient's pathway from visiting their GP through their journey within secondary care before being discharged back to their GP. Two out of the four work streams are progressing with work stream leads and projects maturing, with outpatients being the most developed.

Outpatient Programme

2.3.1 The 3 point plan is to reduce demand, improve scheduling and policy adherence and increase capacity and the efficiency use of this.

<u>Validation</u>

- Administration Validation - ensuring that WPAS data is correct e.g. any patient that has a discharge letter has been discharge on WPAS
- Patient Validation – ensuring clarification whether the patient still needs to be seen. Patients are contacted, which is adherence with the WG 3 call policy on appointment

choice (Patient Access Policy) enabling further execution of this policy where discharge is permitted.

- Consultant Validation – Ensuring long waiting patients are reviewed, where clinical input is needed
- A review of long Follow-up waits to assess discharge/move to SOS pathway/remain on wait list

The outputs from this phase is a reduction in demand

Scheduling and Policy Adherence

Following validation, the 'right' patients can then be booked to see the 'right' clinician by;

- Ensuring patients are booked in the correct order
- Ensuring patients are booked following booking protocols
- Ensuring the DNA and Discharge policy is followed (this with the assurance that booking protocols have been followed)

The outputs from this phase is better scheduling and policy adherence

Capacity and Efficiency Utilisation

In order to achieve the same levels of activity as 2019/20 and ensure that capacity is utilised efficiently, booking to clinic capacity the following measures are now in place;

- Ensuring clinics are booked to the attendance capacity (taking into account DNA's)
- Capacity has been reviewed --to provide assurance that the HB has the capacity in the system that was planned/scheduled e.g. consultants PA's reflected in WPAS and capacity of sessions
- Utilisation of clinical persons; this is to view of other persons can undertake appointments as an alternative to consultant e.g. specialist nurses

The outputs from this phase is an increase in capacity and the utilisation of this capacity

To support the above;
Following the release of our external validation support there has been a 6 week delay in the appointment and the operationally live external validation team provided by WG. As a note; of the 4 health boards where this support has been provided, BCU are the first with operational go-live (on 13th September). We are working with this support team (provided by HBSUK) in the prevision of tools to support them ramp-up to 400 patients validated per day.

We have developed a >52 week and >104 week dashboard with the stakeholder's (Secondary Care Acute Directors and Primary care service leads) uploading their commitment (forecast) this with the first cut being loaded by 23rd September, with this the dashboard will be used in performance meetings to track delivery. In addition to this, we are reviewing the impact of the 3 point plan to refresh the commitments and provide assurance that the service is running at its optimum, the review/impact is scheduled for completion by 30th September.

All of the steps captured in the Outpatients recovery plan are transferable to the Elective Surgery recovery plan and with this being replicated to support the >104 week challenge by end March 2023.

While we adopt the outpatients' programme, we are also building the foundations for the future as we manage our patients across the HB. Given the size and geographical nature of the HB, the current constraints of our IT and data, we are working in parallel to progress the foundation of patient care and patient management. Through establishing a single PTL that will enable us to offer patients the next available appointment (clinically viable), at any location across the HB, this enabling a spread of pressures on demand and equality of patient care across the HB.

The timetable for this is:

- Review of HB patient administration, including all booking processes, Standard Operating Procedures (SOPs), protocols and staffing that support the Patient Administration Booking Centre's concluding with a 'Once for North Wales recommendation – 31st December 2022
- Presentation of review and recommendation to the executives – 9th January 2023
- On approval of the recommendation, Education and training of administration staff and move to the recommended operating model – 9th January 2023 – 28th April 2023
- Single PTL (Informatics) 19th May 2023
- From May 2023 BCU will have the ability to schedule patients across the HB in a standardised manner that will improve patient experience and support patient care across the HB.

The above is aligned to the RTC programme to support migration to these facilities when they come online.

A dependency on the above is a programme lead that although started the above is currently seconded and due to this, the above timeline are subject to the support of a programme lead.

2.3.2 GiRFT/Clinical Pathways

Getting it Right First Time (GIRFT) programme commenced with Orthopaedics completing the deep dive analysis and are working with an action plan. The Gynaecology deep dive took place in July, and we are waiting for the observation report to come back. The programme will continue with General Surgery and Urology in October and Ophthalmology is for December.

The principles of GiRFT and other benchmarking will be utilised to support the Perioperative programme, which will commence in September. The Urology improvement continues to meet, it held a workshop in July, with actions being undertaken following this and has recruited to a Network Lead

2.3.3 Cancer

The Cancer Partnership Group will develop the cancer strategy for the HB aligned with the Welsh cancer plan. The group will be developing programmes of work over the next 3-5 years, supporting themes of work from prevention to end of life care. It will oversee, re-design and develop the cancer advisory groups to improve Cancer performance for the population of North Wales.

2.3.4 Additional Capacity

In relation to additional capacity, we continue to seek additional capacity maximisation of outsourcing and insourcing opportunities, including building on our arrangements for Orthopaedics, Ophthalmology, Dermatology and Endoscopy. These in the short term will support our delivery of the programme. With Insourcing, we are meeting the tendering deadlines for 6 tenders (Orthopaedics and several other specialties inclusive of General Surgery and Urology), a paper has been submitted to Board for approval. We are still on trajectory to mobilise insourcing in December 2022, which will be crucial to the delivery of the IMTP at a time of risk to the HB, due to the anticipated operational pressures.

2.3.5 Modular Theatres

To complement the overall improvement of capacity, the Abergele site is receiving particular attention, both in improving the utilisation of this de-coupled site and increasing its operational hours to six day but also working with the consultants to adopt the "once for north wales approach" and treat patients at this site free from acute site operational disruption. To further improve the orthopaedic waiting list a business case is being submitted to WG in September for modular theatre and wards to improve capacity and therefore activity to support long waiting arthroplasty patients. If successful, this could be in place by Q1 2023 and run for a period of 3-5 years whilst awaiting the Regional treatment centre development.

2.3.6 Regional Treatment Centers (RTCs)

The RTC has entered its design phase with the architect and associated experts now onboarded. Several work streams have commenced to support the modernisation of Planned Care using best practice principles such as GiRFT, these and other work streams will be supporting the delivery and construction of the RTC's. These timelines are under constant review as would be expected in such a highly complex programme to prevent and mitigate any slippage. This is being monitored through

EDG and the Executive team. The first phase of the programme is to define the size and locations of the RTC, to allow an understanding of the construction, route to commercialisation and timelines of construction.

2.4 Governance Framework

The framework has been put in place to underpin the Planned Care recovery and transformation programme to modernise Planned Care services and reduce our waiting lists. The framework has been established to ensure that there is a mechanism of clear understanding and oversight of Planned Care's expectations, objectives, performance, risk, and reporting requirements.

3. Budgetary/Financial Implications

3.1 Significant funding has been made available for this financial year, linked to IMTP submission, investment plans for 2022/23 have been confirmed to ensure that both current performance is maintained and also that additionality is achieved or procured. Much of the investment in the current financial year is designed to re-enforce the infrastructure of key services – diagnostics, cancer, etc. to remove bottlenecks and to improve the quality of patient experience, but there are significant investments in Outsourcing and Insourcing, as well as creative options for Orthopaedics

4. Risk Management

4.1 The underlying risk score associated with the backlog of patients on the waiting list remains unchanged currently at 25, but the current score is based on actions to date and has been revised to 20. The various actions are designed to mitigate and reduce the risk, but it needs to be recognised that none of these will provide immediate solutions, and despite best endeavours, operational pressures may still affect progress.

5. Equality and Diversity Implications

5.1 The Planned Care programme is designed to address health inequalities and facilitate the Board's socio-economic duty by stream-lining process, transforming services and reduce waiting lists

6. Planned Care Stratergy 2023 – 2025

6.1 Although significant plans are in place to improve BCU's Planned Care function, Planned Care are embarking on the Planned Care Strategy 2023 – 2025. The outline strategy will be ready for review and comment by the end of December 2022.

Teitl adroddiad: ***Report title:***	Quality and Patient Safety Report: June 2022 – July 2022
Adrodd i: ***Report to:***	Public Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	This report provides the Health Board with information and analysis on significant quality and patient safety issues arising during the prior two month period, alongside longer-term trend data, and information on the improvements underway.
Argymhellion: ***Recommendations:***	The Health Board is asked to receive this report.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery
Awdur yr Adroddiad: ***Report Author:***	Matthew Joyes, Associate Director of Quality

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

There is confidence in the data provided in the report however, the strength of learning and improvement remains an area of concern and is a key focus of work. This is being addressed through a range of measures including the actions aligned to the BAF risk for quality (1.2), the Patient Safety Improvement Programme and the Quality Strategy currently being finalised.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Instances of harm to patients may indicate failures to comply with the NHS Wales Health and Care Standards or safety legislation.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A

Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	BAF 1.2 – Quality
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	N/A
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF 1.2 – Quality
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** N/A	
Rhestr o Atodiadau: ***List of Appendices:*** Quality and Patient Safety Report	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Quality and Patient Safety Report to the Health Board

June 2022 - July 2022

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Quality and Patient Safety Report June 2022 – July 2022

INTRODUCTION

Within the NHS in Wales, quality is defined in statute as having three dimensions: patient safety, clinical effectiveness and patient (and carer) experience.

This report provides the Health Board with a summary of key quality related information from the months of April and May 2022. The aim of this report is to provide the Health Board with key quality highlights at each meeting.

Detailed information relating to trends, themes, learning and improvement is provided to the Quality, Safety and Experience (QSE) Committee in the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.

There are two sections of this report that may include incidents that affect employees and members of the public, as well as patients; these are nationally reportable incidents and liability claims. As the Quality Directorate manage these matters, they are included in this report to provide an overall view of these areas.

NATIONALLY REPORTABLE INCIDENTS (NRI)

The following definition of a nationally reportable incident applies:

"A patient safety incident which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare."

The timescale for reporting such incidents is within seven working days.

During June and July 2022, 24 nationally reportable incidents were reported to the Delivery Unit.

The following table provides a breakdown of NRIs per health community/service for the last 12 months, providing both an annual and period on period comparison:

	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22
Health Community West: YG	2	0	2	1	2	4	1	8	0	8	1	3	0	1
Health Community West: Primary and Community	0	0	0	0	0	1	1	1	0	3	2	0	0	1
Health Community Central: YGC	0	1	4	0	2	3	3	6	8	4	5	2	6	4
Health Community Central: Primary and Community	0	0	0	0	0	3	0	1	3	1	0	0	1	1
Health Community East: WMH	0	2	1	3	0	6	4	0	0	5	0	1	1	2
Health Community East: Primary and Community	0	0	1	0	0	2	1	1	0	0	0	0	2	1

Women's and Midwifery	0	0	0	0	0	2	3	0	0	1	0	0	1	2
Diagnostics and Clinical Support	0	0	1	0	1	0	0	0	0	0	0	1	0	0
Cancer Services	0	0	0	1	0	0	1	0	1	0	0	0	0	0
Mental Health and Learning Disability	0	1	0	1	1	0	1	1	0	1	0	1	0	1
Support Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	4	9	6	6	21	15	18	12	23	8	8	11	13

The table below shows the Health Board position in terms of reportable incidents per 100,000 population in relation to the All-Wales position per 100,000 population.

Time period	BCUHB incidents/100,000 population	All Wales incidents/100,000 population
Jun/July 2021	1.0	1.8
Aug/Sept 2021	1.8	2.3
Oct/Nov 2021	3.8	3.0
Dec/Jan 2022	4.3	3.2
Feb/March 2022	6.2	3.8
April /May 2022	2.9	2.9
June/July 2022	3.4	2.7
AVERAGE	**3.3**	**2.8**

Given the small numbers involved, and the particular reporting requirements for certain incidents which can fluctuate, the average should be considered a more useful comparison than an individual two-month period.

In addition to the above mentioned nationally reportable incidents, there were fifteen Early Warning Notifications (EWN) reported, nine of which were in relation to healthcare associated infections (Clostridium difficile & Covid-19 outbreaks). The other notifications relate to incidents that may attract media attention.

At the time of writing, the total number of national reportable incidents open is 80 of which 44 are overdue. The total number of open incidents has increased from 69 from the previous time period; the number that are overdue has increased from 32. Of the 44 incidents that are currently overdue the predominant overdue incidents sit with West Acute (14), Central Acute (13), Area Central (4). Focused support is being provided to these services.

Overall closure rate within timeframe was 30.4% in June, falling to 26.7% in July. The impact on services from clinical pressures, staff sickness, vacancies, and staff re-deployment continued to impact on the ability of services to respond in a timely manner to incident investigations. Staffing issues within the Patient Safety Team are being addressed which will enable the Patient Safety Team to better support local quality teams and services to prioritise those reports that are overdue. Weekly reports highlight the divisional performance.

The Patient Safety Team are committed to returning to performance levels seen in previous periods and are working closely with services to resolve issues that have contributed to this unacceptable position.

In the immediate term, recognising the delays to full investigations, the Patient Safety Team are placing particular focus on ensuring Make it Safe Rapid Reviews are completed so that early learning to improve safety is identified and implemented.

Data on near miss incident reporting will be included in future reports, to provide a greater and broader overview of safety.

The NRIs recorded during this period can be broken down as follows

- Fall with severe harm (n=9)
- Grade 3 or above healthcare associated pressure ulcer develops (n=4)
- Unexpected death of patient not known to mental health services (n=2)
- Never Event – Wrong implant prosthesis (n=1)
- Delay or failure to monitor patient (n=2)
- Delay in treatment (n=1)
- Delay in diagnosis (n=1)
- Neonatal death (n=1)
- Maternal death - (n=1)
- Medication error (n=1)
- Other (n=1)

All NRIs are subject to a Make it Safe Rapid Review, potentially a Rapid Learning Panel and a proportionate investigation. The learning and actions from each are recorded on the Datix safety management system.

Rapid Learning Panels (RLP) take place between the senior service team and clinical executives as soon as practicable following a Never Event and/or when an adverse incident where significant harm or death of a patient has occurred. During June and July 2022, 10 RLP meetings took place into the most serious incidents.

The Incident Learning Panel (ILP) role is to moderate and ensure that we are constantly improving the quality of investigations and reports. During the months of June and July 2022, 77 investigation reports were presented to the ILP. This included those investigations commissioned that do not meet the national reporting threshold.

The sharing of learning from incidents (beyond the immediate service) is achieved through clinical governance/quality meetings and networks, and through safety alerts where appropriate.

The system sharing and embedding of learning remains a risk for the organisation (and is contained on the Board Assurance Framework). Plans are in place to strengthen the extracting, sharing and embedding of learning to include:

- Learning on a page to replace the “lessons learned “template re-named Insight
- Monthly ILP Bulletin serving as a compendium of all the Insight reports
- A central Patient Safety Learning Library as part of the new Intranet site
- Mandated Learning Events (using the Oxford Model Event concept) following each completed investigation
- Updating the Safety Alerts Policy and process.

Themes identified from Nationally Reported Incidents

The Patient Safety Team monitor incidents to identify themes and where these need to inform organisational priorities (recognising full investigations are underway). At this time, the following are the identified themes:

- Recognition and escalation of deteriorating patient
- Falls
- Healthcare acquired pressure ulcers (HAPU)
- Surgical safety

These four theme areas are underpinned by a recurring issue of record keeping, that whilst not directly causal to an incident occurring, is contributory to the circumstances that create unsafe conditions.

These five areas form the priority projects to be taken forward as part of the Patient Safety Improvement Programme.

The following section provides a summary of some of the themes and the actions underway.

Recognition and escalation of deteriorating patient (to include delay/failure to monitor patient, failure to act on adverse symptoms and delay in diagnosis (n=4)

There have been four incidents that were nationally reported during this period whereby recognition, escalation and treatment of a deteriorating patient has been delayed and subsequently resulted in severe harm or death. All four occurred in Ysbyty Glan Clwyd.

Appendix 1 shows the reporting of this incident category over the last 14 months.

A summary of the improvement work underway was submitted to the QSE Committee on 06 September 2022, which includes:

- The Sepsis Trigger, Escalation and Antibiotic Stewardship Review (STEAR Group) was set up in March 2022 to investigate the rapidly changing environment of Sepsis recognition, and to then improve the process of auditing Sepsis management across the Health Board through a task and finish process.
- Deteriorating patient training sessions are being held monthly for all health communities. Good uptake for these sessions has been noted. All sessions have standard objectives.
- An Acute Intervention Team (AIT) task and finish group, led by the Deputy Executive Nurse Director has completed their baseline assessment. Priorities have been identified such as review of operational standards, development of a competency framework for AIT team and standardisation of deteriorating training sessions.

Falls (n=9)

Within the reporting period, nine patient falls resulted in severe/permanent harm and therefore met the criteria for national reporting. This is broken down as follows:

East Acute (4), East Area (3), Central Acute (2)

This is a slight increase from the previous period where the number of falls reported was 6.

Appendix 2 shows the reporting of this incident category over the last 14 months.

A summary of the improvement work underway was submitted to the QSE Committee on 06 September 2022, which includes:

- Current Compliance rates with the new falls e-learning is: Falls Module 1a 73% and Falls Module 1b 71%.
- A self-assessment tool has been developed by the Corporate Nursing Team with falls leads in readiness to support the Health Communities understand how they are performing against the Falls Policy NU06 that was launched earlier this year.
- The Health Board Executive Team, as the way forward for embedding and sustaining improvement, has approved the Health Communities Improvement Collaborative approach to harms reduction and patient safety. The first workshop has taken place on 21 July 2022 with 45 attendees via Teams. This workshop will be repeated in August for collaborative members who were unable to attend the launch day. Dates are set for the Falls Collaborative Masterclass 1 to commence in September 2022.
- The joint Community Falls Project between the Health Board and WAST colleagues in East Area has given positive results in the reduction of patients requiring conveyancing to the Emergency Department for care.
- The business case for the proposal of a Falls MDT per health economy is in the initial stages of development.

A HSE investigation was carried out following the reporting under RIDDOR of two separate patient incidents of falls leading to harm. Following an improvement notice being served in June 2021 for the management of adult inpatient falls, many changes have been made within the Health Board to comply with the material breaches identified including:

- The BCUHB Prevention and Management of Adult In-patient Falls Policy (NU06) has been reviewed.
- The Health Board has taken a tiered approached to a Health Board wide training programme since the HSE Improvement notice.
- The Falls Strategic Group is now supported by integrated health community groups.
- The Falls Quality Improvement Collaborative commenced in September 2022 (this includes focused masterclasses with a focus on shared learning across the Health Board).
- A Falls Tool Kit developed to enhance the tools within the Betsi Way for Quality Improvement – this includes a baseline assessment tool.
- The Business case process has commenced to identify revenue for a Falls Team, which will include a falls coordinator with nursing, medical and allied health professional input for each health community to support the falls improvement delivery plan.

A further HSE inspection of patient handling and patient falls risk assessments was undertaken on the Wrexham Maelor Hospital site on 18 of May 2022. Although improvements were noted in the four areas visited, there was still work required to ensure both risk assessments are suitable and sufficient. The HSE inspector provided feedback detailing concern over the effective progression of the model of training and support the

team had detailed, this needed urgent progression and delivery with consistency across all hospitals, particularly where adult in-patient falls have been identified.

Therefore, a significant risk remains of further HSE enforcement action for the Management of Adult In-Patient Falls risk. This is evidenced by the ongoing review of cases from the West Health Community. Although there is significant progress there remains inconsistencies due to challenges of operational delivery posing a risk to the falls leads sustained focus. Each Health Community Director of Nursing has therefore been asked to identify a lead to coordinate the falls improvement initiatives.

Grade 3 or above healthcare associated pressure ulcer (n=4)

Within the reporting period there were four grade 3, grade 4 or ungradable healthcare associated pressure ulcers reported to the Delivery Unit. This is broken down as follows:

Acute Central (1), Acute East (1), Area Central (1) and Area West (1)

Appendix 3 shows the reporting of this incident category over the last 14 months.

A summary of the recently reinvigorated improvement work underway was submitted to the QSE Committee on 06 September 2022, which includes:

- The Health Board Executive Team, as the way forward for embedding and sustaining improvement, has approved the Health Community Improvement Collaborative approach to harms reduction and patient safety.
- The first introductory workshop has taken place on 21 July 2022 with 45 attendees via Teams. A further repeat introductory workshop is scheduled for 10 August 2022, and the first HAPU improvement group is scheduled for 25 August 2022 where measures and outcomes will be agreed, with the HAPU Collaborative Masterclass 1 to commence early September 2022.
- A toolkit is being developed to support the collaborative HAPU approach, which will be introduced at the improvement group in August.
- Baseline data is being collated for each Health Community. There will be three key focus areas per health economy: ED, inpatients, and community including care homes.

Surgical safety (n=0)

Within the reporting period, zero incidents were nationally reported related to surgical safety.

Within the current reporting period one new Never Event was reported, which relates to surgical safety, and is detailed below.

Appendix 4 shows the reporting of this incident category over the last 14 months.

In response to the number of surgical safety incidents (including Never Events), and the learning identified, the Health Board recognised the role of human factors in the prevention and mitigation of systemic failure on patients, families, and clinical staff. The Health Board aims to mainstream human factors knowledge, understanding and practice to ensure the consistent, sustainable delivery of safer care for patients, whilst supporting our staff in that delivery: *making it easy for them to do the right thing.*

The Health Board has (1) commissioned an external company with human factors expertise, AQuA, to build capacity and capability in human factors and its application to healthcare and training for cohort 2 (of 3) has commenced in this period, (2) commenced the development of an organisational wide faculty dedicated to human factors, and (3) commenced a targeted programme into the surgical safety checklist.

To support (3) the Transformation and Improvement Directorate has recruited a Quality Improvement Fellow (which is a substantive member of the Patient Safety Team) who has continued with their secondment.

Ongoing work includes a review of the current WHO Checklist process at Ysbyty Gwynedd and Ysbyty Wrexham Maelor, as well as benchmarking with external NHS providers and external visits have been conducted by the QI Fellow to further support this work. The checklist is currently at version 5 and now has a PDSA/roll-out plan established for the month of August 2022.

Examples of the main modifications and enhancements are:

- The 'Pause – Pre-Brief' element has a been re-located to the reverse of the checklist to provide greater space for the 'Sign In, Time Out and Sign Out' elements. This further provides a greater amount of free text space to document crucial information.
- Allergies and essential information such as 'All activity to STOP' are in highlighted in red.
- Theatre staff must be made aware of any expectant staff joining the team who may be absent for the crucial pre-brief stage – upon joining the team they must also be sighted on the shared plan.
- Addition of the 'Speak up for patient safety' statement to be verbalised at the end of each pre-brief session.
- A 'round the room check' to ensure staff can raise anything prior to sending for the patient.

The presence of the QI Fellow and the engagement and drive of the WHO Improvement Group has undoubtedly renewed focus on the importance of full staff engagement and compliance with the checklist. This has yielded positive quantifiable results.

Health and Safety Executive (HSE) Enforcement Action

In Wales, the HSE are the enforcement body for patient safety incidents as well as workforce and public related safety incidents. As detailed above, the HSE have taken action against the Health Board in respect of the management of inpatient falls and improvement work is underway.

Additionally, the Board will be aware that following the sad death of a patient at the Hergest Unit, the HSE undertook investigations and issued a Notice of Contravention on 09 May 2022. The HSE identified three material breaches in its Notice of Contravention: 1) risk assessments and care and treatment plans, 2) bed safety and 3) ligatures and removal of property. The Health Board responded to the Notice on 11 August 2022 outlining the improvement work underway. A Task Group is meeting twice weekly, with an improvement plan in place. This plan includes:

- Commissioning ligature risk assessment training for staff;

- Commissioning enhanced risk assessment training for staff (using the WARRN model – Welsh Applied Risk Research Network);
- Full ligature audits underway of all units – work is underway to secure an independent expert to support this process.

These actions build on those underway from the independent serious incident review. This work is aligned with the divisional improvement plan, which was presented and scrutinised at the QSE Committee on 06 September 2022 with additional scrutiny of the work around the Notice of Contravention taking place at the Mental Health Summit meetings, with the last meeting held on 09 September 2022.

NEVER EVENTS

Never Events are defined as "*patient safety incidents that are wholly preventable because guidance or safety recommendations are available at a national level and should have been implemented by all healthcare providers.*" The Welsh Government issues a list of incidents that are deemed to be Never Events. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

In the current financial year, April to July 2022/23, one never event has been reported, compared to four in the same timescale in 2021/22. Whilst it is too early to draw definitive conclusions, it is likely that the learning from previous investigations and the improvement work underway has begun to have an impact.

Appendix 5 shows the reporting of this incident category over the last 14 months.

New Never Events

Within the current reporting period, one new Never Event was reported.

This related to one component of an implant being a size smaller than is recommended by the manufacturers and the operative technique.

A Rapid Review and Rapid learning Panel was held – the immediate learning includes working with the manufacturer to understand their checking process and identify elements that the Health Board could implement into its own process, and to review the governance around visitors in theatres to ensure the Health Board follows good practice.

A full investigation into the incident is ongoing.

PATIENT SAFETY ALERTS AND NOTICES

The Welsh Government (WG), supported by the NHS Wales Delivery Unit, leads on identifying significant national patient safety risks and concerns that would require a Patient Safety Solution at a national level for issue to the NHS in Wales. There are two types of solutions issued:

- ALERT (PSA): This requires prompt action with a specified implementation date to address high risks/significant safety problems.

- NOTICE (PSN): This is issued to ensure that organisations and all relevant healthcare staff are made aware of the potential patient safety issues at the earliest opportunity. A Notice allows organisations to assess the potential for similar patient safety risks in their own areas and take immediate action. This stage 'warns' organisations of emerging risk. It can be issued in a timely manner, once a new risk has been identified to allow rapid dissemination of information for action.

Organisations are required to confirm that they have achieved compliance by the date stated.

Overdue Alerts

Reference	Title	Applicable To?	Type	Date action underway	Deadline	Notes
PSN057	Emergency Steroid Therapy Cards: Supporting Early Recognition & Management of Adrenal Crisis in Adults and Children	BCU-wide	Patient Safety Solution - Notice	27/05/2021	31/12/2021	Delays have been experienced in medical sign off which have been escalated to the Executive Medical Director.

Closed Alerts

One alert was closed with evidence provided from services – PSN058 Urgent assessment/treatment following ingestion of super strong' magnets.

NHS WALES DELIVERY UNIT REVIEW

The Health Board asked the Delivery Unit (DU) to undertake deep-dive assessment of its incident process.

On 30 and 31 May 2022, staff from the NHS Wales Delivery Unit (DU) Quality and Safety Team visited BCUHB headquarters to observe a number of quality and safety functions and provide in-person feedback on recent investigations undertaken by the Health Board.

The feedback report states:

"Overall, the DU feedback was highly positive with the approach, focus and quality of functions observed and discussed with the Health Board's corporate senior team responsible for quality. There was clear evidence of a patient centred approach and focus to the Q&S agenda, with the team demonstrating positive leadership and a commitment to achieve high standards across the organisation. The Q&S team fully engaged the DU and maximised the opportunity to discuss opportunities to explore alternative methods, responding positively to all feedback and suggestions as outlined in the feedback summary below."

"Overall it was felt that the corporate team have a good handle on the quality and management of incidents. As identified earlier, the corporate team have taken a strong quality control approach in order to improve the quality and strength of investigations. The

DU feels that with investigations in the main being of a more than adequate standard, this has been achieved and that the corporate team will now be best to take more of a quality systems/processes assurance approach and devolve the quality control function, in the main, to the local teams."

"In taking a more assurance focused approach the corporate team can place more emphasis on the identification of significant risk from single incidents or through emerging themes and trends, providing oversight on the effective assessment, mitigation and control of those risks, allowing them in turn to provide improved assurance at the appropriate levels with the HB."

"The DU also suggested the Health Board consider developing a more collaborative approach to incident learning such as learning events, which helps teams walk through the learning process in a facilitated way. Other organisations which have adopted this practice have demonstrated this approach (where appropriate), helps reduce natural barriers to learning by addressing the human dimensions of change, by engaging the workforce in the reflection, learning, and change process required following adverse incidents. The DU offered to return and help facilitate such an event if helpful."

The suggestions from the NHS Wales Delivery Unit are being formed into an improvement project.

LITIGATION

During this bi-monthly period of June and July 2022, 36 claims or potential claims were received against the Health Board. Of these, 32 related to clinical negligence and four related to personal injury.

During the bi-monthly period, 62 claims were closed. Of these, 46 related to clinical negligence and 16 related to personal injury. This figure is high as the team have been continuing to review claims prior to migration to RL Datix and closing those that were limitation barred and dormant over 12 months. The total costs for the total closed claims in this period amounted to £2,613,842.98 before reimbursement from the Welsh Risk Pool.

The following themes have been identified for this period for clinical negligence:

1. Implementation of care
2. Diagnosis – Including delay in diagnosis
3. Treatment or procedure

As expected, the largest number of open claims relate to Surgery, Specialist Medicine and Women and Maternal Care. This is not an unusual profile of specialities within the NHS. The themes remain similar. The Health Board also continues to comply with the Early Reporting Scheme adopted in Wales in relating to potential birth injury claims.

The following themes have been identified for personal injury:

1. Slips/trips
2. Violence & Aggression

All settled claims require completion of a Learning from Events Report. This records the findings of investigation and any actions taken and is jointly developed by the claims

manager and relevant clinical lead. This report must be submitted to the Welsh Risk Pool to reclaim costs.

INQUESTS

HM Coroner notifies the Health Board when they have opened an inquest into the death of a patient and they require further information from the Health Board.

During the relevant time period, June, and July 2022, 77 new inquests or requests for information from the coroner were received from the Coroners in North Wales.

53 inquests were concluded between during June and July 2022. The distribution of the inquest conclusions is in line with previous findings, and there are no unusual or unexpected findings to be taken from this.

Regulation 28 (Prevention of Future Death Notices)

In the period of this report, there were zero new Regulation 28 (PFD) reports issued by HM Coroner to the Health Board,

The responses to previously received regulation 28 reports as detailed below:

1. Issue – Delay providing evidence of completed actions post investigation / change in working practices

Coroner's Concerns:

1. Despite earlier identification that existing working practices within Oncology (placement of report on clinician's desk) resulted in failure to treat in a timely manner, the Health Board did not fully implement a new SOP until December 2021.
2. Formal acknowledgement of new SOP by Oncology and Haematology secretaries not completed until 22 February 2022
3. Failure to have completed an audit process to assure changes were operational and effective.
4. The length of time taken to implement changes and ensure introduction and adoption of new, safe working practices presents a risk to life.

A response was sent to HMC on 01 July 2022, addressing the above concerns.

a. Confirmation that SOP forms part of new starters' induction within Cancer division, forms part of regular Cancer secretarial meetings and learning shared with other services.
b. Completion of 2 audit cycles of new process (May and June) undertaken to date, with improvements demonstrated by second cycle. Monthly audits now in place to feed into Cancer Services Governance meetings.
c. Update regarding, the Results Management Project – aim to integrate with WCP – ready for roll out. Plan to use Respiratory Service as early adopter service, with BCU-wide roll out by end of year.
d. Assurance given regarding scrutiny of all outstanding and overdue investigation actions as part of bi-monthly Patient Safety Report (from June 2022), to ensure

visibility of action delivery performance and to enable divisions to be held to account via Governance fora and accountability review meetings.

e. Explanation of OCP process within Quality function to provide greater clarity and expectation for quality staff based locally within divisions who will operate a business partner model, providing local support at directorate and divisional level. This works links into the organisational 'Stronger Together' strategy.
f. Review of clinical audit process to closer align the audit programme with risks identified through issues such as serious incident report and inquest matters. Roll-out of new electronic audit system.

2 I**ssue – Ambulance delays**

Coroner's Concerns:

1. First cause of ambulance delay – all other resources already allocated
2. Delay in handover from WAST to BCUHB across all sites
3. Concern that future deaths will occur either with patients awaiting transfer into hospital from ambulance, or by ambulances not being available to meet community need.
4. These matters of concern are longstanding and despite proposed future action the concerns remain.

The Regulation 28 PFD was issued jointly to BCUHB and to WAST. The Health Board approached WAST regarding the possibility of providing a joint response, but this was declined.

A response sent to HM Coroner on 20 July 2022, addressing the above concerns.

a. Acknowledged HM Coroner concerns and confirmed these are shared by BCU. Ongoing impact of Covid-19 pandemic on staffing and resources with regard to achieving sustainable improvements, and the importance of recognising that improvements are not purely an ambulance or emergency department and health care issue. There are wider social care 'flow' issues, which in turn impact on ambulance and emergency department pressures.
b. Explanation of Unscheduled and Emergency Care Programme which echoes the Welsh Government six goals for urgent and emergency care, ensuring that work in North Wales is fully aligned to the government's priorities.
   These are:
   1. Coordinated planning for populations at risk
   2. 24/7 signposting for urgent care
   3. Clinically safe alternatives to admission
   4. Rapid response in crisis
   5. Optimal hospital care and discharge practice
   6. Home first approach
c. Assurance given regarding recruitment of a programme director to drive this work forward.
d. Assurance of health board commitment to investment in the programme as well as awaiting a funding decision from Welsh Government on a 111 First scheme.

e. Explanation of projects underway for Phase 1 Unscheduled and Emergency Care Programme as well as plans for Phase 2.
f. Additional information to HM Coroner regarding workstreams associated with the improvement programme in response to the Health Inspectorate Wales identification of BCU as requiring significant improvement – including:
    1. Back to basics
    2. Leadership, empowerment, culture, and OD
    3. ED, medicine, and flow
    4. Vascular and theatres
    5. Audit, outcomes, and assurance

    The improvement plan is in development with staff and stakeholders, and key work is underway of relevance to the issue of ambulance delays.
g. There will be regular evaluation of the improvement work at YGC, and depending on the evidence of improvement, will be for roll-out across the wider health board.

HEALTHCARE INSPECTORATE WALES (HIW)

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales who inspect NHS services, and regulate independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

HIW also monitor the use of the Mental Health Act and review the mental health services to ensure that vulnerable people receive good quality of care in mental health services.

HIW undertook an inspection of the Emergency Department, Wrexham Maelor Hospital on 8 – 10 August 2022. No immediate concerns or serious issues were raised however at the time of writing the inspection process remains ongoing via review of clinical documentation. The Health Board await the improvement plan from HIW and in the meantime, the service are taking steps to ensure the initial verbal feedback from the inspection is shared with staff across all sites, and service improvement is commenced.

In February 2022, HIW notified the Health Board that an onsite inspection at Glan Clwyd Hospital would take place 9 to 10 August 2022, with the focus of the visit on patient flow concentrating on the stroke pathway, from the point of a patient arriving in an ambulance, or self-presenting at an Emergency Department (ED), through to discharge from hospital or transfer of care to other services. The dates were later changed to 25 – 27 July by HIW due to operational arrangements. No immediate or serious concerns were raised by HIW. The visit was identified as purely an information gathering exercise and the evidence collated will be analysed in due course and will form part of the national report which will be drafted later this year/early 2023. The report will contain recommendations to Health Boards, Local Authorities and Welsh Government.

The Quality Team are working closely with the new Improvement Director at YGC in regards to seeking assurance of action delivery from the inspections earlier in the year. A position was reported to the QSE Committee on 06 September 2022.

The Quality Directorate have invited HIW to take part in our Quality Grand Rounds Programme in September 2022. HIW will provide a session to Health Board staff in relation to who they are, how they operate and how the Health Board can, in accordance with the Health and Care Standards for Wales, drive improvement.

Complaints

During June and July 2022, 377 complaints were received and 162 early resolutions were actioned. There has been a notable increase in the number of complaints received.

The 75% target for a 30-day response rate was not achieved by the Health Board (actual performance was an average of 36.05%). This has led to an increase in the number of overdue complaints during this period. The position deteriorated over the winter period and is slowly recovering. At the end of July 2022, 441 complaints were overdue.

Significant focus is in place to support services recover their position. The Patient and Carer Experience Team are moving as much resource as possible to focus on improving this position. A recovery plan has been developed and the intention is to address the position by the end of the financial year, however the risk of continued or greater pressure on service creates a risk to successful achievement of this plan. Performance data is shared weekly with senior leaders to support active monitoring.

The common themes within complaints were consent, confidentiality and communication, as well as access to appointments, admission, transfer and discharge. This information is shared with services to support local improvement.

Public Services Ombudsman for Wales (PSOW)

There are no specific matters for exception reporting to the Board at this time.

There have been no Public Interest Reports issued by the Ombudsman during June and July 2022. One draft public interest report has been received and is currently being considered.

Detailed information on key cases investigated by the Ombudsman is included in the Patient and Carer Experience Report to the QSE Committee.

The Ombudsman's Annual Letter 2021-2022 was received on 09 August 2022 and was provided to the QSE Committee on 06 September 2022.

Patient Feedback

Patient feedback and listening to the voices of patients, carers and service users, is key to effective service improvement. The CIVICA real-time patient feedback system is currently being embedded across the Health Board, with implementation started in summer of 2021, and is a mechanism to support real time patient and carer feedback. The online patient feedback system supports the development and deployment of multiple surveys across multiple channels, along with standard reporting, alerting and enhanced text analytics. It signals an important milestone in providing every patient and carer with an opportunity to have their voices heard and acted upon.

In June and July, 1,826 patient feedback responses were received. Of these:

- The average experience rating was 9.09 out of 10;
- 39.49% of respondents reported they could speak Welsh to staff if they wanted to;

- 79.62% of respondents reported staff took time to understand what matters to them;
- 76.04% of respondents reported they were given all the information they needed;
- 85.38% of respondents reported they received assistance when needed.

There is a reduction in all these key measures compared to previous reports. Work is underway to analyse this data further to determine if any specific issues can be identified however at this stage is appears to be general reduction in the patient experience rather than attributable to specific issue.

Appendix 6 provides charts showing data over the prior 14 months.

The Patient and Carer Experience Team is using hybrid text analysis of qualitative data to provide key information from the narrative provided by patients in addition to the scoring provided by patients. The main positive keywords are compassion, friendliness, professional and polite. The main negative keywords are waiting, facilities, comfort and food.

A breakdown of this information is provided to services by means of a live dashboard and a monthly report. Services are encouraged to review their feedback and take action to improve.

A new Patient and Carer Feedback Framework is in development to establish a strengthened approach to listening and acting upon feedback.

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. The team dealt with 1,117 contacts during June and July. The team also collected 349 pieces of feedback.

Detailed information is contained in the Patient and Carer Experience Report to the QSE Committee.

CONCLUSION

This report provides the Health Board with information and analysis on quality and patient safety matters including Nationally Reportable incidents, Never Events and HIW activity occurring in the last two months.

The key points of note are:

- The rate of Nationally Reportable Incidents (NRIs) has returned to a level more in-line with the national average – the main themes remain falls, healthcare acquired pressure ulcers, and the recognition and action on deteriorating patients. Improvement work for all these areas has been reinvigorated under the leadership of senior clinical staff.
- The rate of surgical safety NRIs (and specifically Never Events) has reduced and whilst it is too early to draw a definitive conclusion, the learning from previous incidents and the intensive improvement work is likely to be making a difference.
- The risk of further HSE enforcement action regarding inpatient falls and inpatient ligature risk.
- The number of overdue incident investigations, and consequently closure within the target timeframe is below expectation. Services report clinical and operational

pressure as being the main cause. Support is being provided by the corporate team. The Health Board is marginally the outlier in this regard.

- One overdue Safety Alert remains. Whilst this is the best overall position in Wales, the actions required to close are being actively chased and have been escalated to the Executive Medical Director.
- The number of overdue complaints remains unacceptably high, with an impact on the closure target compliance. As with incidents, services report pressures as being the cause. Support is being provided to all divisions from the corporate team and a recovery plan has been developed. It is likely to take several months to address the backlog position and the risk of ongoing or greater pressure on services is a risk to success.
- In the last two months there has been a notable reduction in the key patient experience measures across services. This is likely to be a result of increased service pressures.

The Health Board will continue to submit more detailed information to the QSE Committee through the bi-monthly Patient Safety Report and triannual Patient and Carer Experience Report.

The Health Board is asked to note the report.

Appendix 1 – Reporting rates of NRIs - Recognition and escalation of deteriorating patient (to include delay/failure to monitor patient, failure to act on adverse symptoms and delay in diagnosis

Appendix 2 – Reporting rates of NRIs – Falls

Appendix 3 – Reporting rates of NRIs – HAPU

Appendix 4 – Reporting rates of NRIs – Surgical Safety

Appendix 5 – Reporting rates of NRIs – Never Events

Appendix 6 – Patient Feedback

6. Did staff take the time to understand what matters to you
(% of 'Always' Responses against 80% Target)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
82% 83% 84% 85% 86% 90% 84% 84% 87% 85% 88% 86% 81% 80%
Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
2021/2022 - Qtr 1
2021/2022 - Qtr 2
2021/2022 - Qtr 3
2021/2022 - Qtr 4
2022/2023 - Qtr 1
2022/2023 - Qtr 2

3. Did you feel you were given all the information you needed?
(% of 'Always' Responses against 80% Target)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
81% 82% 81% 81% 83% 86% 81% 78% 84% 81% 85% 83% 76% 76%
Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
2021/2022 - Qtr 1
2021/2022 - Qtr 2
2021/2022 - Qtr 3
2021/2022 - Qtr 4
2022/2023 - Qtr 1
2022/2023 - Qtr 2

4. Did you get assistance if needed?
(% of 'Always' Responses against 80% Target)
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
87% 87% 85% 87% 88% 87% 83% 83% 85% 86% 90% 89% 82% 82%
Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul
2021/2022 - Qtr 1
2021/2022 - Qtr 2
2021/2022 - Qtr 3
2021/2022 - Qtr 4
2022/2023 - Qtr 1
2022/2023 - Qtr 2

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: ***Report title:***	**Vascular Services**		
Adrodd i: ***Report to:***	Health Board		
Dyddiad y Cyfarfod: ***Date of Meeting:***	29th September 2022		
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to update the Health Board on progress to secure the ongoing sustainability of the vascular surgical services. This follows escalation measures put in place in response to concerns raised by the Vascular Quality Panel in July 2022, which were reported to the previous Board meeting. The paper gives a brief update on the current position and on work undertaken to commission ongoing contingency support, develop a longer-term sustainability assessment and undertake an options appraisal following the completion of the sustainability assessment.		
Argymhellion: ***Recommendations:***	The Board is asked to: - receive the report and support the continuing work to ensure sustainability of the service and provision of safe and effective vascular services - note that the actions taken following escalation of concerns from the Vascular Quality Panel to make the service safe remain in place - note the current contingency planning though the Emergency Preparedness, Resilience and Response (EPRR) framework to address the short- and medium-term fragility of the service - note that a review of vascular services will be taking place over the coming weeks by Health Inspectorate Wales (HIW) - note that an incident previously described as a Never Event has been downgraded - note the increased financial resource which is being made available for Vascular Services. - note that a sustainability assessment has been commissioned		
Arweinydd Gweithredol: ***Executive Lead:***	Dr Nick Lyons, Executive Medical Director		
Awdur yr Adroddiad: ***Report Author:***	Sally Baxter, Assistant Director Health Strategy Planning Dr Emma Hosking, Acting Deputy Executive Medical Director		
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

The service is designated as a Service Requiring Significant Improvement and further work is being undertaken to secure the improved outcomes and longer-term sustainability required to address this and provide full assurance.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	The provision of safe and high-quality services is a primary duty of the Health Board.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Vascular Service remains designated a Service Requiring Significant Improvement under HIW and WG escalation measures.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Yes. An EqIA screening has been undertaken in relation to the introduction of escalation measures in July 2022. Further EqIA will be undertaken in support of the sustainability assessment and options appraisal work.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	No. The initial introduction of escalation measures was an urgent response to escalation of quality concerns. A SEIA will be undertaken to support the options appraisal work and inform any strategic decision which may be made consequently.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	A risk log is being maintained for the Gold structure put in place for oversight of the current escalation and contingency plans, and to steer the development of medium to longer term sustainability plans.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Financial implications of the escalation measures and the commissioning of contingency support are being confirmed. Financial assessment will form part of the

	options appraisal for the medium to longer term sustainability plans.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Current workforce implications include the continuation of dual operating and consultant on-call rotas; ongoing recruitment to vacant posts; and support to the vascular team.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	A presentation was made to a joint meeting of the Service Planning Committee and the Executive Committee of North Wales Community Health Council on 16 August 2022.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Risks CRR22-25, CRR22-26 and CRR22-27 capture key risks in relation to the vascular services
Rheswm dros gyflwyno adroddiad i bwyllgor cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential Committee (where relevant)***	Amherthnasol Not relevant
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations*** - progress current contingency and commissioning arrangements - complete the sustainability assessment - commence wider engagement to support potential appraisal of longer-term options	
Rhestr o Atodiadau: ***List of Appendices:*** ***None***	

MEETING IN PUBLIC
Thursday 29th September

Vascular Services

1. Introduction/Background

Vascular services for the population of North Wales have been provided since 2019 through the hub and spoke model adopted following service review and consultation, which has been endorsed by external review.

An Invited Service Review by the Royal College of Surgeons (RCS) was commissioned by the Board in 2020 to review the quality of the new service, the first report from this review being received by the Health Board in March 2021 and the second report being received in February 2022. In response to the second report the Board convened a Vascular Quality Panel (VQP) with an external chair to review specific cases. The various improvement plans relating to vascular were integrated into a single Vascular Improvement Plan (VIP) in November 22 and a strengthened Vascular Steering Group was established at that time with lay representatives and Community Health Council input.

On 8 July 2022 the Chair of the VQP raised safety concerns in relation to the management of aortic patients which led to recommendations for immediate implementation including the requirement for dual consultant operating for some more complex procedures, and the involvement of regional specialist centre in multidisciplinary (MDT) planning of the care of those patients. A Gold structure was established for oversight of the various workstreams, with independent external scrutiny continuing to be provided through the Vascular Quality Panel.

Regular updates have been given to the Cabinet and Board on the continued work to address concerns and work towards improvement and sustainability. The most recent letter from the independent chair of the VQP was sent to the executive medical director on 9th August – this has been shared previously in Cabinet. It highlighted that of the 33 cases reviewed 18 have been escalated and identified the themes for which the panel believe there are opportunities to strengthen existing processes or to improve practice.

A report on Vascular Services has been submitted to the Quality, Safety and Experience sub-committee (QSE) in September 2022.

This report is submitted to board to provide assurance regarding the actions which are being taken to deliver safe and sustainable vascular services for North Wales.

Body of report

Current position of the clinical service

The service currently has funding for nine vascular consultants. There are nine surgeons in situ. Of these we currently have six consultants on the on-call rota. The ward is 99.7% recruited to for registered nurses and there is a new ward manager. Recruitment is ongoing for all other groups

following approval of the business case. A successful away day led to the creation of six workstreams for improvement, all with clinical leadership.

The clinical director for surgery and anaesthesia at YGC will assume the responsibility for the vascular service into his portfolio for an interim period of 12 months. Substantive consultants are expected to take on specific leadership roles in clinical governance, education and academia.

Investment has been made in the Vascular Network infrastructure, including a vascular network nurse director who will focus on aligning the nursing models to support consistent pathways of care across all hospitals. He will work closely with the vascular clinical governance lead to deliver the actions required as set out in the Vascular Quality Review Panel and the Royal College of Surgeons report. As the Maturity Matrix Tool is designed to support large scale transformation, a transformation lead has been appointed which will ensure sustainability of the changes required.

The Welsh Renal Clinical Network caried out a review of vascular access provision for dialysis on 13th September with positive verbal feedback (full report to follow).

The Ischaemic Lower Limb service (previously known as the Diabetic Foot Service) is under pressure due to the recent retirement of a foot and ankle specialist orthopaedic surgeon. Recruitment efforts are ongoing to replace this post. A multi-professional summit will be held on October 5th 2022.

Engagement continues with the Community Health Council, in-patients and carers with third sector support. Pathways are being developed alongside targeted support for patients with chronic pain from vascular disease.

Commissioning of contingency and longer-term strategic support

Following the initial arrangements put in place to ensure support from external partners, further action has been taken regarding ongoing support and contingency arrangements. Support has been provided by the Royal Liverpool University Hospital to date. This has included standby on-call cover for emergency aortic procedures when required, should the service be unable to secure dual consultant on-call cover in BCUHB. The occurrence of such emergencies is usually in the region of one per week. At the date of writing this report (8 September) such standby arrangements have been required on three occasions since 8 July, but no patients have been transferred under these arrangements.

The Royal Liverpool service is scheduled to transfer to new facilities at Aintree later in September. Further discussions have therefore taken place with other providers in proximity, who have agreed to provide contingency cover and ongoing MDT support from the end of September. Details of contractual and governance arrangements are being confirmed.

Discussions have also taken place with NHS England Specialised Commissioning teams and further meeting is being scheduled for the end of September with the teams from Northwest and Midlands to discuss potential capacity for ongoing strategic support.

Budgetary / Financial Implications

Financial implications are currently being mitigated through the additional funding which was allocated in the IMTP submission for 2022/25 – now the BCU HB annual plan.

Risk Management

There are three risks under development which are recorded on the Corporate Risk Register, which are risks CRR22-25, -26 and -27. The improvement work is now under the umbrella of the YGC Targeted Intervention Project Management Office (PMO) and will be overseen by the Director of Improvement on that site. The progress against the improvement plan will be recorded on the maturity matrix.

Equality and Diversity Implications

Equality Impact Assessment screening has been undertaken in support of the urgent action to address the concerns raised by the Vascular Quality Panel.

Teitl adroddiad: ***Report title:***	National Quality and Safety Framework
Adrodd i: ***Report to:***	Public Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to ensure that the Board are sighted on the enclosed Welsh Government framework, which is a key foundation to the ongoing development and implementation of the Health Board's Quality Strategy.
Argymhellion: ***Recommendations:***	The Board is asked to receive and reflect on the framework.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery
Awdur yr Adroddiad: ***Report Author:***	Matthew Joyes - Associate Director, Quality Erika Dennis - Lead Manager, Quality

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

The assurance rating reflects the current draft position of the Quality Stretgy, and will be reviewed once the ongoing strategy engagement, development and approval process is completed.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Quality
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Regulatory implications, should the Health Board not embed the framework include non-compliance with the Well-being of Future Generations (Wales) Act, the Social Services and Well-being (Wales) Act, the Regulation and Inspection of Social Care (Wales) Act, the Welsh Government Health and Care Standards April 2015 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A

Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N/A
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	This framework links to BAF 1.2 – Quality
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	N/A – however there may be financial implications from any actions agreed in the future Quality Strategy for the Health Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A – however there may be workforce implications from any actions agreed in the future Quality Strategy for the Health Board.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	This framework links to BAF 1.2 – Quality.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps: Implementation of recommendations*** The ongoing development of the Quality Strategy is being done in alignment with this framework. The Health Board's Associate Director of Quality attends the National Quality Forum and the National Working Group for the Duty of Quality, ensuring alignment between local and national work.	
Rhestr o Atodiadau: ***List of Appendices:*** National Quality and Safety Framework	

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

BOARD OF DIRECTORS MEETING IN PUBLIC
29 September 2022

Welsh Government Quality and Safety Framework: Learning and Improving (2021)

1. Introduction

The framework has been submitted to Board to ensure it is sighted on the framework, and can be used to consider during the development and implementation of the Health Board's Quality Strategy, as the framework provides a clear directive for the Health Board and other healthcare organisations in Wales in terms of quality and safety.

2. Overview of the Framework

The Welsh Government publication of A Healthier Wales in 2016 set out the long term future of health and social care, with quality and safety being highlighted as a priority above all else. This has informed the Living Healthier Staying Well, and the evolving Clinical Services Strategy, in North Wales with a key long-term objective to improve the safety and quality of all services.

To strengthen the approach to having a quality-led healthcare system, the Health and Social Care (Quality and Engagement) Act 2020 was passed by the Senedd and places both an enhanced duty of quality and an organisational duty of candour which together, will strengthen the approach to high quality, safe care.

In order to become a quality-led health service, it is key for the Health Board, along with other healthcare organisations in Wales, to operate within an effective Quality Management System. To provide direction, Welsh Government introduced the Quality and Safety Framework (Learning and Improving) in 2021.

The framework emphasises that the board must drive an effective quality management system across the organisation. Whilst quality improvement is key, it is part of a bigger process, a Quality Management System. Central to this is continuous learning which is not just repeating the improvement cycle but taking advantage of previous learning and gaining intelligence to improve processes.

As such, the framework sets out the key elements of Quality Management System; *planning*, *improvement* and *control*, which together, ensure continuous improvement and provide overall *assurance* that the systems we have in place are working effectively to deliver the outcomes we need for the people of North Wales.

The framework has informed the scoping and development of the Health Board's Quality Strategy, analysing intelligence from the Health Board's Quality Management System.

Underpinning the Quality Management System is the creation of a learning environment, where staff are supported and encouraged to learn and improve. By combining Quality

Planning, Quality Control and Quality Improvement, underpinned by Quality Assurance, we will improve the quality of our services and improve the outcomes for the population of North Wales in line with direction set out in A Healthier Wales and our own strategy, Living Healthier Staying Well (LHSW) and generate a cycle of improvement, helping to ensure a culture of learning and continuous improvement.

3. Implementing the Framework

The Quality Strategy, and its associated Quality Delivery Plan, will be the Health Board's mechanism for delivering the national framework.

The strategy remains under engagement and development with oversight from the Executive Director of Nursing and Midwifery. The revised plan for this work will see the strategy further refined over the next quarter for scrutiny at Committee and Board towards the end of the year.

In the meantime, the Health Board continues with its quality agenda and full engagement with the national programmes with the QSE Committee providing detailed scrutiny.

Llywodraeth Cymru
Welsh Government

Quality and Safety Framework:

Learning and Improving

Welsh Government 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg / This document is also available in Welsh.

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Foreword

In 2016, the OECD commented that quality is at the heart of the NHS in Wales, a point reiterated by the publication of A Healthier Wales, with quality and safety being highlighted as a priority above all else. As a citizen in Wales, I recognise the key importance of being able to access a safe, effective service that provides an excellent user experience.

Despite the progress that has been made in terms of establishing the NHS as a quality-led system, there is further work to do. Senedd members last year passed the Health and Social Care (Quality and Engagement) Act 2020 to introduce a strengthened Duty of Quality and Duty of Candour for the NHS in Wales, as well as create a Citizen Voice Body to strengthen the voice of our population. This legislation, together with the need to learn from recent system failings in the NHS, and to recover from the COVID-19 pandemic are the principle drivers in developing this Quality and Safety Framework.

The Framework states that organisations at every level should function as a quality management system to ensure that care meets the six domains of quality; care that is safe, effective, patient-centred, timely, efficient and equitable.

It sets out the need for a robust quality assurance framework that brings all the information surrounding quality together so it is utilised to implement effective change and improvement in care.

The COVID-19 pandemic has been the biggest challenge the NHS has faced since its creation by Aneurin Bevan, and our workforce has responded in the most incredible ways. However, despite these efforts, this new disease has caused avoidable harm, and will continue to do so unless quality and safety are placed at the heart of our approach to recovery. It is very much a priority for me that we innovate and transform as part of this recovery, and the six domains of quality provide a framework within which we can do this.

A Quality and Safety Programme overseen by a new National Quality and Safety Board will be developed to drive the high level actions described in this Framework. This Board will enable strong clinical leadership with a multi-disciplinary approach to help drive the NHS organisations in Wales along their journeys to being truly quality led.

Now, perhaps more than ever in the history of the NHS, we need to ensure a relentless focus on quality and safety, as a priority above all else. It needs to be the central focus of any decision made with regards to the care of the population as well as the design of services. I am pleased to endorse this framework and will be investing in a Quality and Safety Programme with the aim of ensuring that we have a quality-driven NHS.

Eluned Morgan, Minister for Health and Social Services

Document purpose

An overarching goal of the NHS is to improve outcomes for people, whoever they are and wherever they live, by providing people with access to high-quality health and care, delivered through a sustainable culture of learning and improvement.

Although well recognised, health and care quality can be difficult to define. This framework provides an overview of what quality looks like, highlights the key principles that underpin it and the arrangements that needs to be in place to be assured of high quality services at all times. There will need to be a strong focus on quality and safety as we emerge from the Covid-19 pandemic, trying to understand the true harm that has occurred over the past eighteen months and, moving forward, to ensure we meet the needs of our population.

Many areas of the NHS are recognised for providing exceptional high quality services. This framework provides guidance and direction for all NHS organisations with a focus on having a strong quality management system in place at all levels, in turn reducing variation in quality. This is key in meeting the aspirations set out in A Healthier Wales for a quality-driven NHS in Wales, and in readiness for meeting the expectations of the new and strengthened duty of quality.

Everyone has a role in improving quality and the framework shows what needs to be in place to ensure how everyone's voice can be heard. This document replaces the now expired Welsh Government Quality Delivery Plan, and describes a way forward, learning from recent system failures in Wales, as well as the coronavirus pandemic and its associated potential for harm. It also serves to provide a stepping stone to the new duties of quality and candour expected in 2023.

1. Context and background

1.1 Strategic background

A Healthier Wales (AHW) sets out a long-term vision that everyone in Wales should have longer, healthier and happier lives. It proposes a whole-system approach to health and social care which is equitable, and where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes. The first NHS Wales core value described in A Healthier Wales is "Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times."

Healthcare organisations in Wales are focused on meeting the quadruple aim of excellence in population health and wellbeing, personal experiences of care, best value from resources and an engaged and committed workforce. Our philosophy of value-based, prudent, health and care underpins this and will continue to be a distinctive feature of the Welsh system. The recent Health and Social Care (Quality and Engagement) (Wales) Act 2020 which places both an enhanced duty of quality and an organisational duty of candour will strengthen the approach to high quality, safe care.

To achieve the aspiration of having a quality-led health service, all organisations need to operate within an effective quality management system. This Quality and Safety Framework describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; and control; and to provide overall assurance that the system is working effectively to deliver the outcomes that we need for the people of Wales.

In line with the direction set in A Healthier Wales, work continues to bring the quality agendas within health and social care together. However, this framework focuses largely on NHS organisations in Wales, fully recognising that partnership working is key to success.

The recently-published National Clinical Framework provides a clinical interpretation of A Healthier Wales and describes a learning health and care system, centred on clinical pathways that focus on the patient, grounded in a life-course approach. In recent years, major health condition delivery plans set out policy expectations for high priority clinical services. These plans came to an end in December 2020 and as described in the National Clinical Framework, will gradually be replaced by Quality Statements. These successor arrangements will help to set out what stakeholders think are important quality attributes of high priority clinical areas, such as cancer, heart disease and stroke services; as well as services such as critical care and end of life care.

1.2 Recovery from COVID-19 Pandemic

Over the last year, the NHS has faced its biggest challenge since its inception, with the unprecedented COVID-19 pandemic. The staff and leadership of NHS organisations have responded to this challenge in an extraordinary way by developing new ways of working to support our population. During the pandemic we saw wonderful examples of high-quality care, including the retraining and redeployment of staff to the highest risk areas, effective team working and communication and, above all, arrangements centred on the new and changing needs of people.

As we emerge from the pandemic, NHS organisations are considering how to adapt services and learn from the innovative practice and outstanding clinical leadership that we have seen. Quality and safety are going to be of paramount importance in this recovery process and it is essential there is this quality and safety focus at every level. Patients waiting for treatment will be exposed to widely varying levels of symptoms and risk, so the limited clinical resource now available must be targeted at those likely to gain the most benefit. A co-productive approach to clinical care and decision making will be essential to gain and maintain public understanding and confidence.

Welsh Government has recently published Looking forward to help health and social care emerge from the pandemic, describing the challenge as building the integrated health and social care service that we want going forward and to deal with the long-term impacts of COVID-19. The opportunity is to change for the better, recognising that COVID-19 is still with us.

A key aspect to this recovery is ensuring that care is as safe as possible, and that harm is minimised. The five harms we describe in health and care in Wales, are:

1. Direct harm from COVID-19 itself
2. Indirect harm from COVID-19 due an overwhelmed health and social care system and reduction in healthcare activity as a result
3. Harm from population based health protection measures i.e. educational harm
4. Economic harm both directly and indirectly as a result of COVID-19 i.e. unemployment as a result of lockdown
5. Harm as a result of exacerbation or introduction of new inequalities in society

There is no doubt that people and their loved ones will have come to harm as a result of the pandemic, and when it comes to harm from healthcare, areas such as nosocomial transmission and delayed healthcare due to reduction in normal services, together with people trying to not over-burden the NHS, will have already, or may in the months ahead, result in harm for some individuals.

Understanding the true level of harm that has occurred, or which may still occur without mitigating actions, is a significant yet hugely important task as we recover from this pandemic. Sadly, there will be situations where harm, and possibly death have occurred, and we need to make sure that in such cases the care provided is reviewed thoroughly, to understand if harm was at all preventable and also that we learn and ensure that our policies (particularly infection control and prevention) evolve as a result.

Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.

The co-production of services going forward is also a vital aspect of recovery. As "Looking forward" describes, we need to build on the innovative ways of delivering services particularly using technology. This will be key to be able to keep in touch with individuals awaiting treatment and ensuring that robust arrangements are in place so those at greatest risk are prioritised. It will be important to take stock and ensure that any interventions are of high value and improve outcomes for people.

1.3 Quality in Wales and the Quality and Engagement Act (2020)

We have previously published several policy documents on quality within the NHS in Wales. The previous Quality Delivery Plan (2012) set out actions to drive continuous service improvement and transparency, including the introduction of Annual Quality Statements. In 2013, '*Delivering Safe Care, Compassionate Care'* provided a national governance framework. This framework builds on and now replaces these previous documents.

The OECD Review of Health Care Quality published in 2016 commented that quality is at the heart of the healthcare system in Wales however it did make recommendations to strengthen what has already been built. These include a

stronger relationship between health boards and Welsh Government, more visible accountability within health boards, with the technical, managerial and leadership capacity to drive up standards.

In June 2020 new legislation gained royal assent: the Health and Social Care (Quality and Engagement) (Wales) Act. The Act introduces a new duty of quality placed on NHS bodies and Welsh Ministers (in relation to their health-related functions). This enhanced legal duty sets out that all decisions that are made are done so as to secure improvement in the quality of the services provided within the Welsh NHS, and to deliver improved outcomes for the people of Wales. This legislation emphasises the need for organisations to go beyond simply maintaining their services, and to strive for continuous improvement and excellence with as much focus on health improvement and protection as sickness management.

Reframing the duty of quality in this way, moving beyond the current duty, will shift the focus of decision-making and represent a further step on the journey towards ever higher standards of person-centred health services in Wales.

To reinforce the emphasis we wish to place on person-centred services and the importance of patient experience as a determinant of a quality service, the Act specifically lists patient experience as a core component of the new duty of quality.

The Welsh Government's Health and Care Standards must also be taken into account by organisations in their discharging of the duty of quality. This framework of standards is designed to support the NHS and partner organisations in providing quality services across all healthcare settings. These standards describe what the people of Wales can expect when they access health services.

The standards were last updated in 2015 and to ensure alignment with the new legal duty of quality, these standards will now be reviewed and updated.

Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.

The duty of quality mandates the requirement for NHS organisations to commit to and deliver improvements in the quality of health services. NHS organisations will be required to publish an annual report setting out the steps they have taken to secure these improvements, and include an assessment of the extent to which any improvements in outcomes that have been achieved. This new report will replace the current Annual Quality Statement.

In turn, and for the first time, Welsh Ministers will be required to present their own annual report to the Welsh Parliament, Senedd Cymru about the actions they have taken to secure improvements that will lead to higher quality care for the Welsh population. A programme of work is underway to prepare for the implementation of the new duty.

As well as a duty of quality, the 2020 Act also introduces a new organisational duty of candour. The duty will apply to NHS organisations, primary care providers in respect of their NHS services, and independent health care providers. The duty will

apply when a person who has received healthcare has suffered an adverse outcome and the provision of health care was or may have been a factor. In this context an adverse outcome will mean if the individual has experienced, or could experience, any unexpected or unintended harm that is more than minimal.

There is a clear link between candour and quality of services. There is evidence that increased openness, transparency and candour are associated with the delivery of higher quality health and social care. Organisations with open and transparent cultures are more likely to spend time learning from incidents, and they are more likely to have processes and systems in place to support staff and service users if things go wrong. This is of vital importance in a health and care setting where patients often have ongoing relationships with their health and care providers. In general, patients and service users want to be told honestly what happened and be reassured that everything is being done to learn from what went wrong.

Placing a duty of candour on NHS organisations, including providers of primary care, will improve service user experience, communication and engagement between the NHS and its service users. It will build on the work that has already been undertaken through the Putting Things Right arrangements for dealing with concerns, complaints and incidents.

Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.

The 2020 Act, when commenced, will also establish a new Citizen Voice Body (CVB) for Health and Social Care. The CVB's general objective is to represent the interests of the public in matters related to health and social services. The CVB will also have the ability to make representations about such matters to NHS organisations and local authorities, and there are duties of co-operation placed on NHS organisations, local authorities and the CVB under the Act. We envisage the new CVB developing a close working relationship with the NHS and local authorities. It will be a tremendously useful source of feedback from service users and the wider public. Our aspiration is for NHS leaders to see the CVB as a source of information and advice about what people think of health services at both national and local level. As a Body exercising functions across health and social services it also helps to deliver on the recommendations of the Parliamentary Review of Health and Social Care for the integration of health and social care services alongside more integrated citizen engagement.

This framework recognises that enabling people to access services using the Welsh language is an intrinsic part of the quality of care, and helps to ensure the safety, dignity and experience of Welsh speakers. Actions described within this framework will be developed in line with this principle and the More than just words framework.

2. A quality system

2.1 What does good quality look like?

There are various ways to describe quality in healthcare. In 1999, the then Institute of Medicine described six characteristics of quality:

- Safe - avoid harm
- Effective - evidence based and appropriate
- Person-centred - respectful and responsive to individual needs and wishes
- Timely – at the right time
- Efficient - avoid waste
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status etc.

These characteristics of quality align with our prudent health and care principles:

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production (person centred)
- Care for those with the greatest health need first, making most effective use of all skills and resources (timely, efficient, effective)
- Do only what is needed - do no less, do no harm (safe, efficient)
- Reduce inappropriate variation using evidence-based practices consistently and transparently (equitable, effective, efficient)

Prudent health and care is being taken forward through the concept of Value-Based Health Care, to ensure care is not only high quality but also the most effective it can be for each individual.

2.2 Safety

2.2.1 Patient Safety

One domain of quality that particularly resonates with the public and staff is patient safety. Several health systems focus almost exclusively on this. The NHS in Wales has a long-standing commitment to safety, since the 1000 lives programme that ran between 2008 and 2010. That commitment remains evident in many of our processes and practices, including mortality reviews, national incident reporting and many ongoing programmes including for example those on acute kidney injury, neuro-axial connectors and medication safety.

Patient safety can be examined in two general ways. Safety I describes the traditional approach which considers safety as the absence of unsafe acts. In healthcare, a Safety I approach has led to a focus on the minority of events in care in which something has gone wrong. In Wales, we want to move towards a Safety II approach, where safety is viewed as what happens when things go right. A Safety II approach will encourage more consideration and learning from what has gone well, in addition to what has gone wrong, providing a more holistic view of safety. Every day, despite complex environments, staffing pressures and ever-changing evidence and new treatments, the staff of the NHS adapt to provide great care. It is important

to understand how they are able to overcome these issues, to celebrate that achievement and spread that learning.

Another aspect to patient safety is that of harm to patients, not due to healthcare intervention but due to the lack of treatment - harm by omission. As described previously, many routine services paused during the pandemic in order to prioritise the provision of acute care to people with COVID-19. However the population may suffer harm if these services are not re-started. Essential Services, described as life-limiting or life-impacting services, were maintained during the pandemic. The essential services quality assurance framework issued by Welsh Government focuses on the need for local accountability, governance, guidance and evidence-based assurance.

The reporting and investigation of incidents play an important role in terms of changing culture, transparency and shared learning from when harm occurs. The current Welsh incident reporting framework is being reviewed to ensure it helps develop those areas, creates a focus on immediate make safes, drives improvement and aligns with duty of candour. Investigations must be targeted for most impact, and be effective in identifying system issues. Incidents in the healthcare system can occur anywhere in Wales and there needs to be a strong focus on sharing learning that takes place across Wales, striving to make care as safe as possible. The new framework must enable learning from Safety I and Safety II type events.

Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.

In Wales, mortality reviews have been mandated for hospital deaths since 2013 and have been crucial in confirming important areas for continuous improvement, including sepsis and recognition of the unwell patient. A medical examiner service is now being implemented across Wales with commitments to improving patient safety and end of life care. Medical examiners independently scrutinise all deaths that are not investigated by the coroner. Their scrutiny includes asking the person's loved ones about any concerns. Where the medical examiner service detect potential issues in patient care, they will highlight these to NHS organisations to review. This will build on what has already been developed with mortality reviews in Wales and highlight areas for learning.

Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.

2.2.2 System Safety

It is also important that we learn from specific patient safety and care issues that may emerge. In 2020, First Do No Harm, the report from the Independent Medicines and Medical Devices Safety Review, looked at the use of pelvic mesh as well as the use of sodium valproate and the harm caused to women and children as a result of these interventions. This report was specifically looking at the use of these interventions in England, but has valuable learning for the NHS in Wales. It has

highlighted that the healthcare system as a whole did not respond quickly enough to listen to concerns raised by patients and act more rapidly.

Maternity and neonatal services are an example of systems that need a strategic approach when it comes to safety, and to maximise learning on an all-Wales basis from where harm has occurred and where the need for improvements have been identified. We want to build on the all-Wales learning that has already taken place following the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives review of maternity services in the former Cwm Taf University Health Board and other similar reviews in the UK to ensure consistent and constant improvements are made and sustained.

Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.

The implementation of the new duties of quality and candour and the Citizens' Voice Body will significantly strengthen our system defences against such difficult experiences being repeated, particularly in terms of how critical it is that we listen to patients, their families and staff when things go wrong.

Safety in healthcare needs to go beyond individual patient safety and consider the safety of our systems. As services evolve beyond organisational boundaries to create systems of healthcare, we need to ensure that these whole systems are safe. The Safety I / Safety II concept needs to be applied to systems as a whole with reflection on what we can learn from systems that are safe and apply that learning to all our systems. We also need to consider areas such as ensuring the medical devices used are safe and that where there are concerns, these are escalated to the Medicines and Healthcare products Regulatory Agency (MHRA). We need to invest in electronic systems that ensure consistency of practice. We also need to monitor use of these systems and measure outcomes from clinical interventions including device implantation. These electronic systems include those such as electronic prescribing.

Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.

3. The Quality Cycle

3.1 The Quality Cycle – A quality management system

People need public services to be organised around their needs and experiences. The culture in these services needs to be open, trusting and supportive, and planning, improvement and measurement processes need to be connected and focused on quality and learning. The elements that make up a cycle of improvement must form the backbone of an organisation, driven from the top. It is essential that

organisations create the conditions for this, through a clear vision and strong leadership.

The board must drive an effective quality management system across the organisation. When services such as maternity or frail elderly care have failed there has usually been a wider organisational weakness, in Wales as elsewhere.

Across the world, there is concern that boards can prioritise finance and performance over quality. These are easier to monitor and use in accountability discussions, but can be delivered at the expense of quality.

The boards of organisations can be at different stages of maturity in their governance approach to improvement. Organisations with high levels of maturity for quality tend to prioritise quality improvement with a long-term focus, to use data for improvement, not just for assurance or control, and engage staff and patients in quality improvement with an open culture of continuous improvement and true clinical leadership.

Quality Improvement is a common concept discussed in healthcare but it needs to be part of a bigger process - a Quality Management System.

Fig 1

This quality cycle needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement. Everyone must understand their role in this quality system. Staff as well as the public and patients must be able to contribute to each part of the cycle, through co-design and co-production, to ensure actions are relevant and meaningful to those who must benefit.

Central to the quality management system is continuous learning. It is not enough to simply repeat the cycle, each time we must capitalise on what was learnt from the previous round, gaining intelligence from all sources and improving the process.

3.2 Quality Planning

The NHS in Wales is a planned healthcare system. Organisations must plan to improve the health of the population they serve. This responsibility starts with the most crucial part, prevention, to keep people healthy and at home, whenever possible, and ultimately to improve health outcomes for the population as a whole. Good quality, timely information is needed to identify where improvement is required at every level within our systems; this includes the views of staff and patients. The duty of quality also sets out this expectation and the organisational annual reports will need to confirm how improvements in quality are being realised.

Prior to the COVID-19 pandemic, health boards were required annually to submit to Welsh Government for Ministerial approval, their Integrated Medium Term Plan (IMTP) for the following three years. During the pandemic, NHS planning changed with a more immediate focus on reducing harm and the response to COVID-19. IMTPs were temporarily replaced with a quarterly planning process. The Welsh NHS remains a planned care system but this still needs to be a dynamic process. As longer-term planning, including the return to IMTP processes, resumes, NHS organisations should build on the learning from the experience of the pandemic, to improve planning, and ensure that quality remains fundamental throughout all that they do.

NHS organisations continue to use the Wellbeing of Future Generations Act and the five ways of working as the context in which they plan. This will ensure that how organisations work, who they involve and what decisions are made will impact positively both now and in the future. Quality must always be a central to these decisions.

Wales is a bi-lingual country and it is vital our health services reflect that and develop with that principle in mind. People using the health service and staff within the service should be able to communicate in Welsh if they choose.

Action 8: **NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.**

3.3 Quality Improvement

There is world-wide evidence on how to support improvement, and NHS organisations must ensure their staff have the right skills, support and permission to make improvements in their everyday work, and to speak up when there are areas for improvement outside of their role or expertise. It is not enough to teach the workforce improvement theory, the workforce needs the capacity to carry out improvement and build it into every day work. Equally, frontline improvements must be balanced with a number of planned strategic improvements linked to the organisations' priorities if there is to be truly transformational, organisation-wide change.

The Health Foundation has outlined the need for an organisational approach to quality improvement. Without board-level leadership, system improvement will fail. It is critical to create the conditions for quality improvement at all levels within an organisation.

However organisations may not yet be fully equipped to improve. Planning, measurement and improvement teams must be strongly connected. There are areas where effective change is delivered and we need to focus on how to scale up effective change across Wales and ensure people are receiving equitable care.

In response to A Healthier Wales, Improvement Cymru, our national improvement support service, is changing to support the quality cycle across organisations, using a consistent approach to the spread of improvement and learning. Within A Healthier Wales six key areas for improvement were identified: medicines management; surgery and surgical pathways; frail elderly care; acute illness; equitable health and social care; and end of life care. Whilst responding to the COVID-19 pandemic has impacted on these plans, the areas remain relevant and a focus for Improvement Cymru as we move into recovery.

Improvement skills and behaviours needs to be built into the work of everyone working in healthcare, so the culture becomes one of continual personal and positive challenge as to how can we do better. The satisfying personal experience of leading improvement builds confidence and starts to create the leaders of the future.

Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.

3.4 Quality Control

Quality control occurs at the frontline of our services. People providing services need to agree, maintain and monitor the desired quality of the services they provide, and be able to detect and react when there is variation from that desired quality. Organisations need to create the processes and culture for staff to manage and standardise their daily work. This must be enabled by a systems view of the organisation and clear and consistent measures and communication throughout the organisation.

3.5 Quality assurance

Quality assurance is essential for organisational boards to understand the quality of services being provided, including those commissioned from others, how it compares with others and that, if identified, improvement work is making a difference. A systematic approach to quality planning, quality improvement and quality control can provide this. As well as the numbers, quality assurance needs to accommodate ‘qualitative intelligence’, such as the lived experiences of staff, patients and carers, as these often highlight problems before the measurement does. The existing Framework for Assuring Service User Experience sets out a range of methods to be used.

There are therefore many factors that contribute to quality assurance, including patient / user feedback, concerns and compliments, learning from deaths, incidents including serious incident reporting, clinical audit, and quality indicators and benchmarking. We need a quality assurance system that brings together intelligence on all aspects of the quality management cycle to present a coherent picture of the quality of care that organisations provide.

While regulators and inspectors also play a key role in quality assurance, they are not there in place of needing a strong organisational assurance framework

Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour.

3.6 Information throughout the quality cycle

Intelligence is fundamental to improvement and assurance, and information should be consistent and widely available. Timely data is key to both understanding what is happening in organisations at any point in time but also to look at outcomes, identify areas for improvement as well as for benchmarking. Organisations need to be transparent when it comes to data and share this across Wales, striving to make care equitable. The National Data Resource, currently being developed, will facilitate this.

Value in healthcare is realised when we achieve the best possible healthcare outcomes for our population with the resources that we have. These outcomes should be comparable with the best in the world, and Prudent Healthcare has already provided a strong foundation for healthcare improvement in Wales. Realising value in healthcare requires better reporting and collection of outcome data to try to understand which interventions provide the most value to people and where there is unwarranted variation. It is vital that we provide care that is equitable and uses an evidence-based approach with implementation of NICE guidelines to help ensure high-value care.

Changes in health are important milestones in the lives of patients and we should use Patient Reported Outcome Measures (PROMs) to measure them. This can help us assess and meet patient needs, and to understand their experience of care, and to improve services.

The Once for Wales Concerns Management System (OfWCMS) is a new approach to how NHS organisations in Wales consistently report, record, learn and monitor improvements following incidents, complaints, claims and other adverse events that occur in healthcare. By bringing all this vital data together there is an opportunity for a platform that allows shared learning and will help to improve patient safety as well as patient experience. Though in early stages there is potential that data captured from OfWCMS can be used by health organisations as part of their routine management information on quality, identifying areas where improvement work is needed and helping with cultural change.

We need to harness the information that is available to us across all aspects of quality management systems to measure the quality and outcomes of care. This can be used locally and nationally, and can inform a framework for measurement and benchmarking. Quality measures need to be on at least an equal footing with performance and finance measures.

Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.

3.7 Having an effective organisational quality management system

The Institute for Healthcare Improvement (IHI) has described a framework for effective quality governance. They found little evidence of education for independent members on effective quality management and, where it did exist, it was often focused on patient safety (just one of the six domains of healthcare quality) and also hospitals, as opposed to community and population health. Although this research was based on the American healthcare system, it is likely that similar issues would be found in the NHS.

NHS organisations should review their current quality management systems, and consider where they are, and where they need to develop, to ensure they maximise the effectiveness of their quality management system.

Action 12: NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring the Board have the appropriate skills and knowledge to provide effective leadership of the system.

Action 13: National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.

4. Values, culture and leadership

In order to have a quality-led system, NHS Wales needs to ensure it has the right values underpinning it, with a just culture and compassionate leadership. It needs to demonstrate active listening to truly understand the views of its staff, the patients using the services and their families, and incorporate that active listening into the quality cycle. Board members need to have a presence, both in the community and within hospitals. They need to be prepared to disrupt and encourage open feedback from citizens and members of staff as to how care can be improved.

Leaders need to be relentlessly focused on a sense of common purpose, values and quality, continually improving and showing compassion to all. Compassionate leadership - “compassionate leadership for compassionate health services” - can

include attending (paying attention to staff); understanding (finding a shared understanding of the situation); empathising; and helping (taking intelligent action to help).

Compassionate leadership has been vital during the pandemic. Healthcare workers have faced unprecedented pressures both in terms of the risk and fear of getting COVID-19 from the workplace but also the desire to provide the best possible care to patients in difficult circumstances. Strong leadership has never been more important and now needs to continue with everyone contributing.

An open culture of learning and improvement is essential. We need to celebrate what goes well and acknowledge the truly amazing care and services provided by all staff within healthcare in Wales.

However, when something fails or goes wrong staff must feel safe, supported and able to speak up, having confidence that they will be listened to. If concerns are raised about the quality of care, they need to be listened to, acknowledged and acted upon. The staff of the NHS need to know that concerns are taken seriously, indeed they are welcomed. When an organisation is open and honest, staff feel able to raise concerns and to implement improvement actions. No health service is perfect and this must be acknowledged in order to feel confident in a continually improving service. The introduction of the duty of candour will support this as an approach.

When errors do occur, they need to be investigated to understand how the system failed, with rapid action taken to prevent the risk being repeated. This approach needs to not apportion blame. Even if the key action was an individual error, there will have been multiple steps that contributed and must be understood. Adequate support needs to be provided both to the patient and their loved ones but also to the members of staff involved, to know that they remain valued and supported throughout any investigation. A punitive environment is a powerful barrier to fair and authentic reflection. A just and learning culture balances fairness, justice and learning with responsibility and accountability.

Patients also need to be encouraged to speak up when things go wrong and know that their concerns and experiences are listened to and not dismissed. This is crucial in a truly learning system.

The whole workforce needs to be engaged fully in the need to improve. Personal wellbeing is a fundamental requirement for this to take place. If members of staff are suffering from burnout or feeling disengaged from the organisation, service improvement will inevitably drop off, but if wellbeing is prioritised, patient care will be safer and of higher quality and continual service improvement will occur.

Implementing the action points contained within the HEIW workforce strategy, A Healthier Wales: Our Workforce Strategy for Health and Social Care will help organisations address staff shortages by improving staff retention as well as recruitment. The Strategy aims to enrich wellbeing and working experience for those who currently provide health and social care, including volunteers and carers, and to promote health and social care as the sector of choice for the future workforce. The overarching aim for 2030 is to provide the right number of motivated, dynamic and

appropriately skilled people to help meet the health care needs of the population they serve in a sustainable, cost-effective way.

Ultimately, quality is everyone's business and needs a multi-disciplinary approach at both a local and national level. This concept needs to be embedded within the culture of our workforce, understanding and improving the quality of care we provide.

Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.

5. Accountability

In order for the NHS to develop along its quality journey, strong accountability is required for all aspects of the quality management system as well as through the quality assurance framework, with as much focus on quality as there is for performance and finance. The accountability structures will strengthen with the NHS Executive function, ensuring there is always a strong focus on quality.

We need to assure that any data obtained, be it through clinical audit, peer review or errors in healthcare, is used to drive change for the better. The NHS needs to be held accountable to assure that change is happening and that data will lead to meaningful and improved outcomes for our population.

6. Going forward

Quality needs to be everyone's business with strong leadership throughout NHS in Wales. The broad actions set out in this framework are the start of the next phase of the quality journey, and the implementation work for the duties of quality and candour will build on these actions and help to ensure that we have the effective quality management system at all levels in Wales. Organisations now need to be considering how to implement and improve a quality management system, especially in light of the pandemic, and accelerate our journey.

To facilitate this, existing national quality governance structures need to be reviewed to ensure there is strong governance of quality and safety and to drive the NHS along its journey.

Action 15: A Quality and Safety programme will be established to drive forward the national actions set out in this Framework. This programme will be overseen by a new Quality and Safety Board facilitated by an NHS Executive function. This board will work to drive the quality and safety agenda and be led in partnership with the NHS. It will have a multi-disciplinary approach with participation from different professional groups.

The COVID-19 pandemic has demonstrated what an amazing health service we have in Wales, with a workforce we are extremely proud of. The challenges are far from over. A nationwide approach to quality management with an enhanced

commitment under a new duty of quality will move the NHS in Wales along its journey to become a truly quality-driven system, providing the best care for the people of Wales.

Summary of Actions

Action 1: NHS organisations to ensure harm (both direct and indirect) associated with the COVID-19 pandemic is minimised. Organisations should implement a risk and benefit focussed approach to recovery of other services, and measure, monitor and learn from any harm.

Action 2: Welsh Government to work with key stakeholders to review and update Health and Care standards reflecting the strengthened duty of quality.

Action 3: Welsh Government to work with key stakeholders on implementation of the duties of quality and candour to enable NHS organisations to be ready when the duties come into force.

Action 4: Welsh Government to work with key stakeholders to develop a new National Incident Reporting framework focussing on maximising and sharing learning from incidents.

Action 5: National work to be undertaken to develop a learning from deaths framework, building on the continued national roll out of the Medical Examiner Service and processes already in place for reviewing mortality.

Action 6: National work to be undertaken to lead an all-Wales improvement approach to maximise the opportunity for learning from independent reviews of maternity and neonatal services.

Action 7: Welsh Government to work with NHS organisations to implement vital electronic systems to support safe care, such as Electronic Prescribing and Medication Administration, Scan for Safety and the Medical Devices Information System.

Action 8: NHS organisations demonstrate through their plans that patient care and experience is central to their approach and delivery and that their governance arrangements support this requirement.

Action 9: Healthcare organisations to ensure they have the capacity and capability for continuous improvement and learning.

Action 10: National work to be undertaken in conjunction with key stakeholders to develop a Quality Assurance Framework to help capture all the elements of a quality management system. This will include a refreshed Framework for Assuring Service User Experience, and help prepare the way for the duties of quality and candour.

Action 11: Work to be undertaken nationally and locally to develop a measurement framework to inform a quality management system, underpinned by improved information about the quality of care.

Action 12: NHS organisations to review and consider what needs to be in place in order to develop a fully-functioning quality management system, including ensuring

the Board have the appropriate skills and knowledge to provide effective leadership of the system.

Action 13: National work to be undertaken to develop a toolkit that organisations can use to gain assurance of an effective Quality Management System.

Action 14: Health organisations to engage their workforce with the quality agenda and empower all to get involved to help make the NHS in Wales a quality-led system.

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GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Report title:	North Wales Market Stability Report 2022
Report to:	Health Board
Date of Meeting:	Thursday, 29 September 2022
Executive Summary:	The purpose of this paper is to present to Board the final draft of the regional Market Stability Report (MSR) produced by the North Wales Regional Partnership Board. There is a strong link between the Market Stability Report (MSR) and the recently produced regional Population Needs Assessment (PNA). The PNA sets out the current and projected need and demand for care and support and the level of services required to meet that demand. The MSR assesses the sufficiency of the care and support provided in meeting the needs and demand established through the PNA. The MSR provides health and social care providers with an improved understanding of the care market and will assist in the planning and delivering of services that better meet the needs of our population. The MSR assessment focuses on regulated services. These include: • care home services (adult and children's); • secure accommodation services for children; • residential family centre services; • adoption services; • fostering services; • adult placement (shared lives) services; • domiciliary care services and advocacy services. The governance and approvals process is as follows: • July – October 2022 presented to the Full Council of all 6 Local Authorities • August 2022 presented to the BCUHB Executive Team for information • September 2022 presented to PPPH for information • September 2022 presented to BCUHB Board for approval • November 2022 presented to the Regional Partnership Board for approval • November 2022 submitted to Welsh Government
Recommendations:	Members of the Board are asked to approve the final draft of the Regional Market Stability Report
Executive Lead:	Chris Stockport, Executive Director Transformation, Strategic Planning and Commissioning Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Services
Report Author:	Wendy Hooson, Head of Health Strategy and Planning

Purpose of report:	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐

Assurance level:	Arwyddocaol *Significant*	Derbyniol *Acceptable*	Rhannol *Partial*	Dim Sicrwydd *No Assurance*

	☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:				
Link to Strategic Objective(s):	The MSR assessment of the stability and sufficiency of the market for regulated care and support services underpins the regional PNA. Addressing population health issues and tackling health inequalities are a key priority and area of focus within our Annual Plan. The MSR and PNA will be used to identify priority areas for improvement and strengths upon which to build further. Both documents will inform our planning and commissioning processes and enable alignment to the health and social care needs of the population.			
Regulatory and legal implications:	Welsh Government has introduced a Code of Practice to support the preparation of MSR's as stated in the Social Services and Well-being (Wales) Act (2014). The Code of Practice requires that Local Authorities and the local Health Board work in partnership to prepare and publish a MSR based on data for each Local Authority area as well as an aggregated version on a Regional Partnership Board footprint. "*The duty to prepare and publish a market stability report, as set out in the 2014 Act, sits with each local authority, but the regulations require them to carry out this function on a regional footprint and in partnership with the Health Board, so that one market stability report will be prepared for each of the seven RPB areas across Wales*" (CoP Section 3.11).			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Yes an EqIA has been undertaken. Inequalities in care provision and the shortage of supply within the care market have been highlighted. The EQIA will assist in informing Local Area Plans, future commissioning plans and strategy / policy developments to ensure they are as inclusive as possible.			
In accordance with WP68, has an SEIA identified as necessary ben undertaken?	The EQIA includes Welsh Language and the Socio-Economic duty.			

	The MSR and PNA seek to identify gaps in service provision and the barriers experienced by those with protected characteristics and socio economic disadvantage. This will: - inform regional and local decision making when planning and commissioning care and support (especially, but not exclusively, regulated services) - help shape the development of a regional commissioning plan - inform the development of the refreshed IMTP
Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	It has not been possible to submit the MSR to Welsh Government (WG) by June 2022 (the date given in the Code of Practice) due to the time taken to capture data and the lengthy lead in time for seeking approval from all six Local Authorities and BCUHB. To mitigate against this there has been close liaison with WG to agree a revised submission date (November 2022). An early draft of the MSR has been shared with WG for their information.
Financial implications as a result of implementing the recommendations	There are no specific financial requirements arising from this paper. Moving forward however it may be the case that some priority areas require a level of investment. Appropriate governance routes will be followed such investment be required.
Workforce implications as a result of implementing the recommendations	There are no specific workforce implications arising from this paper. Workforce implications have been described within the MSR.
Feedback, response, and follow up summary following consultation	The MSR draws on the engagement work undertaken to develop the PNA. This includes a survey completed by over 350 individuals and a review of relevant research, legislation, comissioning plans and other needs assessments. A Market Stability Report Steering Group developed a Registered Providers Survey, of which 63 responses were received The findings from the above have shaped the MSR whilst it was being developed.
Links to BAF risks: *(or links to the Corporate Risk Register)*	N/A
Reason for submission of report to confidential board (where relevant)	Not applicable

Next Steps: ***Implementation of recommendations*** • The MSR and PNA will be used locally to inform future service planning, particularly in the post-pandemic recovery • The final MSR will be published on all Local Authority websites, the BCUHB website and the Regional Partnership Board website in both English and Welsh • The next phase of this programme will involve using the PNA and MSR to develop an Area Plan with clearly identified regional priorities. The Area Plan will be published in 2023.	
List of Appendices: Appendix 1 – Market Stability Report Appendix 2 – Equality Impact Assessment	

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales
Market Stability Report

Draft 0.4 (June 2022)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

CYNGOR SIR YNYS MÔN ISLE OF ANGLESEY COUNTY COUNCIL

CYNGOR GWYNEDD COUNCIL

CONWY CYNGOR BWRDEISTREF SIROL COUNTY BOROUGH COUNCIL

Cyngor sir ddinbych denbighshire County Council

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

wrexham COUNTY BOROUGH COUNCIL CYNGOR BWRDEISTREF SIROL wrecsam

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1. Introduction

1.1 Background

The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market. The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021a). This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022.

1.2 Purpose of the market stability report

The report helps us to understand the social care market in North Wales, so that we can effectively commission and support providers of health and social care services to meet the needs of the population effectively.

The market stability report will assess:

- The sufficiency of care and support in meeting the needs and demand for social care, as set out in the population needs assessment
- stability of the market for regulated services

Regulated services are those listed in The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021. Currently these are:

- a care home service (adult and children's)
- a secure accommodation service (for children)
- a residential family centre service
- an adoption service
- a fostering service
- an adult placement
- a domiciliary care service
- an advocacy service

The assessment is the basis on which the Regional Partnership Board should make decisions for future planning and commissioning of care and support services. This will include local area plans, strategic commissioning strategy and market position statements.

This assessment has been undertaken as a joint exercise by the six North Wales local councils, Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales. The six local councils are Wrexham County Borough Council, Flintshire County Council, Denbighshire County Council, Conwy County Borough Council, Gwynedd Council and Isle of Anglesey County Council.

The market stability report aims to improve our understanding of the social care market in North Wales, and how this will evolve and change over the coming years. The findings within this assessment will assist all public service providers within the region in providing better and sufficient services for our citizens who are in need of care and support.

1.3 Research methods

The research methods include:

- Analysis of local and national data sets to identify trends.
- Evidence from the local authorities and health board.
- Evidence from local, regional and national research.
- Priorities from local, regional and national policies / strategies / plans.
- Responses to the regional survey and other consultation exercises from citizens, organisations, staff and providers.

1.4 Consultation and engagement

The Code of Practice (Welsh Government, 2021a) states that local authorities must take reasonable steps to engage with citizens. As a precursor to the market stability report, the population needs assessment had undertaken a large scale regional consultation and engagement exercise based on the national principles for public engagement in Wales and principles of coproduction. This exercise gave an insight of the direct impact of stability and sustainability of the social care market on people with care and support needs, their carers and families. Further details can be found in the population needs assessment.

Registered providers of social care services were engaged via a regional provider's survey. An invitation to complete the survey was sent via commissioners to all registered providers across the region.63 responses were received.

Additionally, local teams have also undertaken their own engagement where this was not being covered at a regional level. Draft chapters were also shared with partners for feedback and comments.

1.5 Project governance

The Regional Partnership Board tasked the North Wales Commissioning Board with oversight of the project. They established a regional steering group to coordinate the development of the Market Stability Report, which included representation from the six local authorities, the health board and Public Health Wales. The project management arrangements ensured that there was consistency for all partners in producing a regional report. Regular project reports were produced and shared with the regional boards as necessary.

This report has been approved by the six local authorities, Betsi Cadwaladr University Health Board and the Regional Partnership Board.

Diagram 1: Project governance arrangements

1.6 Limitations, lessons learnt and opportunities

Preparing a single accessible population needs assessment and market stability report across six local authorities and one health board area within the timescales has been a challenging process. Particularly with the additional pressures of Covid-19. Thanks to the efforts of the project team, the project steering group comprising of local leads, the data-sub group, the engagement group, partner organisation teams, people who use services and providers co-produced this report.

One of the main challenges has been access to good quality data about the population and the social care market. The 2021 census data will not be published in time to include in the assessment and many indicators were unavailable due to changes in the way data is collected since the last assessment and because some data collection paused due to Covid-19.

It is recommended that the joint population needs assessment and market stability report steering group continues regularly scheduled meetings to oversee the updates and to make further recommendations about how to improve the quality, availability and coordination of data to inform future needs assessments.

2. Summary of regional priorities

Domiciliary care (care in people's own homes) is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now, due to staffing challenges. As such, growth and development of services including general and specialist domiciliary care have been identified as opportunities for the future.

Commissioners are keen to work with providers to increase care capacity to meet population needs. The key themes and priorities for providers and commissioners across social care and health are:

- Recruitment of staff. The employment market is highly competitive and competitive pay rates and employment benefits need to be offered in order to attract people.
- Integrated Domiciliary Care recruitment project between local authorities and the health board and development of integrated cross-organisational roles and career pathways.
- Terms and conditions. These need to reflect and be worthy of the social care role, and its importance in the health and care system as well as reflecting that these are skilled roles in the main.
- Retention of staff is poor due to poor terms and conditions in the social care sector. The cost of fuel and the cost of living crisis is now beginning to be felt in the sector where providers are seeing more staff experiencing in-work poverty. Staff are also leaving the sector due to challenging working conditions and lack of respect for the work they do and the levels of responsibility involved. Staff feel undervalued and overworked.
- Staff who are new to the sector are not staying in the sector long term as they feel overwhelmed by the intensity of the roles particularly those supporting people with complex needs and challenging behaviours. Providers and commissioners need to better support for staff to meet the challenges of working in social care.
- Service transformation programmes are a priority and they should accelerate the focus on enabling flexibility in using commissioned care hours, where providers can be trusted to flex the package of care hours in partnership with the individual who is being cared for. While appreciating budget restraints for all, the flexibility

would improve quality and bring costs savings in terms of reduction in administration costs.

- Development of true partnership working between commissioners and providers was identified as a key focus.
- Providers recognise the benefit of the additional Covid payments and the on-going suitability of the sector is recognised as a key priority due to the important work that home care providers do in keeping people well in their own homes, in enabling hospital discharge and preventing unplanned visits to hospital.
- Develop partnerships with care home providers to provider low level residential care / respite services to ease the pressure on home care domiciliary care provisions.
- Develop opportunities in micro commissioning and direct payments as an alternative to the traditional home care model.
- Increase support for unpaid carers to reduce the pressures on the home care service and look at carer led solutions, such as. increased carer breaks (respite)
- Increase the availability of specialist placements in care homes for older people, adults with mental health needs, learning disability and people with dementia.
- Increase the availability of emergency and longer term accommodation for children and young people with complex needs including mental health, learning disability and emotional behavioural needs.

Summary of local themes

Anglesey

- We are committed to service transformation and modernisation is an area of focus with further ambitions to develop accommodation options, building on the work of the transformation programme.
- We have an aging care workforce on the Island and therefore need to attract and retain new social care staff.
- We want to work with providers to ensure stability, particularly in relation to staffing costs, supply, choice, services and delivery.

Gwynedd

- Recruitment and retention problems are a recurring issue, with all services reporting a real shortage and concern.
- Lack of financial support. All services have raised concerns about the ability to maintain quality services with limited resources. The lack of funding often results in having to use out of county providers which results in higher costs which in itself adds to the problem.
- Significant shortfall in care within the county for children who need to be in residential care compared to other services available to children. There is relatively good provision of foster families within the county and there are many resources and services within the county for supporting disabled children. There appears to be inconsistency in provision.

Conwy

- Recruitment and retention of staff across the sector including social workers, care staff and nursing staff. This is linked to pay and conditions but not exclusively.
- Children's residential services. Provision of accommodation for both emergency and longer term placements is needed urgently and we are considering a range of options to increase provision in county and reduce reliance on costly temporary arrangements and out of county placements that are far from the family.
- Provision of domiciliary care services, with current private sector providers unable to fulfil the demand for a significant amount of time now.

Denbighshire

- We want to increase care capacity to meet population needs within Denbighshire including residential care for children, young people, people with complex disabilities, older people (including those with mental health needs), foster care, domiciliary care and reablement.
- We are committed to improving communication internally across services / teams and with partner organisations and sharing of good practice
- Increasing the availability of overnight respite accommodation is a priority within Denbighshire.

Wrexham

Key priorities within Children's Services in Wrexham are:

- Increased placement stability, reducing the number of children looked after through early intervention and preventative services and removing profit from children's placement market
- Provision of emergency accommodation for people in mental health crisis
- Increase in escalation of mental health needs and concerns of children and young people
- Developing new children's homes
- Improvement in quality of practice and performance across Children's Services

Key priorities within Adult Services in Wrexham are;

- Growth and development of services including; Domiciliary Care (includes homecare/reablement; community living and recovery)
- Day and employment services
- Emergency placements

Flintshire

The Domiciliary Care market is a priority in Flintshire to help rebalance the care sector. Independent care providers continue to work creatively with the local authority to ensure the numbers of people waiting for care at home are the lowest possible.

In Flintshire, there are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria.

As of January 2022 in Flintshire, areas of ongoing pressures include:

- double-staffed care
- provision of care in rural areas
- provision of care for patients discharged from hospital
- care packages hand-backs from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, borne in the main by care staff themselves.

Since the pandemic the market for adult residential care services has become extremely unstable with several factors contributing to the availability of independent care home provision. The council are moving forward with plans to increase in house provision for people living with dementia and new model of step down care planned to support the discharge to assess and recover programme developed by the health board.

Half of all children in residential care from Flintshire are placed out of the country in England and Scotland. In-house residential care is being developed to rebalance the market in Flintshire.

Over the next five-year period, in order to ensure stability within the market for residential services for children, the council aims to:

- Work with new and existing providers and support them to deliver of models of care that will meet the needs of children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider a wider social value to our communities.
- Work with providers who are able to safely care for children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

3. Residential services (adults)

Population overview

Demand for care home placements is likely to increase

The population assessment shows that the number of people aged over 65 in North Wales increased by 17% between 2010 and 2020 and is projected to increase by a further 20% over the next 20 years. This is likely to increase the demand for care home services. The table below shows the expected change in each county, with Conwy expected to see the biggest increase and Gwynedd the smallest increase.

Table 1: Estimated number of people aged over 65 in 2020 and projected number in 2040

Local council	2020 number	2040 number	Change number	Change percent
Anglesey	18,650	22,500	3,850	17.2%
Gwynedd	28,550	34,300	5,700	16.7%
Conwy	32,950	43,500	10,550	24.3%
Denbighshire	23,500	30,400	6,900	22.6%
Flintshire	33,300	42,400	9,150	21.5%
Wrexham	27,750	34,500	6,750	19.6%
North Wales	164,700	207,600	42,900	20.7%
Wales	668,600	850,750	182,150	21.4%

Source: Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government

The increasing population of older people is not the only factor affecting demand. There are also changes in expectations and policy which mean demand may not increase at the same rate as the total population. For example, demand can change as people are supported to live in their own homes for longer, or take up extra care accommodation to retain independence with the option of receiving support as needed.

People are tending to move into residential care at a later age and when their needs are more complex, for example, due to dementia. The population assessment

estimated a 64% increase between 2017 and 2035 in the number of people living with dementia in North Wales, around 7,000 more people. Although previous increases have not been as high as expected because the proportion of people developing dementia reduced, perhaps due to improvements in health and more years spent in education (Matthews *et al.*, 2016). It is still likely that the trend for needing increasingly specialist nursing and residential home support for older people's mental health (EMI) will continue.

Market overview

There are around 220 residential care homes and 60 nursing homes in North Wales, which provide around 4,100 residential care placements and 2,500 nursing placements.

Table 2: Current number of **adult care homes** (age 18 and over) by type and area

Local council (a, b, c)	Residential	Residential with mental health	Nursing	Nursing with mental health	Total (d)
Anglesey	12	7	3	2	24
Gwynedd	14	9	7	3	33
Conwy	43	12	13	5	73
Denbighshire	46	13	5	5	69
Flintshire	22	12	7	2	35
Wrexham	16	10	9	2	37
North Wales	153	63	44	19	271

Source: Local authority data collection.
(a) In Anglesey most homes have some mental health beds so these have not been separated out.
(b) Denbighshire has 26 specialist residential homes for people with learning disabilities.
(c) Flintshire has 8 specialist homes for people with learning disabilities included in the residential category.
(d) Flintshire has a number of homes with duel registration. Total numbers do not sum.

Table 3: Current number of permanent care home placements available to all **adults aged 18 and over**

Local council (a, b, c)	Residential	Residential with mental health	Nursing	Nursing with mental health	Total
Anglesey	341	98	115	64	618
Gwynedd	351	199	353	175	1,078
Conwy	671	226	441	144	1,482
Denbighshire	802	0	321	0	1,123
Flintshire	416	261	179	44	900
Wrexham	223	490	526	108	1,347
North Wales	2,804	1,274	1,935	535	6,548

Source: Local authority data collection.
Notes:
(a) The categories of care have become more fluid since the introduction of the
(b) Regulation and Inspection of Social Care (Wales) Act 2016 so these categories
(c) are only illustrative of the split between types of care.
(d) In Anglesey and Denbighshire most homes have some mental health beds so these have not been separated out.
(e) Flintshire have 50 specialist placements for people with Learning Disabilities, included in the residential category

Care home fees

The need for sustainable and sufficient care home fees was highlighted in the consultation for the Market Stability Report. Fee levels are based on North Wales methodology with each council taking into account local decisions and affordability considerations. There are ongoing discussions around how the sector is funded, recognising the fragility of the sector, including the rebalancing care work and strategic National Framework for care and support being undertaken by Welsh Government (Welsh Government, 2021c).

Care home vacancies

During the pandemic many care homes have carried higher levels of vacancies than previously. Average vacancy levels would normally be around 10%, which is thought to be sustainable for the sector (Laing, 2020). For some this was due to staff absences or staff vacancies due to recruitment issues, while others have needed to use additional rooms for storage of personal protective equipment (PPE) or for

additional living areas in order to reduce the size of groups of residents sharing facilities. From time to time there have been restrictions on admissions because of Covid-19 outbreaks too.

Care home vacancies were also increasing in Conwy before the pandemic due to the introduction of reablement teams who worked to keep older people in their homes for longer. This work has been less effective during the pandemic as there have been fewer domiciliary care workers out in the community.

Table 4: Percentage of vacant care home placements, 31 March 2021

Local council	Occupied	Unoccupied	Total placements	Percentage unoccupied
Anglesey	548	65	613	11%
Gwynedd	933	122	1,055	12%
Conwy	1,337	115	1452	8%
Denbighshire	1,161	249	1,410	18%
Flintshire	748	152	900	17%
Wrexham	1,059	288	1,347	21%
North Wales	5786	991	6777	15%

Source: Local authority data collection.

Self-funded care home placements

The total number of people who fund their own care home placements across North Wales is not available due to differing council policy. Flintshire had 194 people self-funding placements in care homes as at 1 February 2022.

Estimates from the Office for National Statistics (2021) found that were around 36.7% self-funded care home residents between 2019 and 2020.

Isle of Anglesey market overview

Anglesey has identified the following needs:

- Increased dementia care is required.
- Social isolation may be a particular risk for older people on Anglesey, due to rurality, lack of transport, and the distance many are living from their families.
- There is need for additional specialist services on Anglesey.

- There are not enough older people's mental health (EMI) residential and nursing beds on Anglesey.
- There is reduced demand for general residential beds.
- For older people with a learning disability who also have physical health and dementia needs, there is a lack of specialist residential and nursing placements.

Gwynedd market overview

Gwynedd has identified the following areas where there is a struggle to meet demand:

- Lack of specialist residential and nursing placements for older people with a learning disability who also have physical health and dementia needs.
- Lack of support workers in the community, and residential especially Tan y Marian and within day provision. This makes it difficult to start a service for new individuals and many individuals receive fewer support days / hours in the community.
- It is difficult to maintain and develop a service tailored to the person who needs workers who have received training in 'Personal Behaviour Support (PBS)' and Active Support.
- Demand for dementia specialist care (residential and nursing). There is currently no dementia nursing care in the Meirionnydd / Llyn area.
- There is no specialist mental health provision including for autism and severe mental illness, in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking.
- We have seen an increase in the demand for temporary residential care as a result of a shortage of domiciliary care.
- We are unable to fill empty beds in some of the Council's homes due to the high dependency level of residents.
- Inappropriate discharges from hospital without sufficient time for recovery can result in increased dependency.
- Sickness absence and recruitment are a problem.

Future plans

There are plans to increase residential older people's mental health (EMI) provision by adapting units in the council's residential homes.

There are currently 33 providers of older people's residential and nursing homes in Gwynedd. Gwynedd Council provides 11 residential homes for older people directly.

Table 5: Gwynedd older people's care home placements

	Total registered placements	Number of dementia placements
Plas Maesincla	23	23
Plas Ogwen	27	-
Plas Pengwaith	31	-
Plas Hedd	28	7
Plas Hafan	30	8
Plas y Don	30	-
Plas Gwilym	27	-
Hafod Mawddach	25	8
Bryn Blodau	41	17
Cefn Rodyn	22	-
Llys Cadfan	33	15

Source: Local authority data

The following provides an update on our efforts to expand the provision of care for people with dementia:

- Plas Hedd. One respite bed unable to open due to construction. New development underway. Plan to change a further 8 bed unit to support people living with dementia.
- Plas Hafan. Used to full potential.
- Bryn Blodau. 9 beds for people living with dementia, due to staffing situation, unable to support individuals living with dementia, but offering a different service.
- Hafod Mawddach. New development will increase registered places to 30 with 8 beds for people living with dementia. Due for completion in September 2022.
- Cefn Rodyn. 5 beds on the first floor unused due to fire safety issues and wait for new lift. New developments completed in 2021. One room has been developed for bariatric use, the others for people with more intensive residential needs.
- Llys Cadfan. Used to full capacity. 1 respite bed for people living with dementia and 1 residential respite bed.

Over the last 5 years the Council has increased the number of older people's mental health (EMI) residential beds in their in-house homes. There were originally 38 beds between Plas Maesincla and the Bryn Blodau and Llys Cadfan units. There are now units at Plas Hafan, Plas Hedd, an additional unit at Llys Cadfan and Bryn Blodau. Further work is underway to create a second unit at Plas Hedd and a new unit at Hafod Mawddach with the hope of opening later this year. While this is significant progress, more needs to be done to change the balance of older people's mental health (EMI) placements in the county and meet needs. There are significant revenue costs associated with each unit changed from residential to older people's mental health (EMI) placements.

The following gaps have been identified:

- Dementia Specialist Care (residential and nursing) in the Meirionnydd area - there is currently no dementia nursing care there.
- Residential / nursing care for young people with physical and sensory needs.

For the future the Council hopes that residential older people's mental health (EMI) provision will be created at Plas Gwilym and Plas Pengwaith. Gwynedd Council is working in partnership with Betsi Cadwaladr University Health Board, Clwyd Alyn Housing Association and the Welsh Government to develop the Penrhos site, Pwllheli. It is intended to submit a business case to Gwynedd Council's Cabinet for the development of an on-site care home. The number of individuals with dementia is increasing, and we regularly review need and try to adapt council homes to be flexible and suitable to meet future need.

Conwy market overview

Most placements in Conwy are commissioned from private care home providers who provide 98% of the bed spaces in the county. Provision across the coast is reasonable, but there is a shortage of spaces to the south / rural parts of the county and concerns about the provision available in the Welsh language. The county is well serviced with residential and nursing places, but has a shortage of specialist mental health provision for both residential and nursing needs, in particular for those who need very specialist care. The majority of buildings utilised as Care Homes are older and often converted residential dwellings. On the whole they are well maintained by the providers, but repairs and maintenance can be costly. The physical layout of many such homes made it very difficult for the providers to

manage Covid outbreaks during the pandemic, while at the same time, the purpose built homes found that they were better equipped to manage such outbreaks.

Denbighshire market overview

Over 90% of care home placements are commissioned from external providers. There are two in-house care homes. The council closed one of the three residential homes that it had in 2019. The site, in Ruthin, is now being developed to provide more extra care apartments.

There has been a slight reduction in the overall capacity of the care home sector in Denbighshire in recent years. There is reduced demand for residential care without additional support for mental health or complex physical needs.

The majority of care homes in Denbighshire are older buildings that have been adapted. There have been a few occasions where it has not been possible to accommodate people with bariatric needs because of the structure of the buildings – size of doorways or layout of corridors. Also, few care homes have space for ceiling hoists for moving and handling or larger beds. The requirement for more staff input is also a barrier.

There are very few vacancies at the moment.

There are currently around 18 adults placed in care homes because there is insufficient support available to allow them to return to their own homes.

As of May 2021 there are 32 out of county residential older people's mental health (EMI) placements and 29 nursing placements. There are 33 out of county placements in Denbighshire for older people with mental health needs, mainly due to a lack of suitable local placements

Denbighshire has 282 places for specialist learning disability care home provision. They have identified the following trends.

- **Demography**. The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue.
- **Attitudes and expectations**. Most individuals and their families want / expect to have a greater level of independence and to be a key part of their community.

- **Finance.** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions).
- **Existing provision**. Support is generally provided via immediate family members and / or long term paid care staff. Less use is made of informal community based assets.

Flintshire market overview

There has been an overall increase in residential provision in the last few years due to the reopening of three homes and the expansion of Marleyfield house in Buckley. One large home has changed from providing nursing to residential care which has simultaneously increased residential care capacity and decreased nursing home capacity. A general nursing home in Holywell closed in 2019 and another in March 2022 which decreased general nursing placements by 75. One care home is currently undergoing renovation work which has temporarily reduced market capacity.

Marleyfield, Croes Atti, and Llys Gwenffrwd are purpose built care homes, owned by the Council, situated in the towns of Buckley, Flint and Holywell. The buildings require little refurbishment or renovation. Llys Gwenffrwd differs in that provision is provided over three floors, which requires a change in staffing levels to creatively support people with dementia on the top floor.

There has been a historical shortage of placements which has led to placements out of county.

In addition, the complexity of need coupled with the lack of placements locally leads to in delayed transfer of care from hospital. This was evident during the pandemic, where at one point, due to active cases in nursing homes, there were no available nursing placements in Flintshire in to which to discharge people from hospital.

Within the Learning Disabilities and Physical Disabilities sector, due to the small choice of local providers and the specialist nature of support, some of these residential placements may need to be made out of county and this can incur higher costs. This has an impact on individuals and maintaining links with family and friends.

Future plans

New homes accessible to all:

- Marleyfield and Croes Atti have separate units for those with dementia related needs.

Supporting people to live at home for longer:

- Llys Gwenffrwd houses rehabilitation placements and all three homes provide a number of respite, step up / step down and assessments placements rather than permanent residential.
- Marleyfield and Croes Atti have adjoining day-care provision which would be affected with some of the options presented.
- Replace Croes Atti with a new care home on the former Flint Hospital site. The new care home will have an additional 25 beds, 12 of which will be accessible to the Health Board ear marked to provide a new model of step down care to support the discharge to assess and recover programme developed within the Health Board.

Provision for people with complex disabilities

Isle of Anglesey County Council have highlighted the need for specialised physical and sensory beds available locally.

Gwynedd Council have identified a struggle to meet demand for residential and nursing care for young people with physical and sensory needs.

Denbighshire County Council identified a lack of capacity for residential accommodation for people with complex disabilities (physical and learning disabilities), which means many people go out of county, away from family and friends. Currently there are 13 placements out of county which can incur higher costs. This also impacts on families visiting and linking to the individual.

In Denbighshire as individuals with complex needs have moved on from health settings to be supported in the community, ongoing work is required to further embed

Positive Behavioural Support (PBS) methodology within the delivery of support. This will ensure the skills and knowledge is available and maintained within the social care workforce.

Extra care, supported living and sheltered housing

Extra care housing includes specially designed self-contained properties for older adults with care and support available at a sufficient level to allow people to remain at home despite frailty, periods of ill-health or disabilities and often without the need to move to residential care.

In supported living or community living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency

Sheltered housing also includes self-contained properties for older adults and usually includes help from a scheme manager (warden) or support staff.

Anglesey extra care, supported living and sheltered housing

There are two extra care developments in Anglesey, Hafan Cefni and Penucheldre, currently providing a total of 118 extra care units, all of which are currently occupied. In March 2022, the Council committed to progress a new scheme in the Aethwy area and this will provide 40 units along with 15 specialist residential care rooms.

Analysis conducted by the Isle of Anglesey County Council suggests extra care provision is on target to meet demand up to 2025 with an additional 127 units needed by 2035 to meet projected demand. There are currently 12 people on the waiting list for extra care housing.

Evidence from local consultation supports a move toward the provision of extra care and supported housing provision and away from traditional residential care homes.

There are 71 units of supported accommodation and all are currently occupied. These are provided by 7 care providers in addition to an in house service. Demand currently outweighs capacity in regards to Extra Care and Supported Accommodation

Gwynedd extra care, supported living and sheltered housing

There are three extra care housing schemes in Gwynedd providing a mix of 1 and 2 bed self-contained apartments:

- Cae Garnedd, Bangor: 42 units all occupied and 37 applicants on the waiting list.
- Awel y Coleg, Bala: 30 units, 1 unoccupied and 3 applicants on the waiting list.
- Hafod y Gest, Porthmadog: 40 units, all occupied and 21 on the waiting list.

Extra care units are also part of the conversation regarding the development of Canolfan Lleu - the health and care hub in Penygroes with Grŵp Cynefin and the development of the Penyberth site in Penrhos, Pwllheli with Clwyd Alyn. Demand currently exceeds supply and there are plans to develop more.

There are 412 units of sheltered accommodation in Gwynedd, with only 30 units having a full time warden. They are all populated and in general demand exceeds the supply in Gwynedd especially for older people who either don't need or don't qualify for warden support services, which is the main criteria for sheltered housing.

There are 78 supported living settings; 39 third sector (50%), 32 private sector (40%) and 7 in-house (10%).

Historically it is difficult to get staff in rural areas, for example, South Gwynedd and supported housing providers have had difficulty with this. Supported accommodation is a priority for the learning disability field with 75 individuals identified as needing accommodation. A high percentage of these individuals will need a supported housing model so we anticipate a need for market flexibility.

Most providers experience the same type of challenges when it comes to recruiting and retaining staff teams. However, over the last few months we have successfully introduced a number of individuals into new supported housing placements and providers are reporting that they are in a position to submit tender bids for new projects. Some external providers are progressing to develop new accommodation and support opportunities in South Gwynedd. Prior to the pandemic, providers were committed to looking at service delivery differently, such as groups sharing support, but the restrictions have had an impact on this development

Providers working within active support models and 'Personal Behaviour Support (PBS)' have been negatively impacted by the pandemic due to staffing constraints / shortages, so it is essential that we urgently address this with our providers to secure

training and mentoring to promote this way of working and ensure an outcomes based and preventative approach.

Providers generally work closely with the multidisciplinary teams to respond to demand if there is a change in needs, to respond to a crisis and so on. We have seen examples of collaboration and prioritisation with providers committing to work flexibly to ensure that individuals receive a care and support service that meets their needs.

Usually need within the service is met by tailor made packages for individuals and small-scale provision, which is not necessarily attractive or sustainable for prospective providers. Recruitment is difficult and dependent on the local population as people are unlikely to move into the region for the work because of the low rates of pay and language requirements. We are aware that some of the current providers are not on the framework so reopening the tender process for potential new providers could be advantageous. We foresee an increase in need for supported housing within the coming years in Gwynedd. We need to consider the possibility of using a 'keyring approach' (KeyRing, 2022) and look at commissioning or providing the support needed within cluster areas. Consideration has been made in the past but further considerations are needed in consultation with individuals/families/providers.

Each provider is different with some having more support needs than others. The pressure on them from time to time means that they may not be in a strong position to respond to tender opportunities or to tender for the Supported Housing Agreement. Providers who support individuals with severe and complex needs regularly contact the Council to report that the level of inflationary increase offered by is not sufficient.

Providers are generally stable and able to maintain the required levels of service to supported housing provision. It is difficult to say if they are in a position to meet the demand and the increase in need as each provider's situation is different. Providing extra hours through support services has been difficult and challenging with not enough experienced staff available. This has put pressure on carers and we have had to work together as a 'wrap around' with a number of providers to meet needs.

Need close collaboration between social workers, individuals and families to ensure all options are explored. Work is ongoing through an accommodation project to identify individual needs and plan ahead to look at the most appropriate model of

support / retention within their communities and as close as possible to their family. Some individuals are receiving support from more than one provider or a combination of direct payments and commissioned provision.

Commissioner to provider relationship

- Relationships are generally good.
- Contact arrangements strengthened over the pandemic.
- Providers attend a two-monthly HR Transformation Group where they can feed into the agenda.
- Regular liaison between the providers / HR Team at different levels to air any issues that arise so that they receive timely attention.
- Providers are integral to planning future services
- Most providers now link in with our Well-being Service- virtual and face-to-face groups.
- Over the last 18 months the structure of the Learning Disabilities Service has changed - there is more emphasis on the areas - strengthening provision by having a lead for South Gwynedd and Arfon. This has strengthened commissioner / provider links.

Provider to provider relationships

Overall the relationship appears to be good although there has probably been less joint planning over the last two years due to the restrictions. We have seen examples where providers have stepped into a crisis situation to support another provider by offering staff to fill gaps. For example, in one case where an individual's situation broke down and needed 24-hour support, up to 4 providers came together to form a rota to support them in temporary accommodation. In another case where a providers had difficulties maintaining a rota when introducing an individual to a new home, another provider stepped in and agreed to work together on a temporary basis to enable needs to be met. We provided support and guidance in relation to the agreement.

Conwy extra care, supported living and sheltered housing

There are four extra care housing schemes in Conwy county, providing a total of 185 flats. Hafan Gwydir in Llanrwst, Hafod y Parc in Abergele, Llys y Coed in Llanfairfechan and Tan y Fron in Llandudno. In April 2022, there were 62 people on the waiting list of which 10 were from out of county (two from Denbighshire and eight from elsewhere in the UK but with family links to the area).

There are 46 supported living projects run by various private companies, housing associations and the council.

The majority of supported living projects only cater for several people within each project so even though there are 46 projects there are only spaces for 136 people. Which is not a high proportion especially when the population of Conwy is taken into account. There are around only 8 vacancies at present and a high demand for vacant spaces. There are no supported living projects in the south of the county.

Supported living premises are in very short supply and the council struggles to find enough accommodation for clients.

Denbighshire extra care, supported living and sheltered housing

There are three extra care housing schemes in Denbighshire and one soon to open in Denbigh. A recently closed care home in Ruthin will be used as space to expand an extra care housing scheme run by a housing association. There were occasional vacancies due to the pandemic but otherwise it is very rare to have a vacancy in an extra care housing scheme. Although the number of extra care housing flats will be increasing significantly over the year it is expected that demand will continue to increase and exceed the amount of flats available.

Within Denbighshire most people with learning disabilities live in supported housing (community living).

Most new care home placements are viewed as a temporary measure until a suitable tenancy becomes available within a Community Living setting. However, there is still a relatively high number of older people with learning disabilities living in care homes. This is historical and partly a consequence of the closure of the North Wales Hospital. Moving these individuals is not considered feasible or in their best interests.

In Community Living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency via block contract with Denbighshire. Within Denbighshire the support service is not provided by (or linked to) the landlord. Support services for all new Community Living schemes are commissioned via an agreed tendering process.

As of September 2021, there are a total of 57 Community Living properties in Denbighshire, delivered between 11 providers. Only 2 of these properties are operated by the Council. There is also a combination of national providers, smaller

local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

125 people are currently supported (capacity is 136 people), most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for Supported Living.

There are providers who are able to offer a range of support from low level to more complex needs and 24-hour support.

Recruitment of staff has been problematic for providers during the pandemic and has impacted the number of places offered periodically.

Many existing Community Living contracts have been extended past their original term and there is now considerable pressure for the whole of the scheme to be re-tendered, in line with regulations. Both the providers and the council staff feel this presents a considerable risk to individuals, providers and their staff at the current time. At worst, re-tendering could see many providers losing business, and large numbers of staff leaving the sector at a time where it is almost impossible to recruit. Any uncertainty could have the potential for many staff to leave, even if TUPE applies. This uncertainty could have a devastating effect on the local social care provider market and the citizens they support. Some providers may just hand their contracts back and not wish to bid for more. Especially with such a large number of contracts, ultimately this could all significantly further destabilize the social care provider market in Denbighshire.

Flintshire extra care, supported living and sheltered housing

Extra Care continues to be an extremely popular housing choice for older people in Flintshire, which offers them the opportunity to live independently whilst having the support of an on-site care and support team, if and when needed. This in turn, releases capacity and time in community based domiciliary care.

The benefits of living in an Extra Care facility include:

- Staying independent for longer with on-site support, in your own living space.
- Support can be increased and decreased based on needs.
- Emergency support available, including at night.
- Enables couples where one partner is highly dependent to remain living together.

- Opportunities to socialise with other residents in a community setting.

The Council currently has four Extra Care facilities, Llys Eleanor (Deeside), Llys Jasmine (Mold), Llys Raddington (Flint) and the newly occupied Plas yr Ywen (Holywell), with a total of 238 extra care units.

As of August 2021, there are a total of 60 Supported Living properties in Flintshire, delivered between 10 providers. 16 of these properties are operated by the Council. There is also a combination of national providers, smaller local providers and both local and national providers with a charitable status. Contracts are tendered through the regional framework or commissioned through direct payments.

139 people are supported, most with over 20 hours of support per week, either shared or 1:1. Most individuals have a tenancy agreement as is usually the case for 'Supported Living'.

There are providers who are able to support from a low level to more complex needs on the Framework.

When recommissioning existing services, there is a possibility of a transfer of staff (TUPE) to the new company. For new services, the provider has to recruit which can impact on the timescales and attract staff from existing providers who then have to back fill.

Wrexham extra care, supported living and sheltered housing

There are two extra care housing schemes in Wrexham with a total of 116 units. Plas Telford has 56 units and had 5 vacancies at the end of March 2022. Maes Y Dderwen has 60 units and had 10 vacancies at the end of March 2022.

Demand for those with eligible needs is low, work is currently underway to relaunch scheme to attract more applications. Wrexham County Borough Council are currently evaluating their model of extra care housing to inform further service development to ensure its sustainability in meeting changing and increasing needs. Demand is hard to estimate due to current model seemingly not being able to respond to medium and high needs. Population statistics and evidence of older people’s aspirations suggest there should be increasing demand for extra care housing. The priority in the short to medium term is to ensure a sustainable model of extra care housing which provides value for money and quality services which offer real alternative to residential care.

In addition to Wrexham's extra care housing schemes, there is a rolling programme of remodelling being delivered by WCBC Housing Department to deliver improved and increasingly accessible accommodation for older people across the in-house Sheltered Housing Service.

At the time of reporting, 126 people with a range of low-level and complex support needs were supported in the independent sector by 9 supported living providers – a mix of charitable and private organisations. There are 19 people with learning disabilities supported in their own homes by the council's internal supported living service across 10 properties. The majority of the services are 24/7 although some are for day-time support only, where staff are available to support people to become more independent.

Referrals are made predominately from the Disability Service working with people with learning disabilities although there are a number of people living with mental health support needs who are supported by the council's own Recovery Service - 10 people are supported in tenanted properties funded by social care.

It is recognised that re-tendering contracts can be disruptive for the lives of the citizens supported within this model so long-term contracts of 7+3 years are used, with regular quality and wellbeing reviews during the term of the contract. The North Wales Supported Living Framework is now in place and has been used for commissioning new contracts. Recruitment and retention proves to be challenging for providers, particularly for staff who are able to drive and use a supported person's mobility vehicle.

Market stability

Regional challenges

There are some common challenges across North Wales and Wales as a whole affecting the stability of the sector listed below:

- Retention and recruitment of care and nursing staff.
- Care home fees need to be set at a sustainable rate. Increasing numbers of providers are reporting that current financial challenges and are working with commissioners to address these issues.
- Increasing demand for services with decreasing budgets.

- Increasing complexity of care needs. People are staying at home longer with a support package so when they do need a care home placement their needs are more complex and involved.

Positives identified during consultation for the market stability report were the Welsh Government funding, which has helped with voids in the residential sector along with work to promote the sector and funding to try to achieve a real living wage.

Isle of Anglesey market stability

Home closure

At the end of the last financial year in March 2022, Caledonia Residential Home (15 beds) closed.

Demand for places

The demand for care home places dropped in the early stages of the pandemic during 2020, but saw an increase in 2021-22 as the early effects of Covid started to pass and as a result of shortfalls in the domiciliary care sector. A significant increase was seen in the number of people presenting and needing an assessment, but the mostly private domiciliary care sector was at the same time losing staff and having to hand back existing care packages.

Recruitment

The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Many care homes have reported vacancies which they report has impacted on their ability to take on new placements. The staff shortfall has been made worse by staff who are unable to work because they have Covid. This has meant a significant reliance on staffing agencies. We have also noted a number of changes across the sector in management staff.

Inflation

Since the beginning of 2022, the rate of inflation has increased at a faster rate and higher than the rate of increase for fees that are paid to care home providers. Utilities, fuel and insurance costs have also increased dramatically. This is proving very challenging for many providers, who, after managing through the pandemic, are finding it difficult to absorb these costs at a time when government financial support for COVID-19 has stopped.

Gwynedd market stability

Older people's care homes

With the increase in demand there are concerns that the market cannot respond sufficiently and quickly enough to demand given the current staffing crisis.

There has been an increase in the number of providers reporting that older people's residential and nursing fees are inadequate. Providers are frustrated when they report cost increases and are not offered higher payments. There is an increase in top-up charges for residential and nursing care. There's also a slowdown in the number of the workforce registering.

The threshold for self-funding has been increasing and is currently at £50,000 which means that less people are self-funding. Self-funders have a right to have their care commissioned through the council which has implications on the ability of care homes to ask for higher fees from self-funders.

Physical disability, mental health and learning disability

Each provider is different with some having more support needs than others. The pressure on them from time to time means that they cannot be in a strong position, for example, to respond to tender opportunities, or to tender for the Supported Housing Agreement. Providers who support individuals with severe and complex needs regularly contact the council to report that the level of inflation offered by the council is insufficient.

Impact of Covid-19

Some nursing providers have made the most of the financial support available, such as voids, general sustainability support, support for staff and visitor testing. It is noted that the largest providers were bidding for support, with smaller providers tending to inquire later and finding it difficult to keep up with the guidelines and guidelines support available. There is concern over the impact that the end of the financial support will have.

Flexibility of the market

There is potential for adaptation within Council care homes. Potential to adapt roles / tasks within domiciliary care plan but need support from provider to implement. Staffing is a major issue at present for domiciliary care providers and care homes.

Causes of potential business failure and contingency planning

Concerns are identified either through information shared by Care Inspectorate Wales (CIW) or as part of the Quality Assurance Team weekly contact. The team provide early intervention and support if any issues surrounding the viability of businesses arises. Recent financial support (COVID-19 Funds), such as support for additional empty beds due to the pandemic were met by the Hardship Fund and general market sustainability support were offered through a remedial fund through the government's recovery fund. There were no such funds available directly from the council before the pandemic except as a last resort or emergency measures and the current COVID-19 financial aid comes to end at the end of March 2022.

Gwynedd Council are currently looking to start an Open Book Accounting approach with care homes in order to better understand each other's financial obligations/limitations in order to establish whether there are areas we can offer support be that financially or by offering support to the care homes in streamlining their procedures

Care home closures

Gwynedd have had 4 homes close in the last few years. Two residential homes (Llwyn in May 2018 and Foelas in April 2022) and two nursing homes (Penisarwaun in July 2018 and Penrhos in December 2020). It is increasingly difficult for small independent care homes to be financially viable and this may contribute to further closures in the future.

Conwy market stability

Home closure

In the last year two homes have closed in the county. One was a smaller provider and the building maintenance costs of the older converted building exceeded the potential income from residents. The owners tested the market for sale but there were no offers. Conversion to nursing or older people's mental health (EMI) care was considered but the home was not sufficient size or layout to give the required return on investment and the home was closed. The second home that closed was larger and successful. There were no issues with vacant beds or quality of service, but having made enquiries for a lengthy period of time there were no buyers for the business when the owner was ready to retire, so the service closed. In both cases the residents of these homes were successfully re-located to other homes in the county.

Demand for places

Demand for care home places dropped in the early stages of the pandemic during 2020, but saw a significant increase in 2021-22 as the early effects of COVID-19 started to pass and as a result of shortfalls in the domiciliary care sector. We saw a significant increase in the number of people presenting and needing an assessment, but the mostly private domiciliary care sector was at the same time losing staff and having to hand back existing care packages. Most of the increase was on the coast in Colwyn Bay, Llandudno and the surrounding areas for residential and nursing placements. There is not yet data available on the demand for older people's mental health (EMI) care which we feel has also increased.

The number of out of county placements has slowly reduced.

Recruitment

The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Almost all care homes have reported vacancies for health care assistants, senior health care assistants, nurses and domestic staff which they report has impacted on their ability to take on new placements. The staff shortfall has been exacerbated by staff who are unable to work because they have COVID-19. This has meant a significant reliance on staffing agencies who in some cases have been providing 20% to 50% of the staffing for some providers. We have also noted a number of changes across the sector in management staff. Consultation with providers has identified several possible reasons for the recruitment challenge:

- Exiting the EU has had some impact on health and social care, but has had a significant impact on other sectors such retail and hospitality which are very large in Conwy county.
- Competition from retail and hospitality. Care homes report staff leaving to join these two sectors who have increased pay and conditions to attract new staff. The work is often seen as less stressful with more reasonable hours.
- Early retirement. Many providers report staff members taking early retirement during the pandemic.
- Competition from better paid jobs with the health board, local authority and recruitment agencies.

Inflation

Since the beginning of 2022, the rate of inflation has increased faster and higher than the fees that are paid to care home providers. Utilities, fuel and insurance costs

have increased two and sometime three fold compared to previous years. Having managed through the pandemic, many providers are not able to absorb these costs at a time when government financial support for COVID-19 has stopped.

Denbighshire market stability

There has been increased focus on supporting people to remain independent in their own homes for longer. Most people say that they do not want to live in a residential care home if there is an option to remain independent. Denbighshire use “What Matters” conversations with people to enable us to agree the appropriate outcomes of their care and support. We use the resource wheel to ensure we include support that people have from family, friends and communities when discussing how to work towards the agreed outcomes.

There is a diverse provider base in Denbighshire. However, there are limited older people’s mental health (EMI) residential and nursing placements available.

The market is diverse with homes of varying size, in-house and independent. However, the majority are small, independent care homes in older buildings that are not purpose built.

The Contracts and Commissioning Team work closely with providers and offer support that is required.

There has been a lack of trained nursing staff available in the south of the county, meaning Llangollen Fechan faced prohibitive agency fees and therefore decided to cease dual registration for both residential and nursing care, concentrating only on residential beds. This means fewer nursing beds in the south.

A small provider, Chesterton found it was not financially viable so a managed closure took place with weekly meetings between council staff and home managers. All residents were relocated in a safe and acceptable manner.

The pandemic has highlighted the problems of economic viability of small, independent care homes. Difficulty recruiting and retaining staff, lack of flexibility in layouts and facilities have all indicated that there may in future be a move to larger, more modern or purpose-built buildings where economies of scale give greater resilience.

Gaps in service / support:

- Welsh speaking support staff (mainly in the north of the county)
- Social enterprises and independent providers who are based in the south of the county
- Short term, progression focused interventions with agreed outcomes
- Alternatives to traditional services (including respite and day activities)

The learning disability register and housing needs data show that numbers are not changing significantly but the complexity of need is increasing.

In the provider survey for this report, Denbighshire providers reported an average required occupancy of 85% for sustainability. Current average occupancy is 78%. At the time of the survey there was a vacancy rate of 25% in Denbighshire, this was higher than the regional average of 20%.

Denbighshire County Council recognises the value of nurturing and supporting good quality providers - for example, during Covid-19 steps were taken to proactively avoid provider failure. At the same time budgetary pressures mean that commissioners cannot always respond to fee requests in the way that providers would like them to. Generally, we have a good relationship with most providers. This can be more difficult to maintain when we need to raise concerns with a provider (e.g. regarding quality or safeguarding) and when negotiating fee increases or de-commissioning a service. During the pandemic we tried to ensure that providers (for example external day services) could survive financially and we also worked closely with providers on helping to keep people safe and well.

Provider to provider relationships improved during the pandemic and there were good examples of peer support and camaraderie between providers. One long standing good example is a local care home who led on the Person Centred Planning (PCP) community of support, with other mainly domiciliary care providers attending - each sharing good practice regarding person centred approaches, and with guest speakers talking about new initiatives in Denbighshire. Relationships in this meeting are supportive

Other challenges identified are:

- Recruitment and retention.
- High sickness absence.

- Ensuring sufficiency of placements in the local area, are able to meet the individual's level of need, while still supporting choice and control and preventing admission to acute and community hospitals.
- Lack of suitable overnight respite accommodation that can be pre-booked - unpaid carers have difficulty trying to find residential/nursing homes willing to accept people on a one off or occasional basis, particularly if they have higher needs / exhibit challenging behaviour. This may be due to funding, staffing or something else. There is a respite flat in Corwen but this is not well used mostly due to lack of availability of care packages. Staff at a nearby home don't have capacity to cover although not far away. Respite accommodation for people with complex disabilities is very limited - Alexandra House only. Ongoing negotiations with Alexandra House and Conwy CBC.

Flintshire market stability

Flintshire has a diverse provider base with no reliance on one provider but limited nursing and nursing older people's mental health (EMI) placements. The market is diverse with homes of varying size, in-house and independent, family run or as part of a larger organisation. The council is moving ahead with increasing capacity in in-house residential provision. The Contract and Commissioning Team work closely with providers on both entry and exit to ensure the process runs smoothly, offering any support that is required. Although the market is robust and each provider has contingency plans in place to deal with the majority of issues, the COVID-19 pandemic presented exceptional circumstances and providers did not have this included in their plans. These have since been updated.

Business diagnostic reviews conducted with 18 homes in 2017 identified the following issues related to stability:

- Group owned care homes had back of house support and central administration which seemed to reduce time pressures and workload compared to smaller independent homes.
- There was no discrimination identified between private and local authority funded patients but providers were requesting top up fees from local authorities due to financial pressures.
- Recruitment and retention: affected by the size of the home and the way it's managed, it helps to be on a main bus route, some concerns about image of the sectors, wages and competing with the NHS for staff.

- Sickness and absence rates are high and policies in place. The most common cause of absence is sickness and diarrhoea.
- Many homes are in older buildings with poor energy efficiency and difficult to alter. There was more space to expand and better outside space in rural homes, but these are also less convenient to access. Heating costs were a big concern and some homes suggested a joint procurement policy may help give them stronger buying power. Homes would appreciate advice on waste policy too.
- No clear view on minimum number of residents needed to make the home viable, but aware of whether they were losing money or not.
- Appreciation of a recent grant for asset purchase and recommendation for an asset library where expensive, occasional used equipment could be borrowed rather than purchased outright.
- Finances are challenging requiring top ups to local authority fees and a proportion of private patients to survive. The increase in the living wage, a general reduction in unemployment rates, increase in employment and the unknown impact of Brexit suggests that the pool of candidates will get smaller. Profit margins are tight and any increase in interest rates plus increases in other overheads such as business rates, fuel costs and food costs will have an impact on the long term sustainability of the sector.

Since the pandemic the market has become extremely unstable due to:

- Residential and nursing homes going into administration
- Residential and nursing homes being taken over leading to instability and significant changes in services
- Lack of staff due to retirement or leaving the business
- Low number of nursing placements and no providers with open placements to ensure stability of the placement
- Lack of funding to try to assist the providers during a difficult time
- Care Home closures, this could be due to a number of factors such as financial or lack of qualified staff
- Recruitment within Social Services sector is an ongoing concern, this is having an impact on the sustainability of provisions

Discussions with Responsible Individuals highlighted the following issues:

- Rapid changes in guidance
- Cost of living increases

- Hardship Fund tapering
- Recruitment and retention
- Good carers who are not IT savvy and not looking to upskill and undertake additional training for registration

Wrexham market stability

All Wrexham's care homes are outsourced and they are currently evaluating the medium to longer term viability of the private residential market and considering how they might deliver intermediate, short term care solutions in the medium to longer term as this market seemingly has some limitations to delivery in this context.

Fee setting methodology, budgets and lack of agreement regionally on the Pre Placement Agreement which sets the overarching terms and conditions is also hampering flexible, responsive residential care commissioning.

Barriers to entry into the market include suitable facilities and properties and the costs involved in development of a potential property. Plus, the already difficult recruitment market/staff shortages in established facilities. Ideas for ways the local council could support include; assistance to source suitable property, cash incentives, loans to assist with set up and possible recruitment assistance. The lack of flexibility in regional frameworks to reopen may also be a barrier. The council could work with Care Inspectorate Wales (CIW) and Social Care Wales to enable swifter registration processes and inflation beating budget uplifts.

All contracts are subject to regular monitoring under the terms and conditions and this should pick up any potential problems/issues at an early stage to enable preventative measures and/or emergency measures to be put in place to try and avoid a crisis. The main indicators would be; reported difficulties in recruitment, retention of staff - large numbers of leavers, always had difficulties in retaining staff in the industry as a whole, monetary losses, no reserve funds, possibly the accommodation not being suitable moving forward and no funds to make changes. Escalating concerns process including engagement with other commissioning councils.

Escalating concerns

Identifying escalating concerns within care homes is part of the council quality assurance process, with the process leading to improvements in service

performance and quality and a positive impact on staff. This information can change quickly but is included below as a snapshot.

- Anglesey: No providers currently under escalating concerns (May 2022).
- Gwynedd: One home under escalating concerns for business/financial reasons. As at 31 March 2021, there were three providers in the escalating concerns process, with one other about to be placed into escalating concerns. The reasons for implementing the escalating concerns process with those four homes can be summarised as leadership, management and oversight.
- Conwy: One provider under escalating concerns at the time of writing and one further provider during the pandemic. There is a good relationship between the providers and local authority on the whole with areas of concern identified early and resolved without the need for the formal procedures.
- Denbighshire: 2 providers currently in escalating concerns (May 2022) but has been up to around 6 at the height of the pandemic. During the pandemic Denbighshire County Council's policy was to use the escalating concerns process during an outbreak in any care home. This ensured that there was a structured approach to meetings and a multi-disciplinary team was involved.
- Flintshire: 5 care homes placed into escalating concerns between April 2015 and March 2021. Non-compliance/immediate action notice issued to 3 care homes between April 2019 and March 2020 (excludes 3 providers with new owners)
- Wrexham: Three care homes placed in escalating concerned during the reporting period to March 2021, with two of those homes having completed the process within the timescales. One home remained in the process supported by social care and health colleagues until April 2021.

Care home closures

Lessons learned from care home closures

What worked well

Experience of recent closures highlight the following:

- Good working relationship between Care Inspectorate Wales (CIW), the council and health board with colleagues from Continuing Health Care (CHC) and community nursing leads involved alongside social services senior staff, social workers and contracts and commissioning officers.
- Linking to advocacy.

- Provision of list of current vacancies in the sector.
- Health colleagues working with social care staff in Community Resource Teams building stronger relationships, shortening time to achieve outcomes and improving experience for residents.
- Social services senior staff, social workers and contracts and commissioning officers working more closely to improve dialogue and co-working across operational and business support teams.
- Person-centred, outcome focussed work across all teams.
- Regular communications with providers
- Importance of initiating discussions as soon as possible to facilitate joint planning and working.
- Allocated team of council staff to support people with their packing and accounting for their belongings, alongside providing a council presence in the home.

Challenges

- Could provider failure have been anticipated, risk assessed before notice given? Difficult to anticipate based on intelligence available. Perhaps a joint process could be developed based on experiences to guide future scenarios.
- Ensuring sufficiency of placements in the local area are able to meet the individual's level of need, while still supporting choice and control. Also, preventing admission to acute and community hospitals.
- Managing expectations and emotions of staff and residents during the process.
- Understanding equipment ownership – what belongs to the home, Health Board, Stores, Welsh Government such as personal protective equipment (PPE) and ensuring this is moved to a new setting alongside the resident.
- Working with third parties such as administrators. Differing opinions and expected outcomes, accuracy of information, understanding of Welsh policy.
- Maintaining safe level of staffing at the closing setting.
- Accessing staff files to support ease of employment to new employers.
- Complexities of a new provider taking over the home as a going concern. In particular, if there are restrictions on their registration.

Denbighshire supported providers to update contingency plans during the pandemic when new and exceptional difficulties were experienced. Denbighshire Council staff have worked alongside providers when staffing has been impossible to resource otherwise. Brought providers together to foster better relationships and share best

practice, for example, around infection control. Monitoring visits are not yet back on track since the pandemic but all homes with possible risks have been visited and interim measures included phone calls. Provider engagement meetings are now monthly but very poorly attended.

Flintshire has also found that moving away from systematic annual monitoring visits to a practice development approach has helped develop effective constructive and professional relationships with providers, which have been critical in enabling them to meet the challenges of the pandemic together.

Feedback from care home residents

All counties have systems in place to consult and engage with care home residents. A summary of feedback received is below:

- Positive feedback, particularly focussed on staff providing support. They were described as very caring, having time for people and supporting with all aspects of personal care and related needs. Managers and office staff were also mentioned in terms of being approachable and sorting out problems when they arrive. Everyone also said they felt safe in the buildings.
- Some issues were raised by individuals, not often but still important, including training and reminders to staff about issues such as knocking and waiting at doors, use of mobile phones and how their approach to tenants is important. For example, not rushing, treating them as an adult.

Feedback from providers

- Citizen's having rapid deterioration or life changing events such as a stroke then losing mental capacity with finances. Often no Lifetime Power of Attorney (LPA) in place. It would help to promote LPA more and this could reduce the council deputyship waiting list and workload.
- Transport is a huge issue for older people, particularly those living in rural areas and those with limited mobility. Bus services are very limited especially in rural areas and public transport is often not fully accessible or wheelchair friendly. Dial a ride is excellent but only operates in the North of the county and is not cheap. Taxis are expensive and not always available or accessible. One did need a mobile phone to book the new Flecsi bus – now amended.
- Welsh language capacity is problematic.

- Pressures around recruitment and retention with staff leaving sector following the stresses of COVID-19 and the ability of the sector to pay a competitive wage (compared to other sectors such as retail). Regulatory requirements. Lack of skills regarding bid writing and understanding the requirements of a tender process.

Impact of commissioning processes on the market

Each council has systems in place to support and liaise with providers, including regular meetings and discussions with providers and support with training and resources. Examples include Flintshire's 'Progress for Providers' Programme in Care Homes which is a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes.

Supported Living

North Wales commissioners from the six local councils and health board worked together to develop a Supported Living Framework which went live on 1 April 2020. Multiple service providers have already been admitted to the framework agreement following the requisite due diligence and quality checks. This enables commissioners to commission services adopting the framework agreement which can streamline processes while remaining in accordance with relevant legislation and the local authority Contract Procedure Rules.

Denbighshire County Council have 41 supported living contracts due to end 31 March 2023. These have been in place for many years and extended numerous times with a view to re-tendering. Discussions are currently underway regarding how best to re-tender. The concern is that re-tendering could have a destabilising effect on the local market exacerbating existing issues with retaining staff and risking providers handing existing contracts back rather than bid for more. Discussions are underway about what approach to take.

Welsh language

Around 24% of social care staff in North Wales can communicate effectively through the medium of Welsh (Social Care Wales, 2018b)(Social Care Wales, 2018). Across

North Wales 20% of registered care home managers are fluent Welsh speakers, which is highest in Gwynedd where 57% fluent Welsh speakers.

Engagement in Denbighshire identified receiving services in Welsh was a high priority in the Denbigh area and there is not enough care provided through the medium of Welsh in the south of the county. Many staff have some Welsh language skills but lack confidence so an internal project is looking at ways to improve this. An inspection of Cysgod y Gaer care home in Corwen in March 2022 identified that the service does provide an 'Active Offer' of the Welsh language and that it anticipates identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Social value and preventative services

The concept of social value includes the following.

- The value experienced by the users of a service, delivering 'what matters' and co-producing services with people who use them.
- The added social, environmental or economic value a contract can provide over and above the core requirements.
- The duty local councils have to promote social care and preventative services provided by social enterprises, co-operatives, co-operative arrangements, user led services, and the third sector (Welsh Government, 2014).

The Wales Cooperative Centre (2021) has produced a guide to raise awareness of potential social enterprise and co-operative models in the care home sector.

We want to promote 'social value models of delivery' that:

- Achieve well-being outcomes.
- Work co-productively – giving users a strong voice and real control.
- Have a preventative and dependency-reducing orientation.
- Incorporate collaboration, co-operation and partnership.
- Add value - social, economic and environmental.

As well as to promote activities that maintain or strengthen the well-being of unpaid carers and community capacity beyond the market – without which the market cannot be stable.

Each county supports a range of preventative services which can help people to remain in their homes and avoid the need for residential or nursing care. This includes regional projects funded through the Integrated Care Fund (ICF) including falls prevention projects and step up / step down care. 'Step up' is an intermediate care function to receive patients from home/community settings to prevent unnecessary acute hospital admissions or premature admissions to long term care. 'Step down' is an intermediate care function to receive patients from acute care for rehabilitation and to support timely discharge from hospital.

Projects include; community agents, navigator and social prescribing projects which link people up to support and activities available in their local community. They also include; befriending, advocacy and respite services.

The Micro Care and Community Catalysts projects provides support to micro providers to enter the care markets. Direct payments are used to help people access personal care and live as independently as possible.

There is more information about preventative services available in North Wales in the Population Needs Assessment.

Workforce

The table below shows the number of registered adult care home managers in North Wales at the 1 April 2020. Analysis of the data shows:

- In the last year 46 managers left the register and 31 joined, a turnover of 14%.
- The ratio of women to men is 6:1 and 230 are aged over 51.
- Around a third of registered managers have some Welsh language skills and 20% are fluent.

Table 6: Number of registered adult care home managers, 31 March 2020

Local council	Care home managers
Anglesey	30
Gwynedd	61
Conwy	67
Denbighshire	66
Flintshire	39
Wrexham	47
North Wales	310

Source: Social Care Wales, Registered adult care home managers

A regional survey carried out for the Market Stability Report identified that 1 in 5 care worker roles are vacant across the region, including senior care worker and care worker roles.

There are some concerns that since the introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 more homes are offering both residential care and older people's mental health (EMI) residential care without necessarily providing separate facilities for different residents and possibly without having suitable skill sets and arrangements in place.

There is an increase in training needs due to the lack of available training on offer during the pandemic, which include basic training such as inductions and manual handling.

There are some concerns that staff may have moved away from a reablement ethos due to pressures during the pandemic. For example, individuals becoming very deconditioned due to lack of activity and staff not promoting simple forms of independence, such as going to the toilet unaided.

Local authorities report that it is becoming more difficult to recruit care home managers. Alternative approaches such as the 'Grow Your Own' (The King's Fund, 2006) may have the potential to create the conditions for sustainable workforce development.

4. Domiciliary care services

Population overview

It is predicted that the number of people aged 65 and over who struggle with activities of daily living will increase by 25% increase by 2040

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 Census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area (Regional Partnership Board, 2022).

Moreover, around 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW, 2016). It is anticipated that 30% of people have enough capital to fund their own care in both domiciliary care and care homes (CSSIW, 2016).

Table 7: Predicted number of people aged 65 and over who struggle with activities of daily living

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number	Change percent
Anglesey	5,100	27%	6,550	29%	1,500	23%
Gwynedd	8,000	28%	10,050	29%	2,050	20%
Conwy	9,450	29%	13,050	30%	3,600	27%
Denbighshire	6,450	27%	8,800	29%	2,400	27%
Flintshire	9,150	27%	12,350	29%	3,250	26%
Wrexham	7,550	27%	10,000	29%	2,450	24%
North Wales	45,700	28%	60,900	29%	15,150	25%
Wales	185,300	28%	248,900	29%	63,600	26%

Numbers have been rounded so may not sum
Source: Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government

Market sufficiency

Market overview

The average number of hours of domiciliary care per week commissioned by each local authority and the health board is summarised in the table below.

Table 8: Average local authority/health board Commissioned domiciliary care hours per week

County	Older person	Learning disability	Older person mental health	Physical disability	Total
Anglesey	3644	390	-	582	4616
Gwynedd	-	-	-	-	11144
Conwy (a, b)	8024	5523	382	-	13930
Denbighshire	-	-	-	-	5150
Flintshire (c, d)	6,047	913	22	1,160	8142
Wrexham	5599	638	1196	955	8388
North Wales					44558

Source: Local authority data collection. Some figures are rounded so may not sum.
(a) Learning disability figure also includes physical disability
(b) Figure includes direct payments
(c) Learning disability floating support (not in supported living accommodation)
(d) Older person mental health - independent sector, but majority of support provided by in house mental health team

In terms of the balance of the market, on average more than 70% of the North Wales domiciliary care market is comprised of independent sector providers with the remainder a mixture Local Authority and Third Sector providers. However, this does vary according to local authority. For example, Gwynedd have 44% of domiciliary care being provided internally currently and 56% through the independent sector, whereas in Flintshire the local authority currently provides around 10% of the domiciliary care provision.

Table 9: Percentage market estimated share of domiciliary care sector by type

County	In House	Independent sector
Anglesey (a)	18.5	81.5
Gwynedd	44	56.0
Conwy	9.7	92.3
Denbighshire	10	90.0
Flintshire	10.5	89.5
Wrexham	3	97

Source: Local authority data collection
(a) Should be in-house/external provider (independent sector and third sector) split of 30/70%

Table 10: Number of providers working in each local authority area

County	Number of providers
Anglesey	1
Gwynedd	1
Conwy	3
Denbighshire	6
Flintshire	6
Wrexham	4
Regional (a)	52

Source: North Wales Domiciliary Care Framework
(a) Providers noted for each county are -ones who only provide services in that county. Regional providers are those that work in more than one county in North Wales.

Table 11: Average hourly rate of domiciliary care by population group (£)

County	Older person	Learning disability	Older person mental health	Physical disability
Anglesey	17.83	16.04	17.83	17.83
Gwynedd	19.13	19.13	19.13	19.13
Conwy (a)	20.60	20.60	20.60	20.60
Denbighshire (a)	19.53	19.53	19.53	19.53
Flintshire (b, c)	18.67	16.84	-	18.67
Wrexham	20.33	16.90	20.58	20.28

Source: local authority data collection
(a) Average rate across all population groups
(b) Supported living
(c) Majority of older person mental health supported in house, no average provided.

Regional market overview

Domiciliary care is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now. As such, growth and development of services including general domiciliary care (includes homecare, re-ablement; community living and recovery) have been identified as opportunities for the future.

Isle of Anglesey market overview

In Anglesey, demand is currently exceeding supply (March 2022) due to shortage of staff within domiciliary care providers.

Gwynedd market overview

In Gwynedd there has been insufficient domiciliary care provision to meet need across Gwynedd, particularly in the Eifionydd and Pwllheli area at present.

In Gwynedd, currently there is a lack of available domiciliary care, and the nature of current arrangements mean that providers can refuse to give care, or return

packages. Frequent emergencies can occur, where providers report that they are no longer able to provide care due to staffing problems.

Currently, people have little choice in the field. Getting any care is a challenge, let alone having a choice. People can choose to get Direct Payments to arrange their own care, but it is not easy to find people who can offer care. A project with 'Community Catalysts' has started, to encourage people to set up a small company to provide care, and hopefully this will improve the situation.

Conwy market overview

The numbers of people who receive domiciliary care packages in Conwy has declined over the past four years, as can be seen in the table below.

There have been a couple of principle reasons for this, the impact of COVID and carers workers leaving the sector with the sector unable to recruit new staff.

As it can be seen that during the last 12 months the numbers of citizens receiving domiciliary care had dropped dramatically and evidence from providers is that this is directly due to lack of domiciliary carers. During the May to November 2021 period approximately 950 hours of domiciliary care packages have been handed back due to private sector agencies unable to meet demand.

Table 12: Numbers of people who receive domiciliary care packages in Conwy

Year	Total clients
2017/18	898
2018/19	818
2019/20	799
2021/22	717

Source: Local authority data collection

As of this week 2 of April 2022 there are 698 packages begin delivered to older people across Conwy.

The table below shows the total number of packages and hours that are being delivered, week 2 April 2022. The areas in this table are shown as the Community Resource Team (CRT) Areas.

Table 13: Total number of domiciliary care packages and hours that are being delivered in Conwy (April 2022)

CRT area	Packages	Hours	Average hours per package
Abergele	146	1,709	11.7
Colwyn	206	2,251	10.9
Llandudno	172	2,217	12.9
Coastal	91	1,166	9.0
Rural	83	747	9.0
Total	698	8,091	11.6

Numbers have been rounded so may not sum
Source: Local authority data collection

It can be seen that the Colwyn CRT area has the most packages and Rural has the least. It is also interesting to see that the Llandudno and Coastal areas don't have the most packages but the average hours per package is higher than any other area, this is probably due to the average age of the population in those areas and the fact that they need more intensive support packages.

Denbighshire market overview

There were 585 people who received domiciliary care in Denbighshire during 2020-21. This number has increased over the last year.

Table 14: Demographic of people accessing domiciliary care in Denbighshire

Age group	Percentage of Provision
18-24	1%
25-64	19%
65-74	11%
75-84	24%
85+	45%

Source: Local authority data

Denbighshire does not have enough providers to give people a real choice or to give an element of competition in the market. Commissioners have unmet demand and are unable to provide domiciliary care for all requests. For example, at the end of March 2022 there were 116 people waiting for domiciliary care packages, of which 26 were receiving interim support. The Interim Support Team's function is to provide domiciliary care and support for a short period of time whilst care packages are secured through the provider sector. There are particular challenges in the south of the county where we have minimal independent provision. Our in-house team are only working in the south and their intervention often ends up being long term due to lack of alternative provision. Moreover, the re-ablement teams, both north and south, are finding they are picking up urgent care packages on a regular basis and this in turn has an impact on our ability to offer re-ablement services.

The range of care needs is wide and includes:

- frailty due to age related conditions
- physical disabilities
- learning disabilities, including autistic spectrum disorders
- sensory impairments
- chronic illness
- long term health conditions
- dementia
- mental health, including depression, anxiety
- substance abuse
- palliative care

We are working with Community Catalysts to ensure that Denbighshire residents are able to access the kind of care and support that suits them best. In addition Community Catalyst supports citizens who wish to, to provide care and support in a way that fits with their lifestyle.

Community Catalysts

Community Catalysts is a social enterprise working across the UK to try to make sure that people who need care and support to live their lives can get that help in ways, times and places that suit them, with real choice of attractive local options. They help people across the UK use their energies and talents to set up 'community micro-enterprises'. Community micro-enterprises are really small businesses or ventures or groups that offer help with care or health or wellbeing to local people in their area.

Community Catalysts has lots of experience and expertise and can offer people who want to set up a new care enterprise specialist advice and guidance, so they can do this safely and well.

In Denbighshire, Community Catalysts has been commissioned by the Council to use its expertise to help to tackle social care challenges.

Moving with Dignity / Right sized Care

For many years, it has been established practice across health and social care for people who need to be hoisted, or cared for in bed, to have a care package with two people to assist and carry out the care.

It is unknown where or how, this practice became established, but with innovations in moving and handling equipment and a move to a more person-centred care & support approach, this requirement is increasingly being questioned and challenged.

It has been estimated that at least 37% of Denbighshire citizens could be assisted by one carer (instead of two), with the additional benefits of maintenance of dignity and comfort together with the increased flexibility derived from the provision of only one carer. More specialist moving and handling equipment is being designed and manufactured to facilitate single handed care allowing our Citizens to have their care needs addressed with the minimum of support and intervention.

Denbighshire have been promoting this way of working across Health and Social care and training staff so that they become more familiar with specialist moving and handling equipment and so they are more confident about supporting our Citizens to have their Care needs addressed with the minimum of intervention.

The Moving with Dignity project incorporates promoting independence and appropriate handling techniques for care provision. Using kindness and a gentle, compassionate approach, it involves looking at the number of carers required to attend to a person's needs, when being lifted, transferred or repositioned using specific techniques and items of equipment.

During the last year 5 sessions were held with Occupational Therapists to refresh skills using bed management systems. As a result, the Nordic bed management system is now core stock and can be ordered directly from our Community Equipment Service (CESI) which has reduced the delay between the initial assessment and providing beds to citizens.

Formal training sessions were held with 22 care staff from our in-house Independence at Home team. Following on from the training, the team are now working towards ensuring that care packages for those being discharged from hospital are considered within the ethos of Moving with Dignity before the care is transferred to external domiciliary care providers.

A pilot project was implemented with one Domiciliary Care agency, whereby the Manager and Moving and Handling trainer received an awareness training session to discuss the ethos of Moving with Dignity, which they are now rolling out with their care team. The aim is that once all training has been completed, work will be carried out to review all double handed packages of care

Our Moving with Dignity project lead completed a training session with Betsi Cadwaladr University Health board (BCUHB) Moving and Handling trainers to discuss single handed care.

The newly created Adult Social Services Edge of Care Team fits with our strategic vision for a modern, more effective way of delivering social care support that strengthens individual and community resilience. The Edge of Care team is unique in that it is based within Adult Social Care Services and recruits, trains and deploys Volunteers. The Manager is a qualified Social Worker and Outcome focussed mentor. Two Edge of Care Coordinators support the Manager to deliver the project.

The Team has demonstrated how the project can positively impact on planned care pathways, supporting discharge from hospital for citizens, working closely with our Community Resource Teams in delivering a ‘team around the individual’ approach, reducing demand for traditional planned care. For example; we have volunteers providing respite to carers, with careful and considered matching of ‘cared for and volunteer’, the result has been an experience that is meaningful and enjoyable for both carer and cared for. We have examples of where citizens have remained on the ‘edge’ of planned and unplanned care for example Mental Health Services, Care Home placement and traditional domiciliary care, keeping citizens in the community

Flintshire market overview

With regard to the demographic of people accessing domiciliary care in Flintshire, the largest group are people aged 85 and over, see the table below.

Table 15: Demographic of people accessing domiciliary care in Flintshire

Age group	Percentage of provision
18 to 24	1%
25 to 64	17%
65 to 74	12%
75 to 84	27%
85 and over	43%

Source: Local authority data collection

Of those under the age of 65, a similar proportion of people receive support for a learning disability as a physical or sensory impairment.

As previously reported, the population changes over the next five years will have an impact on the sufficiency of provision. This increase number of people living in the community with dementia and complex needs may increase the demand for domiciliary care services, in particular 'double staffed packages of care'. This is something the authority needs to consider in order to continue to support individuals to live at home for longer.

Flintshire In-house Community Support Service provides care and support for adults who have an assessed need in their own homes. The service is split into three geographical localities and the service is delivered via a team of care staff who work across the whole of Flintshire. These three localities replicate social work and health teams locally and this aids in continuity and developing working relationships across different professions. The three localities are:

- Locality North East – Deeside area
- Locality South – Mold / Buckley area's
- Locality North West – Holywell / Flint area's

The Community Support Service adopts an ethos of re-ablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014. The Community Support Service provides services to people over 18 years who have

been assessed as having a social care need living in Flintshire. The Community Support Service provide support for a range of health and care needs, including:

- frailty due to age related conditions
- physical disabilities
- Learning disabilities, including autistic spectrum disorders
- sensory impairments
- chronic illness
- long term health conditions
- dementia
- mental health, including depression, anxiety
- substance abuse
- palliative care

The Community Support Service support people via three different care and support models/approaches which vary depending on the individual and what matters to them.

Re-ablement - designed to support people to regain, improve and maintain their daily living skills and maximize their independence whilst continuing to live in their own home. This is a short term service which can be provided for up to six weeks. The service has close links with hospital discharge teams and plays an important role in contributing to a reduction in hospital admissions and readmissions and works closely with a range of professionals including Occupational Therapists, Social Workers, Physiotherapists and District Nurses. The service also plays an important role in working with people to achieve their own personal goals to aid integration back into their own environment at home and into their local community. The aim is to support people to maximize their independence as quickly as possible and ensure that if people need ongoing care and support this is at the appropriate level.

Living Well - provides flexible care and support for people living with dementia. The service is designed to allow independent living and aims to support people to stay active in their home and active in their community for as long as possible. The care and support is tailored around the individual. Care, support and activities are developed over time as the staff build up a relationship with the person and they understand what they need. This approach delivers positive outcomes and contributes to people living with dementia maintaining their independence for as long as possible.

People who have long-term complex care needs are supported to remain independent in their own home. This includes daily living support, helping to achieve identified goals, support with medication as well as end of life / palliative care as required. In supporting people with complex needs the service offers stability and reassurance, and can that can support people overcome a crisis as necessary.

In addition to Local Authority's in-house care provision, the Commissioners in Flintshire actively utilise 28 providers from the North Wales Domiciliary Care Framework. There are also a small number delivering supported living exclusively under an alternative framework.

Both independent sector and Local Authority services are currently delivering around 7500 hours of domiciliary care per week. Flintshire County Council in-house provision delivers approximately 12% of this market, but aims to increase service delivery in this area to support more people to live at home, in line with the Council Plan. These figures exclude the provision of Extra Care, from which the Local Authority delivers around 370 hours of care per week.

Wrexham market overview

The population of Wrexham is just over 135,000 according to the 2017 census. Over 45% (58,359) of that population are over the age of 45 years. Further 23% (31,700) of the population is over the age of 60 years. Those in fair health are 19,000 (14%), those in bad health are 6,500 (5%) and very bad health 1,800 (1%). Domiciliary care provision in Wrexham is provided through a patch-based model.

Of those there are a number who provide care services to those in need who are unpaid. These are broken down as follows: 8,900 provide 1 to 19 hours unpaid care a week; 2,200 provide 20 to 49 hours unpaid care a week and 4,000 provides 50 or more hours unpaid care a week. It is likely that over a five-year period all of these people will need to access services at some level.

Market stability

Regional challenges

A gap in services exists in relation to short home calls for support with medication. Neither health nor social care services provide calls only for medication, but older

people with memory problems do need this vital care (Regional Partnership Board, 2022).

The current economic situation with rising inflation and fuel costs, and wider cost of living pressures in early 2022 are creating instability for domiciliary care providers and their staff for example in-work poverty.

Decreasing budgets could present further challenges around the level of services which are able to be commissioned and provided. Across North Wales, providers have appreciated the support funding throughout the COVID-19 pandemic. For example, an additional £1m for domiciliary care which has provided stability during the pandemic. There is concern over the impact the end of the financial support will have.

Isle of Anglesey market stability

Post pandemic, recruitment and retention of staff remains an issue with the staff turnover rate in Social Services having increased in 2021/22.

There is an increasing demand for services, but budgets along with inflationary pressures are struggling to keep up with this demand.

Gwynedd market stability

Gwynedd has recently begun to establish the new domiciliary care model and early indications are very positive with providers having more recruitment successes. The domiciliary care tender opening in early April 2022 will give commissioners the opportunity to establish the new model across the county, and hopefully achieve much more stability thereafter. It is hoped that it will be possible to recruit more staff, achieve more with the same staffing level, and achieve greater efficiency (less travel and less bureaucracy) which results in more time to care and better outcomes for people (through focus on what makes a difference to the individual and tailor the care appropriately), through the adoption of the new model. The intention in the new model is to maintain the 50:50 split between the internal and external sectors for provision. The inclusion of the new contract for the external providers means that we have the freedom to adjust this ratio over the life of the agreement. Frequent emergencies in domiciliary care where providers report that they are no longer able to provide due to staffing problems. As the new arrangements come into effect a transition period will be required including effective shadowing and training.

Conwy market stability

The Independent sector market has been unable to fulfil the county's domiciliary care requirements since the pandemic. Conwy currently (April 2022) has over 900 hours of un-brokered care that the market cannot supply (60+ packages). This has been consistent for over 12 months and is being met by in house and BCUHB provision. Discussions with providers suggest that this is purely down to staff / recruitment problems faced by the sector. Things are slowly improving but at a pace too slow to meet the rising demand.

Denbighshire market stability

Denbighshire's in house provision adopts an ethos of re-ablement and supports people in line with the Social Services and Wellbeing (Wales) Act 2014, providing services to people over 18 years of age who have been assessed as having a social care need and living in Denbighshire.

Denbighshire's in-house provision consists of Re-ablement, Health and Social Care Workers and the Interim Support Team - all services are intended to be short term interventions.

The Interim Support Team's function is to provide domiciliary care and support for a short period of time whilst care packages are secured through the provider sector in the South of Denbighshire. Increasingly, all elements of the in-house provision are holding cases for longer due to the lack of domiciliary care available. Due to the low number of providers able to deliver care in the south of Denbighshire, there is a commitment to expand the in-house provision.

Across social care there have also been high levels of staff absence that are likely to be linked to high levels of stress and anxiety post the pandemic.

Commissioners are struggling to secure packages of care, particularly in the south of Denbighshire. The main reason for this is lack of available care staff. This is a long term problem which is worsening. Domiciliary care providers handed back around 600 hours of care packages in 2021 due to lack of available staff.

There is a good range of providers in Denbighshire, although not all on the framework actively bid for packages. The domiciliary care sector in the county has been severely affected by the pandemic. In particular, sourcing double handed care packages is a challenge, as is the lack of availability of care provision in the south of

the county and in rural areas. We are also aware that domiciliary care services in rural settings is more expensive – some research suggests up to 20% more, and the average hourly rate is up to 11% higher. Increasing costs of transport fuel is challenging for all providers

Denbighshire County Council are considering opportunities to develop enhanced domiciliary care provision for citizens with higher levels of care and support needs. The model would necessarily be flexible (rather than 'time and task'), to support care staff to build relationships and person-centred working, gain enhanced skills through training and play a key role in care and support planning for citizens. Ultimately, the provision would have a clear outcomes focus, and success would be measured by those outcomes.

Denbighshire is hoping to conduct a pilot involving electric vehicles for provision of care during 2022.

Flintshire market stability

In Flintshire, the market is a mixed model with continued expansion of in-house domiciliary care. This is a priority for the Council to help rebalance the care sector. Independent care providers continue to work creatively with the local authority to ensure the numbers of people waiting for care at home are the lowest possible. However, during the last 2 years of the COVID-19 pandemic, this has been challenging.

We now start to see creative solutions including the use of electric vehicles to support domiciliary care staff through the proposed WG scheme. They will be used to support domiciliary care staff who cannot drive by accessing WG scheme to prioritise driving tests for domiciliary care workers who are awaiting a test date. Flintshire is continuing the expansion of Micro-care to support individuals locally. The market remains challenging, but all stakeholders continue to work in partnership to overcome the well-known challenges currently faced across the UK.

In Flintshire, considering independent providers only, no provider holds more than 12% of the independent market share in the local area when considering delivered hours, with the average for a provider being 4.5%.

With regard to the balance of the market in Flintshire, the vast majority (12 out of the 18) are local providers either exclusively in Flintshire, or within Flintshire and

neighbouring authorities. Another 4 provider's work across the North Wales region, while they also have 2 national providers.

In Flintshire, there are some critical pressures and key issues faced by social services in the areas of workforce, commissioning and funding criteria. The local authority is looking at how to address some of these issues through the reviewing of social work roles, improving the career pathway in social care, and offering greater clarity on the criteria applied to particular funding streams.

There are other challenges that local, regional, and national work-streams are looking to address, such as recruitment with WeCare Wales and children's placements, however it is important to note that these still present as critical pressures for the delivery of social services in Flintshire.

As of January 2022 in Flintshire, areas of ongoing pressure include:

- double staffed care
- rural areas
- discharge from hospital
- hand-back packages from providers as a result of staffing challenges
- increased business costs – utility bills and insurance
- increased fuel costs, impacting on care staff themselves.

Need outweighs supply in Flintshire. Due to the challenging financial climate and need to encourage more people into the care industry, consideration is being given to other ways for care to be provided for example Micro-care.

There is a challenge of a deficit of care workers, those requiring care are struggling with a decreasing pool of care staff. Large care agencies have premises and overheads to pay for and investors/stakeholders to satisfy, so care per hour costs are higher.

Within older people's services, there is a diverse provider base, no reliance on one provider or sector. However, within learning disability and physical disability services, there is a small number of providers to choose from who are relied upon to meet the needs of the service.

There is a broad range of services available depending on what the individual would prefer such as traditional homecare care, Micro-care and Direct Payments.

Wrexham market stability

There are currently (April 2022) significant shortfalls in all areas of domiciliary care and wider health and social care market in Wrexham which was not seen in the April 2021 figures and is likely a result of wider, national workforce and COVID-19 recovery challenges.

Rotational and other respite solutions also present significant challenges. A lack of capacity to deliver regular and flexible respite and short breaks continues to burden unpaid carers who are already feeling increased demands from their caring role as a result of COVID-19 and other workforce challenges.

More rural areas of the county prove most difficult in achieving sustainable domiciliary care services. Since April 2021, microenterprise capacity has grown and Wrexham have approached English agencies to support to meet the demand but the sustainability of these approaches is not evaluated.

There is little flexibility in the current market (April 2022) due to significant workforce and COVID-19 recovery challenges across health and social care. Whilst there has been a 30% reduction in domiciliary care waiting list times since April 2021, it remains significantly high with any short to medium solutions yet to be evaluated and tested in terms of their longer term market stability. COVID-19 recovery funding and hardship funding supported much of this recovery during 2021-22 with longer term financial stability remaining a challenge.

Domiciliary care registration can also hamper commissioning and service delivery flexibility. RISCA requirements, while attempting to drive up quality, can prove a barrier to some organisations and staff when recruitment is already a challenge. In addition, as a border town, Wrexham does rely on providers from England in some areas. Providers are restricted in the numbers of people they can support outside of Care Inspectorate Wales (CIW) registration which can be very lengthy.

Feedback from citizens and providers

While emergency care is being provided for older people who fall and are injured, a response service is needed for non-injured fallers and for out-of-hours domiciliary care. Currently, if an older person needs additional support due to an unexpected incident, such as their carer becoming unwell, they have no access to support (Regional Partnership Board, 2022)

“Independent domiciliary care providers told us they have managed to start care delivery within the 48 hours but it has been a struggle. The biggest challenges and delays are arranging care for people who have complex needs” (Care Inspectorate Wales, 2019a)

“Independent providers of domiciliary care told us about providing care for people who miss out on a period of re-ablement when there is no capacity in the re-ablement team. We found this is often because there is a waiting list for the service due to it being dominated by people being discharged from hospital with low level needs, requiring convalescence” (Care Inspectorate Wales, 2019a)

Feedback from the Regional Provider’s survey [February 2022] details the challenges faced by providers as:

- Recruitment of staff. The employment market is highly competitive and we must be able to offer a financial package to care workers, that is both competitive and worthy of the role.
- Retention of staff due to poor terms and conditions in the social care sector. The cost of fuel and the cost of living crisis is now beginning to be felt in the sector where providers are seeing more staff suffering in-work poverty.
- Staff leaving the sector due to poor working conditions and lack of respect for the work they do and the levels of responsibility involved. Staff feel undervalued and overworked.
- Retaining staff who are new to the sector who are not able to deal with the intensity of the job supporting people with conditions such as autism, people requiring personal care etc. Need better support for staff to meet the challenges of the role.

Providers also gave suggestions on ways to improve the sector and the quality of care, including:

- Enable flexibility in using commissioned care hours. Whilst appreciating budget restraints for all, it can be frustrating when trusted providers are not able to be flexible with hours etc. More time is spent justifying any variance, rather than being able to 'bank' these hours to achieve people’s outcomes and therefore improve quality. Sometimes flexibility is the best way when supporting someone (make the most of a particular mood or motivation).
- Development of true partnership working with providers.

- A level pay structure for all providers to stop the swapping from one to another for better rates.
- Recognition of the *true* costs of providing care services to enable providers to continue to provide quality services and attract / retain quality staff.
- More emphasis on using local providers instead of national companies with local offices.
- Shared resources between providers such as training of staff.

Other market stability factors

Consideration of market quality

Flintshire use *Progress for Providers* in care homes, a self-assessment tool for managers to use with their staff to check how they are doing in delivering personalised support for people living in care homes. 'Personalised Support' is a key aim of national policy and means tailoring support to the individual, and enabling them to have as much choice and control over their service and life as possible, rather than supporting everyone in the same way. The programme has been expanded to include domiciliary and extra care services in 2020/21.

In Denbighshire, commissioners have recognised the need to work with domiciliary care providers to embrace a more outcome focused approach. Further work will be done co-productively with providers in the future.

In Gwynedd, commissioners have worked with Health Board colleagues on 'Due Diligence' processes. All providers who apply to be part of the Council's new delivery model must meet certain requirements.

Impact of commissioning practices on the market

The Integrated Care Fund and Transformation Funding moving to the Regional Investment Fund's (RIF) five-year programme is welcomed, however we continue to work though the guidance and impact of the changes. Due to the value of this funding, it is critical that any changes in criteria are articulated with notice so local authorities and other partners can consider and plan services with this in mind.

Where there has been a need to commission directly with a provider, current procurement practice has often been a barrier to the need to act rapidly. Procurement processes have proved onerous and unattractive to certain providers,

particularly in the third sector, which then hinders the number of suppliers submitting tender applications.

The Contracts and Commissioning Teams in each Local Authority and the Health Board have facilitated regular meetings with residential care, domiciliary care and Supported Living providers. Whilst these meetings took place before the pandemic, their frequency increased. The support and networking became a vital resource for providers. The meetings were also attended by colleagues from the Environmental Health Team, Health and Safety Officers and BCUHB officers so partners could advise and support when needed

Alongside these meetings, a dedicated email address has been established where providers could pose COVID-19 related questions and queries where they could be responded to in a timely manner.

The team have also had daily phone contact with providers to collect data, enquire about PPE supplies, discuss any arising issues or just to be there to listen and support in this difficult time.

Denbighshire use Third Party Administered Support Budgets. This is where the money is transferred from the Local Authority directly to a third party who could be directly providing some of the person's care and support or providing a managed account service. The money is spent on whatever is agreed in the citizen's care and support plan to assist them in meeting their agreed outcomes. In this arrangement the third party holding the budget is responsible for paying providers or services and one off purchases and co-produce with practitioners.

Denbighshire will also continue to commission some long term managed care and support including domiciliary and residential care for those who need it.

Provision of service in the Welsh language

Information from the Population Needs Assessment (2022)2022 detailed that many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker. More needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence. Many organisations provide Welsh language training to their staff, either formally or informally. Examples included:

- Courses offered by the local council or health board.
- Lunchtime Welsh language groups.
- Welsh speaking staff delivering workshops to their non-Welsh speaking peers.

In the Provider Survey (February 2022) providers note that it is a challenge to recruit Welsh speakers within their setting, help and support to advertise/translate would be helpful moving forward for smaller companies.

Providers are actively trying to increase our use of the Welsh language, but difficult to sustain any learning when not using it frequently enough (on a personal level as well as for the organisation).

Flintshire note that as part of the Mwy Na Geiriau framework the Council ensures that service users and their families are in receipt of the Active Offer. Whilst this has been taken up for some social work assessments, individuals and their families are aware of the current shortage in care staff and we have not received requests for care to be delivered by Welsh speaking carers. They are however, very conscious of this and throughout the recent pandemic have observed an increase in the numbers of staff who are learning Welsh and those who are re-kindling previous Welsh language skills which may not have been used for many years. The Council works in partnership with our local Further Education Institutions to provide Welsh Language courses at all levels to meet individual's needs.

Denbighshire ensures residents receive the Active Offer whenever they contact the local authority for information, advice or support. In the provider network there is a general lack of capacity and lack of available services with Welsh speakers is an issue for them. Useful tools such as Welsh language symbols on files are used as timely reminders to staff. However, the recruitment crisis affects both Welsh and English speakers currently. There has been discussion about placing recruitment adverts in local Welsh language publications, such as Y Bedol.

The Gwynedd position in terms of Welsh speaking staff is highlighted in the table below.

Gwynedd has a significant Welsh speaking domiciliary care workforce, a significant proportion of whom are fluent Welsh speakers.

Gwynedd has invested heavily in the promotion and development of Welsh language skills amongst care staff and in recruiting care staff who are able to speak Welsh or

are willing to improve their Welsh language skills. In terms of care tasks spoke Welsh skills are more important in communicating with citizens and giving care in their language of choice.

Table 16: Welsh Speaking Care Staff in Gwynedd domiciliary care provision (April 2020)

Position	% of registered who are 'fluent' in Welsh	% of registered who have 'some' Welsh language skills	% of registered with no Welsh language skills
Domiciliary Care Workers	51.2	23.0	9.8
Domiciliary Care Managers	56.4	17.9	12.8

Source: Gwynedd Council data collection

Sustainability of provision

Flintshire County Council has recently employed a Planning and Development Officer to support the independent adult social care sector through the recent COVID-19 pandemic, and to become confident and resilient to meet the support needs of older people in Flintshire into the future. The officer will work closely with the adult social care sector to aid sustainability and recovery following the pandemic. This will include supporting with sustainability plans and recruitment drives in house and across the sector.

People often have little choice in reality. Getting any care is a challenge, let alone having a choice. People can choose to receive Direct Payments to arrange their own care, but it is not easy to find people who can offer care.

Risks to market stability

Both in-house and independent care providers continue to have significant staff vacancies as existing carers vacate the care sector for a variety of well-rehearsed reasons. This is of concern with regard to market stability, and particularly the ability to deliver care particularly to harder to reach areas.

Whilst WG have made provision for the delivery of the Real Living Wage to direct care workers, this will have an impact on pay compression and ability to recruit /

provide career progression to more senior roles. This may have an impact on market stability as the next financial year unfolds.

Business costs, outside of wages are also increasing with inflation escalating and fuel costs in particular increasing significantly. For domiciliary care this has a significant impact on the attractiveness of the role and the financial viability of existing business models.

A consultation exercise with providers [in-house and external] run by Flintshire identified the following market Strengths, Weaknesses, Opportunities and Threats. These themes are shared across the region.

Strengths

- Good Brokerage relationships with providers and excellent communication between the team and providers.
- Support from provider meeting with virtual meetings and senior leadership representation.
- Commissioners are on the end of the phone for support and advice
- Providers work together and not in conflict or competition.
- Additional meetings for Responsible Individuals are positive and helpfully in getting support from peers
- Open working together – developing a support network
- Open book on finances and having honest conversations enables informed decision making
- Commissioners understand “how it is on the ground”

Weaknesses

- Administration of responding to call, for example, if the carer is late
- Still stuck in task and time
- Unemployment in the general economy is low which creates competition for staff, such as with seasonable retail jobs
- Expectations of citizens can be a challenge for tasks over and above the care plan
- Losing staff to other economic sectors, to the health board and to other roles within the social care sector such as care homes / Supported Living
- Carers who are not I.T. savvy
- Providers need better support from Care Inspectorate Wales

- Salaries we can offer to staff are not competitive enough for the work involved in domiciliary care

Opportunities

- Social care is on the political agenda – decision makers cannot ignore social care any more
- Flexibility within time and task time bands
- Engagement with commissioners and the network of framework providers could be built on
- Providers need to engage with potential employees face to face and show them what the work is
- Greater understanding of the cost of running a domiciliary care agency – looking at the "Unfair to Care" document
- Realistic assessment of the responsibilities of the caring role in comparison with other roles for example police officer
- Need to hear more from the citizens and the benefits that this support gives
- Multi-channel advertising of roles not just online, for example, radio, buses, billboards.
- Opportunity for more joint work with health to ensure people in hospital have access to therapists to support discharge.

Threats

- Young people not attracted by domiciliary care or care in general
- Increasing older workforce and no succession planning
- Terms and Conditions in the sector are poor for the type of work and responsibilities involved
- Care not valued or seen as important in comparison to other sectors, for example, emergency service and health
- The registration and qualification frameworks and requirements are putting carer's off, particularly those will literacy and numeracy challenges
- The care sector is close to collapsing
- The Health sector does not recognise the importance of domiciliary care
- The role of carers is challenging and they are being asked to undertake more complex tasks – need to develop a stronger relationship with district nursing
- Better terms and conditions in local authority care and Health Board roles leading to destabilisation
- State Benefit restrictions disadvantage care workers and creates in work poverty

Preventative services

A long term priority is to continue to support people to regain their independence and reduce reliance on the statutory care sector. This will be done by providing effective access to the social prescribing / third sector services through the Single Point of Access (SPOA) as well as effective management of admissions to set up / step down beds.

Some local examples of community preventative approaches are:

- Age Friendly Communities - The Ageing Well in Flintshire Action Plan identifies what needs to be done and by whom, to make growing older in Flintshire a good place to be.
- A short term project to establish proof of concept for social prescribing is also being run by Flintshire Local Voluntary Centre (FLVC) on behalf of the Health Board.
- Flintshire Social Services and BCUHB commission a carer respite service for carers. This service provides a sitting and domiciliary care service within Flintshire, which is accessed via Carers Trust North Wales Crossroads Care Services. The respite is currently available to those that have high demanding caring roles, including carers of people living with dementia. This service is offered for a 12-week period followed by signposting to SPOA to explore ongoing respite options.
- Community Navigators – Social Prescribing in Denbighshire employed by The British Red Cross and Age Connects. The Community Navigators are part of the four Community Resource Teams. They use 'Talking Points' in Denbighshire libraries as a place to meet people, although this was not possible during the COVID-19 pandemic and a lot of support was provided via telephone at that time. They are a source of current, accurate and timely information about a range of support that is available in the community. They are key in connecting people, reducing social isolation and loneliness. During 2020-21, the Community Navigators assisted 2,424 Denbighshire residents.

Denbighshire seek to commission services from providers who embrace:

- Having meaningful conversations with people
- Connecting people with what matters to them
- Working with people to take control of their lives
- Building on the strengths and abilities of people to identify individual solutions

Denbighshire's focus is on earlier intervention, increasing preventative services within the community and helping people maintain their independence. Our mission is to place people at the heart of decisions about the type of community support services they access. For many people, this will mean that they may be given a support budget to manage their own care and support to achieve agreed outcomes. This could be in the form of a Direct Payment, a Third Party Managed Support Budget or a Local Authority Managed Support Budget for the individual. Support budgets will operate under a less restrictive legislative framework, and one that supports innovation. In Denbighshire the following work is taking place.

- Men's Sheds – The national UK Men's Sheds Association is a place for men where they can share the tools and resources they need to work on projects of their own choosing at their own pace and in a safe, friendly and inclusive venue. They are places of skill-sharing and informal learning, of individual pursuits and community projects, of purpose, achievement and social interaction. A local Men's Shed's operates in Denbigh.
- Carers Trust North Wales Crossroads Care Services offer 'Gwalia Care' which takes over the roles of the unpaid carer so they are able to take some time out. This can be on a regular or ad hoc basis and is chargeable.
- Age Connects North East Wales (ACNEW) – ACNEW are part of the national Age Connects Cymru programmes, a social enterprise providing support for people aged 50+. Locally, the service provides short-term housing related support, toe nail cutting, a cleaning and shopping service and social activities.
- Education and Learning – Many local projects are referring people to the University of the Third Age (U3A). U3A provide opportunities for retires and semi-retired people to come together and learn, not for qualifications, but for 'own reward'.
- DEWIS - Dewis Cymru is a website that aims to help people with well-being, whether that is their own well-being or the well-being of a family member or friend. The website contains information that can help people think about what matters to them and has information on services that can be accessed for support. Organisations across Wales can upload their own information to the site
- Community Agent's – at Wrexham the service is commissioned from and managed by Community Councils. Community Agents can tap into third sector services around the county to support people in their community. GP surgeries are linking people in to the Community Agents.

Wrexham County Borough Council supports the following third sector services.

- NEWCIS (North East Wales Carers Information Service) Carers information, advice, support and respite services
- Alzheimer's support: The main theme within the Welsh Government Dementia Action Plan is to enable people living with dementia (including young-onset dementia) to maintain their independence and remain at home where possible, avoiding unnecessary admissions to hospital or residential care and delays when someone is due to be discharged from care or hospital.
- Community Catalyst: Step up and support of an online directory of social care enterprises in Wrexham to allow easier access to information for citizens and professionals. They provide 6 days' worth of support to the development of third sector organisations interested in developing domiciliary care provision.
- Vision support: The purpose of the service is to enable adults who are blind or visually impaired to carry out their daily activities with confidence, through the provision of professional training in new and/or adaptive independent living skills, as well as to register individuals who have been assessed as having sight loss, or severe sight loss as recommended, by a consultant Ophthalmologist through the Cerebral Visual Impairment (CVI) process. The provider holds a small number of specialist pieces of equipment that can be loaned out to individuals in order to support them with their visual impairment.
- Deaf Support Network: The purpose of this service is to provide practical support, information and advice to children and adults who are deaf (member of the Cultural Deaf Community who use British Sign Language as their first language), living with hearing loss or who are Deaf Blind (dual sensory loss). As well as providing direct support, the provider will signpost individuals to other services who may be able to support that individual. The provider will hold a small number of specialist pieces of equipment that can be loaned out to individuals in order to support them with their communication/ hearing loss.
- Delta (Telecare): Telecare is a service that can help to keep you safe at home and enable assistance to be summoned in the event of an emergency. Telecare can help you to live independently in your home, by providing the peace of mind that someone can be automatically alerted if you need assistance or in the event of an emergency situation.
- British Red Cross: A Third Sector Link Worker has been commissioned to work with the Wrexham's SPOA to ensure that information on third sector provision is readily accessible to relevant professionals. The worker supports Wrexham

citizens to access non-statutory forms of support, including the provision of information, advice and assistance, to enable them to maintain their independence, and prevent escalation of need
- Hafal, part of Adferiad Recovery (partnership with housing): Supported Accommodation and floating support for those with Mental Health conditions
- Recovery Service: Supported Accommodation and floating support for those with Mental Health conditions.
- Stepping Stones: Individual specialist counselling, support and group work for adult survivors of childhood sexual abuse, including counselling support for individual pre-trial, during trial and post-trial. This specialised area of counselling is intended to meet the person's needs, with a commitment to supporting individuals for as long as necessary, recognising that many people are very vulnerable and may at times self --harm or have suicidal feelings.

Other considerations affecting the market

Social value

The North Wales Population Needs Assessment 2022 notes "Co-production and social value: Delivering services for older people must include the views of the population. Older people should have a voice in shaping services that they may access. The Wales Cooperative Centre has published a paper outlining how services, such as domiciliary care, can be commissioned using an outcomes based approach for provision, which focuses on well-being. as well as any immediate need" (Regional Partnership Board, 2022).

Flintshire has moved towards Micro-care delivery models and has a pilot programme as part of the ongoing Social Services offer. To meet the growing demand for care, the Micro-care pilot project has been established to expand both the supply of care in and the choices available for people across Flintshire. Micro-care enterprises are small businesses ranging from sole traders up to businesses employing 5 people who offer flexible and personalised care and support services to vulnerable people, tailored to their individual's needs. The aim is to encourage people to become Micro-carers who are either:

- Interested in providing social care services to older people but may have no experience
- Currently working in the care sector but interested in being their own boss

- Actively supporting people in their local communities
- Want to do something that support others and makes a difference

The Micro-care team work with individuals to:

- Support them to develop their business or idea
- Provide information on training, funding and other available support and resources
- Support individuals to develop and deliver a quality service in line with current WG legislation and regulations
- Providing links to a network of other Micro-care providers for mutual support

As of February 2022, there were 27 Micro-carers trading in Flintshire. The Flintshire Micro-Care Team have also created Micro-care web pages for use by both micro-carers and people looking for Micro-carers. It provides key information for people considering working as a Micro-carer. For the public it also has explanations about Micro-care and lists Micro-carers and their contact details. This will support our aim to develop ongoing sustainability in the project. The website is located at www.careatflintshire.co.uk This programme is now moving out of the 'pilot' phase and incorporated in to Flintshire's offer.

Also in Flintshire the recruitment of volunteers began at the start of April 2021 initiated by colleagues in FLVC. The Flintshire Social Care Workforce Development Team, supported by FLVC, provided basic training to volunteers, relating to safeguarding, food hygiene, health and safety, consent, data protection, dignity, principles of care and confidentiality. By the end of April 2020, following the training and required Disclosure and Barring Service (DBS) checks, a group of 64 volunteers were available for deployment to volunteering opportunities across the county.

Flintshire benefits from a strong third sector presence and networks and a positive relationship between the Council and FLVC. The Wellbeing Team in FLVC and AVOW (Association of Voluntary Organisations Wrexham) supports the third sector and statutory partners in a number of ways:

- Promoting third sector organisations, services and activities to statutory partners
- Representing the third sector at strategic planning and partnership groups
- Engaging the third sector in consultations and engagement about health and social services
- Promoting partnership working within the third sector and across sectors

- Signposting to or providing business support and funding
- Providing training to organisations to improve their capacity and effectiveness
- Explaining the complexities of commissioning and procurement
- Helping keep services up to date with the latest evidence base, whilst guiding them through the changes in NHS and local authority structures.
- Helping the start-up of new services or groups
- Supporting the third sector in Flintshire and Wrexham to access FLVC and AVOW's services

Community Catalyst are commissioned as a project through the Community Transformation WG Fund in Wrexham. The project's aim is to support the development of micro-enterprises to support the domiciliary care offer in Wrexham. The enterprises are not to replace the offer from domiciliary care agencies, rather to support stability and allow choice and control for citizens. It supports the direct payment options for citizens. There are currently 37 microenterprises that have completed the 'Doing it Right' standards and actively on Wrexham's register of providers.

Gwynedd notes that there is 44% of domiciliary care being provided internally today. There are several small independent companies that are local to Gwynedd and a few larger companies. The Gwynedd market does not have many co-operatives and social enterprises, but they are developing. There are third sector providers within the county but not a consistent presence as the local authority would like it be in each part of Gwynedd. Commissioners find it very difficult to obtain provision in rural areas often. Some areas have a strong informal community network already in place.

Gwynedd is proposing to develop Social Enterprises through community hubs that focus on the elements of well-being and also to develop a specialist equipment assessment provision - smart house. Gwynedd has currently 15 Third Sector Providers operating in Gwynedd.

As explained above in Gwynedd people have little choice of domiciliary care provision. Securing care is a challenge, let alone having a choice. People can choose to arrange their own care via Direct Payments, but it is not easy to find people who can offer care. A project with 'Community Catalysts' has started, to encourage people to set up a small company to provide care, and hopefully this will improve the situation.

Direct payments

Local authorities promote Direct Payment through highlighting a person centred service that reflects voice, choice and control by empowering individuals to be as independent as possible in their own local community.

Some benefits of choosing Direct Payments are:

- Individuals choose who delivers their care and support
- Individuals choose when their care is delivered to suit their everyday life
- Direct payments is flexible to meet individual requirements

Isle of Anglesey Council is dedicated to developing the service by consulting regularly with direct payments experts (citizens) and to make sure that the service is fit for purpose.

Our vision and our way of implementing change has resulted in the increase in service take up and its success resulting in 243 individuals taking control of their care package and choosing to receive support through direct payments on the island compared to 35 individuals in 2015.

Denbighshire will continue to develop and utilise Direct Payments, where individuals, or their chosen responsible person, receive money directly from the Council to fund their agreed care and support needs in their chosen way. This might be through recruitment of a Personal Assistant or by paying for services of their chosen agency or organisation.

At present there are not enough providers to give people a choice or to give an element of competition. Community Catalysts are helping small local providers (Micro providers) launch services but few are willing to provide personal care, which is where the biggest gap is. Whilst there may be a reduction in the care and support needed by individuals because of earlier interventions and preventative work, we anticipate growing numbers of people with more complex needs such as dementia. Denbighshire has recruited for two Independent Living Advisers (ILA) posts. Part of their role will be to join things up and offer consistent and helpful advice to families for example about Direct Payments, Micro providers and other support available for citizens and carers.

In Flintshire Direct Payments are an important mechanism by which people can exercise choice, voice and control to decide how to achieve their needs for care and

support and achieve their personal outcomes. In Flintshire the approach focuses on strengths and outcomes, which they aim to enable citizens to retain autonomy over their life, support, self-determination and autonomy and efficient use of resources.

In recent years the Flintshire Direct Payments Support Services has been completely redesigned and now provides a far more holistic service benefitting both Flintshire citizens, social services and third sector partners. Some of the key benefits of the service are:

- Far greater control over the service and how it meets the department's priorities.
- Service works collaboratively with social work teams to embed person-centered practices in line with the SSWB (Wales) 2014 Act
- Shared systems, improved communication, and better access to the service.
- Outcomes focused Referral process centres on what is to be achieved and supports joint working with the individual to own the outcome and develop bespoke solutions.
- Better placed to work in partnership with third sector organisations.
- Autonomy to develop, test and imbed innovation in line with the departments. ambition and priorities.
- Far more holistic approach, centred on the needs of citizens in the first instance, but also practitioners, communities, partners etc.
- Consideration for the Personal Assistant market in terms of standards, quality, training and opportunities for progression.
- Support that is proportionate. Importantly, we don't want to over support people, but enable them to manage their own arrangements.

During Quarter 2 (July to Sept) of 2021/22, 498 people received a Direct Payment in Flintshire. This represents the highest number of recipients per head of population of any Welsh Local Authority. Direct Payments currently make up 39% of home based services.

Table 17: Flintshire direct payments by category Q2 2021/22

Service category	Number of direct payments
Learning disabilities	169
Physical / sensory impairment	104
Children with disabilities	78
Older people	65
Children's services	49
Mental health	24
Vulnerable adults	9
Total	498

Source: Local authority data collection

Working in partnership with a small local film company (Follow Films) Flintshire Direct Payments recipients have been supported to tell their unique stories of their lives and how Direct Payments have contributed towards them achieving positive outcomes and improved life experiences. The impact of these films and the feedback received has been significant and the films are now being utilised by local authorities and institutions far and wide.

Workforce

As outlined in The North Wales Social Care and Community Health Workforce Strategy, the sector is under significant pressure as a result of:

- Changes to legislation as a result of the Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA)
- A new qualification framework
- Competitive pay structures with other sectors
- Competition from other sectors

There is an urgent priority around ensuring a sufficient workforce is in place for the delivery of social services and social care functions. The recruitment and retention of Social Workers, Occupational Therapists and direct care workers has become a particular challenge across North Wales.

The North Wales Social Care and Community Health Workforce is in a time of unprecedented change whereby they are required to deliver services differently with a focus on prevention, protection, intervention, partnership and integrated working,

coproduction and empowerment; requiring a different emphasis on workforce skills and training.

Much has been written on the issues surrounding recruitment and selection in the Domiciliary Care workforce. In March 2016, WG published a research report on the 'Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care' (Atkinson, Crozier and Lewis, 2016). The research, undertaken by Manchester Metropolitan University sought to identify factors that influence whether people choose to 'become and remain working as domiciliary care workers'.

There are approximately 17,000 domiciliary care staff employed by commissioned care providers in Wales (Social Care Wales, 2018a). WG's consultation in to the Domiciliary Workforce (Welsh Government, 2016) recommends that those working in the sector are recognised as the skilled professionals they are. The negative image of the sector must be challenged to encourage people to join the social care workforce.

The key factors highlighted by this consultation included:

- Low wages
- Work pressures
- Unsociable hours
- Poor terms and conditions
- 'Zero hours' or 'non-guaranteed hours' contracts deterring people from joining the sector, as there were no guaranteed hours
- Some call times not enough to address the needs of the individual
- Lack of training and career development opportunities
- Seen as a low status job compared to healthcare

Local Authorities have extended their Care First and other Employee Assistance Programmes to the external [non local authority] workforce. Care First/Employ Assistance Programmes provide confidential, impartial advice and support 24 hours a day, 365 days a year, online or via the free-phone telephone number. The service is free for all employees to access whenever they need it.

The care provided by domiciliary carers for those with mental health needs could be improved by ensuring staff are encouraged to work in the field where they have most talent. Those working with people living with dementia require specialist training and

extra time to complete tasks. There is a lack of dementia trained care workers, which should be addressed by the local authorities. Commissioners are keen to ensure the agencies they employ to provide dementia care are fulfilling their obligations and following care plans carefully. The profile of the profession needs to be raised to attract a high calibre of staff. (Regional Partnership Board, 2022).

Gwynedd note that there is the potential to adapt roles / tasks within their domiciliary care plans but need support from providers to implement. Staffing is a major issue at present for both domiciliary care providers and care homes.

In Flintshire, the local authority has also worked with Mind in North East Wales to provide extra support for social care workers. Information, talking therapies and activities designed to support wellbeing during this difficult time is available.

Providers in Flintshire have reported that the All Wales Jobs Fair is difficult to use and the IT is clunky particularly if you have no digital support.

Flintshire has worked in collaboration with citizens to design and implement a unique platform that supports both Direct Payments employers and Personal Assistants. The Flintshire PA Portal enables Direct Payments employers to search for available Personal Assistants in their area autonomously and for Personal Assistants to promote themselves and their availability to work. Personal Assistants complete a profile describing themselves, their experience, availability etc. and prospective direct payments employers can search the data base and engage with people they feel may be able to help meet their needs and/or achieve personal well-being outcomes. Recently they have added a vacancy page that enables citizens to post their requirements i.e. needs to be met/outcomes to be achieved, making the system a two-way process.

The Flintshire direct payments scheme has consciously set out to change the support available for this significant, but sometimes disassociated workforce. Some of the initiatives to date are:

- Personal Assistant Coordinator engaging with the workforce. Pastoral support for Personal Assistant's working in complex/isolated positions being built into the role.
- Personal Assistant Code of Conduct developed and implemented. This has helped them understand their role, where they fit in and what the expectations of them are.

- Flintshire Personal Assistant Induction Certificate developed around 7 core modules and designed specifically around the PA role. Since its introduction 11 Personal Assistants have completed the certificate and a further 35 are working towards the award. For those enrolled on the scheme there are a further 50 training modules that they are able to access in their own time. This is the first initiative of its kind and the local authority are in discussions with Social Care Wales regarding the potential for a National approach.
- Personal Assistant Portal developed to aid recruitment for Direct Payments employers and to promote work opportunities for prospective PA's.

The recruitment of care and support staff, has historically been problematic due to the small workforce pool, lack of awareness or recognition of the roles and the risk of destabilising the private market. However, following a review of recruitment and the launch of new initiatives such as, WeCare campaign and the values based recruitment work, we have seen an increase in the number of new and returning candidates to the profession.

5. Residential services (children)

This chapter focuses on residential care services for children and young people. For the purpose of this assessment, the chapter includes those aged between 0 to 18 as well as those who are eligible for services until they are 25 years of age, such as disabled people and care leavers.

Residential services include:

- Care Homes (Children) – care in a home with paid staff
- Secure Accommodation – a secure safe place
- Residential Family Services – accommodation where parents and children stay together to be assessed / receive care

There are separate chapters about fostering and adoption services.

Population overview

The number of children is predicted to decrease

In 2020, there were around 123,700 children aged 0 to 15 in North Wales (Welsh Government, 2021b). There has been little change in the number of children between 2015 and 2020 across North Wales or in each county. The number of children is projected to fall in North Wales by 7% over the next 15 years (Welsh Government, 2020). The level for each local authority varies from a 2% decrease for Gwynedd, to 12% in Wrexham as shown in the chart below. This is a nationwide trend, with numbers also projected to fall by 5% in Wales as a whole.

Chart 1: Population projections, children aged 15 and under (2018 based)

Source: 2018-based local authority population projections for Wales (principal projection), Welsh Government

The number of children receiving care and support has increased

In 2020, there were almost 2,900 children receiving care and support across North Wales. This is 2,300 children for each 100,000 children in the population, which is slightly lower than the rate for Wales as a whole with 2,550 children in need for each 100,000 children in the population. The numbers vary across North Wales and over time with no clear trend.

In 2018-19, there were 575 children on the child protection register in North Wales. Although the numbers vary year to year for each local authority, overall for North Wales, the level has remained similar, with a small decrease of 3% (15 children). Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

The number of looked after children is not expected to continue to increase

Although the overall figures for all looked after children have shown a steady increase year-on-year to date, this is not expected to continue in the future (Regional Partnership Board, 2019).

Children who are care experienced were more vulnerable to the pandemic

The Rapid Review of the Population Needs Assessment (Regional Partnership Board, 2020) highlighted the impact of the pandemic on care experienced children which included isolation and loneliness, and disruptions in access to services. In North Wales, there was an initial dip in child protection referrals but then the rate of referrals returned to expected levels. An increased level of monitoring visits took place to households where there were children on the child protection register – weekly visits instead of the 10-day timescale.

There is an increase in newly accommodated looked after children and young people

In 2021 there were 1,470 local children and young people looked-after by North Wales local authorities, which is similar to the national picture across the whole of Wales. The number of children looked after in North Wales has increased by 350 during the time frame shown in the table below. North Wales has a lower number of children looked after per 100,000 population than the rest of Wales, however there are significant variations across the region, from 800 in Flintshire to 1,300 in Wrexham. It is important to note that the number is currently fluctuating rapidly with a significant increase in newly accommodated young people.

Table 18: Number and rate per 100,000 of children looked after (under 18) by local authority, 2017 and 2021

Local council	2017 No	2017 Rate	2021 No	2021 Rate	Change No
Anglesey	140	1,039	160	1,214	20
Gwynedd	220	927	280	1,210	65
Conwy	180	829	215	1,015	35
Denbighshire	160	825	180	923	20
Flintshire	210	654	255	795	45
Wrexham	215	736	375	1,304	160
North Wales	1,120	805	1,470	1,063	350
Wales	5,960	949	7,265	1,153	1,305

Source: StatsWales

Market overview

Despite a shared commitment to prevention and early intervention, there will always be a small proportion of looked after children who need residential placements. Depending on care needs this may be in a:

- Residential Care Homes with paid care staff
- Secure Accommodation Unit
- Residential Family Unit

The updated Market Position Statement (Regional Partnership Board, 2019) provided a breakdown of residential care provision in North Wales. As at 31st March 2020, there were 70 North Wales children living in a care home. The total number of children living in a children's home increased by 133% in North Wales between 2016 (30 children) and 2020 (70 children). The table below shows that figure has more than doubled to 158 between 2020 and 2021.

Table 19: Snapshot of number of young people in residential placements at 31 Mar 2021

County	Residential
Anglesey	10
Gwynedd	21
Conwy	37
Denbighshire	20
Flintshire	39
Wrexham	31
North Wales	158

Source: Local authority data collection

Notes: Residential includes children's homes, family residential services, residential school placements

Market share

There were 17 independent providers of residential care for children, operating 42 settings and providing 180 registered places ('beds') across North Wales.

Due to the limited residential in house provision in the region, authorities have to pay external organisers known as 'providers'. You can find information on work to increase residential in house capacity within the Children's Transformation Programme section.

Secure accommodation

There is no secure accommodation provision in North Wales. There is a national purpose built secure children's home in South Wales. Hillside can accommodate up to 18 children and young people of either gender between the ages of 12 to 17 years.

The children placed in secure accommodation are done so by order of a court and numbers are very low, between 0 to 2 per authority each year with no clear trend. There are no plans to extend this provision in North Wales.

Step down provision from secure accommodation and secure welfare placements are discussed in the emergency accommodation section.

Market sufficiency and stability

Placement within county or nearby is known to be important for children and young people to maintain their established positive social networks both with family (parents, siblings and others) and school – which helps them to develop their identity and emotional maturity (NICE, 2021).

The table below shows that Conwy and Gwynedd have the highest proportion of placements outside of North Wales. Over half of all residential placements across the region are placed outside of North Wales.

Table 20 Number of residential out of county placements

County	Total placements	Placements outside North Wales	% of placements outside North Wales
Anglesey	16	5	31%
Gwynedd	16	10	63%
Conwy	16	12	75%
Denbighshire	10	5	50%
Flintshire	31	17	55%
Wrexham	18	8	44%
North Wales	107	57	53%

Source: Market Position Statement (Regional Partnership Board, 2019)

There is a shortage of local residential providers

In August 2020, ADSS Cymru published a report which examined the case for rebalancing social care provision in Children's Services (ADSS Cymru, 2020). The report identified a significant imbalance of power in the children's residential care market, which is affecting placements and choice, the ability to make the best match to a child's needs, the workload, and the outcomes for children. Without rebalancing, there will be a continued reliance on private providers with, in some cases, high cost, and questionable value for money, greater instability for children and poor outcomes. The aim of any rebalancing must be to develop stable, resilient markets, which offer options and choice, quality care, fewer placement breakdowns, and good outcomes for children.

An increasing demand for residential placements and a lack of supply in local residential providers has resulted in a ‘providers market’. Providers are able to be more selective of the young people they accept, which may result in those with higher levels of complex needs and behavioural challenges being more difficult to place. This may be due to the skill/expertise of the provider, a concern about how behaviour might impact other residents and the local community, and worries that all of this might impact upon the outcomes of the service.

Alongside the financial pressure, there is also a pressure on staff time. In the event of a bed becoming available, a number of local services may be seeking to secure it, resulting in competition.

This high demand puts pressure on local authority finances, with providers able to dictate the cost of the provision. There is a risk that expenditure on out of county placements increases as placement costs increase in a demand led market.

North Wales is currently reliant on the independent sector for children’s residential care provision. The Children’s Transformation Programme and Integrated Care Funding has been used to increase in house provision and fund preventative activity. Local authorities continue to explore opportunities to facilitate a different approach to help reduce the reliance on out of county placements which lead to unsustainable financial pressures for social services and education.

There is a shortage of specialist provision for children and young people with complex behavioural and emotional needs

In 2019 over half of children placed in residential care were receiving care primarily due to emotional and behavioural needs and two thirds of those children were aged between 13 to 16 years old (Regional Partnership Board, 2019).

There is a significant shortage of specialist placements for young people with significant emotional and behavioural needs in North Wales. Children are often placed in England, away from their families. There is limited provision in England. Social workers struggle to place children with severe needs as providers tend to reserve places to try to place a child with less severe needs.

Some children may have received their education through the Welsh language and therefore have difficulty coping in an English medium school and need a tutor or assistant to provide additional support.

Young people in crisis often attend Accident and Emergency and stay in hospital settings in an emergency situation.

There is a shortage of emergency accommodation

Social services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for a child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found. These situations may arise from difficulties in placing young people following the breakdown of relationships at home, transfer of children where the police have used their powers of protection to remove children and a lack of secure beds for young people with high level needs and welfare risks.

It is important to emphasise that these arrangements are used as a last resort in emergency situations, due to exceptional circumstances and for a short period until a regulated provision can be sourced. Safeguards around unregulated placements include the need for senior manager approval, notification to Care Inspectorate Wales (CIW) as our regulator, a care and support plan, completion of social work visits, involvement of Independent Reviewing Officers and supervision of social workers to look at arrangements / move on plans.

The arrangements that local authorities have to put in place in emergencies can amount to unregulated placements. Under the Regulation and Inspection of Social Care (Wales) Act 2016 it is an offence for a person to provide a regulated service without being registered in respect of that service.

Local market overview

The Market Position Statement 2021 appraised the market and set out what is happening, residential services needed for children in the region and aspirations for future providers.

- The number of children who live in a children's home has increased, some of these children are able to live in a foster placement but there are currently not enough foster carers with the right skills to support them.
- Some of our children who live in a children's home live outside of the local authority boundary despite sufficient in-area capacity.

What we don't need:

- We do not encourage expansion in North Wales by independent providers of residential care for children whose services are not developed to meet the needs of our children.
- We do not want providers to operate children's homes without a clear model of care or deliver standard provision only.

What we want:

- We want to work with new and existing providers and support them to deliver models of care that will meet the needs of our children.
- We want to work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provide a wider social value to our communities.
- We want providers who are able to safely care for our children with multiple high needs and are able to provide alternative accommodate to secure welfare provision.
- We want providers who will work in partnership with us during periods of transition including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

Isle of Anglesey

There are 3 small group home resources on Anglesey with a potential to offer 5 bed spaces for children that require the service. Our 4th property is being renovated and the works will be finished by August 2022. This will enable the local authority to offer another 3 potential bed spaces locally to reach a total of 8 bed spaces.

The Ynys Môn small group homes service enables young people with complex needs to remain with their birth family for as long as possible. The aim is to avoid the need for specialist Out of County residential placements in the event of family breakdown.

Our multi-disciplinary team of professionals support the family and care staff who will be responsible for the day to day care of the young person. This provides consistency across the range of care and support provided to the individuals.

Outcomes

- Be able to develop and offer an increased ‘shared care’ option for individuals and families to delay complete family breakdown.
- Be an opportunity for the young person to develop new skills and experiences that may enable them to move on to alternative supported accommodation to meet their individual needs.
- Be able to provide longer term care and the opportunity to work in partnership at an earlier stage with Adult Learning Disability Services to support them through the transition process.
- Be available to meet the needs of other young people who have complex care and support needs, dependent on their assessed needs.

Gwynedd

There is an identified shortfall of capacity in residential child care settings in Gwynedd and in Wales more widely. Current provision does not address the need and there is no prospect for new provision in the near future. Current providers are very small ones which leads to children having to go to England which can lead to secondary problems, especially as there is no sufficient supply in England either. Social workers encounter difficulties in placing children with intensive needs as providers tend to keep placements for children with less intensive needs. It has been noted that it is possible to ensure a placement for each individual, but that more discussion is needed in order to place those with more intensive needs. The fees are also very high.

The following issues have been raised as barriers to developing residential care:

- There is still a stigma associated with children's care homes.
- Children placed together in a care home setting need to be able to coincide and they can often have very different or conflicting needs which can be very complicated and a daunting prospect for new providers given the financial risks in establishing such a business.
- The substantial increase in housing stock prices in Gwynedd makes a business case in Gwynedd less attractive.

Conwy

The table below shows the type and number of placements in Conwy over the last five years.

Table 21: Type and number of placements, Conwy, 2017 to 2021

County		2017-18	2018-19	2019-20	2020-21	2021-22
Foster Placements	-	249	221	212	203	208
Adoption/Placed for Adoption	-	11	16	15	17	22
Independent Living		15	16	23	29	23
Residential Homes/Schools/Hostel		30	31	33	37	48
Young Offenders/Secure Accommodation		1	2	2		
Placed with Parent/other parent		46	41	38	24	39
Est Med/Nursing Care		11	4	1	1	
Family Centre or Mother/baby unit					1	5
Section 38(6) Court Directed Unregulated Placement					3	12
Temporary Placements					3	11

Source: Local authority data collection

The number of looked after children has reduced, this is in parallel with a significant investment and focus on early intervention and preventative services. The Conwy Family Support and Intervention team saw 4,400 referrals between April and September 2021. The team has received an increased number of referrals. Anecdotally there has been an increased complexity of cases.

Key challenges to maintaining provision includes:

- Workforce - Recruitment of child care workers, particularly those with experience is a significant challenge**.** Experienced social workers look for alternative roles due to the nature of child protection work and the impact that this has on work life

balance and mental health. Local authorities are competing with agencies to attract social workers, who provide higher rates of pay.

- Endeavouring to change the status of looked after children through Special Guardianship Orders (Kinship).
- Working within effective partnerships with Child and Adolescent Mental Health Services (CAMHS) continues to be inconsistent while each agency has different perspectives and conflicting priorities – challenging, high risk, time consuming casework.
- Shortage of emergency accommodation and reliance on out of county / temporary placements. This is a key priority for us at this time.

Costs for placements have almost doubled from an average per week of £3,500 in 2017 to some commanding between £6,000 and £7,000 in 2021/22.

Denbighshire

Denbighshire County Council have 20 children or young people placed within care home provisions, more than half of these children and young people are placed outside of Wales. Whilst these children and young people have been appropriately placed in residential settings based on their presenting needs, the lack of local options have resulted in some placements being made at a considerable distance from their home area.

There is a demand for residential placements for children with mental health issues and who present with complex, trauma induced behaviour. Placements with the ability to support children and young people who have experienced Child Sexual Exploitation or Child Criminal Exploitation are also lacking.

Flintshire

Flintshire County Council commission 39 children's care home services, half of these children and young people are placed out of the country in England and Scotland. A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset. While children have been appropriately placed in residential settings based on their presenting needs, there had been few viable alternative approaches available which could have contributed to a de-escalation, eliminating the need for out of county placement.

There is a demand for residential services for children who suffer with their mental health, and there is not the sufficient level of care and support with the local authority area to provide this. Services are being sought out of county which incurs further cost implications.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

Over the next five-year period, in order to ensure stability within the sector, the council aims to:

- Work with new and existing providers and support them to deliver models of care that will meet the needs of children.
- Work with new and existing providers and encourage them to develop their businesses in a way that, in addition to improving outcomes for our children, also provides a wider social value to our communities.
- Work with providers who are able to safely care for children with multiple high needs and are able to provide alternative accommodation to secure welfare provision.
- Identify providers who will work in partnership with us during periods of transition, including stepping down to live with a foster carer or reunification with their family.
- Welsh culture is very important to us as a region and we want more providers who are able to deliver their services in Welsh.

Wrexham

Wrexham County Borough Council do not commission any in house provision for children's care home services, though we do have 33 children and young people placed in out of the county placements in England and Wales. A focus is needed on initiatives designed to reduce the number of children who are placed out of county from the outset.

Utilising Welsh Government Integrated Care Capital Funding, this year we were able to launch our Care Closer to Home Programme which will remain a priority into the next 4 years. The Programme focuses on the purchase, repurposing and/or redevelopment of property either by WCBC or in partnership with Registered Social Landlords to deliver supported living schemes and small children's homes within

Wrexham, enabling people to return to the Borough to meet their housing and/ or care needs and preventing the need to commission out of county placements in future. This year, we secured three properties and more are in the planning under the new and expanded Welsh Government capital grant schemes.
There is a demand for residential services for children who suffer with their mental health, and there is no the sufficient level of care and support within the local authority area to provide this. Services are being sought out of county which incurs further cost implications.

A number of local residential providers also have plans for expansion, which presents another opportunity to work in partnership to align the provision to meet local needs.

Over the coming year, our priorities will focus on:

- Maximising regional capital funding to expand care closer to home and develop non-profit, local care solutions for looked after children.
- Reunification framework project – using NSCC process to improve reunification success.
- Improving discharge planning with dedicated legal and social work support committed to discharge planning and delivery of Discharge Care Orders.
- Continued growth of special guardianship offer and support.
- Launch of 'Reflect' – programme to support reduction in number of recurring pregnancies ending in children being removed.
- Evaluation of rates of pay for Foster Carers to better reflect costs of living and reducing poverty related risks.
- Delivery of Kick start and Supported Lodgings Projects
- Multi Systemic Therapy – continued roll out of MST approach across services to include move-on / step down support for families.
- Early Permanency Process to be established prioritising permanency from the start.

We also aim to;

- Maximise the use of new and increasing regional capital funding to develop new emergency placement accommodation/ units to increase the provision of emergency respite accommodation for those families in crisis.

In-house children's care home provision

North Wales secured £3.8m grant funding for a regional transformation programme for children and young people for 2021/22. The strategic partnership of local authorities and health board in each geographical area within the region are overseeing the delivery of the transition programme. In the Central and East areas, two purpose built Residential Assessment Centres will be opened in 2022/23. They will support the provision of in house care closer to home for children with complex behavioural and emotional needs.

Table 22 Additional annual capacity created by Transformation Programme Funding 2021/22

Area	Annual Assessment Placements	Annual Emergency Placements	Care Home placements
West (Anglesey and Gwynedd)	-	-	-
Central (Conwy and Denbighshire)	12	-	12
East (Wrexham and Flintshire)	12	182	4
North Wales	24	182	4

Source: Local authority data
Notes: East and Central annual assessments based on 4, 16 week placements. East annual emergency placements based on 1 placement with a 2 night maximum stay.

Isle of Anglesey and Gwynedd Councils and BCUHB (West)

There was insufficient demand to justify commissioning a full-time residential family centre unit. Current capacity is adequately fulfilled.

The Transformation Team on Anglesey is a new service that will provide a multi-agency provision of intensive services in Anglesey.

The Team will work with families, aged 0 to 25, who are either at risk of coming into the care of the local authority or where there is a possibility for them to return to the home or remain in the care of their parents / carers safely.

The team consists of a practice leader, psychologist, social worker and two support workers. Their focus is on working with children and young people where a neurological condition may be impacting their behaviours at home, school or out in the community.

Denbighshire and Conwy Councils and Betsi Cadwaladr University Health Board (Central)

Bwthyn Y Ddol

The Bwthyn Y Ddol multi-disciplinary team continues to work with children and young people who are at the edge of care and are at risk of becoming looked after.

The team will initially focus on completing a holistic assessment through a consultation process, in order to recommend a program of interventions.

A new evidence based model of care has been developed through a multi-agency team. This has been tailored to the needs of young people within Denbighshire and Conwy. Early indications suggest that the intervention has helped young people remain at home safely.

A person centred, whole family approach has seen multi-agency collaborative discussions routinely taking place which has promoted partnership work across all agencies.

The new residential assessment centre will provide:

- Four placements for residential assessment
- Short term, unplanned ‘emergency’ accommodation for two children and young people

It is envisaged that the development will be completed in early 2023.

Flintshire and Wrexham Councils and Betsi Cadwaladr University Health Board (East)

Ty Nyth a Residential Assessment Centre and Children’s residential home will provide support underpinned by the Multi Systemic Therapy (MST) Family Intervention Transition (FIT) approach.

The MST (Multi Systemic Therapy) Team became operational in May 2020 during the COVID lockdown, comprising of a supervisor, four therapists and an

administrator. The MST team provides intensive assessment and therapeutic support for young people with significant needs, often with high levels of challenging behaviours across multiple areas which can include verbal and physical aggression, substance abuse, missing from home, self-harm and patterns of school exclusion / risk of exclusion. Each family has a bespoke package of care tailored to the needs of their family, leveraging off existing strengths in the family to provide the best possible opportunity for long term sustainability. The MST Team have met the criteria to operate MST UK model under strict licensing requirement including competency to practice through intensive training. MST is an evidence based clinical model that works with all systems surrounding the child, including education, community influences and any significant adults / others in the family. It builds resilience of the family and offer supports that is accessible '24/7'. Acknowledging that problems in the families can occur at any time of the day or night. Appointments take place in the family home at times that are convenient to the family. The team operates with MST's ethos of 'whatever it takes.' The team provides direct support to build the resilience of families for between 3 and 5 months. The focus is preventing out of home placement by care or custody in youth presenting with anti-social behaviour at home, in the community and/or in school.

The service will provide:

- 4 residential assessment placements at any one time (12 to 16 week length of stay) aged 12 to 17 years.
- Support to young people's carers by the MST FIT team to increase skills and support a smooth transition home.
- Ongoing family support for up to a further 4 months and with other key agencies, such as social care and schools' and other community based support networks. The goal is to improve family independence, reducing long term reliance on statutory services.
- 1 placement for children requiring emergency accommodation (2 night maximum stay).

Park Avenue will offer 4 long term placements for those children who do not suit support in larger settings. Indicatively the strategic partnership are seeking to commit to 6 small group homes over the next 3 years.

Consideration of market quality

Regional

Children's Commissioning Consortium Cymru (4C's) are a Welsh National Team working to support Local Authority Children's Social Services Departments to commission and contract placements for Children Looked After. They manage the the All Wales Residential Framework for the Provision of Services for Children & Young People Looked After across Wales.

Framework monitoring of Quality Assurance and Risk Management processes within the Framework identifies trends in relation to providers and issues.

Isle of Anglesey

Anglesey has two registered Small Group Homes – known as "Catrefi Clyd Môn" - that are registered and running – Cartref Clyd Bryn Hwfa, and Cartref Clyd Llanfairpwll, - both of which have been running at full capacity throughout the year, working with young people with complex care needs who have suffered early childhood trauma and struggle with attachment disorders.

Following the success of the first two homes, Anglesey is currently nearing opening its third Catrefi Clyd Môn in Caergybi (Holyhead), a specialist small group home, which will be an opportunity for respite for children supported by the specialist children's services.

During the next twelve months a fourth property will be opened, which is still in its planning and registration phase -Cartrefi Clyd Môn Rhosybol.

There is another project with the planning and registration phase of Catrefi Clyd Môn Llangristiolus, which will be a modern facility specialising in Day Services for its Specialist Children's Services. With the opening of these 2 new facilities in 2022, out of county placements will be reduced further.

The facilities at Cartref Clyd Bryn Hwfa in Llangefni and Cartref Clyd Llanfairpwll were inspected by CIW in 2020 and both were judged to be Excellent.

Denbighshire

Denbighshire is committed to continuous improvement through engaging with and listening to children and young people and their carers and paid staff via surveys and at key stages of the support process for example end of placements.

Children have helped to shape contracts for the Care Leaver Service and Regional Advocacy Services through the evaluation process.

There is an ongoing consultation with Children and Young People in conjunction with children and young people about the language used by professionals when discussing verbally or in writing the lives and circumstances of care experienced children and young people. This is in response to requests by Voices from Care, Young Commissioners and the Family Justice Young People's Board who have highlighted the language used by professionals and its impact on children and young people.

Collaborative Conversations Training has enabled Children's Service practitioners to consider how to build better relationships with people. There was significant practitioner feedback as part of a reflective exercise.

Flintshire

During April 2021, Care Inspectorate Wales (CIW) completed an assurance check to review how well the Local Authority Social Services continue to help and support adults and children with a focus on safety and well-being. The key lines of enquiry were focused within the four principles of the Social Services and Well-being (Wales) Act 2014 and findings / judgements were aligned to these – People – Voice and Control, Prevention, Well-Being, Partnerships and Integration.

Current and projected trends

- Challenges in accessing secure welfare beds and local alternatives that provide crisis intervention and diversion from secure accommodation.
- Challenges in sourcing appropriate local placements for children and young people with complex needs.
- Need for additional and appropriate short term care arrangements and facilities for children. This also includes children with additional needs and on occasions their siblings.

- Children ages 16+ often have complex needs and placement options are limited, a strategic approach is needed in supporting the accommodation and support needs of young people ages 16-18 and for care leavers.

Impact of commissioning practices on the market

All Wales Local Authority Frameworks are used to commission individual placements across a range of placement types. These frameworks deliver strategic level partnerships with providers in fostering and residential services. The frameworks are used where either the Regions Sufficiency Duty necessitates external commissioning or where best quality, outcome delivery and value for money is achieved through external commissioning rather than internal service delivery. The All Wales Frameworks are managed by the 4C's.

The vehicle used for e-tendering external fostering and residential placements is the Children's Commissioning Support Resources (CCSR) which offers transparent and outcomes focused placement commissioning for both Framework and Non-Framework regulated placements and allows compliance with the relevant procurement guidance and regulation that underpins commissioning.

Provision of service in the Welsh language

Children who are placed out of country due to lack of specialist placements do not have the option to receive care services in Welsh. This is a particular issue in Gwynedd.

Preventative services

The Population Needs Assessment identified a key priority to support child and adolescent health and well-being with an emphasis on preventative services. This was identified as a key area of priority across the region.

The Integrated Care Fund 2016-22 has been used to explore new and innovative ways to provide early intervention to those in most need. Without this funding children and families may have required increasing interventions from Social Care, Betsi Cadwaladr University Health Board Children and Adolescent Mental Health Services in both Tier's 3 and 4 and North Wales Police, and may have not been able to remain with their families.

Learning from previous projects should be used to further explore the development of preventative services through the Regional Investment Fund 2022-27.

Isle of Anglesey

The children and families service continues to invest in preventative services to decrease the number of children and young people requiring to be looked after. The main preventative provision is the resilient families team. They provide intensive support for families where substance misuse, domestic abuse and parental mental health difficulties have been identified and contribute to the risks that the children and young people may face at home. Through utilising strength based and psychological informed interventions the team has consistently demonstrated that these are effective ways of decreasing risk andfacilitating change that allow families to remain together. In addition, a peer mentor programme has been developed and although it's early days we expect this to be an effective addition to the offer.

The Transformation Team is a new service established in 2021. They will provide a multi-agency provision of intensive services in Anglesey. The Team work with families, aged 0 to 25, who are either at risk of coming into the care of the local authority or where there is a possibility for them to return to the home or remain in the care of their parents / carers safely. The team consists of a practice leader, psychologist, social worker and two support workers. Their focus is on working with children and young people where a neurological condition may be impacting their behaviours at home, school or out in the community. In 2022 the team will be incorporated into the resilient families' team widening the remit and scope of that team.

The service aims to provide at the earliest possible opportunity, early intervention and prevention services to families. Provisions include the team around the family that has recently been increased in size from 6 to 8 support workers. Our commissioned services include GORWEL domestic abuse service, Action for Children emotional wellbeing and young carers, Adferiad parental mental health support and the early Help Hub and One Front door multi-agency meetings.

Gwynedd

Through ICF monies, Action for Children have established the Gwynedd Repatriation and Prevention (RAP) service for Looked After Children which provides a direct therapeutic service to reduce the number of Looked After Children, including

reducing the need for, and the number of expensive out of county placements and to support the development of a high quality local care provision for Gwynedd children. The service also prevents family breakdown including adoption breakdowns which result in the need for a looked after placement.

The predominant need from referrals is to stabilise foster placements, we offer support directly and indirectly via carers and other professionals. The support to foster parents is not just to new foster parents but also to experienced and established carers. As always, collaborative working is key to the success and in these instances working in close partnership with fostering is vital particularly focussing on self-care for foster parents. The RAP service has continued to be active to members of the closed Gwynedd fostering Facebook group, sharing advice and links on a variety of topics from parenting to pandemic issues.

The outcomes of the service are to:

- Reduce the number of Children Looked After.
- Develop a whole systems therapeutic approach to the families at risk of breakdown.
- Prevent children becoming looked after by providing Attachment-Focussed Therapy to enable children, young people and their families to better understand trauma and its impact.
- Ensure children and young people are able to achieve and maintain stable care placements by therapeutically supporting carers to understand and manage behaviours that challenge.
- Support and upskill carers to develop nurturing, therapeutic responses to behaviours which helps stabilise placements and prevent placement breakdown.
- Deliver an accessible, timely solution focussed, non-stigmatising service.
- Provide intensive support and therapeutic input for looked after children who are suitable to be repatriated to their home community in Gwynedd.
- Work with adoptive families to achieve placement stability

The service is person centred in its approach, the creativity and adaptable support of the staff ensures this.

The feedback has been very positive with one example below:

“Absolutely brilliant and invaluable support and advice. The service has been a real support and something we feel confident in and know that their always there for us

as a family to help guide us through the bad times and for us to just vent our frustrations to! their level of commitment to us shows in their aftercare contact making sure we are ok after contacts and bad weekends. Cannot rate this service highly enough"

Conwy

Youth Justice

- Referral orders – 38 young people engaged in the last 6 months, 4 re-offended
- Enhanced Restorative Justice Work - 66 initial referrals
- Supported 78 people who had been harmed and then 44 of the young people (perpetrators) were supported to engage in specific interventions guided by the victim's views to develop an understanding of the impact of their behaviour
- No young people that engaged within the project were made subject to custodial sentence

Table 23 Conwy Youth Justice Referrals, April to September 2021

Type of referral	Number
Yellow Cards	203
Flat Community Resolution	13
Prevention referrals	44
Community Resolution +	24
Youth Caution	0
Youth Conditional Caution	6
Total	290

Source: Local authority data

Denbighshire

2021 saw the establishment, via Children and Young People's Transformation Programme funding of LIFT (Local Integrated Family Team). LIFT offers targeted early support for families experiencing difficulties with managing emotional and behavioural difficulties.

The team, which includes wellbeing navigators, occupational therapists, behavioural support specialists and a psychologist, works with families to understand the challenging behaviour and act as a source of information and support to help

develop and implement positive behavioural plans and to provide specialist consultation when required.

The multi-agency team consisting of multi-disciplinary professionals have developed a specific model of care and a partnership approach to support families in Denbighshire and Conwy. They are now operational and working directly with children and young people and their families.

The programme has also upskilled 78 local authority and health staff in therapies that the team will be using, this has encouraged a common approach and shared language, providing consistency across partner agencies and teams. The independent evaluation of the project stated:

- Strong partnership approach at senior level was a key driver in getting the new services up and running.
- Partner agency staff were impressed at how quickly the LIFT team came back to them in response to referrals and requests for advice and guidance.
- Opportunities for consultations and joint working which they felt was contributing to learning and development for the children's workforce.
- Families have engaged well.

Feedback from parents:

- "Life is so much better at home now since [staff members] made that video for us"
- "M is so much more in touch with his feelings as I am since LIFT has been helping us, his behaviour has also improved"
- "It has been lovely to have been listened to and not judged"

During the period where the Integrated Care Fund was provided to Denbighshire the provision of this edge of care support has worked with 122 families (accounting for 200 children).

Integrated Families First / Flying Start programme (IFFFS)

The IFFFS programme provides a range of Family and Parenting Support in Denbighshire. We aim to provide early intervention and prevention services for vulnerable families to avoid escalation and ensure children in our most deprived areas receive extra help.

In 2021-22, our Families First services received 302 referrals. We had an average monthly waiting list of 18, and an average waiting time of 26 days from receipt of referral to allocation of a worker. We supported 369 families and newly assessed 114 families' needs.

The Team Around the Family (TAF) coordinates multiple services and interventions around individual families, securing engagement, assessing need and planning support. Amidst ongoing issues and fluctuating needs around Covid-19, to date the TAF team have successfully concluded 29 action plans with families. Using a Welsh Government piloted methodology, we estimated the potential cost savings achieved by TAF for other services. The most recent available figures for January to December 2021 show savings of £122,823.

Table 24 Potential cost savings from TAF to services, January to December 2021

Service area	Estimated savings	Issues addressed
Crime	£52,272	Antisocial behaviour, domestic abuse & criminal behaviour
Education	£22,264	Absence, exclusion & school readiness
Health	£6,187	Drug misuse
Mental health	£18,052	Mental health issues in children, young people & adults
Employment	£24,048	Support to gain employment
Total	£122,823	

Source: Local authority data

In 2021, our Flying Start Health Visitors supported 1,182 children under 4 in the most multi-deprived parts of Prestatyn, Rhyl and Denbigh. We supported a further 52 families across the county through Outreach. Our Speech and Language therapists helped 102 children alongside our Early Language Development team, who delivered Portage and Laugh and Learn interventions to 36 children. From January to December 2021 we provided 31,998 free childcare sessions to 366 children, and provided 1,348 additional sessions.

Our Health Visitors contribute significantly to safeguarding children in Denbighshire. From January to December 2021 the team made 218 contacts with children in Child

Protection measures, 135 contacts with children with a Care & Support Plan and 115 with Looked After Children. They made 639 contacts with children needing a Tier 3 Intensive service.

Table 25 Denbighshire health visitor activities, 2021

Activity	Number
Child Protection Referrals	102
Court Reports / Police Statements	12
Case Conference reports/attended	77
MARAC Reports	26
Looked After Children Reviews attended	29
Safeguarding Pre-Birth Assessments	97
Safeguarding related meetings attended	337

Source: Local authority data

In January we appointed a new Safeguarding Nurse who attended four Case Conferences and six professionals' meetings (Core Groups/Care & Support Plans/Looked After Children).

Flintshire

REFLECT

The REFLECT Service supports women who have had one or more children removed through care proceedings and are at high risk of having children who will be subject to the same experience.

The Early Help Hub is a multi-agency early help resource for children and families demonstrating two or more Adverse Childhood Experiences (ACEs). Partners include Social Services, Police, Health, Youth Justice, Housing, Flintshire Customer Connects, Education, Family Information Service, Early Years Support and Flintshire Local Voluntary Council (FLVC).

The Early Help Hub received 2,641 referrals between April 2020 and end of March 2021 and the team have adapted to meet needs during the pandemic. All Early Help Hub members quickly reverted to having discussions online and agencies adapted well during lockdown and there was no interruption with meetings. Referrals slowed down slightly during April/May but started to pick back up again from June.

Parent and Child Together Placement'

The 'Parent and Child Together Placement' recruitment campaign is beginning to come to fruition. This aims to keep children with their parents in a specially assessed foster care setting.

Flintshire closely scrutinise decisions about whether older young people should be taken into care and, in particular, what difference can be achieved at this relatively late stage.

Flintshire Meeting Service

Flintshire Meeting Services approach is aimed at keeping families together wherever possible. Families are offered a Family Group Meeting at the earliest opportunity, to prevent them from reaching crisis. Family Group Meetings explore if wider family members or connected persons would be willing to put themselves forward to be assessed to care for the child. Further funding has been made available to strengthen this approach. We have seen an increase in referrals to the service and it's been noted that families during this period required additional support due to the impact of COVID19 and the strain and increased pressure / stress on family life. We have also seen a sharp increase in referrals from statutory services which again highlights the strain the pandemic has and is having on families.

Family Information Service (FISF)

The Family Information Service is a statutory local authority service providing free and impartial information, advice and guidance to families (and those working with families) on a range of topics and in various formats.

Topics include health, education, leisure, finance and registered childcare. The service processes an average of 20,000 enquiries each quarter either face to face, by telephone and email or on the website and via social media.

Wrexham

Throughout the year, the Department has made steady progress in the development of early intervention and preventative services. In November 2021, the Early Help and Prevention Framework document was published, following a multi-agency launch along with the Children's Services Threshold document.

The Prevention and Early Help Framework document is to assist all when planning Prevention and Early Intervention Services. It supports in considering who needs to be involved, what the principles are that will drive discussions and decisions and it enables individuals to develop a clear business case for enhancing, expanding or repurposing current services.

Since the development of the Prevention and Early Help Framework, a new Prevention and Early Help Partnership has been established and work is currently underway to develop a strategy that will help to focus both the Council's and its Partner's on ensuring that support to children, young people and families is available to them before issues worsen. It aims to help children, young people and families to help themselves in the first instance but when more help is needed, we aim to provide the right support much earlier. Further development of the Prevention and Early Help Partnership will continue throughout the coming year.

6. Fostering services

Population overview

The number of children is predicted to decrease

The estimated number of children (aged 0-15) in 2020 and the projections for 2040 demonstrate the number of children in North Wales is predicted to decrease over the coming years (Welsh Government, 2020). This decrease can be seen across all of the local authorities in North Wales, with the exception of Gwynedd which is predicted to have a slight increase (1.8%). Overall the number of children in North Wales is expected to reduce by 6.1%

The Market Position Statement update (2021) gave an overview of key statistics;

- • The number of children who required a foster placement increased by 34% during the period April 2016 (600 children) to March 2020 (805 children).
- • As at the 31st March 2020, there were 805 North Wales children living with a foster carer, 40% (325 children) were living with an independent foster carer and the majority of those children required a specialist placement in order to support their needs, which could not be supported by our in-house services.
- • There are currently 11 children who are living in a children's home who could be supported by specialist foster carers. There are not enough foster carers with the right skills to support the needs profiles of our children.
- • During the period April 2020 to the end of February 2021, there were 34 children who required a parent and child placement and assessment.

Demand for foster care has increased

The number of children in foster care in North Wales has increased year on year since 2015 to around 945 in 2020. Wrexham had the largest increase, with the number of children doubling. Gwynedd also saw a significant increase. Numbers in the other local authorities have fluctuated.

Table 26: Number of children looked after in foster placements at 31 March

Local council	2016	2017	2018	2019	2020
Anglesey	90	100	100	90	110
Gwynedd	145	145	145	165	200
Conwy	120	125	150	140	140
Denbighshire	125	110	110	115	115
Flintshire	135	140	135	150	140
Wrexham	120	135	170	175	240
North Wales	735	755	810	835	945
Wales	4,250	4,425	4,700	4,840	4,990

Numbers have been rounded so may not sum.

Source: Children looked after by local authorities in foster placements. Stats Wales, Welsh Government

Despite the increasing numbers in foster placements, the Market Position Statement (2019) expressed that a large increase was not expected in the future.

Local authorities have in-house foster care places and independent fostering agencies providing places. Some of the independent foster agencies are charities or co-operatives. The table below shows the number and percentage for each type of foster placement provision, broken down by Local Authority.

Table 27: Number of foster placements in the local authority area commissioned by provider type

Local council	In House (number)	Independent provider (number)	Total (number)	In House (percentage)	Independent provider (percentage)
Anglesey	37	32	69	54%	46%
Gwynedd	98	31	129	76%	24%
Conwy	82	41	123	67%	33%
Denbighshire	69	19	88	78%	22%
Flintshire	55	13	68	81%	19%
Wrexham	119	21	140	85%	15%
North Wales	460	157	617	75%	25%

Source: Provided by each local authority

Predicted increased demand for foster parents

The National Foster Network calculated a need for, an estimated, 550 new foster parents across Wales every year to keep up with demand. This suggests there could be a shortage of foster placements in coming years, given the increasing demand.

Sufficiency issues for some children

The Market Position Statement (Regional Partnership Board, 2019) identified sufficiency issues with finding placements for children with particular needs including:

- Respite care
- Young offenders
- Refugees, immigrants, asylum seekers
- Young parents
- Sibling groups
- Emergency situations

The stability of the workforce is an issue, with increasing demand for placements and the number of placements projected do not meet with the forecast demand.

The Foster Wales website facilitated the joining of the 22 Local Authorities to form a national network of local fostering expertise. Its focus is to make a bigger impact on a national level, working together with foster carers, to build better futures for local children. Sharing one brand and, one voice, to strengthen recruitment and support of foster carers.

The National Fostering Framework

The National Fostering Framework (2018) finds children who live with foster carers in their own locality more likely to thrive and children in local authority provision more likely to stay in their home authority, enabling them to maintain important links. It is vital local authorities increase local placements and reduce out of area placements. According to the National Fostering Framework (2018), connected fostering (with family or friends) has seen increased demand. It also finds that local authority placements have better outcomes for children. The framework states that local authorities need to be able to have capacity to facilitate this, or otherwise ensure that the child has opportunities to maintain connections if placed in alternative fostering.

Market overview

Regional market overview

The table below shows a breakdown of fostering provision by provider type.

Table 28: Fostering placements, beds and market share by provider type.

Provider Type	Market share (Percentage)	Placements (number)	Care settings (number)
In House	62%	776	453
Private	37%	469	206
Third sector	1%	16	7
North Wales	100%	1261	666

Source: CCSR data accessed 31/05/22

Isle of Anglesey market overview

The table shows how many children in Anglesey are increasingly being placed outside of their local authority.

Table 29: Number of children in foster placements by area - Anglesey

Location of placement	2018	2019	2020	2021	Change No
Inside local authority	65	60	70	80	-45
Outside local authority (Wales)	30	30	30	20	50
Outside Wales	0	0	0	0	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Table 30: Number of children in foster placements by type - Anglesey

Type of Placement	2018	2019	2020	2021	Change no
With relative/ friend, inside local authority	30	25	25	35	5
With local authority, inside local authority	20	20	40	40	20
With agency, inside local authority	15	15	10	10	-5
With relative/ friend, outside local authority	5	0	0	0	-5
With local authority, outside local authority	0	0	0	0	0
With agency, outside local authority	25	25	25	25	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Gwynedd market overview

Figures in the table below, show children in the Gwynedd area have been increasingly placed into foster placements within Gwynedd. The number placed outside of Gwynedd but still in Wales has reduced. However, placements outside of Wales have increased.

Table 31: Number of children in foster placements by area - Gwynedd

Location of Placement	2018	2019	2020	2021	Change No
Within Local Authority	110	120	140	135	25
Outside Local Authority Wales	35	40	50	50	15
Outside Wales	0	5	5	15	15

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

The figures below show children in Gwynedd are increasingly placed into foster placements both within and outside Gwynedd. They have also seen increased numbers of placements with family/friends.

Table 32: Number of children in foster placements by type - Gwynedd

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, within local authority	35	50	50	45	10
With local authority, within local authority	70	65	85	85	15
With agency, within local authority	0	0	0	0	0
With relative/ friend, outside local authority	5	10	15	25	20
With local authority, outside local authority	10	15	15	10	0
With agency, outside local authority	20	20	30	30	10

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Gwynedd local authority themselves report a “relatively good provision” of foster placements available within the county, when compared to other provision but recognise there is potential for shortages in foster carers in the near future. The local authority anticipate approximately 10 to 12 new foster placements would be required each year to maintain this and at least 18 to 20 to improve provision.

Conwy market overview

Conwy has increased foster placements inside the local authority and those outside of Wales have reduced significantly. However, those outside of Conwy but still in Wales have increased, see figures below.

Table 33: Number of children in foster placements by area - Conwy

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	95	85	100	100	5
Outside Local Authority Wales	20	35	35	35	15
Outside Wales	35	25	5	5	-30

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Conwy has seen a reduction in foster placements with the local authority and a small increase in agency placements.

Table 34: Number of children in foster placements by type - Conwy

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	25	20	15	20	-5
With local authority, inside local authority	65	60	55	55	-10
With agency, inside local authority	25	30	35	30	5
With relative/ friend, outside local authority	10	10	10	15	5
With local authority, outside local authority	0	0	0	0	0
With agency, outside local authority	20	20	20	20	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Conwy report that both emergency and longer term placements are needed urgently. The local authority recognises the importance of local placements for children, they are considering a range of options to increase provision in the county and reduce reliance on costly temporary arrangements and out of county placements that are far from the family.

Denbighshire market overview

The figures in the table below show placements for children from Denbighshire have increased both inside Denbighshire and outside of Denbighshire but still in Wales.

Table 35: Number of children in foster placements by area - Denbighshire

Location of placement	2018	2019	2020	2021	Change No
Inside local authority	85	90	90	90	5
Outside local authority Wales	15	15	15	20	5
Outside Wales	10	10	10	10	0

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Denbighshire has seen increased agency use inside and outside of the area and increased placements with family/friends out of area.

Table 36: Number of children in foster placements by type - Denbighshire

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	20	20	20	20	0
With local authority, inside local authority	60	70	65	65	5
With agency, inside local authority	0	5	10	5	5
With relative/ friend, outside local authority	5	10	10	10	5
With local authority, outside local authority	10	5	0	0	-10
With agency, outside local authority	10	10	10	15	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Denbighshire local authority have identified a need to increase care capacity to meet population needs within Denbighshire for foster care services. They also recognise a shortage in the availability of overnight respite accommodation for children with complex disabilities.

Flintshire market overview

In Flintshire children have increasingly been placed outside of Flintshire both in Wales and outside of Wales. The figures also show a reduction in placements in Flintshire.

Table 37: Number of children in foster placements by area - Flintshire

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	95	95	90	90	-5
Outside Local Authority Wales	25	35	30	45	20
Outside Wales	15	20	15	20	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Data in the table below shows a considerable increase in the use of agencies for Flintshire both inside and outside of the local authority.

Table 38: Number of children in foster placements by type - Flintshire

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	35	35	35	30	-5
With local authority, inside local authority	60	60	50	55	-5
With agency, inside local authority	5	5	5	15	10
With relative/ friend, outside local authority	15	15	15	15	0
With local authority, outside local authority	15	15	10	15	0
With agency, outside local authority	5	15	20	25	20

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Flintshire report as of 31 March 2021, there were 109 children and young people in foster placements within and outside the Local Authority Area (not including kinship

placements) and as of 16 February 2022, this figure was 102. They state they are currently able to look after the majority of children under 8 within in house fostering services.

The local authority identified the following market sufficiency issues:

- Need to meet the forecast demand with in-house foster carers.
- Foster parents to support children in the age categories 10 to 14 and 15+.
- Sourcing appropriate local placements for those with complex needs.
- Meeting demand for children who need complex multi-agency care packages or have challenging risk management plans, example behaviours include anger management issues, verbal and physical aggression towards adults.
- Shortages for sibling groups and children with disabilities.
- Not enough skilled foster parents for children at the highest end of needs profile, those currently living in care homes.
- Insufficient placements lead to children being placed in unregulated settings.
- Not enough carers who speak Welsh.
- North Wales has a shortage of parent and child places, especially in Wrexham and Flintshire.

Wrexham market overview

The table shows how there has been an increase in all types of placements in Wrexham, including children placed out of area.

Table 39: Number of children in foster placements by area - Wrexham

Location of Placement	2018	2019	2020	2021	Change No
Inside Local Authority	115	120	145	150	35
Outside Local Authority Wales	30	40	65	75	45
Outside Wales	20	15	20	25	5

Numbers have been rounded so may not sum.
Source: Looked After Children Census. Stats Wales, Welsh Government

The table below demonstrates a sharp increase in the use of agencies for Wrexham, with the steepest increase outside of the local authority.

Table 40: Number of children in foster placements by type - Wrexham

Type of Placement	2018	2019	2020	2021	Change No
With relative/ friend, inside local authority	60	70	75	80	20
With local authority, inside local authority	65	55	70	70	5
With agency, inside local authority	15	20	25	30	15
With relative/ friend, outside local authority	0	0	0	0	0
With local authority, outside local authority	20	20	15	15	-5
With agency, outside local authority	15	15	40	55	40

Numbers have been rounded so may not sum.
Source: Looked After Children Census. StatsWales, Welsh Government

Progress has been made in the implementation of the 4C's Framework and a Placement Officer has been appointed to manage the Framework database within Wrexham. The usage and expectations of the 4C's Framework continues to be embedded into practice as evidence as best practice. We have experienced an increased demand for placements able to meet the need of highly complex young people. This has lead to an increase in the number and cost of such placements. In order to deliver against the not for profit agenda, further investment will be needed in the development of local authority residential care.

Wrexham see reducing the number of looked after children as a priority, as well as removing profit from the children's placement market. The local authority also recognises a lack of intermediate or short term placements for children.

Market stability

Regional challenges

The Market Position Statement (2019) and 'Foster Wales' (2021) identified challenges to the stability of fostering services in North Wales and Wales as a whole listed below:

- Recruitment and retention issues
- Placements for children with particular needs including; respite care, young offenders, refugees/immigrants/asylum seekers, young parents, sibling groups and emergency situations
- It is estimated that Wales will need 550 new foster parents every year to meet demand

Isle of Anglesey market stability

The local authority recognises the following as issues affecting the future stability of the fostering service:

- Workforce – recruitment, retention, age profile of workforce, costs
- Supply and choices available
- Can the cost of living crisis impact the numbers of looked after children and therefore hamper the projection of decrease in demand?
- Impact of children seeking asylum on resources including placements and support available.
- Impact of unplanned arrivals to the Port of Holyhead.

Gwynedd market stability

Gwynedd have identified several factors that may influence fostering stability:

- Recruitment and retention of staff
- Potential shortage of foster placements, an estimated 10-12 new placements needed each year to maintain and at least 18-20 to improve provision
- Finance - concerns around maintaining quality services with limited resources
- Lack of funding often results in using out of county providers which results in higher costs contributing further to the problem

Conwy market stability

Conwy refer to key issues around future stability of their fostering service:

- Recruitment and retention (linked to pay and conditions but not exclusively)
- Emergency and longer term placements in county are needed urgently

Denbighshire market stability

Denbighshire recognises some key factors that may affect stability of the service:

- Increase in capacity to meet population needs within Denbighshire
- Staffing and recruitment issues
- Specialist training and knowledge
- Possibly long term funding problems
- Increased complexity of need
- Supply of specialist care not meeting demand
- Overnight respite care for children with complex disabilities
- Lack of placements for children with challenging/complex behaviour

Sustainability of provision

- Denbighshire recognises the following issues affecting sustainability of the service: Recruitment of in-house foster carers has been impacted by the pandemic with a lack of applicants coming forward, resulting in increased use of Independent Fostering Providers.
- Lack of availability has resulted in no offer or placements at a considerable distance, which is not always in the best interest of the young person.
- Children who require a placement but where foster care cannot be sourced are being escalated into residential care, but there is placement insufficiency and a perceived reluctance to offer placements to young people with complex needs. This can result in a placement at a distance away.
- Particular pressure if a child/young person presents with self-harm or suicidal ideation, providers show reluctance to offer placements to and emergency provision is extremely limited.

Preventative actions for children on the edge of care

During the period where the integrated care fund supported the provision of edge of care support, there were 122 families (200 children) supported including:

7 parents and 2 foster carers (19 children) attended new Parent Participation Group (collaboration with Parents and Carers Against Exploitation, North Wales Police, Health colleagues and Denbighshire Safeguarding Lead). Of these children, 6 no longer reach criteria for multi-agency oversight within Denbighshire's Exploitation Panel and 2 have been closed to social care.

2 children in long-term foster placements received an intensive intervention which stabilised their placement and enabled the foster carer and parent to have a shared understanding of each child's individual needs.

16 staff across Social Care, Early Intervention and Housing attended Dialectal Behavioural Therapy (DBT) Skills training and the Therapeutic Service will mentor these staff to develop DBT Skills groups for Foster and Kinship Carers, Looked After Children, Care Leavers and Semi-Independent and Homelessness Projects.

1 young person received an intensive intervention from the Therapeutic Service following police colleagues using their Powers of Police Protection. The young person required short-term foster care and was rehabilitated back to their family within 6 weeks, they are now closed to Social Care.

Engagement

Denbighshire list the following engagements used to help improve quality of service:

- A quality of care evaluation will be carried out of Denbighshire Fostering Service in April and May 2022. Questionnaires will be sent to gain views of children/young people, foster carers, kinship carers, panel members and parents, the results will assist in making improvements where required as well as recognising good practice.
- Closed Facebook group for foster carers developed with views from foster carers and is regularly being updated with information. Creating the page/group has provided another avenue to obtain feedback, information is circulated to a larger geographical area and accessibility has improved.
- Two children/young people's forums meet on a regular basis. They have not been able to meet over the last year, but staff running the forums kept in touch regularly.
- Kids in Care Young People's Forum (KIC Club) for young people aged 8 to 15 living with foster carers. They meet and do activities during half terms, share their experiences, say what is going well and what they would like to change.
- KWC Club (Kids who care) is a group of children/young people whose parents foster and are also part of the fostering process. They meet during half term, share experiences, say what's going well and what they would like to change.
- Foster carers virtual coffee mornings, invites were sent with a package containing a tea bag and packet of biscuits. To allow better conversation, foster carers were

split into groups based on their supervising social worker. Facilitated by the supervising social worker with drop-in appearances from; Head of Service, Service Manager, Fostering Team Manager and Placement Commissioning Officer/Recruitment Officer. It had good attendance, lots of laughter, discussion and feedback from attendees was very positive.

- The Fostering Service have increased the level of communication with Foster Carers with a regular newsletter and the Denbighshire Fostering Service Competition, whereby children have been asked for Christmas cards to be designed, pebbles to be painted and a Sunflower growing competition.

Flintshire market stability

Flintshire identified several issues impacting the stability of fostering services:

- Foster carers with skills/experience to support teenagers and sibling groups
- Increase in 14, 15 and 16 year olds entering care
- Parent and child placements

Action taken to improve stability

Recruitment of foster parents has been identified as an issue for Flintshire, in response the Foster with Flintshire portal has been developed to promote Fostering roles. The site contains a wealth of information, resources and stories from some of Flintshire's current foster parents. They have also targeted their recruitment strategy to address demand for foster parents with skills and experience to support children age 12 and over.

Mockingbird Programme

Flintshire was the first council in Wales to introduce the evidence-based Mockingbird model for foster placements. The programme nurtures the relationships between children, young people and foster families supporting them to build a resilient and caring community of six to ten satellite families called a constellation. The aim of the model is to improve foster care and outcomes for fostered young people.

Action for Children - Repatriation and Prevention (RAP) Service

The service provides intensive therapeutic support for Children Looked After with support from experienced foster carers. The service is a partnership between the local authority, health, CAMHS and Action for Children.

The aims of the service are to:

- Prevent placement breakdown and escalation to crisis point leading to out-of-county placements
- Return young people to stable placements in their home
- Ensure looked after children can access educational opportunities
- Increase resilience and confidence in children and carers

Adaptations to Foster Carers Homes Policy
'Adaptations to Foster Carers' Homes' policy was introduced in 2020, supporting foster carers make necessary adaptations to their home to provide adequate space for children/young people. It supports; sibling placements, the needs of children with multiple disabilities, secure extra capacity for foster placements and to meet health and safety requirements which would otherwise result in a child being moved.

Funding compliments existing support and is a step forward in securing local and stable placements for children. Applications for grant funding will be considered up to £36,000, and £20,000 for relocation to a more suitable property. To access the grant, carers and social worker must first exhaust other options/resources.

Grants are also available to; existing or prospective adoptive families, family and friends/carers of children under a Special Guardianship Order and carers who are committed to their caring role for the long term, or at least until the child reaches 18.

Placement stability meetings - Facilitated in house, when issues with maintaining a placement arise and the Independent Fostering Agency chair when requested.

Disruption meetings - The family group meeting service will bring together stakeholders and look at lessons learnt.

Wrexham market stability

Wrexham identified the following issues that may impact stability of fostering:

- A need to reduce the number of looked after children
- Removing profit from children's placement market
- Intermediate/short term care placements
- Staffing shortages
- Lack of appropriate placements

Carers are needed to support teenagers and mother and babies in the Wrexham area. To recruit carers to meet these needs, the local authority have;

- Commenced a review of rates of pay for carers, proposing an increased rate for specialist/skilled carers able to care for children with complex needs.
- Carried out a recruitment campaign using buses, billboards and social media.

Wrexham's Care Leavers Offer has been progressed throughout the year and the development of accommodation pathways for young people are underway. This will provide varying degrees of support on their pathway to independence and their own tenancy.

This will be achieved by developing in-house services including;

- Supported Lodging's Service
- Kick Start Project
- Step Down Project
- Use of a training flat.

The Leaving Care Team are located in accessible 'info shop' with their social workers while being able to take advantage of the `one stop shop` for any identified areas of support including access to funding grants and employment support.

Consideration of market quality

The State of the Nation report from the Fostering Agency (2021) provided insight into the quality of foster services across the whole of Wales, the key findings were:

- 44% of independent and 51% of local authority foster carers said they were not supported to maintain contact with children they had cared for. Foster carers perceived this as 'cruel', ending significant relationships for children who have experienced so much loss already.
- Some fostering services are not maintaining foster carer approval, even if they intend to continue fostering. This, and dropping financial support, are barriers to young people entering 'When I am Ready'.

- 20% independent and 12% local authority foster carers have no children in their care. It recommended better use of foster carers skills to meet the needs of children.
- 57% local authority foster carers had an agreed learning and development plan, 31% did not and 12% didn't know. 66% independent foster carers had a learning and development plan, 22% didn't and 12% didn't know.
- Local authority foster approvals were more restrictive and limited than independent approvals, it recommends local authorities assessments use broader approval statuses, robust matching procedures and placement stability processes.
- Foster carers would like to build relationships with social workers and children in their care to have stability and continuity of social worker. Over the previous two years, 53% of foster carers had one supervising social worker, 29% had two, 12% had three and 6% had four or more.
- Foster carers felt 'dismissed', 'ignored' and their role is not valued by the social care workforce. Lack of respect for their commitment, skills and dedication is a long-term, well reported issue in fostering.
- Foster carers want allowances to cover the full cost of caring for a child and payment reflecting their value as a member of the team around the child. Sufficient payments are a must to attract new skilled, committed foster carers.
- Lack of placement choice. To secure good matches for children, services would need to see a significant increase in access to local, quality placements.
- Staffing levels are not sufficient to provide required support for foster families. Services would like staffing to enable best practice and improve standards.
- Trauma-informed practice – concerns about access to training and additional services for those caring for traumatised children. Services would like children looked after to have priority status for services across health and education.
- Support for foster carers with improved peer support services and out of hours provision. Services with this support saw improved retention and stability.

Current and projected trends

Key current trends and projections for the future of foster services:

- Increased demand for placements
- Lack of places for older children
- Lack of places for children with complex care plans/behavioural issues

- Lack of foster parents with skills to support children with complex needs
- Projected increase in demand for placements
- Predicted potential shortage of placements, supply not matching demand

Welsh language

A shortage of Welsh speaking foster parents was identified in Flintshire.

The provision of Welsh language across the rest of North Wales will be discussed within the children's services chapter of this report.

Other provision

There is a significant lack of foster or residential placements for children and young people with challenging or complex behaviour.

Recruitment of in-house foster carers has been impacted by the pandemic with a lack of applicants coming forward. This has resulted in an increased use of Independent Fostering Providers.

Lack of availability has resulted in no offer or placements only at a considerable distance, which is not always in the best interest of the young person.

Children who require a placement but where foster care cannot be sourced are being escalated into residential care, but there is both placement insufficiency and a perceived reluctance to offer placements to young people with complex needs. Again this can result in a placement at a distance away.

There is particular pressure if the child/young person presents with self-harm or suicidal ideation, with providers showing reluctance to offer placements to this cohort. Emergency provision is extremely limited.

Workforce

The National Fostering Framework (2018) highlighted a loss in the number of approved foster households. The framework states improvements need to be made to increase; enquiries, conversions, approvals and retention of foster parents.

The table below shows numbers of foster parents and places have seen a slight increase overall across North Wales. However, Gwynedd and Denbighshire saw a

drop in both the number of foster parents and places available, and Flintshire saw a drop in foster parents but increase in places. If reductions in foster parents or places continue this could result in insufficient spaces for children in these local authorities.

Table 41: Number of approved foster spaces as of 31 March

Local council	2016/17	2017/18	2018/19
Anglesey	86	69	43
Gwynedd	164	178	198
Conwy	113	130	127
Denbighshire	156	155	149
Flintshire	133	157	156
Wrexham	161	172	166
North Wales	813	861	839
Wales	4,075	4,170	4,317

Source: Children Receiving Care and Support. StatsWales, Welsh Government

Table 42: Number of approved foster parents as of 31 March

Local council	2016/17	2017/18	2018/19
Anglesey	45	38	39
Gwynedd	103	111	120
Conwy	70	84	80
Denbighshire	78	77	74
Flintshire	77	77	76
Wrexham	100	112	110
North Wales	473	499	499
Wales	2,347	2,443	2,462

Source: Children Receiving Care and Support. StatsWales, Welsh Government

Carer skill set & training desired:

Carers who are able to work with our internal services and are trained in the delivery of therapeutic trauma informed care.

Carers who are aware of the impact of county lines and have received training to support children who are vulnerable to exploitation via these gangs. This includes the resilience to work with children who are being exploited by gangs, frequently abscond and can display verbal and sometimes physical aggression.

- Resilient & trained to work with childhood trauma, absconding, exploitation and self-harm behaviours.
- Carers who are trained to understand the impact of adverse childhood experiences (ACEs) on children who they care for.
- Carers who are trained in crisis intervention, and can work calmly under the pressure of emergency planning.
- Resilient when faced with threat of physical harm & trained in de-escalation, with positive behaviour management planning, minimising use of restraints
- Carers with the ability to speak Welsh or commitment to learn.

Social value

Three providers offer a total of 16 beds in 7 care settings across the region, this accounts for 1.3% of market.

Taking profit out of care for looked after children

One of the wellbeing objectives established within the Welsh Government Programme 2021-2016 is to protect, rebuild and develop our services for children and young people. A key priority in this area of work is to eliminate private profit from the care of children looked after.

Commissioning placements to independent foster agencies can impact on provisions being provided from within the local authority., Local authorities are keen to work in partnership with independent care providers to ensure that both the in-house and independent sector market function to meet foster care needs. Flintshire local authority highlighted this as a potential risk and stated how they were focusing the use of independent foster agencies for those services that they struggle to provide with local authority services.

The foster care allowances survey from The Fostering Network (2020) found even though all local authorities in Wales are paying at or above the national minimum allowance, foster carers feel their current allowance does not meet the full costs of looking after a child. The network recommend foster payments must be transparent

so it is clear to foster carers how much constitutes the allowance, and must be spent on the child, and how much constitutes the fee and is payment for the foster carer's time and skills.

7. Adoption services

North Wales Adoption Service overview

The North Wales Adoption Service provides a regional adoption service on behalf of Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Anglesey local authorities. Working regionally helps find new families more effectively, place children quicker and improve adoption support services. In April 2014 it was integrated into the National Adoption Service. The services comply with updated adoption legislation, regulations and statutory guidance in line with the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and with the policy and procedures of the service, within the resources allocated. There is a framework which aims to make it easier for adopters, children and young people get support when needed.

Services provided by the adoption service include:

- Preparing the child for adoption.
- Family finding and matching.
- Safeguarding children.
- Provision of adoption support.
- Recruitment, assessment and approval of adopters.
- Preparing to adopt training (pre/post approval).
- Adoption support (pre/post adoption, buddy system, post adoption contact).
- Birth parent counselling.
- Relinquished babies.
- Services for adopted adults.

Population overview

The table below shows the number of looked after children who were placed for adoption in each local authority. It is worth noting that the service has undergone significant transformation since 2020, therefore it is difficult to compare local data and it does not reflect the service now.

Table 43: Number of children looked after placed for adoption by local authority 2020/21

Local Council	No of Children
Anglesey	6
Gwynedd	2
Conwy	17
Denbighshire	7
Flintshire	1
Wrexham	11
North Wales	44

Source: Figures provided by each local authority

Current and predicted trends

The following issues were raised with regards to adoption services for children:

- Highest placement need is for children from the East.
- Highest number of adopters are from the East.
- Fewer adopters in the West and children needing to be placed away from the East.
- Nationally there are more children than approved adopters available
- Consideration of the number of Welsh language speakers (adopters/children).

The following issues were raised with regards to adoption services for adults:

- Adults requesting their birth records to find their birth parents was shut down during the pandemic, majority of services have resumed but there is a backlog.
- Staffing - 43 staff, 10 are off or due to go off on maternity leave, it is difficult to recruit to fixed term posts so the ability to assess may be impacted in 2022/23.

Quality reports

The Quality of Service Review from the North Wales Adoption Service (2020) highlighted the following areas to improve market stability:

- Increase the number of approved adopters.
- Reduce the number of children waiting for an adoptive family.
- Develop the adoption support service.
- Recruitment - sessional workers and adoption panel vacancies.

Care Inspectorate Wales (2019b) inspection identified these areas for improvement:

- Further develop quality assurance processes and assessment of the degree to which aims and objectives of the statement of purpose are met and evidence demonstrating how these support well-being outcomes for children.
- The availability of the 'Active Offer', to provide services in the Welsh language.
- The statement of purpose and adopters' information pack includes information about the independent review mechanism so adopters are aware of this.
- Intermediary files should include a clear audit trail of work undertaken.

8. Unpaid carers

Population overview

Under the Social Services and Well-being (Wales) Act 2014 carers have the same rights as those they care for and local councils have a duty to assess their needs and promote their well-being. Supporting unpaid carers is a preventative measure for both the individual carer and the sustainability of health and care services.

There are around 79,000 people of all ages providing unpaid care in North Wales, according to the 2011 census, and we expect this number to be increasing as the need for care and support increases. More unpaid carers came forward during the pandemic to access support.

Much of the support that unpaid carers need is provided through care to the person they care for, so lack of provision in the care market leads to additional demands on unpaid carers. The population assessment identified that issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. Other priorities were the early identification of carers, carer breaks (respite care), improving unpaid carer assessments and digital inclusion.

Market sufficiency

The number of carers is increasing. The largest growth is in those carers providing between 20 and 49 hours a week. There has also been a rise in the number of carers providing 50 or more hours of care per week, in Denbighshire approximately 46% of these carers are over 65 years. It is these carers who are likely to have more intensive caring roles and who will have the greater support needs.

These demographic trends are reflected in the increasing number of people living with long term conditions including learning disabilities, dementia and mental health conditions, as well as a general growth in the older population.

We know from talking to unpaid carers and the mapping work that has been done, that some carers who need support find it difficult to get alternative care and many have been unable to have a break for a long time, due to the impact of the Covid-19 pandemic.

“A short break is any break which strengthens and /or sustains informal caring relationships and enhances wellbeing of carers and people they support” Carers Trust Wales, Road to Respite Report, July 2021.

Welsh Government awarded local authorities a carers respite grant in 2021-22, with emphasis on supporting the development of flexible and person centred forms of respite instead of the more traditional sitting service or replacement care support.

The population needs assessment identified a wide range of services provided across the region to support carers. The Regional Project Manager leading on carers within the regional collaboration team continually maps the full range of services available to carers across North Wales, identifying any areas of duplication and also collaborative opportunities across all six councils and the health board.

In addition to the need for more carer breaks (respite care) provision across the region, the following local needs have been identified:

The following factors have an impact on unpaid carers;

- Gaps in general provision in services for carers of older people and the individuals receiving care.
- Waiting lists for domiciliary care support in each part of Gwynedd because of a lack of provision.
- Gaps in the provision for short term respite from caring when the individual who is being cared for has needs that cannot be met by voluntary/third sector support.
- day centres have been closed during the COVID period – we have been working to provide alternative support on a 1:1 basis.We are reopening day centres gradually and in the process of remodelling day care services for older people developing a more local provision for a smaller number of individuals.
- Respite care in residential homes came to an end during the COVID period as a result of the regulations. This provision has started again, but staffing challenges exist in the Council’s eleven residential homes.
- There are areas where there is a high percentage within the population of older people, and a low percentage of working age population – a recruitment

challenge and competing with other local services/younger individuals leaving the area for work opportunities.

- The geography of the area contributes to the gaps, with a number dependent on public transport for access to appropriate support.

Ynys Môn

The Council are committed to supporting unpaid carers by planning for the future. Forward Thinking Forward Planning is a project within Carers Outreach funded by Local Authority. The project focuses on having conversations with a carer about their current and future needs. Having a conversation at the earliest possible stage allows time to identify and arrange any changes or adaptations they require to support the person they care for, and themselves as the carer.

Gwynedd

The learning disability service has succeeded in continuing to offer respite for services over the Covid period. Over the past six months we have succeeded in increasing this provision, introducing individuals to respite for the first time e.g. transition age individuals, as well as being able to offer regular stays for indivduals living at home with unpaid carers/family.

The demand for counselling services provided by the third sector (Carers Outreach) is substantially more than the provision which is currently available.

Day opportunities and support services are continuing to face a challenge regarding the staffing deficit/recruitment therefore a number of individuals are receiving less days/hours.

Use of a holiday bungalow (provided by Antur Waunfawr) has been extended for another six months, with the offer to anyone who is caring in Gwynedd to arrange a free short stay. A number of carers have taken advantage of this.

The Gwynedd community resilience work programme is looking at developing information hubs/community enterprises to meet needs on a local level.

There are respite opportunities for individuals with learning disabilities available through the Gwynedd and Môn Shared Lives Scheme and Seren Cyf. Work is continuing through the community hubs mentioned above to offer opportunities and activities locally and also through our Llwybrau Llesiant Team.

Denbighshire

There is increasing demand for more flexible provision of alternative and respite care covering weekends, overnight or pre-planned periods such as 'Respitality' for older adults and for both children and adults with complex disabilities, to reduce carer breakdown, to reduce emergency admissions to residential care and to provide more life choices.

Flintshire

- Demand for respite and support for parent carers is a growing service demand, given the complexity of multiple health conditions some children have, as well as a high prevalence of children with Neurodevelopmental Conditions.
- Sourcing respite for children and adults with complex needs, including health needs, remains an ongoing challenge.
- Finding suitable Personal Assistants can be a challenge and an area that we need to develop as well as expanding community based support to build family resilience and capacity to sustain their caring role. Supporting the recruitment of Personal Assistants
- Local building based respite opportunities were severely impacted by the pandemic, with only emergency places being offered.

Wrexham

Engagement with unpaid carers in Wrexham has highlighted a number of significant challenges since the pandemic. Action plans have been developed in partnership with unpaid carers and support organisations. In order to drive the agenda forward, funding for an Unpaid Carers Lead Officer has been secured from the Regional Investment Fund 22/23.

The Unpaid Carers Direct Payment Scheme was launched in 2021/22. 31 payments were made last year. This enabled unpaid carers to purchase respite solutions which meet their needs flexibly.

Market stability

A wide range of support for unpaid carers in North Wales is grant funded or commissioned to third and voluntary sector organisations who have a long and

valued history of supporting unpaid carers. The third and voluntary sector can effectively draw in external funding to develop services for unpaid carers to provide added value to service provision. However, a reliance on grant funding can put the sustainability of some services at risk. Some carers services in North Wales are commissioned regionally or sub-regionally to try to streamline the commissioning and reporting requirements for organisations that work across the region.

The Population Needs Assessment identified that social value delivery models and added social value can be achieved through the shared experience of peer-carers, mutual support and reciprocity. Unpaid carers will require support to create co-operative arrangements and commissioners will need an investment strategy that builds capacity beyond the market.

It is important to have a balance of preventative services that address the health and wellbeing of carers and commissioned services that meet the assessed needs of carers.

The commissioning of services are set against the need to respond to budgetary pressures that are being faced nationally, and therefore investment in sustainable services is key to meeting demand.

We commission services that:

- are flexible, accessible county wide and meet the individual needs of carers
- are more sustainable in the long term.
- encourage engagement with, and access to, community based activities that support the carer and / or the cared for person.
- will enable carers to continue caring, including the provision of information, advice, peer support, training and short breaks away from the caring role.

Gwynedd

The domiciliary-care project is working to address the issues regarding domiciliary care and support for individuals in the community. The community resilience preventative agenda is looking at developing communities to support the preventative agenda. We are also adapting the Council's residential homes to create more dementia care units and day care and respite provision.

Denbighshire

Locally, a lot has been achieved to modernise support and ensure future services are commissioned with input from unpaid carers and families, to help identify 'what matters' and using Denbighshire's asset based approach to help them find solutions.

We encourage the creative use of direct payments and Bridging the Gap vouchers to support individual choice and allow unpaid carers to have a break or pursue social or leisure activities, with or without the cared-for person. For example, to enable unpaid carers to attend concerts, weddings, or pay for gym membership, flooring, new washing machine, training courses, driving lessons.

Identified needs in Denbighshire include:

- More specialist (condition specific) respite support to reflect the range of different needs, for example places that are suitable for people with acquired brain injury, stroke, dementia and other neurological conditions (in an emergency and also available to pre-book).
- Community based activities/events that provide respite care and benefit unpaid carers, with the capacity and trained staff/volunteers to continue to support people with progressive conditions who require higher levels of care.
- A wide range of flexible options including more sessional and community services spread across the whole of Denbighshire, especially in rural areas.
- Both emergency crisis support to keep people living independently at home and out of hospital and more regular, consistent respite options that are easy to book in advance.
- Group/individual support available in the evening and weekends, particularly for those carers who work and cannot attend support groups or access other services during the day.
- Good quality information, advice and assistance about the various respite options available.

Respite/short breaks work best when carers are confident with the arrangements, which in turn helps to reduce anxiety. The current recruitment crisis is impacting on providers who are finding it difficult to recruit staff and volunteers with the right skills and values to deliver high quality respite.

Respite support that works best for the carer and the cared-for person includes meaningful activities that fit in with their interests and hobbies. Denbighshire County

Council is promoting the development of Community Catalysts /Micro Employers and using additional volunteer capacity alongside commissioned services. We also encourage local social enterprises to run innovative projects to support unpaid carers.

We await further guidance from Welsh Government about developing respitality and a National Short Breaks Scheme. Locally carers can book guest accommodation in Extra Care schemes and two recently adapted properties in Ruthin and Corwen. Shared Lives is also available, mainly for people with complex disabilities who are matched with Shared Lives families. NEWCIS and Carers Outreach have respite property and a caravan.

Flintshire

We welcome the additional funding provided by Welsh Government to scale up a range of respite options for Carers to meet the anticipated spike in demand for respite services caused by the impact of the pandemic on the mental and physical health of carers.

We continue to explore flexible respite options for carers based on the outcomes the carer wants to achieve, alongside a meaningful activity to the cared for.

Our focus on ensuring stability of support for unpaid carers includes;

- Consider how micro-care can support an offer of day/ respite services.
- Further development of our Direct Payment offer for carers.
- Further development of Young Carers Services and the ID card.

9. Advocacy services

Advocacy means getting support from another person to help someone to express their views and wishes, and help stand up for their rights.

All people are very different from each other. Their needs for support are different, and may change during their life. A variety of advocacy has developed to recognise these differences.

All advocacy types are of equal value. What advocacy is used, and when, should depend on what is best suited to the person who seeks it. One type of advocacy is Independent Professional Advocacy which involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views are accurately conveyed and their rights upheld.

Children and young people

Advocacy is one of the key foundation stones in achieving our commitment to children's rights, ensuring children and young people can get help when they need it and from people that will listen to them and represent their views.

By law all local authorities in Wales must have advocacy services for children and young people to use, and that an Active Offer for advocacy must be made. Tros Gynnal Plant (TGP) provide advocacy services to children and young people in North Wales.

When children and young people need services, sometimes an advocate is required to meet with them to explain what these services are. This helps them to understand what is on offer and how the service is able to help them. This is called an Active Offer.

An active offer must be made to:

- Children in care.
- Young people leaving care.
- Children and young people who need extra support.

Councils have a statutory responsibility to provide an independent professional advocacy service for children and young people which complies with all regulations,

standards, legislation, directions, code of practice, outcome framework and any amendments or replacements relevant to the service.

This includes but is not limited to:

- The Social Services and Wellbeing (Wales) Act 2014.
- The Service is an 'advocacy' service for the purpose of paragraph 7(1) of Schedule 1 of the Regulation and Inspection of Social Care (Wales) Act 2016, and is accordingly a regulated service and must comply with the provisions/requirements set out within the Regulated Advocacy Service (Service Providers and Responsible Individuals) (Wales) Regulations 2019.
- Independent Professional Advocacy: National Standards and Outcomes Framework for Children and Young People in Wales.
- Social Services and Well-being (Wales) Act 2014: Part 10 Code of Practice (Advocacy).
- Statutory Guidance relating to Parts 2 to 15 of The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019.

Young carers

A common need of young carers identified by service providers is advocacy support to have their voices heard.

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD / Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, NEWCIS provide the service in Flintshire and Action for Children provide the service across Gwynedd and Anglesey.

Adults

Local authorities must consider individuals' needs for advocacy support when carrying out various functions involving decisions that will have a significant impact on the person's day to day life, for example:

- Assessment of needs for care and support, support for carers and preventative services
- Provision of information, advice and assistance

- Preparing, maintaining or reviewing care and support plans
- Protecting property of persons cared for away from home
- Determination of person's ability to pay a charge
- Safeguarding and duty to report adults or children at risk
- Promoting integration of care and support with health services
- Receiving complaints or representations about social services

Advocacy:

- safeguards individuals who are vulnerable, discriminated against or whom services find difficult to serve
- speaks up on behalf of individuals who are unable to do so for themselves
- empowers individuals who need a stronger voice by enabling them to express their own needs and make their own informed decisions
- enables individuals to gain access to information, explore and understand their options, and to make their views, wishes and feelings known, and
- actively supports people to make informed choices.

Older people

The Golden Thread Advocacy Programme was funded by Welsh Government for four years from 2016 to 2020 to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014. The programme has now ended, but Age Cymru's commitment to advocacy in Wales continues through the HOPE project.

Anglesey, Gwynedd and Wrexham: North Wales Advice and Advocacy Association (NWAAA) offer advocacy to over 65s

Conwy and Denbighshire: DEWIS Centre for Independent Living offer advocacy to anyone over 65, or any carer.

People living with dementia (all counties): Alzheimer's Society offer support for anyone living with dementia, whether they have capacity or can communicate or not.

Mental Health

People receiving secondary mental health care may need help from an Independent Mental Health Advocate (The Mental Health (Wales) Measure 2010) or an Independent Mental Capacity Advocate.

Advocacy may be required for older people with dementia who have lost contact with all friends and family, or people with severe learning disabilities or long term mental health problems who have been in residential institutions for long periods and lack outside contacts.

Other people with mental health conditions may want support from another person when expressing their views, or to seek advice regarding decisions that impact them.

The following organisations provide specialist advocacy support for those with mental health needs;

- The Conwy and Denbighshire Mental Health Advocacy Service (CADMHAS) (Conwy and Denbighshire)
- Advocacy Services North East Wales (ASNEW) (Wrexham and Flintshire)
- Mental Health Advocacy Scheme (Gwynedd and Anglesey)

Learning disability

People with a learning disability often have poorer access to health improvement and early treatment services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Harris *et al.*, 2016). The Learning Disability Health Liaison Service in BCUHB work across North Wales to raise awareness and reduce inequalities.

Advocacy is also geared towards wellbeing outcomes. Local authorities have a duty to consider individuals' needs for advocacy when carrying out assessments and care planning. People with a Learning Disability may need support in ensuring that their voices are heard and their rights upheld.

Dewis Centre for Independent Living provide advocacy services for vulnerable adults aged 18 to 64, including people with learning disabilities. Anglesey also commission North Wales Advocacy Association (NWAA).

Autism

Advocacy for autistic adults, children and their carers ensures that individual rights are met. Advocacy can provide support in a number of ways including seeking a diagnosis, overcoming barriers and accessing services.

Self-advocacy

Additionally, there has been an appointment of a Regional Self Advocacy Officer as a result of a need to bring in new voices to self-advocacy groups across North Wales. This is being taken forward in a partnership between Conwy Connect, NWAAA and All Wales People First. The Self Advocacy Officer is a person with a learning disability and is employed by Conwy Connect. Their role is to link into local organisations and groups across North Wales to raise awareness and promote the benefits of self-advocacy to people with learning disabilities.

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Equality Impact Assessment (EqIA) (including Welsh Language & Socio-economic Duty) V9

Name of Policy or Practice	North Wales Social Care Market Stability Report		
Responsible Officer / Head of Department (responsible for the Policy or Practice)	Morwena Edwards and Claire Darlington		
Service / Department	North Wales Social Care and Wellbeing Improvement Collaborative	**Start Date of Assessment**	06/06/22

Name of officer(s) (and partners) completing the EqIA		
Name(s)	**Job Title(s)**	**Signature(s)**
Catrin Perry	Regional Business Manager – Commissioning and Workforce	
Sarah Bartlett	Regional Innovation Coordination Hub Manager	
Natalie Pryor	Regional Innovation Coordination Project Manager	
	Commissioning, Contracts and Transformation Manager - Gwynedd County Council	
	Quality and Policy Officer - Denbighshire County Borough Council	
	Planning and Development Officer – Flintshire County Council	
	Planning and Development Officer – Wrexham County Borough Council	

	Isle of Anglesey County Council	
	BCUHB	
	Public Health Wales	

*Consider including only job titles when publishing

Document Version	Revision Date	Briefly Describe the Changes

EqIA Approved by Responsible Officer / Head of Department / Service / Committee	
Date EqIA Concluded	
Name	
Job Title	
Signature	

Introduction

This document is a multi-purpose tool ensuring the appropriate steps are taken to comply with the Public Sector Equality Duty Equality Impact Assessment legislation and to demonstrate that we have shown due regard to the need to reduce inequalities of outcome resulting from socio-economic disadvantage when taking strategic decisions under the Socio-economic Duty. It also ensures consideration of the Welsh Language Standards.

When we plan to introduce a new, or revise an existing, policy or practice, make changes or cuts to a service or make strategic decisions, we are required to consider if the decision would have a disproportionate impact on people sharing one or more protected characteristic or whether it could create inequalities of outcome around socio-economic disadvantage. Where this is likely to be the case, we must take appropriate action. The EqIA process is not intended to prevent us doing things but to ensure we have considered the impact. It helps us focus on the actions we can take to remove and/or mitigate any disproportionate or discriminatory impact and introduce measures to advance equality of opportunity.

To comply with the General Duty and Socio-economic Duty, we must have 'due regard' (or consciously consider the need) to: eliminate discrimination, advance equality of opportunity and foster good relations and to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. The greater the relevance and potential impact, the higher the regard required by the duty. The General Duty will be more relevant to some functions than others and they may also be more relevant to some protected characteristics than others. Our duty must be exercised with rigour, an open mind and considered at a time when it can make a difference to our decisions. Policies with high

relevance, such as strategic budgetary decisions, grant-making programmes, changes to service delivery (including withdrawal or reorganisation of services), and recruitment or pay policies should always be subject to an assessment for impact. For further guidance see EHRC Assessing Impact Guidance. Our duty to comply with this legislation cannot be delegated.

This form should demonstrate the steps taken to carry out the assessment including relevant engagement/consultation, the information taken into account, the results of the assessment and any decisions taken in relation to those results. The EqIA should be published where it shows a substantial (or likely) impact on our ability to meet the General Duty.

Benefits of undertaking an EqIA:

- Gain a better understanding of those who may be impacted by the policy or practice
- Better meet differing needs and become more accessible and inclusive
- Enable planning for success – identifies potential pitfalls and unintended consequences before any damage is done
- Enable improved planning that will make decisions proactive rather than reactive, avoid having to reverse decisions which could have cost and reputational implications
- Demonstrate decisions are thought through and have taken into account the views of those affected
- Enable us to manage expectations by explaining the limitations within which we are working (eg, budget)
- Help avoid risks and improve outcomes for individuals
- Remove inappropriate or harmful practices and eliminate institutional discrimination
- Ensure we put Welsh and English Language on an equal footing. and that decisions are made that safeguard and promote the use of the Welsh language

Whilst this document may seem lengthy, as well as containing the necessary steps in the process, it also contains guidance notes in the key areas to assist you in undertaking the EqIA. Additional links to further information are also included for assistance. Further information can be found on NHS/ WLGA PSED/ EIA here.

Equality and Welsh Language Impact Assessment Steps

Step 1 - Identify the Main Aims and Objectives of the Policy or Practice
Step 2 - Data, Engagement and Assessing the Impact
Step 3 - Procurement and Partnerships
Step 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice
Step 5 - Decision to Proceed
Step 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data
Step 7 - Publishing the Equality Impact Assessment

Important Note to Completing Officer(s):

It is important that the EqIA is completed when the policy or practice is being developed so that the findings from the EqIA can be used to influence and shape the policy or practice. It is recommended as a minimum, it is completed by a lead officer who is responsible for the policy or practice, a subject matter expert and a critical friend with at least one who has received formal EqIA training. This document needs to be presented to the decision makers along with the draft policy or practice as part of the decision making process.

Where you are developing a high level strategy or plan that does not contain sufficient detail to show how it will impact on individuals or groups (ie, where there will be plans and actions sitting beneath the strategy that will determine this), you should still undertake the full Equality Impact Assessment. You may also need to complete additional EqIA(s) on the plans and actions beneath the high level strategy. This will ensure you demonstrate that you have shown due regard to complying with the General Duty, the Public Sector Equality Duty, the Welsh Language Standards and the Socio-economic Duty.

If your policy or practice is as a result of a UK, Welsh Government or Local Authority wide directive, you should still assess the impact of this locally to identify any differential impact due to local difference.

You should consider whether other events, eg, Covid-19, Brexit, Black Lives Matter, etc, have highlighted or exacerbated inequalities that need to be addressed as you work through the EqIA.

STEP 1 – Identify the Main Aims and Objectives of the Policy or Practice

1. What is being assessed? *(Please double click on the relevant box(es) (X) and select 'checked' as appropriate)*

☐ New and revised policies, practices or procedures (which modify service delivery or employment practices)

☐ Service review or re-organisation proposals which affect the community and/or staff, eg, early years provision, care, education

☐ Efficiency or saving proposals, eg, resulting in a change in community facilities, activities, support or employment opportunities

☐ Setting budget allocations for new financial year and strategic financial planning

☐ Decisions affecting service users, employees or the wider community including (de)commissioning or revised services

☐ New project proposals affecting staff, communities or accessibility to the built environment, eg, new construction work or adaptations to existing buildings, moving to on-line services, self-service, changing location

☐ Large Scale Public Events

☐ Local implementation of National Strategy/Plans/Legislation (refer to any national EqIA and consider local impact)

X Strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions

☐ Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)

☐ Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)

☐ Major procurement and commissioning decisions

☐ Decisions that affect the ability (including external partners) to offer Welsh language opportunities and services

☐ Other please explain in the box below:

To ensure that the Market stability report draws on the Population Needs Assessment findings to reflect the needs of all people who require support from social care services and highlight gaps in provision for those individuals in North Wales including those with protected characteristics.

All actions arising from this assessment reflect the identified needs of people with protected characteristics and highlight gaps in services which will prevent inequality of service provision in the future through commissioning strategies and area plans.

2. What are the overall aims, objectives and intended outcomes of the policy or practice?

The North Wales Market Stability Report (MSR) assesses the supply and sufficiency of the social care market. The aim is to highlight gaps in service provision and provide information to support a more sustainable social care market and will be used as a tool by commissioners to analyse supply and demand alongside the Population Needs Assessment. The purpose of this Equalities Impact Assessment is to ensure that this is done in an inclusive way.

Together the PNA and MSR reports highlight areas of inequalities in social care provision across the region for specific population groups, intended to inform social care strategy, policy, planning and practice

The MSR highlights negative impacts of shortage of supply within the social care market, and have it will have a positive impact across all protected characteristics which will be realised through Local Area Plans, commissioning plans which dictate operational activity which impacts on those at most risk of inequality.

The MSR will provide

- *A better understanding of the current picture of service provision across the region*
- *Services can be developed based on actual need*
- *Because the assessment is being done on a regional basis it's easier for people with protected characteristics to get involved and can develop regional response to the assessment which may have financial benefits, avoid duplication and so on.*

3. Who are the main consultative groups (stakeholders)?

- *Regulated social care providers including private, third sector local authority 'in house' providers*
- *Betsi Cadwaladr University Health Board (BCUHB)*
- *Public Health Wales*
- *Citizens receiving care and support*

In addition to the nine protected characteristics, the needs of the following health population groups were assessed within the PNA. There is a strong link between these groups and some protected characteristics.

- *Children and young people (Age)*
- *Older people (Age)*

- *Health, physical disability and sensory impairment (Disability)*
- *Learning disability (Disability)*
- *Autism (Disability)*
- *Mental health (Disability)*
- *Unpaid carers (Disability)*

4. Is the policy related to, influenced by, or affected by other policies or areas of work (internal or external), eg, strategic EqIAs if this is an operational EqIA and vice versa?

Note: Consider this in terms of statutory requirements, local policies, regional (partnership) decisions, national policies, welfare reforms.

- *The Social Services and Wellbeing (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment of the sufficiency and sustainability of the social care market.*
- *The Market Stability Report has been produced by the North Wales Regional Partnership Board in line with the Code of Practice (Welsh Government, 2021).*
- *The Market stability report will inform high level strategic priorities based on supply and demand analysis within Local Area Plans, which will in turn inform Strategic Commissioning Strategies and Market Position Statements.*
- *This is the first Market Stability Report produced and takes into account the findings from the North Wales Population Needs Assessment 2022, which provides data and insight from all stakeholders, including those receiving care and support to inform this impact assessment.*
- *Well-being of Future Generations (Wales) Act 2015*
- *Regulation of Social Care (Wales) Act 2016*
- *Children Act 1989*
- *Childcare Act (2006)*
- *Additional Learning Needs and Education Tribunal Bill 2015*
- *United Nations Convention on the Rights of the Child*
- *Play Sufficiency Duty*
- *Strategy for Older People in Wales 2013-23*
- *United Nations Principles for Older Persons*
- *Welsh Government Declaration of the Rights of Older People in Wales*
- *Mental Health (Wales) Measure 2010*
- *Mental Capacity Act 2005*

- *Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015*
- *Serious Crimes Act*
- *Housing (Wales) Act 2014*

STEP 2 - Data, Engagement and Assessing the Impact

When completing this section, you need to consider if you have sufficient information with which to complete your EqIA, or whether you need to undertake a period of engagement/consultation before continuing. The legislation relating to the EqIA process requires you to **engage and involve people who represent the interests of those who share one or more of the protected characteristics *and* with those who have an interest in the way you carry out your functions**. The socio economic duty also requires us to **take into account the voices of those in the community including those with lived experience of socio economic disadvantage**. You should undertake engagement with communities of interest or communities of place to understand if they are more affected or disadvantaged by your proposals. This needs to be proportionate to the policy or practice being assessed. Remember that stakeholders can also include our own staff as well as partner organisations.

Before carrying out particular engagement activities, you should first look to data from recent consultations, engagement and research. This could be on a recent related policy or recent assessments undertaken by colleagues or other sources, eg, Is Wales Fairer?, North Wales Background Data Document, Info Base Cymru, WIMD. This can help to build confidence among groups and communities, who can see that what they have said is being acted on. If you have very little or no information from previous engagement that is relevant to this EqIA, you should undertake some engagement work with your stakeholders and with relevant representative groups to ensure that you do not unwittingly overlook the needs of each protected group. It is seldom acceptable to state simply that a policy will universally benefit/disadvantage everyone, and therefore individuals will be affected equally whatever their characteristics. The analysis should be more robust than this, demonstrating consideration of all of the available evidence and addressing any gaps or disparities. Specific steps may be required to address an existing disadvantage or meet different needs.

The Gunning Principles, established from past court cases, can be helpful in ensuring we apply fairness in engagement and consultation:

Principle 1: Consultation must take place when the proposals are still at a formative stage. You must not have already made up your mind.
Principle 2: Sufficient reasons must be put forward to allow for intelligent consideration and response. Have people been given the information and opportunity to influence?
Principle 3: Adequate time must be given for consideration and response. Is the consultation long enough bearing in mind the circumstances?
Principle 4: The product of consultation must be conscientiously taken into account when finalising the decision.

5. Have you complied with the duty to engage as described above and are you sufficiently informed to proceed?

Yes X No ☐ ***(please cross as appropriate** X)*

6. If Yes, what engagement activities did you undertake and who with?

The MSR draws on the consultation and engagement work during the Population Needs Assessment. This includes;

- *A survey completed by over 350 individuals, organisations and partners. A detailed consultation report provides further detail on the methods and process.*
- *A comprehensive literature search undertaken with regard to the protected characteristics*
- *Findings from relevant research, legislation, strategies, commissioning plans, other needs assessments, position statements and consultation reports.*
- *A communications sub group of the Market Stability Report Steering Group led on the creation of a Registered Providers Survey. An invitation was sent to all registered providers by local authority commissioners. A total of 63 responses were received.*
- *Local teams undertook their own engagements where it was not being covered at regional level. Including 1-1's with registered providers.*

7. If No, you may wish to consider pausing at this point while you undertake (further) engagement activities which you can include in the action plan below. Please incorporate any information obtained from this additional activity in the boxes in question 8.

Action	**Dates**	**Timeframe**	**Lead Responsibility**	**Information added to EqIA (✓)**

8. What information do you hold about the impact on each of the following characteristic and statutory considerations / duties from your experience of current service delivery and recent engagement or consultation? Include any additional relevant data; research and performance management information; surveys; Government, professional body or organisation studies; Census data; Is

Wales Fairer? (EHRC[1] data); information from initial screening; complaints/compliments; service user data and feedback; inspections/ audits; socio-economic data including WIMD[2] data. You may wish to include sub-headings showing where each element of your data has come from, eg, national data, local data, organisation data, general or specific engagement exercises, etc.

Consider any positive or negative impact including trends in data, geography (urban or rural issues), demography, access issues, barriers, etc. Also include any areas where there are inequalities of outcome resulting from socio-economic disadvantage or other relevant issues identified by communities of interest or communities of place (ie, where stakeholders, service users, staff, representative bodies, etc. are grouped together because of specific characteristics or where they live) and any issues identified for people living in less favourable social and/or economic circumstances.

Protected Characteristic /Group	**Relevant Data**	**Positive and / or Negative Impact**	**Prompts** (not an exhaustive list)
Race	*People from Black, Asian and minority ethnic groups have higher coronavirus mortality rates. (PNA page 22)* *Black, Asian and minority ethnic communities' mental health were disproportionately affected by mental health needs due to the pandemic. (PNA page 214)* *BME communities told us that access to mental health services was an area for improvement. (Pg 211 PNA)* *Children with the lowest educational attainment before the pandemic will have fallen further*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Consider Ethnicity Nationality Gypsies / Travellers Language: interpreter provision Refugee / Asylum Seekers Migrants Positive Action Awareness events United Nations Convention on the Elimination of All Forms of Racial Discrimination (UNCERD)

[1] Equality and Human Rights Commission

[2] Wales Index of Multiple Deprivation

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	behind their peers including children of certain ethnicities (PNA Pg 22) *There is a lack of research about the experience of people from Black and minority ethnic groups with experience of Autism. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people. (PNA page 196)*		
Disability	***Local Data:*** • *Average local authority/health board Commissioned domiciliary care hours per week* • *Average hourly rate of domiciliary care by population group (£)* ***<u>People with Mental Health needs</u>*** *There is a shortage of mental health provision across North Wales (PNA 2022)* ***<u>People with Learning Disability</u>*** *The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money (as a result of reducing local authority*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *There is no specialist mental health provision including for autism and severe mental illness in Gwynedd. Conwy is the nearest location but the provision is non-Welsh speaking (MSR 2022).* ***Positive Impact:*** *The MSR provides evidence to develop new and expand*	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	settlements, Independent Living Fund (ILF) closure and Housing Support Grant restrictions) (MSR 2022) *There is a high demand for supported living accommodation for people with a LD (PNA 2022)* *This increase number of people living in the community with dementia and complex needs may increase the demand for home care services, in particular 'double staffed packages of care'. (MSR)* ***Adults with learning difficulties and others with complex disabilities*** *More bespoke housing is needed to cater for individual needs, particularly Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital (PNA 2022)*	*existing services where there are gaps in provision.* ***Positive Impact** Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *The information from the MSR will help commissioners support private and in house providers to improve financial sustainability and plan budgets effectively.* *The information from the MSR will help commissioners to devise strategy and plans to mitigate the risk of longer waiting times and individuals moving into to residential homes.*	
Disability continued	***Unpaid carers*** *There are around 79,000 people of all ages providing unpaid care in North Wales (2011), and we expect this number to be increasing as*	*Positive Impact Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Mobility / Dexterity Blind or Visually impaired Deaf or Hearing impaired Mental Health Learning Disabilities Dementia Neurological difference / Autism Access to buildings/ facilities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	the need for care and support increases. The PNA Unpaid carers chapter	*The information from the PNA and MSR identifies the lack of provision in the care market leads to additional demands on unpaid carers. Specifically, this is impacting the complexity of care meaning that unpaid carers are experiencing caring responsibilities with higher needs of care. People living longer coupled with Covid-19 increased the pressure on unpaid carers further.* ***Positive impact:*** *The MSR provides the evidence needed to support business cases, funding applications and justify increasing resources to support unpaid carers.*	Access to communication methods Carers Dietary requirements Other Long Term Health Conditions United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
Sex	*Men have higher corona virus mortality rates (PNA Pg22)* *Women and girls often struggle to get referred to Autism diagnostic services, with many being forced to pursue private diagnosis. (PNA page 196) .* *Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017).(PNA Page 150)*	***Positive Impact;*** *insight into the inequalities faced by men and women will help to identify likely support needs and plan services effectively.*	Men / Women Gender Identity Toilet facilities/baby changing Childcare Gender Pay Gap Sex workers United Nations Convention on the Elimination of All Forms of Discrimination against Women (UNCEDAW)

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	Research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009). (PNA page 217)		
Age	***Older People who need residential care*** ***Regional/National data:*** - *Estimated number of people aged over 65 in 2020 and projected number in 2040 (Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government)* - *Older people have increased covid-19 mortality rates (Pg 22 PNA)* ***Local data:*** - *Current number of **adult care homes** (age 18 and over) by type and area (Local authority MSR data toolkits)* - *Current number of permanent care home placements available to all adults aged 18 and over* - *Percentage of vacant care home placements, 31 March 2021* - *Gwynedd older people's care home placements (local authority data)*	*The PNA highlighted the need for specialist provision for older people in a residential care setting. The MSR identified this as a gap in provision. This includes residential care for older people including;* • *Dementia care provision* • *Older peoples mental health residential and nursing placements* • *For older people with a learning disability who also have physical health and dementia needs* ***Positive impact**: The MSR will provide evidence to make these types of provision a priority when considering development of workforce training needs, establishing and developing new services and development of buildings to meet demand.*	Older People Children Young People Working Age People Young Families Demographics NB: Where children / young people are affected complete the Childrens Rights Checklist United Nations Convention on the Rights of the Child (UNCRC) Caring responsibilities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	- *Anglesey MSR adult residential care market overview* - *No of out of county placements for specialist residential care provision in Denbighshire (local authority data)* - *No of care home closures 2019-2021 (local authority)* - *Feedback from care home residents* - *Feedback from providers* *Due to a combination of people living at home longer and an ageing population, the complexity of those requiring adult residential care, and demand for care placements is increasing. The current mix of general needs and specialist residential care provision does not match projected future demand (MSR)*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *Older people requiring specialist residential care are more likely to;* • *Have their discharge delayed (Increase in Delayed Transfers of Care from hospital)* • *Be placed out of county* ***Positive impact****: MSR provides insight which may help providers to repurpose and create new provision where needed to meet demand.*	
Age continued	***<u>Older People who need Domiciliary Care</u>*** ***National Data*** - *Predicted number of people aged 65 and over who struggle with activities of daily living (Daffodil, Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government)*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.* *There is a lack of available domiciliary care across the region impacted by a shortage of care staff. The nature of current arrangements mean that providers can refuse to give care, or return packages. Frequent emergencies*	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	- *Average local authority/health board Commissioned domiciliary care hours per week (local authority data collection)* - *Percentage market estimated share of domiciliary care sector by type (local authority data)* - *Number of providers by operating area (Local authority data)* - *Numbers of people who receive domiciliary care packages in Conwy (local authority data)* - *Demographic of people accessing domiciliary care in Flintshire* - *Number of care hours handed back by providers (* *Demand for domiciliary care exceeds supply of domiciliary care provision in every area of North Wales. The majority of people who access domiciliary care across the region are over 65. Although this is also likely to impact on adults with long term health conditions and physical disabilities.*	*can occur, where providers report that they are no longer able to provide care due to staffing problems* *The MST provides analysis which may support providers and commissioners to develop mitigating actions to reduce the risk of;* • *People not receiving the care they need and are at risk of 'slipping' through the net'.* • *moving into residential care instead.* • *increased pressures for those who have family, friends or other support networks taking on the role of an unpaid carers*	
Age (continued)	***<u>Children and Young People who need residential care</u>*** - *Children and Young People's Market Position Statement (2021 update)*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	- *Out of county placements (StatsWales)* *Over 50% of children in residential care from North Wales are placed out of county, away from parents, siblings and support networks, impacting on the whole family (MPS)* *There is a shortage of;* - *local residential providers.* - *specialist provision for children and young people with complex behavioural and emotional needs* - *emergency accommodation*	*For children and young people who cannot access safe/emergency accommodation due to their complex behavioural and emotional needs; cases of the use of s136 suites, inappropriate presentation/admission to hospital, delays in discharge and the use of unregulated care have been identified by local authority Children's services.* ***Positive Impact:*** *The MSR provides information which may help commissioners to rebalance the care market, develop new models of care amd create increased care capacity to meet the needs of children and young people. There is competition for placements, providers can 'cherry pick' individuals with least complex needs. Meaning those with a greater level of need wait longer to be placed or are sent further away from home.*	
Religion & Belief		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Faith Communities Non Beliefs Dietary requirements Vegetarianism/Veganism Other philosophical beliefs Dress code/uniforms Religious festivals/activities

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Sexual Orientation	*Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).* *Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. This includes Lesbian, gay, bisexual and transgender people (PNA Page 219)* *Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta et al., 2016).*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Gay Lesbian Bi-sexual Heterosexual Terminology Confidentiality about sexuality
Gender Reassignment		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	A person who proposes to, starts or has changed their gender identity Transgender Appropriate language use, ie, appropriate pronouns Gender neutral changing facilities and toilets
Marriage & Civil Partnership		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Marital status Civil Partnership status

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
Pregnancy & Maternity		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Pregnant mothers Those entitled to maternity and paternity leave Foster/Adoption Breastfeeding mothers
Welsh Language	*Shortages of staff, service availability lead and of county placements. This increases the likelihood of first language welsh speakers receiving care in English.* *This has been highlighted in particular for individuals where welsh language is a fundamental element of service provision, including;* *children and adults with complex needs such as individuals living with physical and learning disabilities including mental health and Autism.*	***Positive:*** *The MSR provides an assessment of the gaps in care provision of private providers in the welsh language and identified barriers to receiving care in welsh for planning future provision; including workforce recruitment and retention issues and increased out of county placements.*	Ensuring equal status of both Welsh and English languages. Availability of and access to services, activities and information. Technology Rights of individuals to ask for WL services. Impact on Welsh speaking communities, including: Positive / negative effects on opportunities to use the WL. Possible changes to number/percentage of Welsh speakers Migration Job opportunities / Staffing changes. Training needs and opportunities Availability of Welsh medium education
Socio Economic Considerations	*People from certain ethnic groups, children, disabled people, carers are all more likely to experience poverty. (PNA Page 22)*	***Positive Impact*** *Having a stable social care market and delivering care closer to home and improving access will have a positive impact on those with lower socio economic status*	People living in less favourable social and economic circumstances than others in the same society. Disadvantage may be exacerbated by many factors of

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	Rhyl West 1, Rhyl West 2 and Queensway 1 in Wrexham are within the ten most deprived areas in Wales (Welsh Index of Multiple Deprivation 2019) *People living within the most deprived communities in North Wales have a 25% higher rate of emergency admissions, there is a stark life expectancy disparity of 7 years and a general poor health and disability discrepancy of 14 years (BCUHB Annual Equality Report 2020-2021).*		daily life, not just urban or rural boundaries. 'Intersectionality' issues - where identity compounds socio-economic status, eg, single parents (often women), disabled people, some BAME groups.
Human Rights	*People from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019)* *The restrictions that have been implemented to manage the pandemic have impacted on children's ability to access their human rights under the United Nations Convention on the Rights of the Child, including the right to access to health care… and less well protected from violence, abuse and neglect. (PNA Page 76)* *In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has*	***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	See Human Rights Articles below. https://humanrightstracker.com/en/ on EHRC website

Protected Characteristic /Group	Relevant Data	Positive and / or Negative Impact	Prompts (not an exhaustive list)
	had a detrimental impact on many areas of life for those with learning disabilities.		
Other (please state)		***Positive Impact*** *Having a stable social care market will have a positive impact on all protected characteristics. Key areas for mitigation in area plans and commissioning strategies below.*	Eg, Modern Slavery, Safeguarding, Other Covid effects, Carers, Ex-offenders, Veterans, Care Leavers, Substance Abuse, Homeless

Human Rights Act 1998	
• Article 2	Right to life
• Article 3	Freedom from torture and inhuman or degrading treatment
• Article 4	Freedom from Slavery and forced labour
• Article 5	Right to liberty and security
• Article 6	Right to a fair trial
• Article 7	No punishment without law
• Article 8	Respect for private life, family, home and correspondence
• Article 9	Freedom of thought, belief and religion
• Article 10	Freedom of expression
• Article 11	Freedom of Assembly and association
• Article 12	Right to marry and start a family
• Article 13	Right to access effective remedy if rights are violated
• Article 14	Protection from discrimination

9. Are there any data or information gaps and if so what are they and how do you intend to address them?

To strengthen future work, local authorities could review equality information for those individuals receiving services by protected characteristic to strengthen understanding of needs at a strategic level. Regionally this data could be analysed against population data to check whether groups can access services when they need them and receive the same quality of care as the general population.

Note: If it is not possible to obtain this information now, you should include this in your action plan in Step 6 so that this information is available for future EqIAs.

10. How does your proposal ensure that you are working in line with the requirements of the Welsh Language Standards (Welsh Language Measure (Wales) 2011), to ensure the Welsh language is not treated less favourably than the English language, and that every opportunity is taken to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?

Welsh language considerations were taken into account – all consultation was bilingual including surveys and correspondence. The MSR is issues for stakeholder approval bilingually and published bilingually. Where requested documents have been translated for local authority staff who were first welsh speaking.

11. If this EqIA is being updated from a previous version of a similar policy or practice, were the intended outcomes of the proposal last time achieved or were there other outcomes? (Please provide details, for example, was the impact confined to the people you initially thought would be affected, or were other people affected and if so, how?)

N/A

12. What is the cumulative impact of this proposal on different protected groups when considering other key decisions affecting these groups made by the organisation? (You may need to discuss this with your Service Head or Cabinet Member to consider more widely if this proposal will affect certain groups more adversely because of other decisions the organisation is making, eg, financial impact/poverty, withdrawal of multiple services and whether this is disadvantaging the same groups, eg, disabled people, older people, single parents (who are mainly women), etc)

13. How does this proposal meet with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 including to create a More Equal Wales? (Summarise findings if you may have already considered this as part of the screening process)

For more information, please see: https://futuregenerations.wales/about-us/future-generations-act/

The MSR highlights challenges faced in the last 5 years within the social care market which are barriers to achieving the vision of A Healthier Wales and a More Equal Wales by setting out service provision and providing data, research and analysis to inform future planning.

14. Describe any intended negative impact identified and explain why you believe this is justified (for example, on the grounds of advancing equality of opportunity or fostering good relations between those who share a protected characteristic and those who do not or because of an objective justification[1] or positive action[2])

N/A

Note[1]: Objective Justification - gives a defence for applying a policy, rule or practice that would otherwise be unlawful direct or indirect discrimination.To rely on the objective justification defence, the employer, service provider or other organisation must show that its policy or rule was for a good reason – that is 'a proportionate means of achieving a legitimate aim'. A **legitimate aim** is the reason behind the discrimination which must not be discriminatory in itself and must be a genuine or real reason, eg, health, safety or welfare of individuals. If the aim is simply to reduce costs because it is cheaper to discriminate, this will not be legitimate. Consider if the importance of the aim outweighs any discriminatory effects of the unfavourable treatment and be sure that there are no alternative measures available that would meet the aim without too much difficulty (proportionate) and would avoid the discriminatory effect.

Note[2]: Positive Action - Where an employer takes specific steps to improve equality in the workplace to address any imbalance of opportunity, lessen a disadvantage or increase participation in a particular activity, for example, increasing the number of disabled people in senior roles where they are under-represented by targeting specific groups with job adverts or offering training to help create opportunities for certain groups. The public sector is expected to consider the use of positive action to help them comply with the Public Sector Equality Duty.

15. Could any of the negative impacts identified amount to unlawful discrimination but are perceived to be unavoidable (eg, reduction in funding)?

Yes ☐ No x☐ Not Sure ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

16. If you answered Yes or Not Sure to question 15, please state below, which protected group(s) this applies to and explain why (including likely impact or effects of this proposed change)

N/A

17. If you answered No to question 15, are there any barriers identified which amount to a differential impact for certain groups and what are they?

The populations health needs are more likely to be more intensive for Older People, Children and Younger People and those with a Physical or Learning disability – impacting significantly on the protected characteristics of Age and Disability.

The work of the MSR and PNA seeks to identify those barriers and will not pose any new negative impacts.

STEP 3 - Procurement and Partnerships

The Public Sector Equality Duty (PSED) requires all public authorities to consider the needs of protected characteristics when designing and delivering public services, including where this is done in partnership with other organisations or through procurement of services. The Welsh Language Standards also require all public authorities to consider the effects of any policy decision, or change in service delivery, on the Welsh language, which includes any work done in partnership or by third parties. We must also ensure we consider the Socio-economic Duty when planning major procurement and commissioning decisions to consider how such arrangements can reduce inequalities of outcome caused by socio-economic disadvantage.

When procuring works, goods or services from other organisations (on the basis of a relevant agreement), we must have due regard to whether it would be appropriate :

- for the award criteria for that contract to include considerations to help meet the General Duty (to eliminate discrimination, promote equality of opportunity and foster good relations);
- to stipulate conditions relating to the performance of the contract to help meet the three aims of the General Duty.

This only applies to contractual arrangements that are "relevant agreements" which means either the award of a 'public contract' or the conclusion of a 'framework agreement', both of which are regulated by the Public Sector Directive (Directive 2004/18/EC) which regulates the specified EU thresholds. Further information can be found here.

We must consider how such arrangements can improve equal opportunities and reduce inequalities of outcome due to protected characteristics and caused by socio-economic disadvantage, particularly on major procurement and commissioning decisions. The PSED applies to the work that private sector organisations undertake when delivering a public function on our behalf. We therefore need to ensure that those organisations exercise those functions by ensuring our procurement and monitoring of those services complies with the General Duty under Section 149 of the Equality Act 2010. In the same way, the Welsh Language Standards applies to any work undertaken on behalf of, and in the name of, public bodies that are themselves subject to the Standards, and so consideration should be given to how these requirements are monitored and communicated through the procurement documents. The Socio Economic Duty does not pass to a third party through procurement, commissioning or outsourcing. Therefore when we work in partnership with bodies not covered by the Socio Economic Duty, the duty only applies to us as the relevant public body.

18. Is this policy or practice to be carried out wholly or partly by contractors or in partnership with another organisation(s)?

Yes x ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

If No, please proceed to Step 4

19. If Yes, what steps will you take to comply with the General Equality Duty, Human Rights and Welsh Language Legislation and the Socio-Economic Duty in regard to procurement and/or partnerships? Think about :

Procurement

- Setting out clear equality expectations in Tendering and Specification documentation, showing how promotion of equality may be built into individual procurement projects
- On what you based your decisions in the award process, including consideration of ethnical employment and supply chain code of practice
- Ensure that contract clauses cover the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and socio-economic requirements as well as Welsh Language Duties (remember that any duties from the Welsh Language Measure 2011 and Welsh Language Standards are also applicable to services provided on your behalf under contract by external bodies).
- Performance and Monitoring measures are included to monitor compliance, managing and enforcing contracts

Partnerships

Be clear about who is responsible for :

- Equality Monitoring relevant data
- Equality Impact Assessments
- Delivering the actions from the EqIA
- Ensuring that equality, human rights and Welsh Language legislation is complied with by all partners
- Demonstrating due regard to the Public Sector Equality Duty and the Socio-Economic duty

Partners are local authority commissioners and the local health board who are required to fully comply and manage compliance of equality, human rights, welsh language legislation and due regard to Public Sector Equality, and Socio Economic duty within commissioning practices

STEP 4 - Dealing with Adverse or Unlawful Impact and Strengthening the Policy or Practice

20. When considering proportionality, does the policy or practice have a significantly positive or negative impact or create inequalities of outcome resulting from socio-economic disadvantage?
(Please give brief details)

Significantly positive impact	Significantly negative impact
Thorough research was undertaken during for the PNA and MSR which will provide insight for stakeholders on which groups of people are most likely to be at risk of socio economic disadvantage and plan to support those individuals effectively. This should have a long term positive impact across the region, influencing strategy, policy making and practice for local authorities and health board commissioners	

and independent and third sector providers within the social care market.	

21. It is important that you record the mitigating actions you will take in developing your final policy/practice draft. Record here what measures or changes you will introduce to the policy or practice in the final draft which could reduce or remove any unlawful or negative impact or disadvantage and/or improve equality of opportunity/introduce positive change; or reduce inequalities of outcome resulting from socio-economic disadvantage? (This could also inform the Action Plan in Q30)

Unlawful or Negative Impact Identified	**Mitigation / Positive Actions Taken in the Policy/Practice**	**Completed (✓)**
N/A		

22. Will these measures remove any unlawful impact or disadvantage?

Yes ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

23. If No, what actions could you take to achieve the same goal by an alternative means?

N/A

24. What measures or changes in the following important legislative areas have you included to strengthen or change the policy/practice:

a) to foster good relations and advance equality of opportunity as covered by the General Duty in the Equality Act 2010;
b) to reduce inequalities of outcome as a result of socio-economic disadvantage;
c) to increase opportunities to use the Welsh language and in treating the Welsh language no less favourably than the English language as set out in the Welsh Language (Wales) Measure 2011 and reduce or prevent any adverse effects that the policy/practice may have on the Welsh language?

N/A

25. Do you have enough information to make an informed judgement?

Yes ☐ No ☐ *(Please double click on the relevant box (X) and select 'checked' as appropriate)*

26. If you answered Yes, please justify:

N?A

27. If you answered No, what information do you require and what do you need to do to make a decision?
(Note: Should data collection be included in the action plan (Step 6)?)

[You may need to stop here until you have obtained the additional information]

STEP 5 - Decision to Proceed

28. Using the information you have gathered in Steps 1 – 4 above, please state on the table below whether you are able to proceed with the policy or practice and if so, on what basis?

(Please double click on the relevant box (X) and select 'checked' as appropriate)

Decision	
X☐ Yes	Continue with policy or practice in its current form
☐ Yes	Continue with policy or practice but with amendments for improvement or to remove any areas of adverse impact identified in Step 4
☐ Yes	Continue with the plan as any detrimental impact can be justified
☐ No	Do not continue with this policy or practice as it is not possible to address the adverse impact. Consider alternative ways of addressing the issues.

29. Are there any final recommendations in relation to the outcome of this Equality Impact Assessment?

STEP 6 - Actions and Arrangements for Monitoring Outcomes and Reviewing Data

The EqIA process is an ongoing one that doesn't end when the policy/practice and EqIA is agreed and implemented. There is a specific legal duty to monitor the impact of policies/practices on equality on an ongoing basis to identify if the outcomes have changed since you introduced or amended this new policy or practice. If you do not hold relevant data, then you should be taking steps to rectify this in your action plan. To review the EHRC guidance on data collection you can review their Measurement Framework.

30. Please outline below any actions identified in Steps 1-5 or any additional data collection that will help you monitor your policy/practice once implemented:

Action	Dates	Timeframe	Lead Responsibility	Add to Service Plan (✓)

31. Please outline below what arrangements you will make to monitor and review the ongoing impact of this policy or practice including timescales for when it should be formally reviewed:

Monitoring and Review arrangements (including where outcomes will be recorded)	Timeframe & Frequency	Lead Responsibility	Add to Service Plan (✓)

STEP 7 - Publishing the Equality Impact Assessment

Please arrange for this completed EqIA to be agreed by your Head of Service/Department and arrange for translation and publishing with a copy sent to the Equality Officer.

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Healthcare Inspectorate Wales hiw

HIW Annual Findings

2021-2022

Betsi Cadwaladr University Health Board

Richard Hayward

Head of Partnerships, Intelligence and Methodology

29 September 2022

Agenda

Each year HIW publishes an annual report setting out our **key findings** from the regulation, inspection and review of healthcare services in Wales. It also reports on how we carried out our functions and the number of inspections undertaken in each type of healthcare setting.

- Introduction / About us
- Our Adapted Approach
- All Wales Summary
- Our Work
- Key Themes / Findings
- Future Priorities

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About Us

Who we are

HIW is the regulator of independent healthcare and the inspectorate of NHS healthcare in Wales. Our purpose is to check that healthcare services are provided in a way which maximises the health and wellbeing of people.

What we do

We look at the **quality, safety and effectiveness** of the services being provided to people and communities, drawing attention to **good practice** where we find it and calling out practice that could cause harm to those who are receiving it.

We aim to

- Provide assurance
- Promote improvement
- Influence policy and standards

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Our Adapted Approach

For HIW, as for all services, it was a year of **significant change**, where we adapted to ensure that we continued to check that people in Wales were receiving **good quality healthcare**.

We introduced new ways of working to ensure we discharge our statutory functions, whilst being as **flexible and adaptable** as possible to ensure we did not add undue burden to a system under significant pressure.

We continued with a full range of assurance and inspection activities, building on our **enhanced ways of working**, to both **take action** where standards are not met but to also support a broader recovery of health and care services.

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Our Adapted Approach

To be **agile and responsive**, our strategic priorities underpinned our work, allowing us to keep our activity **under regular review** to target our resources most effectively.

How we did this:

- Continued to discharge our statutory function
- Introduction of flexible, adaptable approach
- Reducing burden to a system under significant pressure
- Considering safety of our own staff
- Rapid development of approaches to look at short and long term changes in healthcare provision.

HIW in Numbers – All Wales

In 2021 - 2022 HIW completed:

- **60** Onsite Inspections
- **139** Quality Checks
- **7** IRMER Inspections
- Dealt with **514** concerns, **241** of these were classified as medium to high risk
- Handled over **1440** calls through our first point of contact service

Betsi Cadwaladr

4 - Onsite Inspections

7 - Quality Checks

Our onsite inspections and quality checks covered a variety of different types of hospital wards including emergency departments, maternity, oncology, cardiac, paediatric units, step down facilities and one minor injury unit.

All Wales Summary

COVID-19 continued to impact the way in which we inspected and sought assurance of NHS hospitals throughout 2021-2022. We resumed all our routine NHS onsite inspections following the move to alert level 0 in Wales.

We provided 24 hours' notice for inspections to 'green pathway' wards and areas, to enable arrangements for our team to be present as safely as possible in an area where the flow of patients is carefully planned. We continued to conduct unannounced inspections of clinical areas within unscheduled care areas where the patient flow and conditions seen are already unpredictable.

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Key Themes – Secondary Care

During our assurance and inspection work we uncovered key themes within NHS secondary care settings…

- There was **significant and sustained pressure** on emergency care providers, due to the volume of patients which impacted patient care.
- A clear difference between scheduled and unscheduled care, with more areas **requiring improvement** within unscheduled care.
- Staff questionnaires indicated low morale, however this did not seem to impact on the experience of patients who continued to tell us staff were **kind and compassionate**.
- Low **compliance** with mandatory training for staff.
- Medicines management continues to be a concern for HIW

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Key Themes - General Practice

We continued to use quality checks to seek assurance on the quality of care being provided by GP practices during 2021-2022.

During this period, we undertook **25** checks of GP practices across of health boards in Wales.

Findings

- Evidence of practices **sharing ideas** and **good practice**
- Change implemented to ensure environments were safe and could be **easily cleaned** in response to the **challenges of COVID-19**
- But also, in some places, evidence of a lack of cleaning policies and full cleaning schedules
- Lack of completed/up-to-date policies and risk assessments

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Key Themes – Dental Practices

Due to COVID-19 risk levels, we conducted most of our dental practice assurance work remotely, and undertook **nine onsite inspections** where the level of risk to patient safety could not be explored remotely.

Positive Findings

- Efforts made to accommodate patients with additional needs
- Good consideration of bilingual requirements
- Effective COVID-19 procedures in place to reduce the risk.

Improvements

- Recording and ensuring staff had completed mandatory training
- Lack of up-to-date risk assessments and Infection Prevention and Control policies
- Not undertaking regular audits to review the quality of care and treatment.

76
Pieces of Assurance Work

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We saw a strong focus on change and improvement since the appointment of new leadership

Overview

Betsi Cadwaladr University Health Board

Our work to seek assurance on the **safety and quality** of the care within the health board was a mix of quality checks and onsite inspections

We gave consideration to themes and trends presented by **concerns and whistleblowing** reports. We also monitored data sets and intelligence shared with us.

During this period, we have seen evidence of the health board working hard through difficult times to **recover** services following the pandemic.

Through our engagement with senior leaders, including the new Chief Executive, it has been evident that **quality is embedded** in their approach to leading the health board.

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Our Work

Betsi Cadwaladr University Health Board

Below is a breakdown of quality checks and onsite inspections that we took place within the health board…

Quality Checks	**7**
GP	3
Hospital	2
Learning Disability	2
Onsite	**4**
Mental Health Hospital	2
IRMER	1
Learning Disability	1

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Key Themes

Betsi Cadwaladr University Health Board

Areas of Good Practice

- Quality embedded in approach
- Proactive in sharing the learning from our work
- Positive engagement with senior leaders
- Continue to empower staff to feel confident raising concerns

Areas for Improvement

- Patient record keeping
- Staffing levels, support staff wellbeing
- Infection Prevention and Control measures

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Future Priorities

2022 has seen the introduction of our new strategy and this year specifically includes a focus on **driving** and **strengthening engagement**, **improving**, and **modernising** our ways of working and **understanding** our communities better in relation to equality, diversity and inclusion.

- Focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- Adapt our approach to ensure we are responsive to emerging risks to patient safety.
- Work collaboratively to drive system and service improvement within healthcare.
- Support and develop our workforce to enable them, and the organisation, to deliver our priorities.

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Thank you…

Any Questions?

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hiw Healthcare Inspectorate Wales

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Cyfarfod a dyddiad: Meeting and date:	Board Meeting 29 September 2022
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2018. **Update of Register of Approved Clinicians (All Wales) and Update of Register of Section 12(2) Approved Doctors for Wales.**
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr Nick Lyons, Executive Medical Director.
Awdur yr Adroddiad Report Author:	Meryl Roberts, All Wales Approvals Manager for Approved Clinicians and Section 12(2) Doctors.
Craffu blaenorol: Prior Scrutiny:	Not applicable
Atodiadau Appendices:	**Appendix 1:** Mental Health Act 1983 as amended by the Mental Health Act 2007:- Approved Clinician (Wales) Directions 2018. - Update of Register of Approved Clinicians for Wales. **Appendix 2:** Mental Health Act 1983 as amended by the Mental Health Act 2007:- - Update of Register of Section 12(2) Approved Doctors for Wales.

Argymhelliad / Recommendation:

The details presented to the Board in this Report is a summary of the approvals which have already received ratification for Approved Clinicians and Section 12(2) Doctor approvals across the Principality.

This report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the approvals and ratification process.

The Board is asked to note the report and ratify the approvals in line with the Welsh Government Guidance Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians and the Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	✓	**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol						**N**	

Y/N to indicate whether the Equality/SED duty is applicable	

Sefyllfa / Situation:

Betsi Cadwaladr University Health Board (BCUHB) undertakes the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) doctors on behalf of all the Health Boards in Wales. The Health Board ensures an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) doctors in Wales.

Cefndir / Background:

The Approval Process is part of the legislative process relating to the Mental Health Act 1983 (as amended 2007).

The Welsh Government Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018, Approved Clinician Procedural Arrangements (July 2018) and All Wales Section 12(2) Process and Criteria Document (September 2021) set out the eligibility criteria for approval and reapproval for Doctors and non-medical Clinicians who wish to become approved under the Mental Health Act 1983. These documents are used by the Approvals Team and All Wales AC and S12 Panel who scrutinise applications for approval which have been received from Clinicians across the Principality. Applications are received either for Approved Clinician or Section 12(2) applications from Psychiatrists, General Practitioners and other registered professionals who are eligible to apply for approval status under the Mental Health Act (1983) (as amended 2007).

Applications are scrutinised by the approval team for completeness and compliance and then submitted to Panel members for their scrutiny, assessment and recommendation.

Following Panel assessment, any recommendation for approval must receive formal ratification from the Approving Board, for the process of approval to be lawful and to ensure compliance with legislative requirements.

Ratification is sought via a written Chair's Action letter and submitted to the Office of the Board Secretary for co-ordination and completion.

Approval is then received in writing from the Board Chairman, Chief Executive Officer, Board Secretary and two Independent Members and returned to the Approvals Team.

The Clinician is then informed that they have received approval and this is confirmed in writing in a signed Chief Executive Officer approval letter.

The Health Board then formally ratifies the earlier decisions through this paper which is submitted on a bi-monthly basis

Asesu a Dadansoddi / Assessment & Analysis

The Board continues to exercise this function effectively and to work with Welsh Government to further develop the Directions that underpin this important function.

Opsiynau a ystyriwyd / Options considered

This is a factual report for assurance purposes.

Goblygiadau Ariannol / Financial Implications

None

Dadansoddiad Risk / Risk Analysis

To ensure that all Clinicians are approved and reapproved within the agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government.

If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in the Principality.

Under The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. Due to a current lack of Section 12 Directions for Wales, there is a risk that a Section 12(2) approved Doctor in Wales may not be lawful in England.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

The Approval Process meets the legislative requirements of the Mental Health Act 1983 (as amended 2007) and the Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018.

The Board is asked to note that Wales does not currently have Section 12 Directions for the approval, re-approval and ending of Section 12(2) Doctor approval. Welsh Government met with the Approvals Team on 20th October 2021 and it was agreed that Section 12 Directions will be made. Welsh Government Legal Team reviewed draft Section 12 Directions for compliance and further meetings between the Approvals Team and Welsh Government took place on 8th December 2021, 4th and 11th February 2022, 11th March 2022 and 20th May 2022 to review and agree the contents. Further meetings will be scheduled to ensure the draft Section 12 Directions are reviewed, agreed and enacted by the Welsh Minister.

Asesiad Effaith / Impact Assessment

None.

Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales 29th June 2022 – 24th August 2022		
	AC	**S12 (2)**
Approvals and Re-approvals	12	6
Approvals suspended	0	0
Approvals re-instated/ Reinstated and returned to work in Wales	2	3
Removed	1	0
Retired	0	0
Registered without a licence to practise and retired	2	0
Transferred from AC register (to S12 Register)	2	2
Transferred/Removed from S12 – Became AC approved	0	5
No longer working in Wales	4	3
Approval Ended	1	0
RIP	0	0

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APPENDIX 1

Mental Health Act 1983 as amended by the Mental Health Act 2007

Mental Health Act 1983 Approved Clinician (Wales) Directions

Update of Register of Approved Clinicians for Wales

29th June 2022 – 24th August 2022

Approvals and Re-approvals: 12

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Lyons	Ita	Cardiff and Vale University Health Board, Hamadryad CMHT, Butetown, Cardiff, CF10 5UY.	4th July 2027	Yes
Ramachandran	Jayalakshmi	Swansea Bay University Health Board, Ty Garngoch Hospital, Hospital Road, Gorseinion, Swansea, SA4 4LH.	11th July 2027	Yes
Sikabofori	Bennett Tamunotonye	Regis Healthcare Limited, Hillview Hospital, Hillside, Ebbw Vale, NP23 5YA.	20th April 2024	Yes
Hider	Andrew	Ludlow Street Healthcare Limited, Unit 1, Castleton Court, Fortran Road, St Mellons, Cardiff, CF3 0LT.	18th July 2027	Yes
Nash	Jonathan Robert	Mental Health Care UK Limited, St David's Independent Hospital, Carrog, Corwen, LL21 9BG.	18th July 2027	Yes
Hunter	Stephen	Priory Group Limited, Llanarth Court Hospital, Raglan, Abergavenny, Monmouthshire NP15 2AU	20th July 2027	Yes
Karim	Bakir	Swansea Bay University Hospital, Ty Garngoch Hospital, Hospital Road, Gorseinon, Swansea, SA4 4LH.	25th July 2027	Yes

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Ingley	Sanjay	Betsi Cadwaladr University Health Board, Bodnant EMI Unit, Maesdu Road, Llandudno, LL30 1QY.	27th July 2027	Yes
Shooter	Ben	Powys Teaching Health Board, Felindre Ward, Bronllys Hospital, Brecon Road, Bronllys, LD3 0LU.	9th August 2027	Yes
Janas	Mark Antoni	Priory Group Limited, Llanarth Court Hospital, Llanarth Court, Llanarth, NP15 2YD.	12th August 2027	Yes
Biswas	Mridul	Cwm Taf Morgannwg University Health Board, Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CF48 1BZ.	15th August 2027	Yes
Tint	Aung	Betsi Cadwaladr University Health Board, Heddfan Mental Health Unit, Croesnewydd Road, Wrexham, LL13 7TD.	27th April 2027	Yes

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals re-instated: 2

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Heke	Sian Katherine	Swansea Bay University Health Board, Fendrod Ward, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea, SA2 0LB.	15th February 2026	Yes
Slater	Alan	Swansea Bay University Health Board, Neuropsychiatry Department, Hafan Y Coed, University Hospital Llandough, Penlan Road, Penarth CF64 2XX.	28th March 2027	Yes

Removed Left Wales and Approval expired: 1

Surname	First Name	Workplace	Date Approval Expired
Roberts	Owen	Priory Group Limited, Priory Hospital, Church Village, Tonteg, CF38 1HE.	6th August 2022

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 2

Surname	First Name	Workplace	Date Approval Expired
Feeney	John Thomas (Sean)	Betsi Cadwaladr University Health Board, Ablett Mental Health Unit, Glan Clwyd Hospital, Sarn Road, Bodelwyddan, Denbighshire, LL18 5UJ.	12th July 2022
Cupok	Anke	Hywel Dda University Health Board, Enlli Unit, Bronglais General Hospital, Aberystwyth, SY23 1ER.	28th July 2022

Transferred from AC Register to S12 Register: 2

Surname	First Name	Workplace	Date Approval Expires
Tye	Tracy	c/o Private Address	11th July 2023
Srinivasan	Janika	c/o Private Address	21st June 2023

No longer working in Wales: 4

Surname	First Name	Workplace	Date Approval Expires
Shetty	Adarsh	Cwm Taf Morgannwg University Health Board, Outreach and Recovery Team, First Floor, Mental Health, Keir Hardie Health Park, Aberdare Road, Merthyr Tydfil, CF48 1BZ.	28th February 2026
Chugh	Sanjay	Cwm Taf Morgannwg University Health Board, Princess of Wales Child and Family Clinic, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	18th September 2022
Cantrell	Paul	Cardiff and Vale University Health Board, Llanfair Unit, Llandough Hospital, Penlan Road, Llandough, CF64 2XX.	18th September 2023
Nair	Akshey	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	2nd October 2022

Approval Ended: 1

Surname	First Name	Workplace	Date Approval Expired
Bevan-Jones	Rhys Vaughan	Child & Adolescent Psychiatry Section, Division of Psychological Medicine & Clinical Neurosciences, MRC Centre for Neuropsychiatric Genetics & Genomics, Cardiff University, Haydn Ellis Building, Maindy Road, Cardiff, CF24 4HQ.	12th August 2022

RIP: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

Mental Health Act 1983

Update of Register of Section 12(2) Approved Doctors for Wales

29th June 2022 – 24th August 2022

S12 Approvals and Re-approvals: 6

Surname	First Name	Workplace	Date Approval Expires	Chair's Action
Jalal	Umer	Aneurin Bevan University Health Board, Vale Locality Mental Health Team, Barry Hospital, Colcot Road, Barry, CF62 8YH.	5th July 2027	Yes
Rasheed	Areej	Cwm Taf Morgannwg University Health Board, Gurnos Road, Merthyr Tydfil, CF47 9DT.	21st July 2027	Yes
Howells	Alexander Peter	Cwm Taf Morgannwg University Health Board, Keir Hardie University Health Park, Aberdare Rd, Merthyr Tydfil, CF48 1BZ.	26th July 2027	Yes
Proffitt	Rhian	Betsi Cadwaladr University Health Board, Dawn Centre, 35-37 Princes Drive, Colwyn Bay, LL29 8PD.	2nd August 2027	Yes
Withecombe	Julie Louise	Cwm Taf Morgannwg University Health Board, Ty Llidiard, Princess of Wales Hospital, Coity Road, Bridgend CF31 1RQ	7th August 2022	Yes
Pearson	Laura Jayne	Swansea Bay University Health Board, Ty Garngoch, Hospital Road, Garngoch, Gorseinon, Swansea SA4 4LH	12th August 2022	Yes

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approvals reinstated/Returned to Wales: 2

Surname	First Name	Workplace	Date Approval Expires
Prew	Thomas	Cwm Taf Morgannwg University Health Board, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	3rd May 2027
Marey	Mohamed Emadeldin	Aneurin Bevan University Health Board, CAMHS Team, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3XQ.	21st April 2027

S12 Removed – Approval Expired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register & Became S12 approved: 2

Surname	First Name	Workplace	Date S12(2) Approval Expires
Tye	Tracy	c/o Private Address	11th July 2023
Srinivasan	Janika	c/o Private Address	21st June 2023

Transferred from S12 Register & Became AC approved: 5

Surname	First Name	Workplace	Date Approval Expired
Dunstall	Huw	Swansea Bay University Health Board, Hafod y Wennol Assessment and Treatment Unit, Hensol, Pontyclun, CF72 8JY.	2nd August 2022
Medhurst	David	Swansea Bay University Health Board, Hafod Y Wennol Assessment and Treatment Unit, Hensol, Pontyclun, CF72 8JY.	2nd August 2022
Rankin	Jennifer	Aneurin Bevan University Health Board, GSSMS, Rholben Villa, Maindiff Court Hospital, Ross Road, Abergavenny, NP7 8NF.	2nd August 2022
Malhotra	Rahul	Betsi Cadwaladr University Health Board, Bryn y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy, LL33 0HH.	2nd August 2022
Slater	Alan	Cardiff and Vale University Health Board, Llandough Hospital, Penarth, CF64 2XX.	2nd August 2022

S12 No longer working in Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Ghafoor	Sanah	Cardiff and Vale University Health Board, University Hospital Llandough, Penlan Road, CF64 2XX.	12th July 2026
Mostafaie-Mehr	Majid	Cygnet Healthcare Limited, Delfryn House, Argoed Road, Mold, Flintshire, CH7 6FQ.	20th September 2022
Barrattshaw	Stephen	Cwm Taf Morgannwg University Health Board, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	31st August 2022

S12 Approval Ended: 0

Surname	First Name	Workplace	Date Approval Expired

RIP: 0

Surname	First Name	Workplace	Date Approval Expires

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: ***Report title:***	Targeted Intervention Improvement Framework: Progress Update
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board Meeting
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this paper is to share key information with the Board relating to the Targeted Intervention Improvement Framework (TIIF) and to provide assurance that the TIIF Process is further reflecting good practice since the Board received its last report in August 2022. The report focusses on two elements; It follows up on the report that was presented to the Board in August 2022 as part of the governance partnership between the Health Board and the Good Governance Institute (GGI). Secondly, it sets out the process for the TIIF between now and the Board Agenda item in November 2022 where the Board will receive a report that recommends a TIIF "self-assessment" position. There are a number of recommendations in the August report, for improvements that have now been implemented that will strengthen the programme going forward and enable us to **"provide evidence that there has been an impact on agreed TIIF outcomes".**
Argymhellion: ***Recommendations:***	*The Board is asked to:* 1. Note the report and the next steps for the TIIF Programme 2. Be assured that the updates to the TIIF Process reflect GGI recommendations
Arweinydd Gweithredol: ***Executive Lead:***	Gill Harris - Deputy Chief Executive/Executive Director of Integrated Clinical Services
Awdur yr Adroddiad: ***Report Author:***	Phil Meakin – Associate Director of Corporate Governance

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth

	mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

The assurance level within this paper is categorised as partial due to the YGC Emergency Department and vascular services being recently incorporated within the TIIF*TI* framework. Health Improvement Wales also categorised both services as requiring significant improvement between March and May 2022.

In addition, the BCUHB Integrated Medium Term Plan has not been approved by Welsh Government and the organisation is working for this year to an annual plan.

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	1: Improve physical, emotional and mental health and well-being for all/ Improve the safety and quality of all services
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Welsh Government Targeted Intervention Improvement Framework
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N This report is provided for information / assurance purposes.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	N This report is provided for information / assurance purposes and does not relate to a strategic decison.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The subject and scope of this paper relate to Corporate Risk Register risks associated to the provision of Vascular Services. These are risks number CRR22-25, CRR22-26 and CRR 22-27 The subject and scope also relates to a Board Assurance Framework risk No 1.1. "Failure to

	consistently provide safe provision of care to patients at YGC, resulting in significant harm to patients, poor patient experience and a high number of complaints and claims, as well as a loss of public confidence." The paper identifies improvements, that if not delivered could impact on the successful achievement of the TIIF Programme. Successful delivery of the TIIF will support the mitigation of a number of risks that are open in the risk register. In addition, the TIIF Steering Group will be considering the development of a new risk related to the delivery of the TIIF Programme at its next meeting.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	No additional financial implication to the current commitment.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	No additional workforce implication to the current commitment.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	The paper has been shaped by the previous Board Report on TIIF in August 2022 and the TIIF Steering Group Meeting in August 2022, TIIF Working Group and the TIIF Evidence of Outcomes Group (both in September 2022)
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	***BAF Risk Number 1.1*** *Failure to consistently provide safe provision of care to patients at YGC, resulting in significant harm to patients, poor patient experience and a high number of complaints and claims, as well as a loss of public confidence* ***BAF risk number 2.4*** *Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion*
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable. Paper submitted in public Board

Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** The report highlights the next steps so that the formal BCUHB assessment of the TIIF position can be agreed at the BCUHB Board Meeting in November 2022 and then submitted to the Welsh Government.
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*

CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR
RHOWCH Y DYDDIAD
TEITL YR ADRODDIAD

BOARD OF DIRECTORS MEETING IN PUBLIC
TARGETED INTERVENTION IMPROVEMENT FRAMEWORK: PROGRESS UPDATE
29 SEPTEMBER 2022

1. Cyflwyniad / Cefndir
Introduction/Background

1.1 The purpose of this paper is to share key information with the Board relating to the Targeted Intervention Improvement Framework (TIIF) and to provide assurance that the TIIF Process is further reflecting good practice since the Board received a report in August 2022. The report focusses on two elements;

Firstly, it follows up the report that was presented to the Board in August 2022 as part of the governance partnership between the Health Board and the Good Governance Institute (GGI). There were a number of recommendations in the August report, for improvements that have now been implemented that will strengthen the programme going forward and this report sets these out.

Secondly, the report also sets out the process for the TIIF between now and the Board Agenda item in November 2022 where the Board will receive a report that would recommend a TIIF score. The Board is asked to note that there will be TIIF Board Workshop in October 2022.

2. **Corff yr adroddiad / *Body of report***

2.1 Update on Recommendations from the Good Governance Institute Report

The work with GGI took place between November 2021 and May 2022, as part of the governance partnership between the Health Board and the Good Governance Institute (GGI).

There were a number of recommendations in the report, for improvements that will enable the Health Board to strengthen the programme going forward. These are the 5 recommendations that are already being progressed. They are summarised in Table 1 below. Related to this, there have been a number of significant TIIF process enhancements that reflect the Good Governance Institute (GGI) proposals to focus the process on providing **"Evidence of Impact against TIIF agreed Outcomes."** These include;

1. Merging the Evidence and Outcomes meetings to become the "Evidence of Outcomes Group". This commenced on 12 September 2022.
2. Replacing individual domain "TIIF Sub Groups" with one "TIIF Working Group" to ensure triangulation between TIIF domains.
3. Updated evidence collection forms for TIIF Domain leads to record evidence on that also reflect the "Outcomes Framework" developed with the GGI and BCUHB TIIF Leads.
4. TIIF Steering Group agreed to remove the "high and low" approach to formal assessment. (subject to Board endorsement in November 2022)
5. The Associate Director of Governance developed a Terms of Reference for the proposed "Evidence against Outcome Group" for Chairs for review ahead of the first meeting and then to be presented at the first meeting on 12 September for review and adoption.

The Board will note that the only remaining recommendation in Table 1 was related to clarifying TIIF Resource. This will be presented to the October TIIF Steering Group and reported to the Board in the TIIF Board Report November 2022.

Table 1 – Recommendations from GGI Report with Updates for the Board.

No	Recommendation	Update for the BCUHB
1	Review and develop the meeting papers so that they are easier to follow and so that the flow of assurance is clearer. This should include developing the format of the agenda and introducing cover sheets and executive summaries	Report cover sheets have been actioned for TIIF Steering Group and was put in place for the TIIF Steering Group on the 22 August 2022.
2	To ensure there is effective discussion and challenge at meetings, the attendance at the meetings should be reviewed, in particular ensuring that these meetings are prioritised.	The proposal to merge the Evidence and Outcomes meetings has been approved by the Steering Group on the 22 August 2022 and membership notified. In addition, the recommendation to stand down the individual TIIF Domain "Sub Group" and replace with a TIIF "Working Group" (with all domain leads present to facilitate triangulation of information) has been actioned. The first TIIF Working Group met on the 5th September 2022. The first meeting of the "Evidence of Outcomes Group" took place on 12 September 2022.
3	All domains should provide evidence in line with the TIIF guidance, including completed cover sheets and with clear referencing to other domains where appropriate	Completed cover sheets (see 1 above) are now in place for the TIIF Steering Group. In addition, forms have been updated to reflect the need to "evidence an impact against outcomes" and to cross reference evidence with other domains.
4	The Board should consider an alternative way of scoring evidence and outcomes, to avoid the lack of common understanding over the phrase "High 2".	The Steering Group agreed the proposal to remove the ability to signal "high" and "low" scores. In addition, the "Outcomes Framework" that has been developed with GGI and BCUHB leads has been adopted.
5	The Health Board should develop plans for support for the TI Improvement Programme, both a short-term plan until the new Associate Director of Governance joins the Health Board, and a longer-term plan to develop resilience in performance improvement within the domains	The short-term plan proposal was implemented. The new Associate Director of Governance is in post. An update will be provided to the TIIF Steering Group on the long-term plan, The Board will receive an update on process via the TIIF Steering Group Chair's report.

2.2 Overview of Current Position

At the last formal assessment in May 2022 BCUHB had four TIIF Domains. There are now six domains. These are listed below in Table 2 with the leads and SRO clarified. Each Domain has an Independent Member link which is providing additional support and scrutiny that is much valued by the SRO and TIIF Lead. The Board will also be aware that there is a new TIIF Domain for Ysbyty Glan Clwyd. In addition, in accordance with a request from Welsh Government, the Performance TIIF Domain has been separated from the Strategy and Planning TIIF Domain.

Table 2 - TIIF Domains and Leads

Domain	Area	Independent Member Lead	SRO	BCUHB Lead
All Ages Mental Health	Adult Mental Health	Cheryl Carlisle	Teresa Owen	Adrianne Jones / Iain Wilkie
	Children & Adolescent Mental Health Services	Cheryl Carlisle	Gill Harris	Fiona Wright / Brian Laing
Strategy & Planning	Strategy & Planning	Prof. Nicky Callow	Chris Stockport	Wendy Hooson
Performance	Performance	To be confirmed	Sue Hill	Amanda Lonsdale
Leadership	Leadership, Governance and Culture	Linda Tomas	Sue Green	Michael Shaw / Claire Wilkinson Phil Meakin
Engagement	Patient	Jackie Hughes	Helen Stevens-Jones	Carolyn Owen
	Public	Jackie Hughes	Helen Stevens-Jones	Rob Callow
	Staff	Jackie Hughes	Helen Stevens-Jones	Ellen Greer/Claire Wilkinson
	Partnership	Jackie Hughes	Helen Stevens-Jones	Helen Stevens-Jones
	Communications	Jackie Hughes	Helen Stevens-Jones	Katie Sargent
Ysbyty Glan Clwyd	Emergency Department	Hugh Hesketh Evans	Gill Harris (with support from Gaynor Thomason as Programme Director for Clinical Safety Improvement)	Tracey Foster
	Vascular Services	Hugh Hesketh Evans	Nick Lyons (with support from Gaynor Thomason as Programme Director for Clinical Safety Improvement)	Tracey Foster

The Ysbyty Glan Clwyd (YGC) TIIF Domain has now been developed and shared with Welsh Government and there is now a TIIF Maturity Matrix that reflects the “Journey to Excellence” Improvement Plans at YGC. The need for a TIIF Plan in YGC also requires BCUHB to reflect the position at YGC on all its TIIF Domains. Consideration of this will be developed for review by the Board at an October Board workshop and the Board Meeting in November 2022. For clarity, the YGC TIIF Maturity Matrices includes consideration of Vascular Services and the improvement plans that are in place for this service..

Quarterly meetings with the Welsh Government continue as part of the TIIF process. The report author considers it useful for the Board to be aware that these updates require an update against four key questions. These four questions will help inform preparation for the full update to be given to the Board in November 2022 to help inform the progress made on all six TIIF Domains.
Further work is being carried out to triangulate the maturity matrices with the associated regulatory and statutory compliance status, as well as existing levels of assurance across the domains.

This will enable more robust measures of assurance feeding into Board , whilst streamlining the oversight of evidence and performance improvements

2.3.TIIF – The Next Steps

Table 4 outlines a summary of the process for approving a “self-assessment” of the BCUHB TIIF position. The key points to note are that the evidence collated across all domains will be reviewed prior to a Board workshop in October 2022. This will then inform a formal proposal to the November 2022 Board meeting for review.

The Table illustrates the position in the process of the new “TIIF Working Group” and “Evidence of Outcomes Group” that have been established and are part of the process leading up to the Board Meeting in November 2022.

The YGC Maturity Matrix that has been developed has been shared with the IM Lead and this will be shared with the Board in advance of the October workshop. (alongside all of the other updated five maturity matrices) The report also notes the important role that the BCUHB Cabinet has in the oversight and development of the Maturity Matrices and the TIIF process.

Further work is being carried out to triangulate the maturity matrices with the associated regulatory and statutory compliance status, as well as existing levels of assurance across the domains.

This will enable more robust measures of assurance feeding into Board , whilst streamlining the oversight of evidence and performance improvements

Table 3 – Overview of TIIF Evidence of Outcome Process.

3. Goblygiadau Cyllidebol / Ariannol **/ *Budgetary / Financial Implications***

3.1.There are no direct budgetary implications associated with this paper.

4. Rheoli Risg / Risk Management

4.1 The subject and scope of this paper relate to Corporate Risk Register risks associated to the provision of Vascular Services. These are risks number CRR22-25, CRR22-26 and CRR 22-27

The subject and scope also relates to a Board Assurance Framework risk No 1.1. "Failure to consistently provide safe provision of care to patients at YGC, resulting in significant harm to patients, poor patient experience and a high number of complaints and claims, as well as a loss of public confidence"

In addition, there are also one further BAF risk that falls within the TIIF scope :

BAF risk number 2.4

Failure to deliver an approved integrated medium term plan incorporating service, workforce, financial balance and delivery of key performance targets to Welsh Government (to ensure statutory duties are met) resulting in a regulatory audit opinion

The paper identifies improvements, that if not delivered could impact on the successful achievement of the TIIF Programme. Successful delivery of the TIIF will support the mitigation of a number of risks that are open in the risk register. In addition, the TIIF Steering Group will be considering the development of a new risk related to the delivery of the TIIF Programme at its next meeting.

5. Recommendations

5.1 The Board is asked to:

1. Note the report and the next steps for the TIIF Programme.

2. Be assured that the updates to the TIIF Process reflect Good Governance recommendations.

Health Board

4th August 2022

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Cabinet – YGC Improvement Plan
Meeting dates:	14th July 2022, 28th July 2022, 22nd August 2022, 28th August 2022, and 31st August 2022.
Name of Chair:	Mark Polin
Responsible Director:	Gill Harris, Deputy CEO / Executive Director of Integrated Clinical Services
Background and summary of business discussed:	Cabinet has been convened in response to the tripartite decision to escalate YGC into Targeted Intervention with effect from 7.6.22. Cabinet's role is to provide oversight and assurance to the Board for these improvements to include those in the Emergency Department and the Vascular network, as well as more widely across the YGC site, and demonstrate the Board's commitment to delivering safer services for our patients. During the cabinet meetings, the YGC improvement plan has been reviewed in order to monitor progress against the implementation of key mitigations. Progress reports will be presented on the implementation of the YGC Improvement plan. Work is being progressed to determine further support from WG and partner organisations. Regular update reports are provided to all meetings on: • Vascular Services • Targeted Intervention • Make it Safe (paediatrics) Cabinet has maintained oversight of the provision of additional resources and support for current and new staff in relation to vascular services **Summary highlights from previous meetings** **22.7.22:** • Update on Monkeypox provided to Cabinet

	• Cabinet agreed that the corporate risk register would be amended to significant risks in the vascular service • Make it Safe (paediatrics) – an external reviewer had been appointed and had commenced their work • Vascular Service – noted that dual consultant operating cover in and out of hours had been put in place on 8th July 22. • The Chair requested an options appraisal to be submitted, highlighting short and possible longer terms contingency options • Covid-19 update provided. Noted that workforce abstractions had begun to stabilise. Booster vaccination campaign to commence on 1st September. **22.8.22** • Positive feedback received following WG/BCU Targeted Intervention meeting on 17.8.22 • Discussion took place on the pressures being faced at EDs across BCU, and impact on WAST • Vascular Service – further discussion around support to the north Wales vascular service. An options appraisal for the delivery of a north Wales vascular service would be presented to Board on 29.9.22. • A vaccination update was provided. **31.8.22** • Vascular service – the Chair of the Vascular Quality Panel attended the meeting to update on work being undertaken. It was noted that HIW were due to commence a review of the service in September 22. An update on recruitment to the service was provided.
Key assurances provided during the meetings:	Recruitment, either through vacancies or additional support, had commenced and would be prioritised, and would be reported through to Cabinet as part of the SRO report. Short and possible longer terms contingency options being explored to support the north Wales vascular service.
Key risks including mitigating actions and milestones	Reputation and confidence – Cabinet were advised that mitigating actions had now been included as part of the Improvement Plan in order to ensure actions deliver the anticipated outcomes. Daily meetings were being held to review activity and to ensure immediate learning from adverse events.
Issues to be referred to another Committee	None

Matters requiring escalation to the Board:	Concerns were raised about the lack of traction in aspects of the vascular action plan, (which had previously been reported to Cabinet as completed), and subsequently identified by the Executive Medical Director as incomplete. Remedial actions have been discussed and reviewed as part of the Cabinet meetings.
Well-being of Future Generations Act Sustainable Development Principle	The items considered by Cabinet gave consideration to the sustainable development principles indicated below: 1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies
Planned business for the future meetings:	• Review of Cabinet Terms of Reference • YGC Improvement Plan • Vascular Services Update • Update on Targeted Intervention • Covid-19 Update • Monkeypox Update
Date of next meeting:	22nd September 2022

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

To improve health and provide excellent care

Audit Committee: Chair's Report

Name of Committee:	Audit Committee
Meeting date:	24/08/2022
Name of Chair:	Richard Medwyn Hughes, Independent Member
Responsible Director:	Molly Marcu, Interim Board Secretary
Summary of business discussed:	At the meeting the committee reiterated its dissatisfaction in relation to the scale and scope of internal control failures in relation to: • The financial statements, which has resulted in substantial delays in the completion of the audit, resulting in the AGM being postponed to 29th September 2022. • The significant internal control failures highlighted in the Audit Wales report and the associated qualified true and fair opinion • The significant issues set out in section 21 of the Annual Governance Statement, noting that some of these have an adverse impact on patient safety The Committee received the final report from Audit Wales, taking into account progress updated received formally through a series of meetings held on 13th June, 30th June, 13th July and most recently 22nd July 2022. On 22nd July 2022, the Committee received and accepted the CEO's advice not to adjust the material misstates of £10.3m upon balancing the risk on clinical services provision for the population of North Wales, as this amount would move the organisation towards a savings target of £45m, rather than the current £35m. In accepting this position the Audit Committee will maintain oversight of the urgent remedial actions required to improve the internal control environment, and will be seeking an update at the October meeting. On 13th July 2022, the Committee agreed to oversee an external review of the financial controls upon the completion of the external Audit Wales review on 19th August 2022.

	At the time of writing, terms of reference and scope had been agreed with EY, in collaboration with Audit Wales, with work commencing on 6th September 2022. These above matters have already been escalated via my Committee Chair's Assurance report to the Board on 4th August 2022. As part of this escalation, I also highlighted to the Board the high number of limited assurance audit opinion reports as well as the overall limited internal audit opinion. This is also incorporated within section 21 of the Annual Governance Statement, which formed part of the agenda on the day of the Extraordinary Board meeting on the same day. To this end, the Committee will closely monitor the financial controls review and the subsequent findings arising from it, noting the significant impact this will have on the 2022/23 financial statements.
Issues to be referred to another Committee	None
Matters requiring escalation to the Board:	The Committee agreed to bring to the attention of the Board its concerns and dissatisfaction relating to the position regarding the Financial Accounts for 2021/22.
Well-being of Future Generations Act Sustainable Development Principle	The purpose of the Audit Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's system of assurance. As such, the Committee considers the sustainable development principles in their widest sense but in particular, the focus on progress of internal and external audit reports supports the principle of putting resources into preventing problems occurring or getting worse.
Planned business for the next meeting:	• Financial controls review
Date of next meeting:	27th October 2022

Health Board
29 September 2022

To improve health and provide excellent care

Committee Chair's Report

Name of Committee:	Quality, Safety and Experience (QSE)
Meeting date:	6 September 2022
Name of Chair:	Lucy Reid, Committee Chair and Independent Board Member
Responsible Director:	Angela Wood, Executive Director of Nursing
Summary of business discussed:	• A Patient Story about the Long-COVID Recovery Programme and the involvement of staff and stakeholders, adopting co-design work to include clinical practitioners to design a pathway that meets the needs and expectations of the people experiencing Long-Covid. • Report of the Lead Executive highlighting her new role and the work she would be focussing on including falls, pressure ulcers ad complaint handling. • The Quality Aspects of the IMTP. • The Board Assurance Framework noting that a review on how the detailed papers for the associated mitigations would be aligned to the cycle of business for both PFIG and QSE. • The Corporate Risk Register, noting that the CEO would be chairing the RMG and that the Associate Director of Governance now attended the Executive Team Meeting every fortnight to strengthen governance. The Committee highlighted key controls that were specified in the risk register but not in place. • Mental Health Improvement Plan, discussions around how the plan would be different in comparison to previous years and with a request that focus be given to measurements and improvement outcomes for patients. • YGC Improvement Plan was received which highlighted the Journey to Excellence launch and highlighted how the unscheduled care programme would form part of the plan. • Vascular Improvement Plan was discussed noting it's alignment with the TI framework approach and that the Board had received escalations from the Vascular Quality Panel, that an updated engagement plan was under development and that a review of the service by HIW would take place over the coming weeks. • Urology Improvement Plan with the Committee sharing serious concerns about the Urology Service and the need for further work to be undertaken to address them.

	• Quality Performance Report, the Committee highlighted concerns around the declining position for young diabetic people.
	• Patient Safety Report which the Committee advised that there was no assurance to be taken from the report given the lack of learning identified.
	• Patient and Carer Experience Report, concern was raised about the number of outstanding complaints and delays in responding to them.
	• Quality/Safety Awards and Achievements were received and recognised by the Committee
	• Health and Safety Executive Compliance Update which detailed a Notice of Contravention received relating to the death of a patient on Hergest Unit in 2020. The improvement plan was submitted along with details of additional oversight to address the breaches.
	• Mortality Review Update which provided a proposal for improvements to the process for learning from reviews and tackling the backlog.
	• Regulation 28 Update was received detailing the review that has been undertaken to identify outstanding historical actions arising from Regulation 28s.
	• HIW Update detailing how many actions are outstanding and overdue across the Health Board, however the Committee noted that it did not provide assurance as to what was outstanding and whether there were recurring themes across the organisation that needed to be addressed.
	• Chair's Assurance Reports from Strategic and Tactical Delivery Groups
	  • Patient Safety and Quality Group
	  • Strategic Occupational Health and Safety Group
	  • Patient and Carer Experience Group
	  • Infection Prevention Steering Group
	• HMP Berwyn Annual Report was received as a consent item with questions to be raised outside of the meeting
	• Safeguarding Annual Report was received as a consent item with questions to be raised outside of the meeting

Key assurances provided at this meeting:	• The safeguarding annual report provided the Committee with an overview of performance against the National Safeguarding Maturity Matrix and the response to a significant increase in safeguarding activity over the pandemic

Key risks including mitigating actions and milestones	The Committee identified a number of significant recurring issues across multiple areas where there is insufficient evidence provided that these have been or are being addressed. These included but were not limited to: • The Committee identified gaps in key controls on the corporate risk register which had not been addressed by the risk management process. • The vascular improvement plan was not up to date and did not specify clear outcomes to provide assurance that actions being taken are resulting in improvements to patient care. • The Patient Safety Report did not provide adequate details of learning and a number of recurring patient harms appear to remain unaddressed. The Committee's previous requests also remain unaddressed. • The Notice of Contravention by the Health and Safety Executive identified 3 failings under Section 3 of the Health and Safety at Work Act that the HB has been unable to provide evidence that they have been addressed. The failings relate to Risk Assessment and Care and Treatment Plans, Bed Safety and Ligatures. • The Regulation 28 notice report has highlighted that the HB is unable to evidence implementation of historical notices. • The HIW report provides no assurance that any recurring themes identified from HIW inspections have been adequately addressed.
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners) • Vascular • YGC
Issues to be referred to another Committee	
Recommendation/ Matters requiring escalation to the Board:	The Chair advised that the objective of the Committee was to provide the Board with assurance over the quality and safety of services across the Health Board and that patient experience is at the heart of service development. The Chair noted that the Committee could not provide any such assurance to the Board at the moment. The Chair recognising that improvement work was ongoing, but that the recurring themes and ongoing failure to evidence learning was unacceptable. The Committee are therefore escalating these concerns to the Board and have asked specifically for the Executive Team to provide a response to how this is going to be addressed to be able to evidence improvements in patient safety and harm.

Well-being of Future Generations Act Sustainable Development Principle	The Committee gave adequate consideration to the sustainable development principles: 1.Balancing short term need with long term planning for the future; 2.Working together with other partners to deliver objectives; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	Range of regular / standing items plus: • An update on psychological therapy services
Date of next meeting:	1.11.22

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Committee Chair's Report

Name of Committee:	**Performance, Finance and Information Governance Committee**
Meeting date:	25.8.22
Name of Chair:	John Cunliffe, Independent Member
Responsible Director:	Rob Nolan, Acting Executive Director of Finance
Summary of business discussed:	The Committee approved: • Financial Planning Principles 2023-26 and Timetable 2023-24 and noted the following items • Draft Finance Strategy 2022-2025 • Finance Report Month 4 2022/23 • Financial Control Update • Quality & Performance Report to 31 July 2022 • Integrated Medium Term Plan – Ministerial assessment • Integrated Medium Term Plan development process • Capital Programme Report – Month 3 and Month 4 • Planned Care Recovery Plan Status Report • Emergency Care Metrics Update • Transformation Report • People (Workforce) Plan Report • Update on Workforce deep dive • Information Governance (IG) Quarter 4 2021/22 Key Performance Indicators (KPI) Report • Information Governance Toolkit Annual Report 2021/22 • Information Governance Annual Report 2021/22 • 2022/23 Board Assurance Framework (BAF) • Corporate Risk Register The following Chair's actions were also noted to have been undertaken prior to the meeting: • Issuing of Tenancy at Will in respect of a Health Board owned building for use as a branch surgery by a Coedpoeth practice. • novation of a GDS contract following the sale of a practice in Flint

	• funding and contract extension for the current external provider of Neuro Development assessments In private session the Committee discussed • Gwynedd Domiciliary Care Scheme • Planned Care contracting

Key assurances provided at this meeting:	• Accountability letters (a requirement of SFIs) continued to be issued to budget-holders and part of the new Operating Model's requirements
	• The Health Board's Financial Plan for 2023/24 will not be finalised until after the issuing of the allocations from the Welsh Government (expected to be mid-December). The committe has an expectation of receiving further draft plans based on reasonable assumptions until it can be finalised.
	• The in-month position is a surplus of £0.1m against plan, which leads to a cumulative deficit against plan of £2.2m, (0.35% of allocation) of month 4. This forecast for the year remains at a breakeven position as planned. This deficit is forecast to be recovered by month 9.
	• Following the Audit Wales 2021/22 accounts opinion, additional financial contols have been identified and are being implemented.
	• Keyperformance improvements highlighted in the Quality and Performance report were:
	  ▪ Take-up of bowel screening had improved over the past four years
	  ▪ GPs had achieved 76% of national access standards, improved from 42% in 2019
	  ▪ Patients waiting less than 26 weeks had improved
	• Welsh Government were minded to approve the Ysbyty Gwynedd Compliance Programme Outline Business Case following responses provided by the Health Board.
	• Early feedback on process and engagement of deep dive modelling undertaken, initially by Workforce & OD on recruitment, had been positively received. Findings and actions would be further shared at the next meeting
	• The Health Board achieved **89%** within the Information Governance Toolkit assessment**;** meeting level 2 or above in all areas.

Key risks including mitigating actions and milestones	• Financial risks in regard to the draft finance strategy are recorded in the BAF with mitigations from the transformation team's activities and plans. • The qualification on the 2021/22 auditor opinion should be reflected in the BAF or risk register • In terms of 2023/24 budget setting, the Committee wished to see greater and more timely engagement of managers in the process. • The committee were not assured that the Health Board can operate within its means. Plans to address this were being

	formulated and a draft position would be brought back to the next meeting.
	• The IMTP plan submitted in March to WG had not fully met the requirements of the NHS Wales framework and was not approved. It was, however accepted as an Annual Plan. The minister advised greater focus on delivery and improvement was needed.
	• In regard to the development of the IMTP for 2023 – 2026, two risks were highlighted:
	  ○ potential further waves of Covid-19, which may constrain the level of engagement in the refresh process
	  ○ the new operating model may not facilitate fully integrated health community planning.
	Clinical risks would be highlighted and risks would be triangulated. Integrated system leads were expected to take ownership of the planning process.
	The development also need to have clear linkage to the issues identified in the ministerial letter
	• Performance accross a number of areas continues to be dissapointing and a risk to patients. For example:
	  ○ ED 4hr and 12hr waits
	  ○ Ambulance handovers
	  ○ Diagnostic 8 week waits
	  ○ Outpaitient appointment waits and follow ups
	  ○ Referal to treatment 36 week and 104 week waits
	  ○ Agency spend
	• The Wrexham Continuity Phase 1 business case programme has been delayed by approximately three months due to the need for extensive surveys (in particular, on the extent of fire compliance works).
	• The total waiting list has continued to increase, and the unvalidated position stands in excess of 170,000 patients, around half of which are 0-25 weeks. It was agreed to further break down the over 52 week waits in the next report.
	• Risks around transformation and delivery of transformational savings needed to align to the Transformation report

Issues to be referred to another Committee	Requested that PPPH informed and updated on use of external support in developing the Estates strategy
Matters requiring escalation to the Board:	None
Planned business for the next meeting:	Regular reports plus • Divisional reports • Recruitment deep dive report • Financial planning

Date of next meeting:	27.10.22

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Advisory Group Chair's Report

Name of Advisory Group:	**Stakeholder Reference Group**

Meeting date:	**05.09.22**

Name of Chair:	**Clare Budden, Chair of Stakeholder Reference Group**

Responsible Director:	**Helen Stevens-Jones, Director of Partnerships, Communications & Engagement**

Summary of key items discussed:	• Feedback from the SRG Workshop • Partnerships, Engagement & Communications Strategy • Transformation Programme
Key advice / feedback for the Board:	• The Chair would like to provide feedback from the SRG Workshop held in August to the Board and gain views back from members of the Board. • In relation to the Partnerships, Engagement & Communications Strategy the Group suggested Senior Leaders may wish to become more visible on social media as there are staff within BCU that are not aware of who the CEO and Chairman are for the Health Board. • The Group recognised that the Strategy may require the whole organisation to move forward and any significant change may be a long term process. • In relation to the Transformation Programme, the Group are keen to understand the key areas of focus including care closer to home and ambulance queues and agreed to work with the Director of Transformation and Improvement in a Workshop style to influence change in those areas. • The Group have an interest in the implementation plan and suggested it may be useful for the Group to receive a report on progress on an annual basis.
Targeted Intervention Improvement Framework Domain	• Engagement (patients, public, staff and partners)

addressed	
Planned business for the next meeting:	• Planning Update • Third Sector • Further items to be confirmed
Date of next meeting:	Monday 5th December 2022

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Advisory Group Chair's Report

Name of Advisory Group:	Healthcare Professionals Forum (HPF)

Meeting date:	2 September 2022
Name of Chair:	Mandy Jones, Nursing Representative and HPF Vice Chair

Responsible Director:	Gareth Evans, Acting Executive Director of Therapies & Health Science and Executive Lead HPF

Summary of key items discussed:

H22/23 Welcome, Introductions and Apologies

H22/23.1 The Vice Chair opened the meeting, and acknowledged due to the number of apologies that the Forum would not be quorate and therefore no decisions would be made, however, it was agreed that the meeting would continue in order to engage with the guest presenters

H22/27 Public Health Update – Teresa Owen (TO), Executive Director of Public Health

The HPF Vice Chair welcomed Teresa Owen, Executive Director of Public Health for the annual update to HPF members. TO clarified that she is also the Executive Director responsible for Mental Health and Learning Disabilities (MHLD), Test Trace and Protect (TTP) and Welsh Language (WL) however noted that the MHLD agenda was brought to HPF earlier this year, so would concentrate this dicussion around Public Health (PH).

There were three main areas under discussion at the meeting today:

- PH transfer / Operating Model
- Responding to Ministerial Priorities – Work Plan
- Commissioning Intentions

Aspects of the Ministerial priorities discussion included smoking cessation, infant feeding and healthy weight in relation to population health, also immunisations, Well North Wales partnerships; and the Mental Health and emotional wellbeing/Together for Mental Health Strategy and service delivery

	plan which was shared with the HPF members at the March meeting. A discussion ensued, which included highlighting optometry and dentistry in Public Health. The Vice Chair thanked TO on behalf of the members for joining the HPF, for her valuable time and the important information shared. **H22/28 Quality Strategy update – Erika Dennis, Quality Lead Manager on behalf of Matthew Joyes, Associate Director Of Quality, Quality Directorate** It was noted that this agenda item was withdrawn from the agenda prior to the meeting and guest attendees stood down. The Draft Quality Strategy will be forthcoming at a later date. **H22/29 People Strategy update – Claire Wilkinson (CW), Interim Deputy Director – Operational Workforce, Workforce and Organisational Development** The Vice Chair welcomed Claire Wilkinson, Interim Deputy Director of Operational Workforce to discuss the People Strategy update. CW clarified that her position has been extended to March 2024, and that going forward she will also be responsible for the management and leadership of the Organisational Development function, and on the part two element of the Stronger Together programme. Presentation slides were sent in advance to HPF members to review in order to make best effective use of time at the meeting in discussion. The People Strategy and Plan, and the First year Delivery Plan which have both been signed off by the Health Board; the First year Delivery Plan used to develop the People Strategy and Plan Workbooks, and the Delivery Plan aligned to the 5 programmes of Stronger Together documentation were also shared in support of the presentation slides for discussion. Aside from the key themes of the Stronger Together programme, in recognising and highlighting the problem statement regarding recruitment, CW wished to focus on the thoughts of the members of HPF and allow the members the opportunity to feedback what they feel could be done differently in order to improve the process currently in place. A discussion ensued and members appreciated the perception and challenges of the problems with recruitment and retention, issues with elements of establishment control and the TRAC system were noted, and the general attraction and branding of BCUHB.

	HPF members were invited to contact CW if they have an interest in becoming involved in the improvement process, communication and engagement, and members would be very welcome to join the next workshop. The Vice Chair thanked CW for joining the meeting and taking the time to bring forward the recruitment discussion with the members. **H22/30 Chair's and members summary reports:** H22/30.1 HPF Member Report_ Nursing H22/30.2 HPF Member Report_ Dentistry H22/30.3 HPF Member Report_ Primary and Community Care H22/30.4 HPF Member Report_ Optometry H22/30.5 HPF Member Report_ Midwifery and Women's Directorate H22/30.6 HPF Member Report_ Health Care Science H22/30.7 HPF Member Report_ Pharmacy and Medicines Management
Key advice / feedback for the Board:	**H22/32 Summary of information to be included in Chair's report to the Board** • Public Health Update HPF members supported the transition of the public health team into the health board. The importance of prevention, early detection and wellbeing is evident and the HPF members can see how the Public Health Team can influence the integrated health communities to ensure population health is firmly embedded within their planning. • People strategy HPF members were encouraged by the work Claire is leading on relation to recruitment and attraction. Members welcomed the liberation of the recruitment process being proposed. Members recommended that a wide, broad and innovative approach is considered within the national constraints to address local needs and offer incentives aligned to increasing tuition fees and promotion of grow your own. The focus on promoting a positive learning environment being offered was encouraged by celebrating success within our wider communities.
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)

Planned business for the next meeting:	Range of standing items plus: • Targeted Improvement (TI) Strategy update – Associate Director of Governance • Annual Discussion with CEO – Chief Executive • Transformation and Planning – Executive Director • Quality Strategy Update – Resubmission due to deferred agenda item
Date of next meeting:	Friday, 2nd December 2022

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Committee Chair's Report

Name of Committee:	Mental Health Capacity and Compliance Committee
Meeting date:	29.7.22
Name of Chair:	Lucy Reid, Health Board Vice Chair
Responsible Director:	Teresa Owen, Executive Director of Public Health
Summary of business discussed:	The meeting noted : • Approval of All Wales Approved Clinicians and Section 12(2) Doctors Report • Update on the new Mental Health Act reform • Associate Hospital Managers Update July 2022 • MHA Performance Report July 2022 • Corporate Risk Register • Criminal Justice Liaison Report • An update on the report on the Medium Secure Unit • Quarterly Mental Health Act Rolling Audit Report • Power of Discharge Group Chair's Assurance Report
Key assurances provided at this meeting:	• The Committee acknowledged the improvements in compliance identified from the audit report.
Key risks including mitigating actions and milestones	• The Committee noted that areas of reporting were still being worked on including assurance processes with regard to the management of Court of Protection cases, and the use of restraints across the HB. • The Committee noted with concern that the Corporate Risk Register showed 92 risks under Tier 2 and 88 under Tier 3, all of which had been identified but none of which had been developed. The Executive Director of Public Health agreed to feed the concern back to the Assistant Director for Information Governance and Risk. The Committee also noted that there had still been no progress with regards to the consideration of a risk for the Mental Health Act reform and its implications for the organisation.

	• Regarding the report on the use of restraints, the Chair expressed concern that the Committee was still not sighted on the use of restraints across the Health Board. The Interim Director for MHLDS has agreed to take this forward.
Targeted Intervention Improvement Framework Domain addressed	Mental Health
Issues to be referred to another Committee	There were none.
Matters requiring escalation to the Board:	n/a
Well-being of Future Generations Act Sustainable Development Principle	The Committee gave due regard to the sustainable development principles of: 1.Balancing short term need with long term planning for the future; 3. Involving those with an interest and seeking their views; 4.Putting resources into preventing problems occurring or getting worse; 5.Considering impact on all well-being goals together and on other bodies)
Planned business for the next meeting:	Standard reports
Date of next meeting:	4.11.22

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Advisory Group Chair's Report

Name of Advisory Group:	Local Partnership Forum

Meeting date:	19th July 2022

Name of Chair:	Ms Jan Tomlinson

Responsible Director:	Mrs Sue Green, Executive Director of Workforce & Organisational Development

Summary of key items discussed:	• Targeted Intervention • Operating Model • Q4 Annual Health And Safety report 2021-2022 • Prevention and Control of Infection • Quality Strategy 2022-2025 • Workforce Partnership Update including Job Evaluation and Workforce Policies Update • Update on Staff Engagement • Annual Equality Report 2021-2022
Key advice / feedback for the Board:	• With regards to any concerns and questions staff might have about the new Operating Model and if these concerns were being addressed, it was noted that both the weekly meetings with Lesley Hall and the bi-weekly Management Team meetings hosted by The Executive Director of Workforce & OD and other executive directors were extremely useful and that any concerns that had arisen, had already been addressed at these meetings. • The Operational Planning Group had arranged for a resilience stress table-top exercise with regards to Monkeypox . There had been 8 cases across North Wales, with one suspected case in ENT in Wrexham. The Infection Prevention Control team continue to promote Level 2 PPE for any suspected and confirmed cases, with new guidance stating that Level 2 PPE should be worn regardless for any in-patients suspected or probable confirmed Monkeypox cases. • The Advanced Lead Nurse Specialist Infection Prevention Control advised Members of the recently adopted use of Hypochlorous Acid (HA), a new technology replacing the HPV technology previously used for high-level disinfection of the

	environment. HA is both a much quicker process and safer to use, thus benefiting staff, patients and the environment. As HA also relies on fewer domestics, it helps to release capacity into the system when beds are blocked due to deep cleaning. • In response to questions from management regarding whether there were ways the Health Board could support staff during the heatwave, the Chair confirmed that she had been aware that there had been water stations on wards and water to be made available for all staff breaks and it was also noted that an ice cream van had been positioned at WHM for staff to access. Toni Wood (Royal College of Midwives) confirmed that ice lollies had been made available on the labour ward at YG • Assurance was given that the new Transformation and Information Service currently being created, will have various branches - one of which will be building on the work started by the old Q & I Hub Service Improvement team, and would increase support and access for local teams to do local improvements, with improved access to training and tools. • It was noted that the rules around Covid pay had changed and assurance was given to Members that the teams were working hard to treat people with compassion – not using a blanket approach but looking at each person as an individual and that they were aware of the number of staff suffering the effects of long-Covid. The Chair noted that at the recent All Wales Staff Side meeting they discussed reviewing the overtime rates due to the staffing crisis due to current sickness levels across Wales, and that the question was going to the Business Committee. When a decision is reached, The Chair agreed to feed back to the Members. • Members were made aware that in relation to Pay Progression provisions agreed in 2018, from 1st October 2022 pay steps will be closed and the 2018 framework implemented. Therefore incremental pay progression steps reached after 1.10.22 will not be automatically processed and that this will only be actioned by entering staff details into ESR Manager Self-Service at a Pay Progression Appraisal meeting. It was confirmed that there are awareness session available for both staff and managers in this regard. • Members were advised that at the most recent national Job Evaluation Group meeting, it was agreed that they were to look at updating the All UK Nursing and Midwifery profiles. With this in mind, a questionnaire would be sent out later in the year where any areas felt to need addressing in the profile could be highlighted. • Members were advised that through working with colleagues in TI, the Staff Engagement team had been made aware how best to engage staff when carrying out large transformational work; how sharing information around in engagement opportunities with staff via a variety of mediums – drop-in sessions, face to face, virtual, digital and paper surveys – and how best to get to staff

	who don't have access to IT on a daily basis. • It was noted that Codi Llais yn Ddiogel/speak out Safely (SOS) had just completed its first year. In that year, four SOS Guardians had been recruited along with a number of SOS champions. It was also noted that there had been a great deal of positive feedback, but recognised that some improvement was required in dealing with matters in a timely manner and raising awareness to staff regarding access, assuring them of their anonymity should they wish to raise a concern. He recognised the good start but appreciated that there was a lot of work yet to be done, working with trade unions and staff networks. • Discussion took place around the piece of work that was being carried out to engage staff who share protected characteristics through the Health Board's staff networks. The Staff Engagement team had sought to understand peoples' lived experiences and ensuring engagements are inclusive and representative, through their work with Celtic Pride, Race Equality Action Group and the BCUnity ethnic minority and overseas staff network. Teams had been able to book informal, virtual sessions with the Chief Executive Officer, 'Tea with Jo', where staff are able to engage in conversations, share details of the work they do and with opportunities to ask questions. In addition, bi-monthly panel events had been running, with the Chairman, the CEO, Independent Members and other members of the Board, giving staff the opportunity to link with Executive and Board colleagues and to pose questions. All questions that arise in these panel events must be answered within ten working days and the responses shared on Betsinet in the Staff Engagement area. The feedback to these sessions has been very positive. • There was positive feedback from the 32 Staff Engagement walkabouts that had taken place with the CEO accompanying managers and their teams to meet with staff and learn about their experiences. • Members received assurance that Champions would be clear about what was and what was not in their remit and that the intention was that champions work in partnership with the trade union and not instead of. The Chair was happy that the conversation was still open. The Senior Organisational Development Manager agreed to provide feedback to the next meeting around the data provided by the Guardians and their referrals to the trade unions. A Member wished to note that some of her members had a very positive experience after approaching the Guardians for advice. • It was noted by The Head Of Equality And Human Rights noted that she was preparing to receive a number of policy developments from Welsh Government, concerning the magnified inequalities felt by a lot of protected groups during Covid-19. The Anti-Racist Wales Plan was received in June and the Race Equality Action Group would be looking at to further broaden the scope of their group. They were also anticipating the Welsh

	Government's LGBT Action Plan and the work of the Disability Task Force and will brief the organisation when these are received.
Planned business for the next meeting:	Range of standard reports plus: • Verbal update on Targeted Intervention by Jo Whitehead • Welsh Language Standards presentation by Eleri Hughes-Jones • Health and Safety Management Annual Report • Quality & Performance Report • A Patient's Story. • Update from the Trade Unions Partners' Secretariat. • Strategic Occupational Health & Safety Group (issues of significance). • Welsh Partnership Forum Report
Date of next meeting:	13.00 hrs, Tuesday, 11th October 2022, virtual via Teams.

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Chair's Report

Name of Committee:	Targeted Intervention Improvement Framework (TIIF) Steering Group
Meeting date:	22.08.22
Name of Chair:	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
Responsible Director:	Gill Harris, Deputy Chief Executive / Executive Director of Integrated Clinical Delivery
Summary of business discussed:	• The scores for all domains need to be re-evaluated to ensure they reflect the outcomes that are being experienced throughout the organisation. • There needs to be interdependence between the maturity matrices in terms of the scores as each domain cannot reach a specific level in isolation. • The recommendations within the Good Governance Institute Report (GGI) are being progressed. • Agreement to merge the Evidence Group and the Outcomes Group to become one Group to provide the opportunity to bring the check and challenge element into one forum. • The current sub group format will be revised for future meetings. • The group agreed to remove the "high and low" approach as this has caused confusion. • The YGC, Strategy & Planning and Performance maturity matrix were shared with the Group. • Proposed changes to the All Ages Mental Health and Engagement maturity matrices were agreed.
Key assurances provided at this meeting:	• Governance arrangements are in place to monitor TI progress via Steering Group oversight.
Key risks including mitigating actions and milestones	• No risks were raised
TIIF Domain addressed	• All

Issues to be referred to another Committee	• None
Matters requiring escalation to the Board:	• None
Well-being of Future Generations Act Sustainable Development Principle	*Describe how the items of business and the development of any proposals considered by the Committee gave adequate consideration to the sustainable development principles or if not indicate the reasons for this.* *1. Balancing short term need with long term planning for the future* – covered by the strategy, planning and performance domain. *2. Working together with other partners to deliver objectives* – covered by the engagement work *3. Involving those with an interest and seeking their views* – covered by the engagement work; *4.Putting resources into preventing problems occurring or getting worse* – via WG funding allocation; *5. Considering impact on all well-being goals together and on other bodies* – covered by engagement work.
Planned business for the next meeting:	• This meeting will receive updates against the actions highlighted at the August meeting.
Date of next meeting:	22.09.22

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Teitl adroddiad: ***Report title:***	Finance Report for Month 5
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to provide a briefing on the draft unaudited financial performance of the Health Board for the four months from 1st April 2022 to 31st July 2022. The cumulative position for the year is a deficit against plan of £2.7m, (0.35% of allocation). This deficit is forecast to be recovered by month 10. Savings delivered in the 5 months to August 2022 was £6.5 against a plan of £7.5m, a shortfall of £1.0m. Non-recurrent savings delivered are £2.4m. The savings forecast is £14.4m, which is £20.6m behind the target of £35m for the year. There were no transformation savings either planned or delivered in the first five months of the year.
Argymhellion: ***Recommendations:***	It is recommended that the report is noted.
Arweinydd Gweithredol: ***Executive Lead:***	Rob Nolan, Acting Executive Director of Finance
Awdur yr Adroddiad: ***Report Author:***	Tim Woodhead, Operational Finance Director

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not Applicable
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Naddo *N* Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Naddo *N* Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	There is a risk that the Health Board does not meet its statutory financial duty for 2022-23. BAF 2.3 Current risks and mitigations are shown in Appendix 1, slide 12. £71m worth of risks relate to areas where Welsh Government have indicated that funding will be provided, however they have also advised that this funding should be classified as high risk, indicating that funding for these issues is not certain.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	All actions proposed are within the existing resource envelope.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF 2.3 Risk of the Health Board's failure to meet the break-even duty.

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** ***Implementation of recommendations Not Applicable.***	
Rhestr o Atodiadau: ***List of Appendices: None***	

Finance Report
August 2022 – M5

Sue Hill

Executive Director of Finance

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwalar University Health Board

Executive Summary

Objective

To provide assurance on financial performance and delivery against Health Board financial plans and objectives and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.

Positives & Performance against statutory duties

- ✓ Current Month is reporting a deficit position of £0.5m and cumulative deficit of £2.7m as at end of August.
- ✓ Forecast is to deliver a break even position based on a savings delivery target of £35m and that Welsh Government will fully fund the additional costs of COVID-19. A full review of the forecast is being undertaken and will be completed in time to inform Month 6 reporting.
- ✓ The Health Board achieved the PSPP target to pay 95% of valid invoices within 30 days of receipt in three of the four measures of compliance during Quarter 1 2022-23 with only NHS invoices by number remaining below target at 83.4%.

Issues & Actions

- ➢ To achieve a break-even position, the Health Board is required to deliver a savings plan of £35m and is subject to inflationary risk.
- ➢ The Health Board has set a savings target of £35m for 2022/23. As at Month 5, Saving Schemes full year forecast identified as Green has increased from £11.4m to £13.4m against a plan of £35m. Including red schemes, for which assurance reviews must be completed, the forecast totals £14.5m. There are further pipeline schemes being developed which have not yet been included within the report due as further work is required to ensure these schemes will deliver as required
- ➢ Welsh Government have requested a number of income assumptions to be rated as a high risk as sources of funding are yet to be identified. These amount to £70.9m of which £53.1m is exceptional costs (Energy, Real Living Wage and National Insurance) with the balance relating to Non-programmable Covid costs.

Key Messages

- ❖ The August position is reporting a deficit of £0.5m and year to date deficit of £2.7m. The forecast is to break-even for 2022/23.
- ❖ The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition the Health Board has received £38M in relation to Planned and Unscheduled Care Sustainability Funding.
- ❖ The Health Board is currently undertaking a full review of the forecast, which will be reported in Month 6.
- ❖ From Month 5 onwards The Health Board started to report under the New Operating Model, which means Area Teams, Hospital Teams and relevant facilities are grouped under the relevant Integrated Health Communities on slide 5 and 11.

Summary of Key Numbers

Month 5 Position

In Month £159.4m against plan of £158.9m.
£0.5m adverse

YTD £778.1m against plan of £775.4m.
£2.7m adverse

Forecast

Projected Position but this is subject to inflationary risk.

Balanced

Divisional Performance Month 5

West IHC	£4.6m adverse
Central IHC	£5.0m adverse
East IHC	£3.6m adverse
Womens	£0.1 adverse
MH & LD	£1.7m adverse
Commissioning Contracts	£1.0m adverse
ICD Primary Care	£0.5m favourable
ICD Regional Services	£1.4m adverse
Support Functions & Other Budgets	£14.3m favourable

Savings

In-month: £1.8m against target of £1.5m.
£0.3m favourable

YTD: £6.5m against target of £5.6m.
£0.9m favourable

Savings Forecast

£13.4m against plan of £35.0m.

£21.6m adverse

(Including Red Schemes the full year forecast totals £14.5m).

COVID-19 Impact

£18.8m cost YTD.

£43.8m forecast cost.
Funded by Welsh Government (with risk)
£NIL impact

Income

£58.4m against budget of £57.7m.

£0.7m favourable

Pay

£376.9m against budget of £373.9m.

£3.0m adverse

Non-Pay

£459.6m against budget of £459.2m.

£0.4m adverse

Revenue Position

- The in month position is reporting a deficit of £0.5m and a cumulative deficit of £2.7m as at the end of August.
- The forecast to deliver a balanced position is based on a savings delivery target of £35.0m and is also dependant on Welsh Government fully funding the costs of COVID-19.

	Actual M2 £'000	Actual M3 £'000	Actual M4 £'000	Actual M5 £m	2022/23 Cumulative Budget £'000	Actual £'000	Variance £'000	Variance %	Forecast Actual £'000
Revenue Resource Limit	(151,609)	(152,384)	(159,645)	(158,854)	(775,374)	(775,374)	0	(0.0)%	(1,890,379)
Miscellaneous Income	(10,787)	(11,435)	(11,088)	(13,887)	(57,747)	(58,490)	743	(1.3)%	(138,935)
Health Board Pay Expenditure	73,442	75,384	76,336	75,084	373,880	376,866	(2,986)	(0.8)%	911,778
Non-Pay Expenditure	89,855	88,452	94,298	98,194	459,241	459,697	(456)	(0.1)%	1,117,536
Total	**901**	**17**	**(99)**	**537**	**0**	**2,699**	**(2,699)**		**0**

- The Health Board's financial plan for 2022/23 is to deliver a balanced position which includes the £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition £38m funding has also been received for Planned and unscheduled Care Sustainability.
- The £42m Performance and transformation funding was included as recurrent in the MDS. The three year financial plan included in the BCU IMTP submission also assumed that funding for Performance and transformation would continue beyond 2023-24. The Health Board has been clear that it is committing recurrently against this funding (as agreed with the previous NHS Chief executive Andrew Goodall) in order to be able to deliver the required outcomes.
- As per request from Welsh Government, the Health Board has been requested to reflect the £42m as non-recurrent, which will consequently revise the underlying carried forward deficit to £82m. The Health Board will continue discussions with NHS Wales executive team with regards to this funding and is subject to further meetings to be held in September

Divisional Positions

	In Month			Cumulative		
	Budget	Actual	Variance to Plan	Budget	Actual	Variance to Plan
	£000	£000	£000	£000	£000	£000
WG RESOURCE ALLOCATION	(158,853)	(158,853)	0	(775,374)	(775,374)	0
WEST INTEGRATED HEALTH COMMUNITY						
West Area	14,491	14,819	(328)	72,044	73,756	(1,713)
Ysbyty Gwynnedd	8,954	9,481	(527)	45,867	48,513	(2,646)
Facilities	770	1,029	(259)	4,541	4,809	(268)
Total West	24,215	25,329	(1,113)	122,451	127,078	(4,627)
CENTRAL INTEGRATED HEALTH COMMUNITY						
Central Area	19,492	19,711	(219)	95,054	94,973	81
Ysbyty Glan Clwyd	11,306	12,562	(1,256)	57,433	61,915	(4,482)
Facilities	997	1,242	(245)	5,389	5,946	(558)
Total Central	31,795	33,514	(1,719)	157,876	162,834	(4,958)
EAST INTEGRATED HEALTH COMMUNITY						
East Area	21,450	21,972	(522)	106,807	108,249	(1,442)
Ysbyty Wrexham Maelor	9,893	10,318	(425)	49,968	51,913	(1,946)
Facilities	913	1,072	(158)	4,836	5,093	(257)
Total East	32,256	33,361	(1,106)	161,610	165,255	(3,644)
Total Midwifery and Women's Services	3,498	3,642	(143)	17,303	17,386	(83)
Total Mental Health and LDS	12,064	12,428	(364)	59,004	60,731	(1,728)
Total Commisioning Contracts	22,299	22,936	(638)	104,933	105,968	(1,035)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE						
Covid Programmes	1,182	1,182	0	8,282	8,281	0
Dental North Wales	3,060	3,018	42	13,815	13,726	88
Community Dental Services	480	365	115	2,401	1,967	433
Other Primary Care	561	445	115	975	1,014	(40)
Total Integrated Clinical Delivery Primary care	5,283	5,011	273	25,471	24,989	482
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES						
Provider Income	(1,765)	(1,762)	(3)	(8,824)	(8,808)	(16)
Diagnostic and Specialist Clinical Support	5,323	5,436	(113)	28,042	28,609	(567)
Cancer Services	4,533	4,688	(155)	21,789	22,630	(841)
Total Integrated Clinical Delivery	8,091	8,362	(271)	41,007	42,431	(1,424)
Total Service Support Functions and Other Budgets	19,351	14,807	4,544	85,718	71,401	14,317
Total	0	537	(537)	0	2,699	(2,699)

- Key impacts affecting divisional positions include additional pay costs which are due to variable pay costs, particularly Agency costs.
- Non Pay pressures continue within CHC, due to more complex packages driving an increase in costs, prescribing costs and a number of general non pay inflationary costs.
- Non delivery of savings is also having an impact.
- Other Budgets & Reserves includes Performance, Transformation and Sustainability schemes funding, for which some costs have been reported within the Divisions, but have yet to have funding released from reserves. The reserves profile has been adjusted to account for these costs, which is resulting in an underspend in other budgets.

Income

Description	£m
Allocations Received	1792.1
Total Allocations Received	**1,792.1**

Description	£m
Allocations anticipated	
Capital	-1.4
COVID-19	31.9
Energy (Price Increase)	43.2
Employers NI Increase (1.25%)	7.4
Real Living Wage	2.5
Substance Misuse	5.5
IM&T Refresh Prorgamme	1.9
Urgent Primary Care Centres	1.0
MSK Orthopaedic Services	1.2
Obesity Pathways	0.6
SDEC	1.6
WPAS	0.8
Annual Leave Overtime (Flowers Case)	3.0
WRP Risk Share 22/23 for M1 MMR	-5.0
All Wales Robotics Partnership	0.5
Real Living Wage B1 & B2 - from April 22	0.6
Other	3.0
Total Allocations Anticipated	**98.3**

	£m
Total Allocations Received	1,792.1
Total Allocations Anticipated	98.3
Total Welsh Government Income	**1,890.4**

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). The RRL is currently £1,890.4m for the year, of which £775.4m has been profiled into the cumulative position which is £12.3m less than 5/12ths of the allocation.
- The RRL includes confirmed allocations to date of £1,792.1m, with further anticipated allocations in year of £98.3m.
- The anticipated allocations includes £31.9m for COVID-19 income, as £11.9m of COVID-19 funding has now been received within the allocation. £18.8m of COVID-19 funding has been profiled into the cumulative position to match expenditure.
- Also, within the allocations received includes £82.0m strategic support funding from Welsh Government (£30.0m Performance Fund, £12m Transformation Fund and £40.0m Strategic support). In addition, £38M has also been received for Planned and Unscheduled Care Sustainability Fund.

COVID -19 Funding	£m
Total COVID-19 costs in 2022/23	43.8
Total Covid -19 funding	**43.8**

Received	11.9
Anticipated	31.9

Expenditure

Pay Costs	M12 £m	M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	Cumulative YTD Budget £m	Cumulative YTD Actual £m	Cumulative YTD Variance £m	Full Year Forecast £m
Administrative & Clerical	17.3	11.4	10.0	11.0	10.8	11.0	54.0	54.2	(0.2)	124.9
Medical & Dental	26.8	17.6	17.3	17.9	18.2	18.0	83.9	89.0	(5.1)	186.3
Nursing & Midwifery Registered	36.7	23.7	22.9	23.4	23.3	22.8	121.1	116.2	4.9	234.6
Additional Clinical Services	17.5	11.2	10.6	10.7	11.0	10.6	49.6	53.9	(4.3)	44.0
Add Prof Scientific & Technical	5.0	2.9	2.9	2.9	3.0	3.0	16.4	14.7	1.7	105.5
Allied Health Professionals	7.1	5.0	4.7	4.7	5.0	4.9	23.9	24.4	(0.5)	50.4
Healthcare Scientists	2.1	1.3	1.2	1.3	1.3	1.3	6.6	6.3	0.3	67.0
Estates & Ancillary	5.3	3.5	3.7	3.5	3.6	3.5	18.0	17.7	0.3	98.4
Students	0.2	0.1	0.1	0.1	0.1	0.1	0.4	0.4	(0.0)	0.6
Health Board Total	**118.1**	**76.6**	**73.4**	**75.5**	**76.3**	**75.1**	**373.9**	**376.9**	**(3.0)**	**911.8**
Other Services (Incl. Primary Care)	2.5	2.0	2.4	2.2	2.3	2.5	9.5	11.3	(1.9)	27.2
Total Pay	**120.7**	**78.7**	**75.8**	**77.6**	**78.5**	**77.6**	**383.3**	**388.2**	**(4.9)**	**939.0**

Non-Pay Costs	2021-22 M12 £m	2022-23 M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	Cumulative YTD Budget £m	Cumulative YTD Actual £m	Cumulative YTD Variance £m	Full Year Forecast £m
Primary Care Contractors	18.8	18.1	18.1	16.8	18.2	17.6	90.6	88.8	1.8	218.2
Primary Care Drugs	9.9	8.7	8.8	9.9	10.1	10.3	43.9	47.8	(3.9)	113.3
Secondary Care Drugs	7.1	7.0	7.3	5.4	6.7	7.2	32.1	33.5	(1.4)	81.9
Clinical Supplies	14.5	6.1	6.8	6.7	5.9	5.9	28.1	31.4	(3.4)	77.4
General Supplies	10.5	4.2	3.9	4.7	1.5	5.8	19.7	20.1	(0.4)	49.6
HC Services Provided by Other NHS	28.0	25.1	24.3	26.2	27.9	24.7	127.3	128.1	(0.9)	314.2
Continuing Care and FNC	9.4	9.4	9.4	9.4	10.2	9.6	42.7	48.0	(5.3)	111.9
Other	11.6	7.8	9.0	7.1	8.1	13.9	58.1	45.8	12.3	112.9
Non-pay costs	**109.8**	**86.4**	**87.5**	**86.1**	**88.6**	**95.0**	**442.5**	**443.7**	**(1.2)**	**1,079.5**
Cost of Capital	(0.5)	2.5	2.5	2.5	5.9	3.3	16.7	16.7	(0.0)	38.1
Total non-pay	**109.3**	**88.9**	**90.0**	**88.6**	**94.5**	**98.4**	**459.2**	**460.4**	**(1.2)**	**1,117.5**

Variable Pay	2021-22 M12 £m	2022-23 M1 £m	M2 £m	M3 £m	M4 £m	M5 £m	Total £m
Agency	5.4	4.6	5.0	5.5	5.5	6.2	26.8
Overtime	2.4	1.8	1.8	0.9	1.3	1.1	6.8
Locum	3.0	1.7	2.1	1.8	2.5	2.0	10.1
WLIs	0.3	0.3	0.4	0.4	0.5	0.4	2.0
Bank	4.8	2.8	2.5	2.3	2.3	2.0	11.9
Other Non Core	0.1	0.1	0.1	0.0	0.1	0.1	0.4
Additional Hours	0.3	0.3	0.3	0.4	0.3	0.4	1.7
Total	**16.3**	**11.7**	**12.2**	**11.2**	**12.5**	**12.1**	**59.7**

- Total Pay costs in August are £77.6m. Provided Services Pay costs is £75.1m, which is £1.2m less than July costs. Core pay has reduced by £0.6m of which £0.5m is a decrease in locum costs.
- Variable Pay, including Bank, Agency, Locum, Overtime, WLI's has decreased by £0.4m from July. Agency costs have increased by £0.7m, however bank spend has decreased by £0.3m and overtime has also decreased by £0.2m.
- A total of £1.7m pay costs were directly related to COVID-19 in August, which is £0.1m less than July spend.
- Total Non Pay expenditure in August is £98.4m, an in increase of £3.9m from July. Year to date Non Pay is reporting an adverse variance of £1.2m.

Pay Costs

- Pay costs decreased by £1.2m in Month 5 mainly due to reduction in NHS Locum, Bank and overtime costs .
- The below graphs summarises monthly Pay costs and WTE trend, including WTE Vacancies.

Total agency costs for August were £6.2m which is £0.8m above the average monthly expenditure in this financial year. Of the £6.2m, the 3 hospital sites accounted for £2.8m of the costs.

The costs for medical agency are £2.8m which is £0.9m more than the monthly average in 2022-23.

Agency nursing spend is £2.1m in August £0.2m in line with the previous month.

Non-Pay Costs

Non-Pay Expenditure: August spend is £95.0m excluding the Cost of Capital, which is £6.6m higher than July.

Primary Care Contractor: August expenditure is £17.6m, which is £0.6m (3.4%) lower than previous month spend. This due to in month reduction against GMS Enhanced Services.

Primary Care Drugs: August costs are £0.3m higher than July This is mainly driven by price increases due to No Cheaper Stock Obtainable.

General Supplies: August spend was 5.8m, an increase of 4.3m from July. July was understated due to an incorrect categorisation against income, which has been corrected in August.

Healthcare Services provided by Other NHS Bodies: August expenditure is £24.7m, a decrease of £3.2m from July. This is due to a re-categorization of outsourcing backdated spend from Healthcare Services provided by other NHS Bodies to Other Private and Voluntary Sector. The corresponding increase is reported against Other Private and Voluntary Sector.

Continuing Health Care (CHC) and Funded Nursing Care (FNC): Expenditure in August is £9.6m which is £0.6m lower than July costs. Month 4 had a backdated catch up of CHC Investment monies in Month 4, this has now returned to normal levels in month 5.

Other key variances: August spend is 13.9m, an increase of 5.8m from July. Of which the majority relates to the re-categorisation of outsourcing as above.

Impact of COVID-19

	Actual M01 £m	Actual M02 £m	Actual M03 £m	Actual M04 £m	Actual M05 £m	Total YTD 2022/23 £m	Forecast 2022/23 £m
Testing	0.3	0.3	0.2	0.2	0.2	1.1	3.3
Tracing	1.0	0.9	0.9	0.1	0.2	3.1	5.1
Mass COVID-19 Vaccinations	0.7	1.1	0.8	0.8	0.8	4.2	12.6
Extended Flu Vaccinations	0.0	0.0	0.1	0.1	0.0	0.2	1.7
Cleaning Standards	0.1	0.1	0.2	0.1	0.1	0.6	2.2
Other Costs	2.9	2.3	1.4	1.5	1.5	9.6	18.9
Total COVID-19 expenditure	**5.0**	**4.7**	**3.6**	**2.8**	**2.8**	**18.8**	**43.8**
Welsh Gov COVID-19 income	(5.0)	(4.7)	(3.6)	(2.8)	(2.8)	(18.8)	(43.8)
Impact of COVID-19 on Position	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

- COVID-19 expenditure in August is £2.8m, which is in line with July. Total forecast cost of COVID-19 is currently £43.8m, a reduction of £1.4m from previous month forecast. The forecast is based on the assumption that COVID-19 costs will continue to have an impact for the whole year, however costs are expected to reduce over future months. Welsh Government income has been anticipated to fully cover this cost. COVID-19 forecast is regularly reviewed, revised and updated monthly.

- COVID-19 Other Costs is £1.5m for August which includes costs for Long COVID, additional staffing and PPE due to COVID Surge, Investigation and learning from Nosocomial Case and Patient Charge Income Target (Loss of Dental income).

Savings

		SCHEMES IN DELIVERY									PIPELINE SCHEMES				TOTAL PROGRAMME	
			Year to Date			Forecast										
	Savings Target	Savings Target	Recurring Savings Delivered	Variance in Recurring Savings	Non-Recurring Savings Delivered	Recurring Forecast	Variance	Non-Recurring Forecast	Total Forecast	Forecast FYE	Recurring Plan	Non-Recurring Plan	Total Plan	Plan FYE	Total Forecast	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
West Integrated Health Community																
Area - West	2,940	613	618	6	299	1,173	(1,767)	879	2,052	1,452	0	0	0	0	2,052	(888)
Ysbyty Gwynedd	3,124	651	53	(597)	21	690	(2,434)	52	742	1,298	3	0	3	25	745	(2,379)
Total West	**6,064**	**1,263**	**672**	**(592)**	**320**	**1,863**	**(4,201)**	**931**	**2,794**	**2,750**	**3**	**0**	**3**	**25**	**2,797**	**(3,267)**
Central Integrated Health Community																
Area - Centre	4,942	1,030	1,031	1	528	2,347	(2,596)	853	3,200	2,564	0	0	0	0	3,200	(1,743)
Ysbyty Glan Clwyd	3,951	823	16	(807)	87	172	(3,779)	344	516	228	50	0	50	100	566	(3,385)
Total West	**8,893**	**1,853**	**1,046**	**(807)**	**615**	**2,519**	**(6,375)**	**1,197**	**3,716**	**2,792**	**50**	**0**	**50**	**100**	**3,766**	**(5,127)**
East Integrated Health Community																
Area - East	5,080	1,058	1,045	(13)	466	1,479	(3,601)	1,006	2,485	1,528	0	0	0	0	2,485	(2,595)
Ysbyty Wrexham Maelor	3,171	661	232	(428)	22	1,008	(2,163)	56	1,064	1,279	0	0	0	0	1,064	(2,107)
Total East	**8,251**	**1,719**	**1,278**	**(441)**	**488**	**2,487**	**(5,764)**	**1,062**	**3,549**	**2,808**	**0**	**0**	**0**	**0**	**3,549**	**(4,702)**
PAN North Wales Services																
MHLD	613	128	551	423	51	1,000	387	57	1,057	1,016	0	0	0	0	1,057	444
Womens Services	1,375	519	83	(436)	590	134	(1,241)	678	812	137	0	0	0	0	812	(563)
North Wales Managed Services	3,586	747	476	(271)	48	1,052	(2,534)	80	1,132	1,079	0	0	0	0	1,132	(2,454)
Area - Other	235	49	0	(49)	0	0	(235)	0	0	0	0	0	0	0	0	(235)
Contracts & Provider Income	1,804	376	0	(376)	0	0	(1,804)	0	0	0	100	0	100	100	100	(1,704)
Total PAN North Wales	**7,613**	**1,819**	**1,110**	**(708)**	**689**	**2,186**	**(5,427)**	**814**	**3,000**	**2,232**	**100**	**0**	**100**	**100**	**3,100**	**(4,513)**
Corporate	4,179	871	16	(854)	291	70	(4,109)	315	385	275	150	630	780	150	1,165	(3,014)
Total	**35,000**	**7,524**	**4,122**	**(3,402)**	**2,403**	**9,124**	**(25,876)**	**4,320**	**13,444**	**10,857**	**302**	**630**	**932**	**375**	**14,376**	**(20,624)**

- Savings delivered in Month 5 totalled £1.8m against a target of £1.5m.
- However, YTD savings total £6.5m against a target of £7.5m. Furthermore, of the savings delivered, the proportion of recurring savings total only £4.1m.
- £28.5m is still to be delivered over the remainder of the year.
- The FY Forecast has increased by £2m to £13.4m for Green schemes. £1.3m of the increase in month relates to the conversion of Procurement schemes from Red to Green, not new schemes.
- Including Red schemes the FY Forecast now totals £14.4m, up £0.5m from £13.9m in July. The gap remains significant.

Risks and Opportunities (not included in position)

	RISKS	£m	Level	Explanation / Mitigation
1	Continuing Healthcare	£1.0m	High	There is a risk that Nursing Home prices will be higher than the 3% allowed for due to energy costs and general inflation. Review in year developments to allow for slippage.
2	Prescribing	£3.5m	Medium	Risk of continued increased prescribing activity. Review in year developments to allow for slippage.
3	Higher than anticipated general inflationary costs	£1.5m	High	CPI is 9%. Review in year developments to allow for slippage.
4	Increase in Agency costs due to recruitment difficulties	£0.5m	High	Difficulty in recruiting may lead to higher costs due to agency covering vacancies. Mitigate by review and reduction of Agency and streamlined recruitment processes implemented September 2022.
5	Not identifying all required savings	£12.9m	High	Risk that 60% of Savings will not be delivered as planned. Review in year developments to allow for slippage.
6	COVID-19 Testing Costs	£0.2m	High	Testing costs forecast to be above indicative £3.1m funding. Welsh Government to fund.
7	Non programmable COVID costs	£16.8m	High	Risk of Non Programmable COVID costs not being funded. Welsh Government to fund.
8	Anticipated Income for Exceptional costs	£53.1m	High	Anticipated income for Exceptional costs of Energy, Real Living Wage and National Insurance not being funded. Welsh Government to fund and review of energy capacity / usage.
10	COVID Loss of Dental income	£0.3m	High	Lower than anticipated patient income Year to date, Welsh Government to fund.
11	COVID Loss of Dental income	£0.5m	High	Potential for patient income not to increase for the remainder of the year - not in Table B – Welsh Government to fund.
	Total Risks	**£90.3m**		
	OPPORTUNITIES	**£m**	**Level**	**Explanation**
1	Delay internally funded developments	£12.9m	Medium	Slippage due to delay in internally funded developments.
2	Recruitment in post leads to reduced Agency premium	£1.0m	Medium	Recruitment will lead to reduction in Agency costs.
	Total Opportunities	**£13.9m**		
	Net Risk	**£m**	**Level**	**Explanation**
1	**Net Risk Total**	**£76.4m**	-	The net risk to the position consists of two main elements £70.9m relating to a potential of not receiving funding and £5.5m to increasing costs.

Balance Sheet

Non-Current Assets	Opening Balance Beginning of Apr 22 £'m	Closing Balance End of Aug 22 £'m	Forecast Closing Balance End of Mar 23 £'m
Property, plant and equipment	617.7	607.2	608.8
Intangible assets	1.0	1.0	1.0
Trade and other receivables	63.1	62.8	63.1
Non-Current Assets sub total	681.8	670.9	672.9
Current Assets			
Inventories	19.1	19.1	19.1
Trade and other receivables	105.8	120.2	116.8
Cash and cash equivalents	0.0	0.0	0.0
Non-current assets classified as held for sale	6.7	9.7	3.7
Current Assets sub total	131.6	149.1	139.6
TOTAL ASSETS	813.4	820.0	812.4
Current Liabilities			
Trade and other payables	257.1	240.6	245.1
Provisions	52.0	72.4	72.0
Current Liabilities sub total	309.2	313.0	317.2
NET ASSETS LESS CURRENT LIABILITIES	504.2	507.0	495.3
Non-Current Liabilities			
Trade and other payables	0.8	0.8	0.8
Provisions	62.0	62.0	62.0
Non-Current Liabilities sub total	62.8	62.8	62.8
TOTAL ASSETS EMPLOYED	441.3	444.2	432.4
FINANCED BY:			
Taxpayers' Equity			
General Fund	298.0	300.8	279.4
Revaluation Reserve	143.3	143.3	153.0
Total Taxpayers' Equity	441.3	444.2	432.4

Capital

- The approved Capital Resource Limit (CRL) for 2022/23 is £18.661m as per below summary table

Performance against CRL / CEL	Year To Date			Forecast		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
Gross expenditure						
All Wales Capital Programme:						
Schemes:						
Imaging	107	43	(64)	4,483	4,607	124
Wrexham Redevelopment	1,047	711	(336)	2,399	1,860	(539)
Nuclear Medicine	80	1	(79)	798	798	0
Substance Misuse-Holyhead	0	(1)	(1)	0	(1)	(1)
Digital Medicine	0	0	0	10	10	0
Sub Total	**1,234**	**754**	**(480)**	**7,690**	**7,274**	**(416)**
Discretionary:						
I.T.	872	217	(655)	1,713	1,713	0
Equipment	868	565	(303)	1,379	1,379	0
Statutory Compliance	0	0	0	0	0	0
Estates	2,765	1,913	(852)	7,879	8,295	416
Other	0	0	0			0
Sub Total	**4,505**	**2,695**	**(1,810)**	**10,971**	**11,387**	**416**
Other (Including IFRS 16 Leases) Schemes:						
Donated	154	154	0	800	800	0
Internally Generated	0	0	0	0	0	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
Total Expenditure	**5,893**	**3,603**	**(2,290)**	**19,461**	**19,461**	**0**
Donations:						
Donations:	154	154	0	800	800	0
Sub Total	**154**	**154**	**0**	**800**	**800**	**0**
Technical Adjustments			**0**			**0**
CHARGE AGAINST CRL / CEL	**5,739**	**3,449**	**(2,290)**	**18,661**	**18,661**	**0**

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: ***Report title:***	Adroddiad Ansawdd a Pherfformiad Integredig (IQPR) hyd at 31.07.2022 Integrated Quality & Performance Report (IQPR) to 31.07.2022
Adrodd i: ***Report to:***	Bwrdd Iechyd Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	Mae'r adroddiad hwn yn amlinellu perfformiad yn erbyn y mesurau perfformiad ac ansawdd allweddol a nodwyd fel blaenoriaeth i'r Bwrdd Iechyd. Mae'r adroddiad yn dangos y gwaith sy'n ymwneud â'r mesurau allweddol sydd wedi'u cynnwys yn Fframwaith Perfformiad GIG Cymru 2022-23. Mae'r fframwaith hwn wedi'i ddiwygio i ddarparu mesurau perfformiad gan gynnwys Mesurau Blaenoriaeth Gweinidogol o dan y Nodau Pedwarplyg a nodir yn Cymru Iachach. Yr adroddiad hwn yw ail gyhoeddiad yr IQPR ac mae'n adlewyrchu'r gwelliannau a'r diwygiadau y gofynnwyd amdanynt ar ôl ei wibdaith agoriadol ym mis Awst 2022. Uchelgais y Bwrdd Iechyd yw symud i ddefnyddio technoleg i gael gwell dealltwriaeth o berfformiad ar draws Gogledd Cymru. Mae'r adroddiad wedi'i adeiladu yn Microsoft PowerBI ac mae'n gynnyrch cydweithio agos rhwng y timau Perfformiad a Gwybodeg. Mae'r adroddiad yn seiliedig ar fodel Hywel Dda ac mae'n defnyddio methodoleg 'Gwneud i ddata gyfrif' Gwella'r GIG drwy gyflwyno data mewn siartiau Rheoli Prosesau Ystadegol (SPC) lle bo'n briodol. Mae'r adroddiad hwn yn darparu'r gallu i gael mynediad at ddata ar lefel Cymuned Iechyd Integredig yn ogystal ag ar lefel Bwrdd Iechyd. Dyma gam cyntaf y datblygiad. Y cam nesaf, sydd bellach ar y gweill, yw adeiladu safbwyntiau ar lefel pwyllgor. Bydd y farn gyntaf, ar gyfer y Pwyllgor Perfformiad, Cyllid a Llywodraethu Gwybodaeth yn barod i'w chyflwyno ar 27.10.2022 a bydd fersiwn y Pwyllgor Ansawdd, Diogelwch a Phrofiad yn cael ei chyflwyno ar 20.01.2023. Bydd yr adroddiad yn cael ei adolygu a'i wella'n barhaus hyd nes y bydd yr holl randdeiliaid yn fodlon ei fod yn bodloni anghenion y Bwrdd Iechyd a'i bwyllgorau. Bryd hynny, bydd yr adroddiad wedyn yn cael ei gyhoeddi yn Gymraeg ac yn Saesneg a bydd ar gael ar lwyfannau gwahanol, megis tabledi a ffonau clyfar. This report outlines performance against the key performance and quality measures identified as a priority for the Health Board.

	The report demonstrates the work related to the key measures contained within the NHS Wales Performance Framework 2022-23. This framework has been revised to provide performance measures including Ministerial Priority Measures under the Quadruple Aims set out in A Healthier Wales. This report is the second publication of the IQPR and reflects the improvements and amendments requested after its inaugural outing in August 2022.It is the ambition of the Health Board in moving to utilise technology to gain greater insight into performance across North Wales. The report has been built in Microsoft PowerBI and is a product of close collaboration between the Performance and Informatics teams. The report is based on the Hywel Dda model and utilises NHS Improvement's 'Making data count' methodology by presenting data in Statistical Process Control (SPC) charts where appropriate. This report provides the capability to access data at Integrated Health Community level as well as at a Health Board level. This is the first phase of the development. The next phase, now underway is to build committee level views. The first of these views, for Performance, Finance & Information Governance Committee will be ready for presentation on 27.10.2022 whilst the Quality, Safety & Experience Committee version will be presented on 20.01.2023. The report will be under continued review and improvement until such a time when all stakeholders are satisfied it meets the needs of Health Board and its committees. At this point, the report will then be published in both Welsh and English and will be accessible via different platforms, such as tablets and smartphones.
Argymhellion: ***Recommendations:***	Gofynnir i'r Bwrdd Iechyd graffu ar yr adroddiad. The Health Board is asked to scrutinise the report.
Arweinydd Gweithredol: ***Executive Lead:***	Rob Nolan Cyfarwyddwr Gweithredol Dros Dro Cyllid / Acting Executive Director of Finance
Awdur yr Adroddiad: ***Report Author:***	Ed Williams Dirprwy Cyfarwyddwr Perfformiad / Deputy Director of Performance

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran	Rhannol *Partial* ☒ Rhywfaint o hyder/tystiolaeth o ran	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth

	darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	*No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Daw'r mesurau perfformiad a gynhwysir yn yr adroddiad hwn o Fframwaith Perfformiad GIG Cymru 2022-23. The performance measures included in this report are from the NHS Wales Performance Framework 2022-23.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Bydd yr adroddiad hwn ar gael i'r cyhoedd unwaith y caiff ei gyhoeddi ar gyfer y Pwyllgor Ansawdd, Diogelwch a Phrofiad This report will be available to the public once published for Quality, Safety and Experience Committee			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Do/Naddo *N* Nid yw'r Adroddiad wedi cael Asesiad o Effaith ar Gydraddoldeb gan ei fod yn adrodd ar berfformiad gwirioneddol. The Report has not been Equality Impact Assessed as it is reporting on actual performance.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Do/Naddo *N* Nid yw'r Adroddiad wedi'i asesu ar gyfer ei Effaith Economaidd-gymdeithasol gan ei fod yn adrodd ar berfformiad gwirioneddol. The Report has not been assessed for its Socio-economic Impact as it is reporting on actual performance.			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Mae'r pandemig wedi cynhyrchu nifer o risgiau i'r ddarpariaeth gofal ar draws y system gofal iechyd. The pandemic has produced a number of risks to the delivery of care across the healthcare system.			

Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith ***Financial implications as a result of implementing the recommendations***	Bydd cyflwyno'r dangosyddion perfformiad a gynhwysir yn y cynllun blynyddol yn cael effaith uniongyrchol ac anuniongyrchol ar gynllun adfer ariannol y Bwrdd. The delivery of the performance indicators contained within the annual plan will have direct and indirect impact on the financial recovery plan of the Board.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Bydd cyflawni'r dangosyddion perfformiad a gynhwysir yn ein cynllun blynyddol yn cael effaith uniongyrchol ac anuniongyrchol ar ein gweithlu presennol ac yn y dyfodol. The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on our current and future workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Mae'r data a'r wybodaeth yn yr adroddiad hwn wedi'u hadolygu gan y Pwyllgor Perfformiad, Cyllid a Llywodraethu Gwybodaeth ar 25.08.2022, a gan y Pwyllgor Ansawdd, Diogelwch a Phrofiad (QSE) ar 06.09.2022. Mae sesiwn benodol yng ngweithdy datblygu'r Bwrdd ar 20.09.2022 i roi cyfle pellach i drafod a chytuno ar fersiynau pellach o fformat yr adroddiad. Mae sesiwn gweithdy datblygu Bwrdd arall, ar gyfer cyflwyniad gan GIG Lloegr ar y fethodoleg 'Gwneud i Ddata Gyfrif' a ddefnyddiwyd yn yr adroddiad wedi'i threfnu ar gyfer mis Hydref. The data and information in this report has been reviewed by the Performance, Finance & Information Governance Committee on 25.08.2022, and by the Quality, Safety & Experience (QSE) Committee on 06.09.2022. There is a specific session in the Board development workshop on 20.09.2022 to provide further opportunity to discuss and agree the further iterations of the format of the report. A further Board development workshop session, for a presentation by NHS

	England on the 'Making Data Count' methodology used in the report has been arranged for October.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Mae nifer o risgiau Cofrestr Risg Corfforaethol a BAF yn ymwneud â'r adroddiad hwn a'r pwyllgor hwn. Mae'r adroddiad hwn yn rhoi cyfle i nodi meysydd o danberfformio a datblygu camau gweithredu dilynol i sicrhau gwelliant parhaus. There are several Corporate Risk Register and BAF risks relating to this report and committee. This report provides an opportunity for areas of under-performance to be identified and subsequent actions developed to make sustained improvement.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable

Camau Nesaf:
Gweithredu argymhellion
Parhau i ganolbwyntio ar unrhyw feysydd o danberfformiad lle nad yw sicrwydd o ansawdd digonol i gredu bod perfformiad yn gwella neu y bydd yn gwella fel y disgrifir.

Next Steps:
Implementation of recommendations
Continued focus on any areas of under-performance where assurance isn't of sufficient quality to believe performance is or will improve as described.

Rhestr o Atodiadau:
Dim

List of Appendices:
None

Guidance:

CYFARFOD CYHOEDDUS BWRDD Y CYFARWYDDWYR
RHOWCH Y DYDDIAD
TEITL YR ADRODDIAD

BOARD OF DIRECTORS MEETING IN PUBLIC
INSERT DATE
REPORT TITLE

1. **Cyflwyniad / Cefndir**
   Y cyd-destun sy'n esbonio pam fod yr adroddiad yn cael ei gyflwyno i'r Bwrdd/Pwyllgor, unrhyw gamau ymgynghori blaenorol, a'r pwrpas o'i gyflwyno i'r Bwrdd

   Introduction/Background
   Set the scene on why the report is submitted to the Board/committee, where it has been previously in terms of consultation, and the aim for its submission to Board

2. **Corff yr adroddiad / *Body of report***

3. **Goblygiadau Cyllidebol / Ariannol / *Budgetary / Financial Implications***
   3.1 Nid oes goblygiadau cyllidebol yn deillio o'r papur hwn. Mae'r adnoddau ar gyfer cynnal cydymffurfiaeth yn cael eu goruchwylio gan ...
   There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by …
   3.2 NEU Mae'r goblygiadau cyllidebol yn cael eu lliniaru'n llawn/rhannol drwy ...
   OR Budgetary implications are and fully/partially mitigated via….

4. **Rheoli Risg / Risk Management**

   Mae un risg ar Datix sy'n gysylltiedig â'r maes hwn, sef risg ID xxxx. Mae hon yn risg rannol

   There is one risk on Datix linked to this area which is risk ID xxxx. This risk is partially

5. **Goblygiadau Cydraddoldeb ac Amrywiaeth / *Equality and Diversity Implications***

   5.1 Os yw'r adroddiad hwn yn ymwneud â 'phenderfyniad strategol', h.y. bydd y canlyniad yn effeithio ar sut mae'r Bwrdd Iechyd yn cyflawni ei bwrpas statudol dros gyfnod sylweddol o amser ac ni ystyrir iddo fod yn benderfyniad 'o ddydd i ddydd', mae'n rhaid i chi gynnwys Dyletswydd Economaidd-gymdeithasol (SED), Asesiad o Effaith Cydraddoldeb (SEIA) yn ogystal ag asesiad Effaith Cydraddoldeb (EqIA) fel atodiad.

   If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision, then you must include a Socio-economic Duty (SED) Impact Assessment (SEIA) as well as a completed Equality Impact (EqIA) as an appendix.

   5.2 Mae angen cydymffurfiaeth EqIA yn unol â Gweithdrefn WP7 er mwyn sicrhau bod cydraddoldeb a hawliau dynol yn cael eu hymgorffori i brosesau penderfynu a datblygu polisi'r sefydliad.
   EqIA compliance is required in accordance to Procedure WP7 to ensure equality and human rights are embedded into organisational decision-making and policy development processes.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Integrated Quality & Performance Reports *(IQPR)*

Data to the 31st July 2022 presented on 29th September 2022

Graphic Summary

Summary

Unscheduled Care

Planned Care

Efficiency

Workforce

Adult Mental Health

CAMHS

Primary Care

v1.13 Sept 2022

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Summary for Inaugural IQPR

Welcome to the second presentation of the new Integrated Quality & Performance Report (IQPR) for Health Board. There are 30 measures included in this first phase of development. Further measures, and a cut of measures for each of the scrutinising committees* will be added as the development progresses over the next three committee cycles.

Using Microsoft PowerBI to create the report enables it to be interactive. You can either, follow each link to locate the measure you would like to view, or you can search for a measure using the search bar. Most of the measures can be 'drilled' through to Integrated Health Community (IHC) level (i.e. West, Centre and East). Eventually, as the development progresses, IHC level data will be available for all measures.
Where appropriate, there is a Statistical Process Control Chart (SPC) for each of the measures.
This chart shows where there has been a significant variation in performance and whether this variation is good or bad. A narrative accompanying each chart provides further information regarding performance against the measure.
The report employs the 'Making Data Count' methodology from NHS Improvement to provide objective and easy interpretation of the charts. Development and strengthening of our assurance processes is in progress and will be presenting these solutions to Board Workshops in September and October 2022.

The report utilises Risk Management tools and methodologies to illustrate areas requiring focus and attention, whilst providing assurance on the remainder of the measures.

We will continuously develop and improve the IQPR throughout 2022-23. Work has begun on the second phase of development and we plan to have the view for Performance, Finance & Information Governance (PFIG) Committee ready for presentation in October 2022, with the Quality, Safety & Experience (QSE) Committee view being presented in January 2023.

Production of the IQPR is a continuous collaboration between the Performance Directorate and Informatics Business Intelligence Teams.

**Performance, Finance & Information Governance Committee*
Quality, Safety & Experience Committee
Partnerships, People & Population Health Committee

Graphic Array - Overall Summary

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This visual does not support exporting.

Primary Care

- Access to GP's
- Pharmacy Escalation
- GP Referrals UPCC
- ED Referrals - UPCC
- Pharmacy Enhanced Services
- Primary Care Complaints
- Primary Care Incidents
- GP Sickness Rate

Chapter: Unscheduled Care

Executive Summary for IQPR – HB 22.09.2022 - *Unscheduled Care*

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position
	• Median time from arrival at an emergency department to triage by a clinician has been stable over last 12 months, 47 minutes (Aug 2021) and 46 minutes (July 2022) with very little variation in-between • % of emergency responses to red calls arriving within (up to and including) 8 minutes is fairly stable between ranges of 45.2% to 51.0% during past 12 months	• % of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed declined from 89.9% (Aug 2021) to 72.8% (June 2022) • Emergency Department (ED) (including MIUs) 4-hour waits has worsened from 64.5% (Aug 2021) to 58.4% (July 2022) • Number of patients waiting 12 hours or more in all hospital EDs (including MIUs) has increased from 2,746 (Aug 2021) to 3,469 (July 2022) • Median time from arrival at an ED to assessment by a senior clinical decision maker has increased from 190 minutes (Aug 2021) to 225 minutes (July 2022) • Number of ambulance patient handovers over 1 hour has increased from 1,735 (Aug 2021) to 2,037 (July 2022)

Unscheduled Care - Performance Scorecard

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend	SPC Var.	SPC Ass.
Number of Ambulance Handovers over 1 Hour	0	0	2022-07	2,037			
Number of Emergency Department patients waiting over 12 hours	0	0	2022-07	3,462			
Number of Emergency Department patients waiting over 24 hours	0	0	2022-07	1,309			
Percentage of Emergency Department patients waiting less than 4 Hours	>= 95%	>= 95%	2022-07	60.33%			
Percentage Red call Ambulance arrivals within 8 minutes	>= 65%	>= 65%	2022-07	42.70%			
Percentage Stroke patients admitted to Stroke Unit within 4 Hours	>=47%	>=47%	2022-07	37.04%			

SPC Chart: Unscheduled Care

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Actual _____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

SPC Chart: Unscheduled Care

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge

Number of patients who spend 24 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge

Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Actual _____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

Narrative: Emergency Care

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why we are where we are?

We continue to see an inability to achieve the Emergency Department (ED) National targets, this includes not meeting the 4 hour target in ED, ambulance delays, increased patient harm, increased number of complaints and low staff morale.

What we are doing about it?

In response to the inability to achieve the National Targets for Emergency Care there continues to be a focus on the following areas to improve the performance, standard of care and staff morale:

- Recruitment into the ED business cases on target
- Re-modelling of the Medical Assessment Pathways to support an improved focus on " home first principles" this includes Frailty / Same Day Emergency care (SDEC) and Therapies services
- Increased scrutiny and joint working with key stakeholders to discharge patients that remain in hospital despite being medically fit
- Joint working with Welsh Ambulance Service NHS Trust (WAST) to improve the care needs of patients when ambulances are delayed key focus on off loading
- SDEC improvement work with the main aim to run this service seven days a week

When we expect to be back on track?

The expectation for the Health Board in relation to Emergency Care in achieving an improved performance overall is determined by many external factors, however there are improvements expected, which include :

- ED business case recruitment to be completed by January 2023 (this includes all posts advertised and recruited into)
- YG, 1 st September 2022, remodelled Medical Assessment Floor with key focus on " home first"
- SDEC to function 7 days a week by April 2023

What are the risks and mitigations to this (getting back on track)to this timeline?

Key risks to getting back on track continue to be the inability to discharge patients that are Medically Fit for Discharge (MFD), which impacts on all front door. There continues to be difficulty in recruiting Registered Nurses (RNs) into vacant posts therefore may compromise the ability to recruit into the business case template.

Mitigations

To mitigate this risk alternative posts and positions will need to be considered. For SDEC to function seven days a week additional funding will be required.

Narrative: Stroke

Why we are where we are?

Extreme site pressures on the Emergency Department (ED) impacting on ability to follow stroke pathway and off load ambulances; As patients self present because of delays in Welsh Ambulance Service NHS Trust (WAST) activity in the community, we do not get pre-alerts. We get late notification to Acute Stroke Clinical Nurse Specialist (CNS) / Stroke team of stroke patients. There is also a lack of use by ED teams of stroke bleep. Medical Teams not requesting Computed Tomography (CT) scans on patient's initial presentation, and CT delays. Availability of Acute Stroke Unit (ASU) beds not ring fenced or filled with inappropriate patients.

- Site pressures
- Inability to discharge due to lack of peripheral hospital beds and lack of care package support in the community
- Covid numbers on site and ability to outlie from ASU
- No Consultant rota over weekends

What we are doing about it?

- Clinical Site Management team are tasked with ring fencing 2 Stroke Assessment beds at all times and repatriate any outliers to support this ESD in the West soft launch should support
- Hospital Management Teams and Area management team are engaging with Medically Fit for Discharge (MFD) meeting to increase sc rut iny on MFD delays.
- Agreement with ED staff that all suspected Stroke patients are given a Covid 19 test to ensure there are no further delays due to Covid 19 testing.
- Majority of specialist nurses in place to support bleep call and speed of response for all pre-alerts.
- Swallow Screen action plans on each site.
- ED Centre agreeing a fully equipped stroke assessment cubicle.
- Straight to test CT pathway trialled East.
- Weekly performance and scrutiny meetings East to cover breach reasons and learning.

When we expect to be back on track?

Performance improvements are expected to start by middle of 2022/23 and tracking is being put in place. In line with Integrated Operational Plan (OP), a review of financial commitments and performance will be undertaken mid year and appropriate adjustments made. The full performance improvement would be 2023/24.

What are the risks and mitigations to this (getting back on track)to this timeline?

In line with Integrated Operational Plan (OP), a review of financial commitments and performance will be undertaken mid-year and appropriate adjustments made. The full performance improvement would be 2023/24. The recruitment of teams as per the BC is on track, but still has gaps in some specialities, i.e. Therapies West. Delay to the CHC process and agreement of the ESD wards in Centre and East.

Mitigations

Chapter:
Planned Care

Executive Summary for IQPR – HB 22.09.2022 - *Planned Care*

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position
• Number of patients waiting over 8 weeks for diagnostic endoscopy decreased from 3,141 (Aug 2021) to 2,306 (July 2022) • Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date increased from 42.4% (Aug 2021) to 54.0% (June 2022) • Percentage of patients waiting less than 26 weeks for referral to treatment has remained largely static at 46.2% (Aug 2021) to 47.0% (June 2022), with an improvement in the latest month of July 2022 to 54.03%	• Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route) is fairly stable fluctuating slightly below and above 65% for the past 11 months to June 2022	• Number of patients waiting more than 8 weeks for a specified diagnostic has increased from 7,389 (Aug 2021) to 9,078 (July 2022) • Number patients waiting more than 14 weeks for a specified therapy has increased from 2,036 (Aug 2021) to 6,151 (July 2022) – but there has been a reduction for the last 2 months • Number of patients waiting over 52 weeks for a new outpatient appointment has started to slowly creep up from a figure of 23,076 (Jan 2022) to 24,405 (May 2022) • Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100% has increased from 55,286 (Aug 2021) to 61,480 (July 2022) • Number of patients waiting more than 104 weeks for referral to treatment has increased from 7,460 (Aug 2021) to 15,301 (July 2022) – but there has been a 4-month recent improvement trend

Planned Care - Performance Scorecard

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend (M A M J J A S O N D J F)	SPC Var.	SPC Ass.
Number of patients waiting for a follow-up outpatient appointment	30% reduction on March 2021 [West <=28799] [Central<=53719] [East<=43126]	30% reduction on March 2021 [West <=28799] [Central<=53719] [East<=43126]	2022-07	79,117			F
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	30% reduction on March 2021 [West <=5741] [Central<=19916] [East<=11492]	30% reduction on March 2021 [West <=5741] [Central<=19916] [East<=11492]	2022-07	61,480			?
Number of patients waiting more than 8 weeks for a specified diagnostic test	0	0	2022-07	9,078			?
Percentage of patients starting treatment for cancer within 62 days	>=75%	>=75%	2022-07	70.06%			?
Percentage Ophthalmology patients within 25% excess of target date	>= 95%	>= 95%	2022-07	90.70%			?

Planned Care - Performance Scorecard

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend	SPC Var.	SPC Ass.
Number of patients waiting more than 104 weeks for treatment	0	0	2022-07	15,301			
Number of patients waiting more than 14 weeks for a specified therapy	0	0	2022-07	6,151			
Number of patients waiting more than 36 weeks for treatment	0	0	2022-07	64,871			
Number of patients waiting more than 52 weeks for treatment	0	0	2022-07	44,596			
Percentage of patients waiting less than 26 weeks for treatment	>= 95%	>= 95%	2022-07	54.03%			

SPC Chart: Referral to Treatment

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Actual ____ Target ____ Average ____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

SPC Chart: Eye Care, Cancer, Diagnostics Waits & Therapy Waits

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Percentage of ophthalmology R1 patients who are waiting within their clinical target date or within 25% in excess of their clinical target date for their care or treatments

Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion

Number of patients waiting more than 8 weeks for a specified diagnostic

Number of patients waiting more than 14 weeks for a specified therapy

Actual ____ Target ____ Average ____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

SPC Chart: Follow Up Outpatient Waiting List

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Actual ____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit ------- Shift Reduce Shift Improve

Narrative: Eye Care

Why we are where we are?

- Covid 19 mitigation and staffing resource impacts on core activity and Eye Care Measure (ECM) transformation capacity.
- Historic Data Quality & Completeness impacting on availability and effectiveness of data for modelling, planning, delivery of sustainable services.
- Covid 19 distancing mitigation and reduced resources (staffing and estates) impact on capacity and transformational pathway delivery. i.e. reduction in Cataract. Outpatient capacity, reduced theatre utilisation and delay in embedding high volume, low complexity Cataract Pathways.
- Delay in National Digital programme delivery of Glaucoma “Go Live”. This is a key enabler of sustainable pathways to reduce patient waiting times and waste.
- Conflicting priorities/vacancies impacting on consistent Clinician and Operational Management engagement essential for continuo us improvement.

What we are doing about it?

- Ophthalmology Teams progressing 100% Pre Covid 19 capacity delivery plans . Transformational pathways & Continuous Improvement Networks
- Ophthalmology Area Teams to provide action plan to redress Clinical Condition data gaps.
- Capacity recovery from Cataract Outsourcing (400 Routine Patients per month rising to 600/month Sept 2022).
- Expand BCU pre mobilisation to include Glaucoma and Cataract: to ensure Go Live readiness for both pathways when National Programme functionality confirmed.
- Pan BCU Clinical Lead and Optometry Advisor appointment/Pan BCU posts v’s long term “local” vacancies. Embed Clinical Networks for continuous improvement.

When we expect to be back on track?

- ECM Integrated Pathways on track (Integrated Glaucoma and Diabetic Retinopathy Proof of Concept delivery consistent from 2021 Q4. Q4.) Diabetic Retinopathy Expansion Go Live (On Track for 30.09.2022)
- Close of August 2022 target for addressing historic Clinical Condition gap backlog for R1 patients.
- Routine Cataract waiters to receive care < 52 weeks by close of December 2022. Short term estate loss at YG Maxillofacial to cease 30.9.22.
- Health Board readiness for Go Live Glaucoma Tests and Cataract mobilisation completed within deadline/on track.
- Pan BCU Optometric Advisor & Clinical Lead recruitment (1.9.22). Vacancy review initial step to Pan BCU posts August 2022 to support Pan BCU Consultant recruiting.

What are the risks and mitigations to this (getting back on track)to this timeline?

- Risk: Pandemic mitigation recurrence/unplanned leave impact on Primary Care partners. Mitigation: Expanding number of Primary Care partners by Q4 2022.
- Risk: Operational team admin capacity gaps (vacancies/sickness). Partial Mitigations: Operational Teams utilising overtime/recru itment to vacancies.
- Risk: Outsourcing short term solution. Medium and Longer term mitigations in progression. Long term: Regional Treatment Centre. Short/medium term: PDSA refresh of High Volume Low Complexity Cataract Pathways and increase Theatre Utilisation (Complex Cataracts) to progress sustainable mo dels of care supported by GIRFT (Q3 expected).
- Risk: Extended lead time for wider ECM pathways. Mitigation: Expand BCU pre mobilisation to include Cataract to minimise lead ti me for multiple pathway delivery.
- Risk: Delayed delivery of sustainable pathways. Mitigation: Monthly RAG rated report highlighting/escalating risks with Eye Care Collaborative /Senior Leaders.

Mitigations

Narrative: Diagnostics Waits -Radiology, Neurophysiology, Endoscopy & Cardiology

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why we are where we are?

Radiology:

The number of patients waiting over 8 weeks for radiology diagnostics is currently 4,191, an increase of 143 on the end of Ma y 2 022 position. The breakdown comprises a similar position in Computed Tomography (CT) (72 breaches) offset by a larger increase in Magnetic Resonance Imaging (MRI) breaches (1,701 breaches) and a decrease of 353 patients waiting over 8 weeks for an ultrasound scan (2,303 breaches). Whilst CT was maintained, demand co ntinues to rise. MRI demand is sustaining at historic high levels, with solutions in place from August to increase capacity with a new modular scanner in Wrexham.

Neurophysiology

The number of patients waiting over 8 weeks is 369 an increase of 4 from the end of May 2022 position There are 313 electromyography (EMG)(consultant led) breaches and 56 Nerve Conduction Studies (NCS)(physiologist led) breaches Physiologist leaver in August, replacement post being sought Short term locum cover insourcing being sought to reduce backlog in Q 3 /Q 4

Endoscopy

There is a clear demand and capacity gap in Endoscopy, resulting in patients waiting significantly longer than they should, leading to poor clinical outcomes. Whilst good progress was being made pre Covid-19, the impact of the pandemic has seen significant growth in waiting lists, resulting in patients waiting longer for their diagnostics and treatments. This has resulted in significantly high clinical risk within the Health Board's Endoscopy service, which has ultimately delayed patients on their pathways and caused non compliance to the cancer and diagnostic targets.

Cardiology

Cardiac Physiology diagnostic waiting lists continues to increase. This is a known challenge nationally due to workforce shortages. The all Wales Cardiac Network has a National plan agreed by the Chief Executive Group to train more physiologists in Wales.

Inpatient demand on the service continues to grow and across North Wales, with the departments balancing inpatients, outpatients and pre-operative diagnostics based on patient clinical need.

Narrative: Diagnostics Waits -Radiology, Neurophysiology, Endoscopy & Cardiology

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

What we are doing about it?

Radiology

Where possible we are aligning resources to meet the demands of the service, looking to recruit to unfilled vacancies, cont inu ing to flex staff in CT and MRI, and looking to bring in modular scanner for MRI and an additional X-Ray trailer in the East to meet demand whilst building and replacement works are ongoing. We have a new Nuclear Medicine scanner capable of doing some CT which brings additional functionality to provide a better service to patients. Work has also started to progress the sustainable plan for Radiology, matching capacity to demand and looking at alternative working arrangements in many areas.

Endoscopy

In response to the national priority and targets, the Health Board established the Regional Operational Group to robustly manage the transformation programme. The role of this group is to provide leadership and direction centered on the development of short, medium and long term solutions to meet the recurrent capacity gap, working closely with the National Endoscopy Programme to achieve its objectives.

- This is a substantial step change for endoscopy, involving review of all process procedures and patient pathways, resulting from the introduction of a new endoscopy management system (EMS). An Endoscopy business case has been developed to create a sustainable Endoscopy service across North Wales and to address the capacity shortfall with significant investment required for additional workforce and estates infrastructure (This is still be formally signed off).
- In the short term, insourcing is being used on each of the sites to reduce backlogs ahead of the substantive recruitment. There is also focus on efficiency and productivity measures to ensure full utilisation of lists, progressing to 3 lists days, this will reduce the capacity gap.

Cardiology

- Business case has been submitted through the Operational Plan for additional workforce
- The service is undergoing demand and capacity modelling for future service provision
- Efficiency improvement work is ongoing
- The service is exploring outsourcing

Narrative: Diagnostics Waits -Radiology, Neurophysiology, Endoscopy & Cardiology

When we expect to be back on track?

Radiology

Although additional capacity is being sought urgently this remains an issue of major concern due to ongoing replacement works and the stability of the current equipment in the interim period. Activity as always is dependent on local staffing levels. Essentially demand is being matche d w ith the backlog remaining at similar levels. We are hoping to see improvements as new equipment and staffing models come online. Forecast remains 0 breaches in radiology by end 2023-24, and by end 2022-23 for neurophysiology.

Endoscopy

Our capacity & demand modelling demonstrates a recoverable position during 2023/2024 based on several assumptions, including insourcing, current staffing levels being maintained, and three day lists.

Cardiology

If the service can secure outsourcing, this will address the backlog of patients waiting over 8 weeks.

What are the risks and mitigations to this (getting back on track)to this timeline?

Radiology

There is a risk that patients may have to travel further for MRI and CT as we progress through the replacement programme, and that some sessions may be stood down to accommodate those who are urgently required. With the focus on the urgent and urgent suspected cancer (USC) patients we expect to see the routine waiting lists grow before seeing an improvement in areas as new technology comes online.

Endoscopy

Our main risks to delivery are around workforce. Sickness and vacancies are impacting significantly, resulting in reduced activity for both core and insourcing lists. Our Endoscopy workforce subgroup has been tasked to review recruitment progress against the business case. Insourcing support will continue to support the delivery of activity.

Cardiology

Unable to outsource due to UK wide demand

Business case is not funded in 2022/2023

Mitigations

Cardiology

Explore further internal additional sessions

Efficiency and pathway work

Narrative: Therapy Waits

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why we are where we are?

Overall, the Therapy Services waiting time position is recovering. The longest waiters are in Physiotherapy Central (77 weeks), Physiotherapy East (58 weeks) and Occupational Therapy West (43 weeks). Physiotherapy Central and Occupational Therapy West have faced significant sickness levels and high numbers of vacancies with difficulties recruiting and limited success in appointing locum/agency staff (Physio Central only has 50% of its outpatient work force). Physiotherapy East lost the outpatient clinic space at Wrexham Maelor because of the Covid 19 pressures. Speech and Language Therapy across BCU has been given permission for the waiting time target to be extended to see children awaiting follow up appointments (will remain <52 weeks longest waiter 25 weeks).

What we are doing about it?

- Regular validation of waiting lists takes place with services contacting the longest waiting patients to check if an appointment is still required.
- Temporary accommodation is in the pipeline for Physiotherapy East in September 2022, with permanent accommodation scheduled for the end of 2022.
- Accommodation continues to be reviewed elsewhere to ensure we are up to pre-pandemic capacity for our patients.
- Reviews of skill mixes are carried out where safe to implement, and classes are being extended to take larger groups of patients.
- Active cycle of recruitment continues with services over subscribing on Band 5 clinical roles
- Services are continually seeking locums/temporary staff and adding additional days Saturday/Sunday where feasible.

When we expect to be back on track?

- Physiotherapy East and Occupational Therapy West expect to be under the 52 week target by October Physiotherapy Central does not expect to achieve the 52 week target.
- Speech and Language Therapy will recover the position by April 2023 once the paediatric backlog has been cleared.
- Other services are under 21 weeks waiting time and are being monitored.

What are the risks and mitigations to this (getting back on track)to this timeline?

- Risks continue around workforce and are significant in some services. There is some long term sickness and issues with recruitme nt and retention and difficulties sourcing locums. Band 5 (starting grades) recruitment is delayed due to late graduations in December 2022/January 2023 from Bangor linked to streamlining. Streamlining has delayed recruitment.
- Inpatient activity continues to add to pressures e.g., requirement to move outpatient resources to support ‘front door’. Any increase in Orthopaedic activity will also impact.
- New Therapy posts being developed outside of Therapy Services e.g., neurodevelopmental (ND), Eating Disorders etc are not accounted for in workforce commissioning numbers.
- There are continued risks around accommodation, Plas yn Rhos for Physiotherapy East has slipped from April to September . Podiatry West, has recently lost accommodation for new patient assessments which will see an increase in waiting times (presently 18 weeks) with patients reluctant to travel.

Mitigations

Narrative: Referral to Treatment

Why we are where we are?
The size of the waiting list and the length of time patients are waiting to be seen and for their treatment has been compounded by the Covid pandemic, whereby routine activity was paused. However, the waiting list continued to grow in this period, without any patients being removed from the waiting list due to all routine activity being paused. Covid escalation arrangements were put in place across Wales at the start of the pandemic, these measures were only de-escalated on May 16th this year for Outpatients and from the beginning of July for all surgery and procedures.

What we are doing about it?
Several measures have been taken to reduce the waiting list and the length of times patients are waiting, this is in line with the ministerial priorities. As a Health Board we are getting back to deliver the same level of activity for all stages that we did in 2019/20, this has been facilitated by the de-escalation of Covid 19 measures. Where there are gaps within capacity to achieve these levels, we are looking to providing solutions that mitigate these gaps.
In addition to these steps, we are embedding outpatient and theatre principles to support the delivery of this activity. As well as working with Welsh Government to validate our waiting lists, this exercise will allow us to book the right patients. There are several other schemes that we are implementing that will support this, for example moving some orthopaedic procedures out of main theatres into another setting to increase throughout.

When we expect to be back on track?
We are working to the ministerial priorities of;
1. No patients waiting 52> weeks for their first outpatient appointments at the end of the calendar year, in most specialities
2. No patients waiting 104> weeks for any stage of their pathway at the end of March 2023, in most specialities

What are the risks and mitigations to this (getting back on track)to this timeline?
The risks to us delivering this include;
1. The potential for another wave of Covid 19, we will continue to increase the levels of activity to mitigate the impact of any new waves of Covid 19.
2. Staffing we are working with workforce, to determine our capacity levels against budgeted establishment to be able to recruit through dedicated recruitment days and looking to how we can do things differently through new ways of working.

Mitigations

Narrative: Follow Up Outpatient Waiting List

Why we are where we are?
Follow up waiting lists have increased considerably since Covid-19. This has inevitably created a backlog for Follow up reviews.

What we are doing about it
Administration Validation
- This to ensure that Welsh Patient Administration System (WPAS) is up to date e.g., any patient that has a discharged letter h as been discharge on WPAS Patient Validation.
- The patient has been contacted to assess if they have been seen elsewhere or still require their appointment Consultant Validation.
- A review of long Follow up waits to assess discharge & if not appropriate to discharge move to a See on Symptoms (SOS) or Patient Initiated Follow up (PIFU) pathway or to remain on wait list.
- A dashboard has been developed that provides us a single point of reference (soon to include a reduction forecast) to monitor progress.
- Did not attend (DNA) Discharge protocol is followed, as per access policy.
- Active Advice and Guidance tools are utilised as much as possible across all specialties.

When we expect to be back on track
- 20% of outpatient reviews that are not appropriate for discharge to have an outcome of SOS or PIFU by end of March 2023.
- All SOS or PIFU pathways in place are standardised pan BCU by end of March 2024.

What are the risks and mitigations to this (getting back on track)to this timeline?
- Capacity/ workforce within specialties to support delivery of all forms of validation listed above.
- Engagement from specialties in utilising the pathways.
- Engagement from specialties to adhere to policy protocol (such as DNA discharge policy).
- Recruitment to Project Management for roll out.

Mitigations

Narrative: Cancer

Why we are where we are?

In June 2022, 256 out of 403 patients (63.5%) were treated in target. Main reasons for patients not being treated in target were:

- Complex diagnostic pathways (12%) and patient related reasons e.g. patient unavailability for next stage of pathway (5%).
- Delay to endoscopy (9%) and delays to other diagnostics, primarily urology biopsy (9%).
- Delay to surgery (17%) primarily due to pressures in urology and dermatology.
- Delay to first outpatient appointment (14%), primarily due to pressures in urology and dermatology.
- Delay to results or treatment planning appointment (7%) primarily oncology.

What we are doing about it?

- All services are prioritising suspected cancer patients
- All clinic templates have been reviewed to ensure sufficient capacity to meet 80 th percentile (and 95th where possible) weekly demand for suspected cancer patients
- Locum dermatologist support has been secured and Central and East teams are providing support to West to equalise waiting times
- Endoscopy insourcing continues and capacity has increased with the opening of the 3rd room in East
- New one stop neck lump clinic commenced in Ysbyty Glan Clwyd in June to reduce diagnostic times on the head and neck pathway
- Locum oncologist support is being sought and discussions are underway with other providers to ensure continuity of service provision
- A review of the prostate cancer pathway, in line with the national optimised pathway, will commence in September 2022.

When we expect to be back on track?

- The Health Board aims to achieve the 75% target by end of 2022.

What are the risks and mitigations to this (getting back on track)to this timeline?

- Suspected cancer referrals remain at 120% of pre Covid 19 levels clinic capacity has been increased as outlined above but this places significant pressure on diagnostic services.
- Workforce concerns remain in some key specialties including dermatology, oncology, ENT and urology recruitment efforts continue together with discussions with other providers as outlined above to ensure continuity of service provision.

Mitigations

Chapter: Efficiency

Executive Summary for IQPR – HB 22.09.2022 - *Efficiency*

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position
		• Complaints responded to in a timely manner has been trending downwards for nine months now, since September 2021 (68%) to June 2022 (30%) • Sepsis remains a concern, with the % of deaths contributed to by sepsis rising from 5% in January to 20% in June 2022

Efficiency - Performance Scorecard

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend	SPC Var.	SPC Ass.
Percentage compliance with Sepsis Six 1 hour bundle - Emergency Department	=12m improvement trend	=12m improvement trend	2022-07	7.41%			
Percentage compliance with Sepsis Six 1 hour bundle - inpatients	=12m improvement trend	=12m improvement trend	2022-07	12.28%			
Percentage of Critical Care bed days lost to Delayed Transfers	<=5%	<=5%	2022-07	62.16%			

SPC Chart: Sepsis & Critical Care DTOC

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening

Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening

Percentage of critical care bed days lost to delayed transfer of care - Intensive Care National Audit & Research Centre (ICNARC) definition

Actual _____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

Narrative: Sepsis

Why we are where we are?

Sepsis continues to regularly contribute to mortality in BCUHB. Of the approximate 700 cases referred back from the Medical Examiner Service (MES) to the HB , 91 included sepsis either as a direct cause or a contributor to mortality. On a month by month basis sepsis has increased as a contributor to mortality from 5% in January to 20% in June (see figure on previous page). Deaths from Sepsis was identified from the following sites proportions: 36% were from West, 21% from East and 43% from Central acute site. The cause and key drivers are myriad. Many of the cases are in an increasing frail population, who spend longer in hospital which increasing allows the opportunity for nosocomial infections from Covid, to hospital acquired pneumonias to clostridium difficile infections. Issues around 'flow' and discharge mean patients often have delayed discharge, longer trolley waits and delays in being seen. Mobilisation and physiotherapy evidence based to reduce HAPS is reduced because of pressure on staffing levels in both nurses and allied health professionals. Antimicrobial stewardship and training around sepsis 6 bundles and correct use of the micro guide also contribute to reducing mortality from sepsis.

What we are doing about it?

From a mortality perspective sepsis needs to be identified as a 'theme' and tracked through CEG to look at multiple strands of improvement work. Any actions need to be formally actioned and tracked through the Learning from Mortality Panel (LFMP).

When we expect to be back on track?

To improve performance requires a multi level approach. The LFMP can support and track issues around specific cases and also track the themes. The LFMP is an ALL BCUHB meeting, so can cascade and pick up issues across BCUHB including the community, site, nursing homes, cancer and WAST. Issues can be escalated through CEG.

What are the risks and mitigations to this (getting back on track)to this timeline?

Risk around timeline are engagement in the LFMP and developing a network across BCUHB that can learn, discuss and act on issues around sepsis and escalate appropriately.

Mitigations

Mitigation is to continue to develop and encourage the formal structures around mortality reviewing in the HB with the aim of a multi professional holistic approach to understanding how sepsis contributes to mortality and where it is preventable and distribute the earning where it occurs.

Chapter:
Adult Mental Health

Executive Summary for IQPR – HB 22.09.2022 - *Adult Mental Health*

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position
• % of Mental Health assessments undertaken within 28 days from the date of receipt of referral for adults aged 18 years+ has improved month-on-month for last three months (54.5% to 75.5%).	• % Mental Health assessments undertaken within 28 days of referral, whilst still well below target, has been reasonably consistent between 24.3% to 38% over the last six months • Both adult psychiatric measures have been at 100% since reported from August 2021 to June 2022 • % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service for adults aged 18 years+ has been fairly static over the past 12 months with 11 between 73.5% to 83.2% and both last two months above 80% target	• % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health has declined from 87.1% Aug 2021 to 74.6% (June 2022), although that was a 10% improvement on May 2022 • % of Health Board residents in receipt of secondary Mental Health services who have a valid care and treatment plan for adults 18 year+ steadily declined over last 12 months from 90.8% (90% target) to 81.7% (July 2022)

Adult Mental health - Performance Scorecard

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend	SPC Var.	SPC Ass.
Percentage Adults assessed within 28 days of referral	>= 80%	>= 80%	2022-07	76.02%			
Percentage Adults starting therapy within 28 days of assessment	>= 80%	>= 80%	2022-07	81.44%			
Percentage Adults waiting less than 26 weeks for psychological therapy	>= 80%	>= 80%	2022-07	79.41%			
Percentage under 18 with Care Treatment Plan	>= 90%	>= 90%	2022-07	84.14%			

SPC Chart: Adult Mental Health Measures

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy

Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged 18 years & over)

Percentage of mental health (Adult) assessments undertaken within 28 days of referral

Percentage of mental health (Adult) assessments undertaken within 28 days of referral

Actual ____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

Narrative: Adult Mental Health DToC

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why we are where we are?

At the end of Quarter 1, we are reporting 9 delayed patients, well below the average for the past 2 years. The number of bed days lost is reporting at 557, a significant reduction from the 1125 reported at the end of Quarter 4 2021/22. Availability of appropriate placements for our complex patients, particularly those with combined mental and physical health needs, remains a limiting factor and this has been further impacted by Covid 19 restrictions. Due to the complexities of some of our patients, step down care would not be possible due to the bespoke nature of the placements needed to safely care for our patients.

What we are doing about it?

Daily discussions take place for all delayed patients to discuss progression of discharge from acute setting. Where possible and appropriate, discharge arrangements are discussed with patients and families / carers on admission, and for those patients needing placements on discharge the discussions are ongoing and collaborative throughout the patient's inpatient stay.

When we expect to be back on track?

Flow into and out of inpatient services remains a key priority for our Division and although we are pleased with the reduction reported at the end of Quarter 1, we remain proactive as we know that factors outside of our inpatient facilities that would enable a timely discharge make our position fragile. MDT discussions continue to take place and issues escalated through local governance processes.

What are the risks and mitigations to this (getting back on track)to this timeline?

Availability of appropriate placements for our complex patients remains the biggest factor with 6 of our 9 delayed patients waiting for placements.

Mitigations

All of these delayed patients have definitive needs within their placement and the arrangements are being managed and monitored daily along with continued review of the patients to accommodate any change in discharge requirements.

Narrative: Adult Psychological Therapy

Why we are where we are?

We are pleased to report an upturn in delivery against the secondary care adult specialist psychological therapy waiting times target We are reporting 746 at quarter end regionally, a 10 increase on the previous month's position Both West and Central areas are compliant with the target of 80 with Central achieving 100 consistently for the past 12 months. The East area showed steady improvement in 2021 but managing long term sickness and two vacancies in key posts in the East has been the main impact on our ability to maintain the target compliance achieved in June to October 2021.

What we are doing about it?

Ongoing capacity/demand modelling, validation and proactive data management, and stepped care initiative training and supervision to MDT colleagues are in place to increase access to lower step interventions Matrics Cymru service delivery model). Staff have been moved from other areas to address backlog, staff on long term sick have been supported to return to work, and we have successfully recruited to posts, although the staff will not be in post until the Autumn Stepped care access has been increased by multiple modes of delivery, including face to face, group, and on line groups. These have been standardised and rolled out across the MHLD Division.

When we expect to be back on track?

Referrals and waiting times are closely monitored and scrutinised on a weekly basis with action plans in place. The stepped care initiative has been successful in a number of key recruitments this summer and these staff will be in place by October/November 2022. This will support better access across the pathway. The projection is we will secure compliance across all three localities by early 2023.

With a small specialist staffing resource, we continue to manage the significant impact made by maternity leave, sickness, and staff turnover vacancies. We aim to address the impact of this by reducing the established capacity and demand mismatch by plans to secure further SIF funding, for a more sustainable resource long term, better matched to the high demand across the Division.

What are the risks and mitigations to this (getting back on track)to this timeline?

The risks in a small staff resource remain unpredictable levels of sickness, maternity leave and staff leaving posts.

Mitigations

The mitigation in place is active support to staff to ensure retention We continue with a proactive recruitment drive to attract new recruits with an established All Wales and North of England network to attract potential ensure retention. We continue with a proactive recruitment drive to attract new recruits with an established All Wales and North of England network to attract potential recruits from the relevant South and North Wales training courses, as well as Liverpool and Manchester and further afield. We are also linked in with HEIW and the Welsh workforce plans and are leading on widening the specialist workforce with innovations, taking two of the first CAAPS cohort in Wales in January 2023. The biggest improvements in the last 3 years have been led by the stepped care initiative, and we have increased that capacity this summer with a range of staff, and this will provide further input including training to MDT colleagues and implementing plans in place.

Narrative: Mental Health Measure

Why we are where we are?

Improved position for parts 1a and 1b of the Mental Health Measure are the result of the successful delivery plans in the East. Our focus on the reduction of long waiters has delivered results with both Flintshire and Wrexham teams achieving compliance with the 80% target for MHM 1a and 1b at the end of Quarter 1 as projected. The success of the recovery plan is now projected to bring their compliance rate even higher by the end of Quarter 2. West and Centre have had significant issues with staffing combined with a peak in referrals in November that have hindered their recovery. Part 2 of the measure has followed the same challenge and recovery response as for Part 1 with recovery plans in the East enabling them to achieve 94.09% against the 90% target , West achieving 86.23% and Centre at 70.41%.

What we are doing about it?

Lessons learned from the East are being shared across all areas. Actions within the recovery plan for East include capacity modelling to optimise staff time, additional sessions, defined minimum assessment slots per day, validation and proactive data management and review of training packages.
Additional interim posts have been approved to support recovery in both Centre and West, and recruitment to bring them back to establishment is a key priority within the workforce plan including the work with recruitment agency Just R who are launching a targeted campaign in September to attract active and passive job seekers, utilising various media methods.

When we expect to be back on track?

MHM Part 1 remains closely monitored and scrutinised throughout the Division's governance framework and a formal rebasing of projections will be undertaken this month based on the Quarter 1 outturn position. At present the projection is for the Division to be compliant across all areas by end of March 2023. As previously noted both Flintshire and Wrexham are compliant and are projected to remain so.

What are the risks and mitigations to this (getting back on track)to this timeline?

Some of the success in East has been attributed to the ability to recruit staff before the improvement process and cultural changes took place. At present the depleted staff in West and Centre are the main risk contributing to the position.

Mitigations

Mitigating actions are aligned to the recruitment drive and addition of interim posts.

Chapter: Workforce

Executive Summary for IQPR – HB 22.09.2022 - *Workforce*

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position
	• Training compliance is remarkably stable at between 84.0% to 85.0% for the past 12 months	Agency spend as a percentage of the total pay bill has increased from 4.8% (Aug 2021) to 7.2% (July 2022) • % PADR completion in past 12 months has decreased from 69.4% (Aug 2021) to 65.3% (July 2022).

Workforce - Performance Scorecard

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend	SPC Var.	SPC Ass.
Percentage of sickness absence rate of staff	<=5%	<=5%	2022-07	6.60%			
Percentage Staff compliant with Mandatory Training requirements	>= 85%	>= 85%	2022-07	84.80%			
Percentage staff had Personal Appraisal and Development Review (PADR)	>= 85%	>= 85%	2022-07	65.30%			

SPC Chart: Workforce

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Actual _____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

Narrative: PADR

Why we are where we are?

- PADR compliance for May is 65.3%, a decrease from 66.7% for March 2022.

What we are doing about it?

As part of Pay Progression being implemented Nationally on 1st October 2022 and PADR being intrinsically linked as progression through increments will not be approved unless a PADR conversation has taken place, this has been a great opportunity to raise awareness of the importance of PADR conversations with both staff and managers.

Actions have taken place to monitor progress and local implementation by a local BCU group, recent actions include: extensive communication across the health board including messages on ESR carousel, weekly bulletin, liaising with Trade Unions, targeting all managers and staff that will be affected in October, and a message scheduled in September pay slips. Weekly PADR/Pay Progression workshops are being delivered to cascade messages and support man agers to record pay progression on ESR.

When we expect to be back on track?

- It is expected that the implementation of Pay Progression will ensure that PADR's are being conducted effectively and recorded accurately in ESR which will impact positively on compliance. Whilst recognising ongoing operational pressures, the aim remains to achieve 75% compliance by the end of Q2, 80% compliance by the end of Q3 and 85% compliance by the end of Q4.

What are the risks and mitigations to this (getting back on track)to this timeline?

- Continued operational pressures may impact on the capacity of line managers and staff to complete PADRs, although the links between PADR completion and pay progression should support an increase in completed PADRs.

Mitigations

- Continue to work with divisions in a supportive manner to achieve sustainable increase.
- Concurrent communication across the health board as a gentle reminder of the importance of conducting PADR'sand its links to Pay Progression.

Narrative: Mandatory Training

Why we are where we are?

- Mandatory Training compliance for level 1 training is currently 84.78%, which is 0.22% below the national target of 85%. This is a slight increase of 0.04% from the previous month [June].
- Mandatory Training compliance for level 2 has seen a further increase again this month and is currently 76.88%.
- Manual Handling has increased during July 2022 by a further 0.5% and is just below 80%.
- Equality & Diversity, Health & Safety, Violence & Aggression and Resuscitation training are all above the national target ranging from 86% to 95%.

What we are doing about it?

During July 2022, the mandatory training review group have submitted their first review report to the Executive Delivery Group (EDG) People & Culture outlining their standard operating procedure (SOP) for mandating a subject which included a robust process for reviewing additional and currently mandated subjects detailed within the Statutory and Mandatory Training policy. As a result, the group approved Environmental Waste and Energy, Cyber Awareness and Welsh Applied Risk Research Network (WARRN) training. There were also recommendations for further work to approve the SOP and to review both falls and donning and doffing training.

When we expect to be back on track?

Following the detailed data analysis and review of process around recording of Manual Handling training, May 2022 has reported the first increase in Manual Handling compliance for both level 1 and level 2 training for this year. As this work continues we anticipate a further increase in both level 1 and level 2 Manual Handling compliance for June 2022 which should place level 1 training again above the national target of 85%.

What are the risks and mitigations to this (getting back on track)to this timeline?

Mitigations

Blended training approaches are utilised wherever possible.

Narrative: Sickness & Absence

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why we are where we are?

- Rolling sickness absence performance is at 6.48% an increase of 0.18% (April 22) and the highest level for over 12 months.
- COVID19 related sickness absence has decreased by 0.9% to 0.8% (1.7% in April 22). This reflects a decrease in Covid within the North Wales community.
- Non COVID19 related sickness absence has decreased to 4.9% from 5.1% (April22).
- Stress related absence remains the biggest cause of absence with approximately 50% more days lost than the 2nd largest cause (infectious diseases). The highest levels of sickness absence are in Additional Clinical services , Estate and Ancillary and Nursing and Midwifery. Estates and Ancillary sickness rates are the highest across the organisation at 8.55% a reduction of 0.87% on April 22. Additional Clinical services have decreased to 7.75% from 8.63% in April 22. Nursing levels have decreased to 6.06% from 7.16% in April 22.

What we are doing about it?

- Sending out Health Matters newsletters to staff who are off with work due to stress
- A focus on long term sickness
- Meetings between Well-being, HR and Occupational Health colleagues to look at hotspot areas and support options.
- Refresher training for managers on the Managing attendance at work policy
- Monthly MDT Case management meetings are taking place to provide support for staff with more complex needs and include staff, managers, occ health, H&S and well-being colleagues as needed.
- Promote the Staff wellbeing and support services including counselling and psychological therapies

When we expect to be back on track?

- Covid restrictions now removed, community cases declining, so should see an improvement in Covid sickness cases over the summer months

What are the risks and mitigations to this (getting back on track)to this timeline?

- All Wales decision to extend Covid sickness pay until end June 2022 or for a period of 12 months for more recent diagnoses of long Covid
- Potential for an increase in Covid infection rates within the community as restrictions are relaxed.
- Further increase in stress related absence, particularly given recent the media and social media coverage of BCU

Mitigations

- Increased communications to further promote access to the Wellbeing Services available for staff
- Focus on early intervention support
- Support in helping managers to have conversations with staff around wellbeing (from OH/HR)
- Use of Health Working Relationships training and implementation of facilitated discussions

Chapter: CAMHS

Executive Summary for IQPR – HB 22.09.2022 - *CAMHS*

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position
• % of patients waiting less than 28 days for a first appointment for Specialist Child and Adolescent Mental Health Service improved for last three months to 100% (caution small numbers though) • The last three months, particularly July, have seen the reverse of a four month declining position in % of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service for under 18 years • % of children and young people waiting less than 26 weeks to start an Attention Deficit Hyperactivity Disorder or Autistic Spectrum Disorders neurodevelopment assessment has steadily improved over the last 12 months from 33.1% to 44.2%	• % of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years has been above target (90%) for all but one (89.2%) month in the last 12	

CAMHS - Performance Scorecard

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Measure	WG Target	BCU Plan	Actual Month	Actual Value	12 Month Trend	SPC Var.	SPC Ass.
Percentage CAMHS assessed within 28 days of referral	>= 80%	>= 80%	2022-07	34.41%			
Percentage CAMHS starting therapy within 28 days of assessment	>= 80%	>= 80%	2022-07	45.71%			
Percentage Over 18 with Care Treatment Plan	>= 90%	>= 90%	2022-07	94.12%			

SPC Chart: CAMHS

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Percentage of mental health (CAMHS) assessments undertaken within 28 days of referral

Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged under 18 years)

Percentage of therapeutic interventions (CAMHS) within 28 days of assessment

Actual _____ Target _____ Average _____ Upper Control Limit ------- Lower Control Limit -------
Shift Reduce Shift Improve

Narrative: Child and Adolescent Mental Health Services

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Why we are where we are?

End July performance against WG targets: 100% referred to CAMHS waited under 28 days for initial appointment; MHM Part 1a 34% 1b 46% MHM Part 2 94%. Position against mental health measure a known risk. Focus on improvement plan reduction on those waiting under 28 days. Off target against trajectory due to:

- Increase demand for mental health assessment by 6% compared to 2021/22
- Reduction in core capacity due to sickness absence and staff turnover
- Reduced uptake of private provider assessments during Q1

What we are doing about it?

- Meeting to be arranged September to review reporting arrangements for young people admitted due to self harm with Informatics and Adult Mental Health Services
- Increased monitoring of private provider uptake
- Monitoring of performance against improvement trajectory and recovery planning is ongoing across all teams through the established Regional CAMHS Performance
- Delivery Group with escalation to Assistant Area Directors via Strategic Improvement & Development Group for oversight.
- A Performance Management Framework is being developed to ensure increased clarity of KPIs, responsibilities and accountabilit y through Access Work Stream of TI
- Recruitment to posts identified in 2022/23 funding bids has commenced to support early intervention and prevention services to improve the early help offer within schools and primary care, manage demand into specialist services and increase capacity within core services

When we expect to be back on track?

- Trajectories and recovery plans for 2022/23 have been developed with a plan to reduce total numbers waiting over 28 days prior to the end of March 2023 across all areas to support delivery of MHM Part 1 targets by year end.

What are the risks and mitigations to this (getting back on track) to this timeline?

- Delays in recruitment are being supported by the PMO to ensure posts are advertised in a timely manner and promoted through Just-R recruitment campai gn and social media
- Increased demands on services in terms of referrals received and acuity is monitored in weekly performance meetings in local are as to ensure that escalations are made through TI Access Work Stream and area teams
- Increased sickness absence, monitored on a weekly basis with a view to adjusting capacity across area teams.

Mitigations

Chapter: Primary Care

Executive Summary for IQPR – HB 22.09.2022 - *Primary Care*

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Improving Position	Static Position	Declining Position ▲
• % of GP Practices that have achieved all standards set out in the National Access Standards for In-hours increased from 41.6% (2019) to 76.3% (2022) • Both indicators of smoking (report smoking and make an attempt to quit via services) show improving positions over the past year		• % of 111 patients prioritised as P1CHC that started their definitive clinical assessment within 1 hour of their initial call being completed declined from 89.9% (Aug 2021) to 72.8% (June 2022)

Access to General Practices (GP)

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Financial Yr	2019/20		2020/21						2021/22							
Quarter	Q4		Q2		Q3		Q4		Q1		Q2		Q3		Q4	
Group Description (groups)	ieve rds al	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved	*% Achieve Standards Financial Group	Practices Achieved
Bonus Achieved																
West	43.8%	14	31.0%	9	28.6%	8	78.6%	22	64.3%	18	57.1%	16	92.9%	26	96.4%	27
Centre	51.6%	16	25.8%	8	45.2%	14	61.3%	19	56.7%	17	53.3%	16	73.3%	22	76.7%	23
East	31.6%	12	21.1%	8	23.7%	9	44.7%	17	35.9%	14	33.3%	13	64.1%	25	61.5%	24
G1 - Infrastructure Systems																
West	84.4%	27	93.1%	27	92.9%	26	100.0%	28	100.0%	28	100.0%	28	100.0%	28	100.0%	28
Centre	87.1%	27	93.5%	29	93.5%	29	90.3%	28	100.0%	30	100.0%	30	100.0%	30	96.7%	29
East	71.1%	27	84.2%	32	84.2%	32	89.5%	34	89.7%	35	87.2%	34	94.9%	37	94.9%	37
G2 - Understanding the Patient Needs																
West	93.8%	30	55.2%	16	42.9%	12	100.0%	28	100.0%	28	100.0%	28	100.0%	28	100.0%	28
Centre	93.5%	29	45.2%	14	64.5%	20	90.3%	28	90.0%	27	93.3%	28	86.7%	26	93.3%	28
East	86.8%	33	50.0%	19	55.3%	21	94.7%	36	94.9%	37	89.7%	35	94.9%	37	87.2%	34

Note: *Visualisation is a data snapshot of the current reporting month.* ***This Information relates to ALL*** **GP practices.**

Number of Pharmacies at Escalation Level of 3 or above

Level Indicators

Level 1: Business as usual

Level 2: Increased workload

Level 3: Significant increase in workload – service delivery modestly impacted

Level 4: Unsustainable workload – service delivery significantly impacted

Level 5: Closed in normal business hours – with no services being provided for a minimum period of 24 hours

Note: *Visualisation is a data snapshot of the current reporting month.*

Urgent Primary Care Centres (UPCC)

Wrexham UPCC Only

Data for June 22 to end July 2022 period

Total Referrals	Average Mthly Referrals	Average Daily Referrals
2000	1000	45

Outcome	06/22 – 08/22	%
Self Care Advice	963	54.6%
Medication and Self Care Advice	629	35.7%
Inappropriate Referral - Returned	36	2.0%
UPCC Unable to accept (operational issues)		0.0%
DNA / No response from Patient	45	2.6%
Referral to a Speciality	32	1.8%
Dealt with by OGP / Issue Resolved / Declined Contact	24	1.4%
Referral to UPCC Physio	21	1.2%
Directed to ED	10	0.6%
Directed to Community Based Service	3	0.2%
Directed to MIU	1	0.1%
Total	**1764**	

Note: *Visualisation is a data snapshot of the current reporting month. Wrexham only*

Number of Emergency Department (ED) Referrals into Urgent Primary Care Centers (UPCC)
Wrexham UPCC Only

Row Labels	ED Referrals
Dec-20	6
Jan-21	14
Feb-21	42
Mar-21	42
Apr-21	57
May-21	39
Jun-21	26
Jul-21	10
Aug-21	37
Sep-21	35
Oct-21	20
Nov-21	27
Dec-21	35
Jan-22	32
Feb-22	25
Mar-22	34
Apr-22	10
May-22	11
Jun-22	4
Grand Total	481

Note: *Visualisation is a data snapshot of the current reporting month.*

Rate of Enhanced Pharmacy Services accessed

Common Ailments Service data updated to 31 July 2022 (Interactive chart)

Note: *Visualisation is a data snapshot of the current reporting month.*

GP Practice Sickness Rates

Note: *Visualisation is a data snapshot of the current reporting month.* ***This Information relates to ALL*** **GP practices.**

Number of Incidents Primary Care

			Primary Care Incidents														
Date	Primary Care (Area)	Total	Date	Primary Care (Area)	Total	Date	Primary Care (Area)	Total	Date	Primary Care (Area)	Total	Date	Primary Care (Area)	Total	Date	Primary Care (Area)	Total
			Jan 2018	71	71	Jan 2019	114	114	Jan 2020	70	70	Jan 2021	89	89	Jan 2022	167	167
			Feb 2018	72	72	Feb 2019	87	87	Feb 2020	79	79	Feb 2021	76	76	Feb 2022	62	62
			Mar 2018	59	59	Mar 2019	95	95	Mar 2020	103	103	Mar 2021	105	105	Mar 2022	101	101
Apr 2017	47	47	Apr 2018	56	56	Apr 2019	70	70	Apr 2020	85	85	Apr 2021	76	76	Apr 2022	49	49
May 2017	57	57	May 2018	61	61	May 2019	68	68	May 2020	40	40	May 2021	74	74	May 2022	122	122
Jun 2017	71	71	Jun 2018	78	78	Jun 2019	86	86	Jun 2020	52	52	Jun 2021	121	121	Jun 2022	108	108
Jul 2017	72	72	Jul 2018	86	86	Jul 2019	98	98	Jul 2020	89	89	Jul 2021	158	158	Jul 2022	117	117
Aug 2017	54	54	Aug 2018	117	117	Aug 2019	71	71	Aug 2020	50	50	Aug 2021	117	117	Total	5456	5456
Sep 2017	56	56	Sep 2018	111	111	Sep 2019	84	84	Sep 2020	88	88	Sep 2021	109	109			
Oct 2017	75	75	Oct 2018	109	109	Oct 2019	94	94	Oct 2020	83	83	Oct 2021	112	112			
Nov 2017	54	54	Nov 2018	91	91	Nov 2019	93	93	Nov 2020	76	76	Nov 2021	100	100			
Dec 2017	60	60	Dec 2018	63	63	Dec 2019	81	81	Dec 2020	85	85	Dec 2021	132	132			

Note: *Visualisation is a data snapshot of the current reporting month.*
Total GP and GP Incident Details relates to ALL **GP practices.**

Number of Complaints Primary Care

Note: *Visualisation is a data snapshot of the current reporting month.*
Total GP and GP Incident Details relates to ALL **GP practices.**

Further Information

Further Information

Link to **IQPR Dashboard User Guide -**
https://nhswales365.sharepoint.com/:f:/r/sites/BCU_IQPRProjects/Shared%20Documents/IQPR%20Task%20and%20Finish%20Group/IQPR%20Power%20BI%20Dashboard/User%20Guide?csf=1&web=1&e=fM2Rza

Link to Primary Care Access Standards Dashboard - Power BI Report Server

Link to Primary Care Escalation Levels Dashboard - Power BI Report Server

Link to Pharmacy tableau dashboard Tableau Server (cymru.nhs.uk)

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Teitl adroddiad: ***Report title:***	Welsh Language Services Annual Monitoring Report 2021-2022
Adrodd i: ***Report to:***	Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner). The Health Board became subject to the Welsh Language Standards on 30 May 2019. Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards. The annual report must include the following information: • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives.
Argymhellion: ***Recommendations:***	The Health Board is asked to approve the Annual Report for publication and submission to the Welsh Language Commissioner's Office.
Arweinydd Gweithredol: ***Executive Lead:***	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad: ***Report Author:***	Eleri Hughes-Jones, Head of Welsh Language Services

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol	Dim Sicrwydd

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Assurance level:	*Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	*Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	*Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	*No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:

Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	ALL
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011. This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales. The Measure also: • created the procedure for placing duties on organisations in the form of Welsh Language Standards ("the Standards") • established the role of the Welsh Language Commissioner ("the Commissioner") to scrutinise compliance • gave the Commissioner power to investigate any allegations of interference with someone's freedom to use the Welsh language
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?	N/A

In accordance with WP68, has an SEIA identified as necessary ben undertaken?	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern. This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern. The Risk Register is scrutinised quarterly and any issues of signifiance or concern are escalated to the Welsh Language Strategic Forum for consideration.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no immediate financial implications.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no immediate workforce implications.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This paper has been discussed at the Welsh Language Strategic Forum at its 1 September 2022 meeting. It has also been reviewed at the Partnerships, People and Population Health Committee meeting on 13 September 2022.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Next Steps: ***Implementation of recommendations*** • Publish the annual report on the Health Board's website and submit to the Welsh Language Commissioner's Office	

List of Appendices: Appendix 1 – Welsh Language Services Annual Monitoring Report 2021-2022

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Welsh Language Services Annual Monitoring Report 2021-2022

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'I was raised a Welsh-speaker, so it is much easier for me to speak that language. If I was ever afraid or worried whilst I was on the ward, being able to call on a Welsh-speaking nurse was a great comfort: I found that I was able to settle down and stop worrying much more quickly, after talking things over in my first language'.

Shauna Fish, from Porthmadog,
a patient at Ysbyty Gwyneddduring the COVID-19 pandemic.

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 the Welsh Language Standards since the imposition date of 30 May 2019.

The report reflects the requirements and content as stated within Standard 120 of the Welsh Language Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also gives an overview of progress including service developments and key achievements from April 2021 to March 2022.

The Health Board continues to feel the impact of the COVID-19 pandemic, with workforce pressures, the redesigning of services and staff relocation all affecting the Health Board's operational functions. However, the alternative ways of working introduced by the Welsh Language Team at the height of the pandemic continues to successfully serve its purpose. This is especially true of the Welsh Language Training Programme, where virtual models of learning has provided opportunities that may otherwise not have reached such a wide audience. In this respect, the number of staff attending Welsh language training has doubled over the past year. Another area where we have seen significant increase in demand is within our Translation Services. This year-on-year increase reflects the drive at senior level to support the strategic direction of the organisation, as well as reflecting the Health Board's ownership of the Welsh Language Standards.

This report also reflects the positive impact of key policies that were developed during the last reporting year. The implementation of the *Bilingual Skills Policy and Procedure*, has impacted on the workforce with more posts being advertised with the ability to speak Welsh as an essential requirement. In following the guidance, the Health Board is able to appoint more Welsh-speakers to front line posts as well as providing a continous stream of Welsh language training opportunities to target staff that have already been in posts for a number of years. This has been maintained to further support the delivery of the policy.

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, has been maintained with the continuation of the Language Choice Scheme in our acute and community settings. This has ensured that there are strong foundations in place as we prepare to welcome the Welsh Government's new More than just words five year plan.

To continue with our priorities for 2022-2023, a refreshed outlook and approach has been outlined in the Welsh Language Services' annual plan. However, simultaneously, we are now in a position within health care settings to be able to revisit our traditional grass roots approach that has increasingly proved successful over the years.

Background and Current Position

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how we design 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* [1] 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 support the organisation to both deliver legislative requirements and to address our patients' needs.

1. Legislative Compliance
   Ensuring that we support the organisation to deliver its obligations under the

[1] https://www.gwynedd.llyw.cymru/en/Council/Documents---Council/Strategies-and-policies/Health-and-Social-Services/North-Wales-Population-Assessment/NW-Population-Assessment-1-April-2017.pdf

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 Policy and Procedure* and the wider Welsh language agenda.

4. Translation Services
   Our Translation Manager 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.

Self-regulation and Governance

Overall Board Accountability
Our structural accountability has been maintained, with our Welsh Language Strategic Forum, chaired by our Executive Director of Public Health, establishing 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 Partnerships, People and Population Health Committee. 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 Policy and Procedure*.

All risks have been reviewed during 2021-2022, with all three risk ratings currently at moderate or minor. In assessing the risks, the ongoing impact of the pandemic was taken into consideration, as the service has not been able to be as proactive as usual during the reporting year. However, no risks were escalated as a result.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

The Bilingual Services Mystery Shopper Scheme was first introduced in March 2018 as a means of scrutinising the availability and quality of Welsh-medium services at various Health Board sites and settings. Having had to pause the scheme for eighteen months due to the ongoing COVID-19 pandemic, the Welsh Language Team revived the scheme in June 2021.

Whilst this scheme previously encompassed signage and the availability of bilingual reception services at various Health Board sites, due to infection prevention and control regulations, site visits continued to be suspended due to the potential enduring threat of COVID-19. Thus, since their recommencement last summer, our 'mystery shopper' surveys have focused exclusively on the quality and availability of telephone services.

A number of community hospitals, managed practices and acute hospital departments are still included in each round of surveys, which continue to be held on a quarterly basis.

After each round of inspections has been concluded, relevant site / practice / service managers are then provided with bespoke reports that include a breakdown of the findings and required actions. They are subsequently invited to work alongside members of the Welsh Language Team to ensure that any necessary changes and / or improvements can be put in place as quickly as possible.

As managers remain willing and committed to secure improvements, despite the added pressures and complications that they have had to face because of the pandemic, the scheme continues to ensure that various shortfalls are identified and quickly rectified at sites across north Wales.

Despite its current limitations, the revived scheme has therefore undoubtedly contributed to the general development and enhancement of the Health Board's Welsh-medium provision during the past few months, as various sites / practices / services work to return to some semblance of normality after two very difficult years.

All community hospitals and managed practices have now been included within the scheme on at least two occasions. Our most recent 'mystery shopper' surveys have therefore allowed us to gauge what progress has been made at various sites in relation to bilingual service provision, since the scheme was first introduced.

At the same time, comparing newly collected data with initial baseline results from surveys that were conducted before March 2020, also allows us to measure how the COVID-19 pandemic has influenced the delivery of Welsh-medium services within the Health Board.

Despite the pandemic, recent findings have confirmed that previously recorded standards are still being maintained at several Health Board locations, whilst some practice / service managers have even been able to implement improvements.

The ongoing 'mystery shopper' surveys therefore continue to uncover numerous examples of existing good practice in relation to the Welsh language and these are subsequently shared with other sites / practices / departments, as appropriate.

To ensure increased accountability, general findings are still shared with both Area and Hospital Management Teams and a detailed report is presented to the Health Board's Welsh Language Strategic Forum on a quarterly basis. By doing this, broader trends continue to be identified and addressed, alongside more localised issues.

The scheme forms a crucial part of the Welsh Language Annual Plan for 2022-2023, with the addition of site-based visits commencing from quarter two onwards.

Welsh Language Standards

The Welsh Language Standards have now been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the standards within the organisation. The Welsh Language Standards Compliance Officer continuous to provide organisation-wide directive on implementing the Standards, as well as supporting and facilitating delivery at grass roots level.

The mechanisms in place to ensure this, is derived from the Welsh Language Standards Project Management Group (PMG). Membership consists of nominated leads from across the Health Board, representing service and clinical areas.

Over the last year, the PMG has focussed on reviewing its compliance using a self-assessment approach to establish whether the progress made prior to the Covid-19 pandemic has been maintained, and what additional infrastructures of support are required to support services to achieve their duties.

Each service has compiled a highlight report that will allow them to measure and assess their compliance against each Standard. We are currently working through the findings, which will allow us to identify any areas of potential non-compliance to enable the team to focus their support appropriately.

The Welsh Language Standards Compliance Officer continues to meet regularly with the representatives of the PMG, either as a group or individually, which allows more detailed discussions on area-focused Standards.

With regard to specific Standards, progress has continued with Standards 50-53 in relation to providing reception services in Welsh. Tailor made courses specifically for reception staff provided by our in-house Welsh Language Tutor as detailed further on in this report. A good practice example within the Radiology Department was included in the Welsh Language Commissioner's Self-Assessment questionnaire that was recently submitted. They have adopted a visual form of identifying Welsh speaking staff by displaying a poster in each reception area noting which members of staff on duty are able to provide a Welsh language service. This has ensured that the

department has a process in place that facilitates them to comply fully with the Standards and to respond to patient's language needs.

During the reporting year, there has been several high-level discussions at the Board meetings with regard to Standard 37. This Standard relates to whether a document, which is available to one or more individuals, should be produced in Welsh:

(a) if the subject matter suggests that it should be produced in Welsh, or
(b) if the anticipated audience, and their expectations, suggest that the document should be produced in Welsh

Following the decision at the November 2020 Health Board meeting to translate all Standing Items on the agenda, additional consideration was given to progress compliance with Standard 37 during 2021-2022. Standard 37 does not outline a blanket-translation approach across all Health Board documentation. Rather, it requires organisations to review the "subject matter" and the "anticipated audience" to determine whether there is an "expectation" or "suggestion" that it should be produced in Welsh.

Therefore, it was agreed at the July 2021 Board meeting that an assessment would be undertaken of the next three Health Board meetings (September 2021, November 2021 and January 2022) to determine which papers would have required translation. The assessment was produced in accordance with guidance received by the Welsh Language Commissioner's Office with regard to Standard 37, incorporating the elements that should be considered when determining translation requirements. Flexibility with regard to the considerations applied is limited due to this fact.

The main considerations within the assessment are:

- whether the subject of the document relates to a matter that is relevant to, affects, or is of importance to a large number of individuals (*defined as residents of Wales acting in their personal capacity)*
- whether the subject of the document deals with issues regarding the Welsh language
- whether the document is one that will be publicly displayed
- whether it is known that a percentage or a large number of the predicted audience are Welsh speakers, and for whom the Welsh language is an important consideration to them or they operate through Welsh
- whether more than one person asked for the document to be available in Welsh
- whether the document is likely to attract public response and attention (e.g. on social media)
- whether the document is one which individuals are required to respond to

During an assessment and analysis exercise, it became evident that this would have a significant impact on capacity, demand and timeframes. Options were provided as to the next steps, which included:

OPTION 1:
Continue with current process of translating agenda, minutes, presentation and standing items.

OPTION 2:
Apply the assessment to **all** Board papers, which could eliminate the need for the translation of standing items (although this would not have a significant impact on the total word count and turnaround).

OPTION 3:
Implement the assessment process over the next three Board meetings with a six-month review of achievability and long-term sustainability.

As the Board were eager to strengthen its commitment to the Welsh language, it was agreed that the third option would be the most robust and fair approach. This has been standard practice over the past Board meetings, and will be reviewed for sustainability during this reporting year. This decision demonstrates the commitment and support at Board level to form a bilingual Health Board identity

The "Active Offer"

As March 2019 marked the end of the three-year period covered by the Welsh Government's follow-on *More than just words...* Strategic Framework, a 2019-2020 Action Plan was developed and continuous to be operational until the next plan is published in 2022. This plan provides the Health Board with framework with which it has developed its own structure for continued progress in relation to the promotion and provision of Welsh language services in the health sector.

The Health Board continues to make progress against the plan and is pro-active in all its theme areas:

Theme 1 – increasing the number of Welsh speakers
Theme 2 – increasing the use of the Welsh language
Theme 3 – Creating favourable conditions – infrastructure and context

One of the main principles of More than just words is the "Active Offer", with priority focused on bringing the "Active Offer" to the front line. The Health Board was instrumental in developing a key approach to identifying language choice through its award-winning Language Choice Scheme, which provides the backdrop for successful delivery of the "Active Offer".

Despite the continued restrictions and additional pressures created by the COVID-19 pandemic, the Health Board's award-winning Language Choice Scheme remained operational on hospital wards throughout north Wales during 2021-22.

Indeed, with the instantly recognizable orange 'Cymraeg' magnets now being used to facilitate the delivery of bilingual services and the "Active Offer" principle at numerous locations, from Tywyn Hospital in south Merionethshire to Chirk Community Hospital

on the Wrexham / England border. The simple scheme has continued to thrive and remains very popular amongst patients and staff alike.

Having initially been piloted on selected wards at Ysbyty Gwynedd in 2017, and greatly expanded to include wards at Ysbyty Glan Clwyd and a number of community sites two years later, the Language Choice Scheme promotes the placing of the orange magnets on bedside white boards and staffing boards, in order to identify Welsh-speaking patients and Health Board employees.

The scheme expedites the process of pairing Welsh-speaking service users with Welsh-speaking clinicians such as doctors, nurses and health care assistants who are based primarily on the ward itself. However, the scheme also facilitates planning on a broader scale within the Health Board, as members of the wider clinical workforce such as physiotherapists and pharmacists who visit the wards, are also able to identify and utilise the orange magnets to ensure that their services are also delivered in accordance with a patient's linguistic needs.

Ysbyty Glan Clwyd – Analysis of Implementation

The Language Choice Scheme was introduced on most wards at Ysbyty Glan Clwyd in May 2019 and has continued to be implemented throughout the hospital ever since. Whilst the scheme is consequently operated in an informal manner on some wards (i.e. without a written record of its implementation being kept), a Monthly Audit Form has been created to facilitate the process of gathering relevant data.

Each Monthly Audit Form includes the following information in relation to a particular ward / unit:

- *The total number of patients that are being / have been cared for;*
- *The number of Welsh-speaking patients that are being / have been cared for;*
- *The number of Welsh-speaking patients that chose to partake in the Language Choice Scheme (i.e. by allowing an orange 'Working Welsh' logo magnet to be displayed on the whiteboard above / beside their bed);*
- *How many of the ward's / unit's staff speak Welsh.*

Sisters and / or Housekeepers, who are primarily responsible for the scheme's administration, are encouraged to complete this form as a part of their ward's monthly quality and safety audits and to subsequently forward all the noted evidence about the orange magnets' usage to the Welsh Language Team. Data captured provides a comprehensive snapshot of the Language Choice Scheme's delivery, success and popularity amongst service users.

This analysis focuses on information received from six specific wards / units on the Bodelwyddan site between April 2021 and March 2022.

Between them, the six participating wards / units provided various healthcare services to a total 819 patients during the timeframe covered by 47 monthly audit returns. A

total of 101 (or 12.33 per cent) of these patients noted that they were Welsh-speaking. Having been informed about the Language Choice Scheme, 63 (or nearly two-thirds) of these Welsh-speaking patients noted that they wanted to be identified as such by having an orange 'Working Welsh' logo magnet placed on the whiteboard beside / above their bed. A detailed analysis by ward / unit and uptake for the whole reporting year is provided in the table below.

	Ward / Unit	Number of monthly records provided	Total number of patients on the ward during the recording timeframe	Number of Welsh-speaking patients	Number of Welsh-speaking patients that opted to partake in the Language Choice Scheme	Percentage of Welsh-speaking patients that opted to partake in the Language Choice Scheme
1	Ward 1	7	169	20	19	95%
2	Ward 2 (Care of the Elderly)	6	135	14	2	14%
3	Ward 3 (Vascular)	6	115	25	12	48%
4	Enfys Ward (NWCTC)	10	180	25	13	52%
5	Neonatal Unit	10	99	11*	11*	100%
6	Wards 17 & 18 (Children's Unit)	8	121	6	6	100%
	Total:	**47**	**819**	**101**	**63**	**63.63%**

* *As all of the patients within the unit are newborn babies (who don't yet speak any languages), the 'Welsh-speaking neonatal patients' referred to in Table 3 (above) are actually the newborns' parents.*

The data received about the use of the orange magnets at Ysbyty Glan Clwyd between April 2021 and March 2022 suggests that the Language Choice Scheme's implementation at the hospital continues to be successful and popular amongst patients, despite the additional pressures and complications caused by the COVID-19 pandemic.

The majority of Welsh-speaking service users chose to opt-in to the Language Choice Scheme and this is clearly reflected by the fact that a large number of the analysed audit forms noted monthly participation rates of over 80 per cent. As evidenced by the data provided by the Childrens' and Neonatal Units, the utilisation of the orange magnet scheme remains extremely high amongst certain patient groups. Both these services recorded opt-in rates of 100 per cent during 2021-22.

This is especially encouraging as *More than just words* identifies children and young people' as a vulnerable patient group and have a greater need to receive their services in their mother tongue. It is therefore clear that the availability of the Language Choice Scheme remains exceptionally important within certain healthcare contexts.

The "Active Offer" - Betsi at its Best!

Ward Hebog in Ysbyty Gwynedd is one of the wards that has continued to implement the Language Choice Scheme throughout the pandemic. This has ensured that patients have consistently been actively offered services in Welsh. Hebog Ward Manager, Sian Roberts, worked with the Welsh Language Team to gather feedback and evaluate patient satisfaction with the implementation of the scheme.

A short questionnaire was used to obtain views and, along with providing feedback about the Language Choice Scheme itself, many of the patients who took part gave their opinions about the overall availability of bilingual services within Ysbyty Gwynedd.

Feedback received was overwhelmingly positive and a selection of comments from the participants are noted below.

'Plenty of staff on the ward speak Welsh and I benefitted from their presence during my stay'.

Margaret Whale, a patient from Maesgeirchen in Bangor said *(pictured left)*

Having spent three weeks as a patient on Hebog Ward, **Dewi Jones** from Caernarfon said:

> *'I could speak Welsh every day and the orange magnet above my bed let everyone know that 'Cymraeg' is my preferred language. It's so much easier for me to speak my first language – especially when I'm ill, and I find it much easier to understand and process information when it's given to me in Welsh'.*

Dewi Owen, from Dolgellau said:

> *'It was very nice to hear so many different Welsh accents on the ward. I particularly enjoyed discussing regional Welsh dialects and slang with some of the staff… I explained that we call 'rwdan' 'swêj' in Dolgellau! It's nicer to be able to discuss things in Welsh'.*

Welsh Language Training Programme

The Welsh Language Training Team is still feeling the challenges faced during the COVID-19 pandemic and they continue to adapt their teaching resources, models and teaching styles to ensure they support our extremely busy and dedicated staff. The Team works in a flexible manner in order to offer the best possible model of support for staff whose work schedules and shift patterns can influence the type of courses that would best suit their needs. Due to the visiting restrictions implemented as a result of the pandemic, many of our staff realise more than ever the importance of being able to speak Welsh with patients and service users, as even a few Welsh words from staff where a comfort to our Welsh speaking patients.

The Team continues to promote and advertise all Welsh language training opportunities through the Health Board's new intranet site 'BetsiNet'. 'BetsiNet' is now operational across the Health Board, and the Team are updating the pages weekly. The information is set out clearly for all staff to search for relevant courses and information. There is also a carousel of News Posts at the top of the first page to identify any new information; a new tool in which staff can access information regarding Welsh language training without having to search through the intranet pages.

Provision of Welsh Language Training

Over the past reporting year, a variety of courses were offered virtually at different levels. A twelve-month contract was renewed with the 'National Centre for Learning Welsh' under the Welsh Government-funded 'Work Welsh Scheme'. This ensured the continuation of opportunities and collaborative working as well as the funding of our Welsh Language Training Support Officer. The Support Officer continues to offer lessons following taster courses, tutorials, chat sessions and a permanent support for our learners, as well as facilitating and addressing queries on a daily basis.

669 members of staff have had access to our 'Work Welsh' courses over the last year; this is an increase of 58 per cent from last year.

316 learners enrolled on a ten-hour online course provided by 'Work Welsh'. There were five different courses available, with two courses tailored specifically to the health and care sector. Our Support Officer continues to keep in regular contact, encouraging and reminding staff to complete the 10-hour courses. The Team continues to take every opportunity to promote the 10-hour courses, e.g. when a query comes from a member of staff, the courses is also used to complement face-to-face courses with a tutor or prepare for a course in the future. Also, the registration links are quite obvious on our new BetsiNet pages, therefore they are available to any member of staff who will browse our Welsh language learning pages.

334 members of staff also signed up for the 60-hour Entry Part 1, Entry Part 2 or Foundation Part 1 level self-studying online Welsh courses which are provided by 'Work Welsh'. These courses have proven to be very popular with our staff as the courses can be completed at the learner's own pace and convenience. Although these

are self-studying courses, full tutor support is available and learners are invited to tutorial sessions to ask questions and to practice their Welsh with other BCUHB learners.

Seventeen members of staff also attended an intense course with Nant Gwrtheyrn virtually over the year. A virtual Foundation course was held specifically for Health Board staff in July 2021 and eight of our staff attended this course. Usually these courses are delivered as a one-week residential course, but due to the situation with COVID-19, these courses were held virtually. By Spring of 2022, Nant Gwrtheyrn were offering residential courses and two learners attended Nant for the week.

The above courses were in addition to the training delivered internally by our Welsh Language Tutor. These included:

- Eight weekly block lessons (from Levels Entry Part 1 to Higher)
- 1:1 sessions with senior staff, including the Chief Executive and a number of Board-level individuals
- Board workshop for all Executive Directors and Independent Members
- Taster sessions as part of the Health Board's 'Use your Welsh' campaign*
- Courses tailored for specific teams and specialities
- Welsh Language Skills for Reception Staff course

This amounted to 245 staff directly supported by our Tutor.

The taster sessions noted above were developed to support the 'Use your Welsh' campaign, with the aim of encouraging staff to use whatever Welsh language skills they have at work, be it with colleagues, patients and / or visitors. The lessons were a great opportunity for staff to meet the new Welsh language Tutor and also ignited an interest in learners wanting to continue to learn and improve their Welsh. Feedback from the courses noted that 96 per cent of learners were 'very happy' with the content of the taster lesson, 76 per cent of the learners stated they felt they had made progress with their Welsh language skills and 92 per cent wanted to continue to learn Welsh.

After the success of the taster lessons in July/August 2021, the tutor created a new Welsh Language Training Programme. The programme was devised strategically, providing courses that are specifically developed for different areas within the health sector, and the tutor was able to tailor each course to suit the needs of every individual. A variety of courses were offered at different levels and these were launched in September 2021. It was pleasing to see that many faces from the taster sessions had registered for the weekly lessons.

After learners completed their 10-week block of weekly lessons in September an electronic evaluation form was sent anonymously to all learners via Microsoft Forms. Findings from the evaluation form stated that 97 per cent of learners were 'very happy' with the content of the 10 week course, with 100 per cent of the learners stating that they had enjoyed the lessons. The tutors teaching style, resources, support and professionalism is a factor is ensuring learners complete the course and then continue their learning journey. Ninety seven per cent of the learners stated they felt they had made progress with their Welsh language skills. This is encouraging as the ability to understand Welsh gives them a good basis for communicating with other people. This is something that managers and providers can be proud of and build on to ensure an

increase in the use of Welsh in the workplace in the future, particularly with patients and colleagues.

Hundred per cent of the learners felt they had been given enough support from the Tutor. Learners' evidence found that tutors and the overall level of support given to them by the Health Board was highly praised.

Welsh Language Skills Certificate – Coleg Cymraeg Cenedlaethol
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. Despite the disruptive year due to COVID-19, the Health Board is pleased to announce that four members of staff passed the TSI examination in August 2021. Following the success of the scheme in previous years, the Health Board has been offered to continue its collaborative working with the *Coleg Cymraeg Cenedlaethol*, extending the agreement further, this year two members of staff sat the oral and written exam and are awaiting their results in August 2022.

Additional Training Support

Cinio Clebran
Cinio Clebran continues to go from strength to strength virtually, and it is pleasing to report that new and different participants attend almost every session. Cinio Clebran is held every other Wednesday between 12.30 and 1.30pm virtually over Teams. It was decided to create PowerPoint presentations that had key vocabulary and phrases in Welsh with their translations to support the learners and to encourage them to take part in the Cinio Clebran discussions. Hearing learners chat and contribute naturally is fantastic and shows that the team are successful in encouraging staff to use their Welsh in an informal setting.

Back in October 2021, The Welsh Language Team launched its annual Welsh Language Week within the Health Board, which coincides with the national Su'Mae Day. To celebrate 'Wythnos y Gymraeg' the Welsh language team held a special Cinio Clebran Quiz. It was pleasing to be able to welcome Board members and our language officers to be captains and assistants of the teams and 12 learners participated in this event.

BCUHB Welsh Learners Facebook Page
'Ffrindau Dysgwyr Cymraeg Betsi Welsh Learners Friends' is a private group for staff on Facebook. The closed group is used to publicise events, courses and activities; it also gives learners the opportunity to interact, discuss and ask questions in an informal environment, with 94 members at present. This is an increase of 20 per cent since March 2021. A public Facebook group, 'Dysgwyr Cymraeg Betsi', continues to be used to showcase examples of good practice and success stories, with 181 followers at present, which is a 30 per cent increase since March 2021.

Welsh Language Tutor's YouTube Page

As part of the 'Welsh Language Week' campaign in October 2021, the Tutor created a Welsh phrase of the week video. This ensures that the learners can hear the correct pronunciation as well as visually seeing the text on the screen. Once edited the video is shared on the Tutor's YouTube page, and the link from the YouTube page is shared via the Welsh Learners Facebook page and uploaded on BetsiNet pages. A link to the video is shared weekly via the Chairman and Chief Executive's all user message, ensuring that all staff have access to the video and can learn a phrase of Welsh every week.

Lluniau Mewn Llefydd Lloerig!

As part of the Welsh Language Week celebrations, a Creative Cymraeg Photo Competition was held for our learners. They were encouraged to take photographs in unusual places wearing or holding a Welsh language resource e.g. wearing a 'Welsh' lanyard, reading/using the Welsh learners keyring. Many interesting and creative photographs were received and a montage of the pictures was posted on Facebook and on our intranet pages. The Health Board's Awyr Las charity awarded the winner with a hamper of local Welsh produce.

The winning photo showed a learner reading her Welsh language key ring whilst on a zip line. Activities such as this help to bring our learners together in a fun and informal manner, and it also helped to advertise the different Welsh language resources available to staff.

Betsi's Welsh Learner of the Year

The BCUHB's Welsh Language Learner of the Year ceremony, which was held on 1 March 2022 at the Oriel Hotel, St Asaph, was an opportunity to showcase the dedication of staff across the organisation, and to demonstrate the advantages of investing in internal Welsh language training provision.

The planning for the awards began in September 2021 with the Welsh Team providing an opportunity for staff to nominate their colleagues who had committed to learning Welsh to a high standard, and who had used their new skills to provide a better service to Welsh speaking patients and service users in North Wales.

In January 2022, the judges Linda Tomos, Independent Board Member, Teresa Owen, Executive Director of Public Health, BCUHB and the guest judge and key speaker, Bethan Gwanas, Author and TV personality had the task of whittling the twenty nominations down to a short list of five.

The top five nominees were:

- Anna MacKenzie, Junior Doctor, Ysbyty Gwynedd
- Charles Conway, Helpline Operator, Wrecsam Maelor
- Manuela Niemetscheck, Art Psychotherapist, Uned Hergest
- Mark Butler, Information Officer, Ysbyty Maelor Wrecsam
- Michelle Matthews, Radiology Administrator, Ysbyty Glan Clwyd

On the night, the top five went head to head to win the title of BCUHB's Welsh Learner of the Year award, with the worthy winner announced as Manuela Niemetscheck. The top five were all awarded with prizes that were generously donated by sponsors. The winner was also escorted to Ysbyty Glan Clwyd after the ceremony to light up the hospital in red, white and green, the colours of the Welsh, to celebrate St David's Day. During the ceremony, Teresa Owen, Executive Director of Public Health, Mark Polin, Chair of the Health Board and Jo Whitehead, Chief Executive of the Health Board all gave a short address, in Welsh.

During the ceremony, there was an opportunity for the audience to network with fellow learners over light refreshments. It was a great opportunity for learners to meet face to face, as many had only met virtually. The event also brought a number of external partners and organisations together, with Nant Gwrtheyrn, Mentrau Iaith Cymru and Siop Siswrn partaking in the event with stalls and providing information about opportunities available.

Following the ceremony, the Welsh Language Tutor and Welsh Language Support Officer received a number of queries from external organisations and the media. The event received attention from the S4C 'Heno' programme, Geraint Lloyd's Programme on Radio Cymru, and the Support Officer was interviewed on the eve of the ceremony and the winner, Manuela, following the ceremony. Bethan Gwanas also wrote a full-page article about the competition in the Herald (Daily Post). The event was therefore a success in drawing positive media coverage to the Health Board in celebrating its achievements.

BCUHB's Welsh Learner of the Year award and ceremony was a prestigious event, which gave all of our learners the praise, and attention they deserved. It was a great celebration of the Welsh Language Training team's successes over the last two years and the team hope to build on this event in 2024.

Primary Care Services

The Welsh Government's Welsh Language Regulations for Primary Care Contractors requires all contractors to undertake six duties in relation to the Welsh language. The Health Board has continued to be proactive in supporting contractors to carry out these duties as well as further develop the Welsh medium and bilingual provisions they can offer and provide to service users.

Services offered by the Welsh Language Team cover a range of areas that reflect the requirement of the six statutory duties:

- Access to the Health Board's Translation Service
- Provision of resources (badges, 'Speak Welsh' lanyards, resources and guidance for answering the telephone bilingually)
- Welsh lessons delivered by our in-house welsh Language tutor and access to online courses via our agreement with the National Centre for Learning Welsh
- Welsh language awareness sessions
- Recording answerphone messages

In late 2019, the Health Board's West and Central Area Welsh Language Officer worked with *Menter Iaith Môn* and Business Wales (now known as '*Helo Blod*') to initiate a scheme to provide basic Welsh language support for GP surgeries throughout Anglesey.

In practice, the support offered through this scheme equated to the provision of advice and elementary resources (such as orange 'Cymraeg: Working Welsh' pin badges and posters); assistance with translation (including the recording of bilingual answer-phone messages); providing access to Welsh language training and / or arranging Welsh language awareness training sessions for surgery staff.

In order to maximise the scheme's relevance and effectiveness, the level of support provided was specifically tailored to the needs of each individual participating practice and – following initial discussions with GPs and Practice Managers – a number of surgeries subsequently benefited from various aspects of the assistance on offer during the first months of 2020.

Unfortunately, however, this original Anglesey GP Cluster scheme was brought to an abrupt end by the onset of the COVID-19 pandemic in March 2020.

But as its initial stages had been successful – and a great deal of positive feedback had already been received from participating practices – it was decided that it would be beneficial to restart the project as soon as possible following the relaxing of COVID-19 restrictions (during the summer of 2021).

In order to formalise the newly revived scheme's aims and objectives, a specific target has been included within the *Fforwm Iaith Ynys Môn* (Anglesey Welsh Language Forum) work programme for 2022, which states that the collaborative project will 'provide basic Welsh language support for five GP practices' on the island.

Work is currently ongoing to identify which surgeries will be included within the scheme and to deliver it successfully.

Furthermore, due to the success of the initial Anglesey project (and a concurrent Welsh Government-driven pilot scheme, which provided similar assistance for seven surgeries in South Flintshire), steps have also now been taken to formalise the delivery of basic Welsh language support for GP practices in other areas of north Wales.

During 2021-22, the Welsh Language Team reignited its partnership with '*Helo Blod*', in order to provide tailored assistance for the Dwyfor / Eifionydd and Meirionnydd GP Clusters, which include the following practices:

Dwyfor / Eifionydd:

- Meddygfa Rhydbach, Botwnnog,
- Treflan Surgery, Pwllheli,
- Tŷ Doctor, Nefyn.

Meirionnydd:

- Canolfan Iechyd Bala,
- Minfor Surgery, Barmouth,
- Caerffynnon, Dolgellau,
- Bron Meirion, Penrhyndeudraeth,
- Tywyn Health Centre.

After representatives from the Meirionnydd Cluster received details about the available support during a meeting in November 2021, a member of the Welsh Language Team subsequently provided practice managers from surgeries that are a part of the Dwyfor and Eifionydd Cluster with the same information in March 2022.

Work with individual surgeries from both clusters is now ongoing and a similar structure of tailored Welsh language support can be provided to practices in other areas of the Health Board region during 2022-2023.

Independently from this scheme, the Welsh Language Team already works directly with both the Porthmadog and Criccieth Health Centres (Dwyfor / Eifionydd Cluster) and Canolfan Goffa Ffestiniog (Meirionnydd Cluster), as these practices are managed directly by the Health Board and their Welsh-medium provision is therefore surveyed on a periodical basis, through the Bilingual Services Monitoring Scheme.

The Translation Service

Since the onset of the pandemic, the translation team has continued to work remotely to provide a comprehensive and seamless service for staff and patients. During this time, the demand for urgent communications pertaining to COVID-19 briefings and vaccination information for staff, partners and patients has continued to increase at

pace due to the rapidly-evolving nature of the pandemic, and the requirement to communicate vital, time-sensitive information to patients and staff alike. Urgent requests for translations have also included press releases, patient letters, information leaflets and public health information for social media. An out of hours service is also available for urgent communications, and is a means to ensuring that bilingual information is issued in a timely manner.

Demand for translation services overall has also so continued to grow, across all directorates and clinical areas. The requests during the reporting period for job advertisements and descriptions has increased significantly, in part due to staff shortages across the organisation since the onset of the pandemic, and the creation of new posts as a result of organisational changes with the implementation of our new Operating Model, 'Stronger Together / Mewn Undod Mae Nerth'. These requests have increasingly been required at short notice, due to the urgent requirement to fill staff vacancies. With regard to simultaneous translation, the team has supported an increasing number of applicants who wish to have their interviews in Welsh and have supported simultaneous translation for stakeholder events and various forums.

The Translation Team has recruited some newer members to the team during the reporting period and is actively seeking to expand the team further with the view to optimise the service currently provided. The Health Board continues to provide a translation service to the Welsh Ambulance Service NHS Trust through a Service Level Agreement, which was initially established in April 2021. A new agreement to continue with this service provision was agreed as of 1 April 2022. The Team also continues to provide translation services to the primary care sector, both privately managed GP Practices, and independent contractors.

The total number of words received for translation during 2021-2022 was 4,948,310, an increase of 39.3 per cent from the 2020-2021 reporting year. This is a significant increase in demand, and demonstrates the Health Board's commitment to ensuring compliance with the Welsh Language Standards.

Partnership Working

North Wales *More than just words* Forum

BCUHB continues to lead the way in maintaining a broad compliance with the aims and principles that are advocated within *More than just words.* Much of the Health Board's work in this regard is either informed, guided or supported by the North Wales *More than just words* Forum, which meets on a quarterly basis to facilitate the continued regional implementation of the Welsh Government's strategic framework for Welsh language services in health, social services and social care.

The Health Board's Welsh Language Team was primarily responsible for the establishment of this multi-agency group, which first met in May 2016. Alongside the Health Board's Welsh Language Officers, the North Wales *More than just words* Forum also includes representatives from a number of other 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 regional forum, chaired by the Corporate Director of Social Services at Gwynedd Council who is also an Associate Member of the Health Board, has now reverted to meeting on a much more regular basis following only meeting during 2020-2021 as a result of the pandemic. Following the pandemic, members have re-evaluated the Forum's priorities and reassessed its approach to delivering them. The group is now well positioned to address the aims and objectives of the next national *More than just words* work programme.

The North Wales *More than just words* Forum remains an important stage for sharing information and examples of good practice in relation to Welsh-medium health and social care services. Its work continues to demonstrate the benefits of following a collaborative approach, in order to secure the successful delivery of common objectives across the region.

***Fforwm Iaith Ynys Môn* (Anglesey Welsh Language Forum)**

The BCUHB Welsh Language Team contributes to the work of *Fforwm Iaith Ynys Môn* (the Anglesey Welsh Language Forum). Arranged by *Menter Iaith Môn* (Anglesey Welsh Language Initiative), *Fforwm Iaith Ynys Môn* brings together a number of relevant bodies to promote and facilitate the use of the Welsh language on the island.

Currently chaired by Dr Haydn E. Edwards, the group includes councillors and officials from various Isle of Anglesey County Council departments, alongside representatives from organisations such as *Menter Môn*, *Menter Iaith Môn*, Anglesey Young Farmers Clubs*, Urdd Gobaith Cymru*, *Môn FM*, *Môn CF* (Communities Forward), *Medrwn Môn*, *Mudiad Meithrin / Cymraeg for Kids* and *Merched y Wawr*. Prominent local employers such as North Wales Police and Bangor University, are also represented on the Forum.

In its capacity as an influential member of the Forum, the Health Board submits a number of specific, measurable targets for inclusion within *Fforwm Iaith Ynys Môn*'s annual work programme.

In recent years, these objectives have focused primarily on the provision of Welsh language training for Health Board staff and this was reflected by the inclusion of the following targets within *Fforwm Iaith Ynys Môn*'s (Year 5) Work Programme for 2021:

- 100 members of Health Board staff to complete an online 'Work Welsh' course
- 50 members of Health Board staff to complete the Welsh Language Tutor's internal training course (which will be delivered virtually, via Microsoft Teams)

Both of these objectives were successfully achieved and similar targets were subsequently submitted for 2022.

Alongside specific annual work programme targets, members are also encouraged to work together to develop and realise additional collaborative projects, in order to promote and facilitate the use of the Welsh language in Anglesey. Providing basic

Welsh language support for five GP practices in Anglesey has been included as one of the Forum's targets for Year 6 (2022) work programme.

Two further collaborative projects were developed during 2021-2022 with Health board corporate and clinical staff informing the developments.

A bilingual app was created for prospective parents and parents with new-born babies and young children, named *OgiOgi*. The app offers a treasure trove of information, with more than 400 useful links to local and national resources, which cover everything from general information on pregnancy and related healthcare and wellbeing services, to a local events calendar. The resource also includes a section on child development and guidance on the benefits of bilingualism and using Welsh from birth, along with plenty of built-in fun activities and playlists for young children and parents to enjoy together.

Initial data showed that the *OgiOgi* app had already been downloaded on hundreds of occasions within the first few weeks after its release. Although the app was originally developed with the needs of Anglesey families in mind, its initial success has resulted in interest from other parts of Wales and the potential to expand the concept and develop it into an 'All-Wales' resource has consequently already been discussed with the Welsh Government.

The other project was the development of an online Welsh language awareness resource for Grŵp Llandrillo Menai students, launched in early 2022, entitled 'The Welsh language in the health, care and child care sector in Anglesey':

Y Gymraeg yn y sector iechyd, gofal a gofal plant ym Môn (google.com)

Along with general information about the Health Board and its Welsh language service provision, it also includes interviews with a physiotherapist at Ysbyty Glan Clwyd who discusses her experiences of working bilingually. It also includes a presentation entitled 'The Welsh Language: A vital skill for the workplace', which explains the importance of Welsh-medium healthcare service provision and the general advantages of bilingualism for young people, as they prepare to leave education and move into the workplace.

Working with Schools and Colleges

For a number of years, the Welsh Language Team have collaborated with schools, colleges and further and higher education to promote the importance of Welsh-medium healthcare service provision and to highlight that the language is a skill that will support careers going forward.

Careers Wales
The health board has contitued its partnership with Careers Wales following a number of successful events and initatives over the years. An online event was arranged by

Careers Wales for year 12 and 13 pupils at the Maelor School, Penley (near Wrexham) during the Health Board's Welsh Language Week in October 2021. A member of the Welsh Language Team also participated in two 'STEM Gogledd' events for groups of year 10 and year 11 pupils from Holyhead High School, Ysgol Godre'r Berwyn (Bala) and Ysgol y Moelwyn (Blaenau Ffestiniog). Both of these events were held shortly before Christmas 2021 with the Health Board taking advantage of the opportunities to promote the advantages of bilingualism as a vital employability skill for youngsters who may be considering careers within the health sector.

The Welsh Language Team also contributed to the Careers Wales Digital Career Discovery Week, which provided five days of online employer-focused careers and work-related activities for Year 8, 9 and 10 pupils throughout Wales, in early July 2021.

We worked with a Welsh-speaking physiotherapist at Ysbyty Glan Clwyd to create a short video package, which focuses on the importance of bilingualism within the health sector. Welsh and English versions of the video package were created for Careers Wales to use as a part of their 'Advantages of having another language' sessions on Thursday 9thth July. The short interviews were also included in a Facebook post created for Bangor University's second annual Online Welsh Jobs Fair held on 23 March 2022.

Grŵp Llandrillo Menai
As well as the online Welsh language awareness resource for Grŵp Llandrillo Menai, 'The Welsh language in the health, care and child care sector in Anglesey', the Health Board worked with Sgiliaith, to provide Welsh language awareness training for Grŵp Llandrillo Menai staff during 2021-22 to inform their teaching programmes. The college's health,care and childcare tutors and lecturers attended a session with one of the Health Board's Welsh Language Officers in June 2021 to gain information about the Health Board's Welsh language services work programme, the importance of being able to provide healthcare services bilingually, and how staff are supported to deliver this on a day to day basis.

Bangor University
Shortly after the onset of the COVID-19 pandemic compelled further and higher education institutions to move their teaching online, the Welsh Language Team created a Microsoft PowerPoint presentation, which included information about bilingual healthcare service provision and how the use of the Welsh language is promoted within the Health Board. This fully narrated presentation was utilised to support the teaching of two Bangor University modules – '*O'r Senedd i'r Swyddfa*' ('From the Parliament to the Office') and '*Cymdeithas, Iaith a Phrotest*' ('Society, Language and Protest') – during the first national lockdown. In March 2022, a member of the Welsh Language Team attended a face-to-face seminar at Bangor University's Wheldon Building, to give an updated version of the presentation to a group of '*O'r Senedd i'r Swyddfa*' students.

The presentation was followed by a question and answer session / discussion about the importance of bilingual services and how relevant statutory requirements (i.e. the Welsh Language Standards) are put into practice within the workplace.

Beyond this, the Health Board continued to work closely with Bangor University's School of Healthcare Sciences by providing nursing students with opportunities to utilise and develop their Welsh language skills during their clinical placements within the Health Board. A member of the Welsh Language Team also discussed the impact of the Health Board's Bilingual Skills Policy and Procedure with a tutor from the Open University in Wales in July 2021 to explore specific ways of supporting Welsh-speaking nursing students.

Promotion and Engagement

Defnyddiwch eich Cymraeg / Use Your Welsh Campaign
In June 2021 the Welsh Language Team relaunched the 'Use Your Welsh' campaign. The main focus of the campaign is to encourage staff to use whatever Welsh language skills they have at work, be it with colleagues, patients and / or visitors. The campaign encouraged all staff members to use their Welsh, whether they are only able to say a few words or are fluent but lacking in confidence. It provided an opportunity to emphasise that using the Welsh language at work is very important in the health sector, as research shows that patients feel more comfortable speaking Welsh, and if staff use the Welsh language, patients will feel more confident and are more likely to use their Welsh with staff.

One of the key messages of the campaign was 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. Patients appreciate any effort made to speak Welsh with them. Introducing this campaign 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.

A video was used to launch the campaign and was shared with staff and the public highlighting the campaign's main aims and objectives. The video followed the experience of a cancer patient receveing treatment in hospital during the COVID-19 pandemic. He shared his journey and emphasised that being able to speak Welsh in that environment was invaluable, and had provided reassurance during an uncertain time. The video was opened and closed with messages from the Chairman and Chief Executive, both endorsing the importance of speaking whatever Welsh language skills staff have, for the benefit of our patients. The bilingual subtitled video was developed by the Welsh Language Team and shared on social media platforms and received a total of 1,657 views

To coincide with the campaign the team also launched the fourth edition of our 'Use your Welsh' Newsletter. This was distributed via an all-users email alongside a joint message from the Chairman and Chief Executive and link to the updated Use Your Welsh intranet page.

Defnyddiwch eich CYMRAEG yn y gwaith

Use your WELSH at work

Edition 4

Welcome to the fourth edition of BCUHB's Welsh Language Team's Newsletter. The past few months have been challenging for us all but thank you all for your continuing hard work for the benefit of our patients. Your ongoing efforts to continue to provide bilingual services are greatly appreciated. Dieiddi in this edition, we'll discuss how hearing the Welsh language can make a positive difference for patients as well as some examples from staff, enjoy!

Dim ots faint o Gymraeg sydd gennych, gumwch DDEFNYDD OHONI Mae'n gwneud gwahaniaeth!

It doesn't matter how much Welsh you have. USE IT It makes a difference!

Patients Appreciate the Welsh Language

"I'm Alwyn, I'm 63 years old and live in Anglesey with my family. Back in March, I was taken ill at home and rushed to Ysbyty Gwynedd in Bangor. There, I was told that I'd had a bleed on the brain (a stroke).

For the first five days I was quite ill and out of it. As I started to come around from the trauma I was extremely confused and anxious. Because of the stroke, I was having difficulty expressing myself in English. The first doctor I saw was very polite but I found it very difficult at the time trying to explain how I felt and where the pain was and so on because he didn't understand or speak Welsh.

I was then seen by two other doctors who were Welsh first language. At the time, having the opportunity to speak to them in Welsh made me feel much happier and at home. Although I was still a little confused, trying to find the words to describe how I felt in Welsh was a lot easier than trying to find the words in English. After the stroke I found it harder to speak English: It seemed to affect my ability to speak clearly in English. Although I can speak English, to some extent I found myself far more confused in this language. Welsh is my first language and that is what I spoke when I was a young boy, throughout my career as a teacher and of course now at home with my family. Welsh is my first language.

Adding to all this, my recent stay in hospital was during Covid-19 time, so I couldn't have any visitors to see me on the ward. So, conversing in Welsh with all the Welsh-speaking staff on the ward was an added comfort to me.

I would like to sincerely thank all the staff at Ysbyty Gwynedd who cared for me during this difficult time."

"It was a great comfort for me to hear the Welsh language and to use the language while I was on the maternity ward. I spoke in Welsh with two midwives and with other staff members while baby Jimi was having his hearing and physical examination. It was lovely to be able to communicate in Welsh and I'm very grateful for the care Jimi and I received from all the staff at YGC. Jimi Lloyd Machin arrived on the 4th May 2021, weighing 8lb 3oz." Elin Machin

The past two years have been particularly challenging for our patients, with ongoing restrictions meaning little or no visiting in our hospitals. With this in mind, the newsletter focused on patient stories and the positive impact that hearing only a few words in Welsh can have on them, and how it can positively influence their time in hospital. Four real life patient stories were gathered through staff members, friends and family, and ranged from a stroke patient from Anglesey who spent time recovering in Ysbyty Gwynedd. As his family were not allowed to visit him he was greatly appreciative of the opportunity to speak Welsh with staff not only as Welsh was his first language but as the stroke had left him unable to communicate effectively in English. Therefore at the time, speaking Welsh with staff was of the upmost importance to help him describe where the pain was and how he was feeling.

A new mum on the maternity ward also shared her delight at hearing the Welsh language whilst in hospital having just given birth to her new son, and we also learned of the benefits of how hearing a Welsh song bought relief and comfort to a dementia patient. We also spoke to a gentleman who had a phobia of hospitals, was rushed to the Emergency Department and was so thankful and comforted by hearing the Welsh language whilst in hospital as the doctor in charge of his care made sure he was looked after by Welsh speakers.

Although the reasons why these patients were in hospital differed significantly, the common thread was that all of their experiences were made better and more positive as a result of staff speaking Welsh with them.

Another key part of the campaign was engaging with staff and learning about their experiences. Staff working with the Therapies Services spoke of their time working in one of the Enfys Hospitals at the peak of the pandemic, and the difference hearing the Welsh language had on a patient recovering from COVID-19:

"I recently worked with a lady on the ward in the Enfys Hospital in Deeside who was first language Welsh and she really appreciated being able to converse in Welsh, particularly as she was already feeling disorientated in the strange environment of a field hospital. At the same time, our Welsh-speaking Technical Instructor also started helping out on the ward, so she also chatted to the patient in Welsh, whilst supporting with nutrition and hydration. Hopefully we made her stay there a bit better."

The Radiology Department was highlighted as one area who are going above and beyond legislative duties to provide patients with the best possible care. The department is very proactive in increasing their use of the Welsh language, and to coincide with St Dwynwen's Day, every year they have a week of celebrations including sessions with the Welsh Language Tutor, adorning the department with Welsh language-themed decorations, and rewarding staff for their use of the Welsh language.

"We performed a PICC line this morning on a very nervous patient, using the Welsh language throughout. From booking the patient in, to consenting and performing the procedure. The patient specifically asked when arriving at the department if anyone spoke Welsh and was delighted when we told him that every single staff member present was Welsh speaking. Overall it was a much better experience for the patient."

Interventional Radiology Team, Ysbyty Gwynedd

Members of the Prosthetics Team noticed the positive impact speaking a little Welsh had on a patient:

"We were treating an elderly patient who was struggling to understand some instructions regarding the donning of her prosthesis. This was causing the patient to become distressed. Occasionally the patient would revert to Welsh and although I only possess basic fluency I was able to provide simple instructions and conversation in Welsh. The patient found this helpful, comforting and increased her understanding of the process."

As the main focus of the campaign was to encourage staff to speak more Welsh, an innovative model to aid this was the provision of Welsh taster lessons to help encourage staff to use their current skills. The Tutor arranged a variety of different taster lessons across four different levels – from complete beginners (ESR level 0 -1) to advanced / confidence building (ESR level 4). The lessons were a great opportunity for staff to have a taste of what Welsh lessons are like with the new Tutor as well as for some, being the first time they are experiencing having a lesson online. Some staff members also decided to attend two different lessons on different levels to see which level they felt suited them best.

A new resource was developed to support the core message of the campaign - a language keyring to help staff to learn and use key Welsh phrases and vocabulary in the workplace. The keyring consists of 20 cards with the aim of introducing basic Welsh phrases, and each card contains a unique QR code. When scanned with a smartphone the QR code links to the BCUHB Welsh Tutor's YouTube page with corresponding videos on how to pronounce each word on the card. They have proven very popular and to date, over 350 have been distributed.

The campaign has yet again proven useful, demonstrating that staff and patient engagement is crucial in planning and informing the work of the team for the next reporting year.

Welsh Language Week 2021

The fourth annual BCUHB Welsh Language Week was held between 11 and 15 October 2021. Although the ongoing COVID-19 pandemic prohibited the Welsh Language Team from arranging any face-to-face events, we were able to build on the success of the virtual Welsh Language Week 2020, by holding a variety of online events for Health Board staff and external stakeholders.

Whilst these events promoted the importance of Welsh-medium healthcare, they also celebrated the tireless work of employees, who continually ensure that the widest possible range of services are delivered bilingually.

Following-on from the success of the secondary school / higher education college visits that were held during the first two BCUHB Welsh Language Weeks (in 2018 and

2019), a number of online seminars for pupils and students were delivered via Microsoft Teams during our latest Welsh Language Week. These sessions were an opportunity to educate young people about the importance of Welsh-medium healthcare services, and also informed them about the benefits of bilingual skills, encouraging them to make the most of their existing language skills.

A number of events for Welsh learners were also arranged as a part of the week-long celebrations. After the BCUHB Welsh Learner of the Year 2022 competition was launched at the beginning of the week, the first in a new series of 'Welsh Phrase of the Week' videos were presented on the BetsiNet intranet site the following day. A special online 'Cinio Clebran' ('Lunchtime Chat') Quiz was held to mark the Health Board's designated 'Welsh Learners Day 2022', attended by the Chief Executive and Independent Board Members. A North Wales *More than just words* Forum meeting was arranged, coinciding with the designated Welsh Language Week's 'Working in Partnership Day'.

The importance of collaborating with other organisations to facilitate the delivery of bilingual services was further emphasised by the fact that the BCUHB Welsh Language Team also worked with Social Care Wales and Awyr Las, as well as progressing its support for 'Cymraeg i Blant' (*Cymraeg for Kids*). The Welsh Language Team have continued to work with the 'Cymraeg i Blant' officers, ensuring that information about online groups and the re-introduction of some face-to-face sessions were shared and targeted to staff and patients across north Wales. Information

The celebratory week was supported by the organisation's senior management, with the Chairman and Chief Executive emphasising the importance of Welsh-medium healthcare service provision in a written message sent to all staff.

Promotional Opportunities to Celebrate the Welsh language

St Dwynwen Day, which celebrates the Welsh Saint of love on 25 January, was marked this year by asking staff what they love about working for the Health Board and the NHS. Numerous responses and reactions came from all over the Health Board stating why they love their jobs and their passion for helping others. Here are some example of the message we received. The responses were shared on the Health Board's corporate Instagram and Twitter accounts to celebrate with the public, and was well received on both platforms.

Whilst the main focus of our **St David's Day** celebrations this year was the Welsh Learner of the Year award ceremony social media posts were used to share good news stories and examples of best practice. An all-staff message on behalf of the Chairman and the Chief Executive highlighted the importance of the Welsh language every day across the health Board and the positive impact it can have on patients to hear some Welsh words whilst receiving care.

Additional Service Developments

All-Wales Online Welsh Language Awareness Training Pack

In accordance with Welsh Language Standards 102 and 103, all Health Boards in Wales have a legal obligation to provide Welsh language awareness training for their staff. Following discussions with the other members of the Welsh Government-chaired NHS Welsh Language Officers Group, the Welsh Language Team agreed to take primary responsibility for coordinating the development of an online Welsh language awareness training module, in order to facilitate the delivery of this statutory requirement.

The Welsh Language Team created the content before appointing an external company through a tendering process to convert the content into a fully functional and interactive training age. A finalised draft of the fully interactive training pack was agreed upon in early 2022 and work was undertaken with NHS Wales' Digital Learning Programme Manager to ensure that the new module could be uploaded onto the Electronic Staff Record platform.

The course includes sections on patient experience, *More than just words* and legislation.

There are also sections featuring two animated stories, based on actual events and patient experiences that emphasise the importance of language choice in relation to assessment, diagnosis and consent.

The course ends with information-only 'Support for Staff' and 'Myth Busting' sections, which aim to provide NHS Wales employees with additional knowledge and confidence and to encourage them to use the Welsh language within the workplace, even if they don't consider themselves to be fluent speakers. It will be launched across wales in late summer 2022, and the fundamental message expressed throughout is that staff should try to find the confidence to 'do what they can', in order to facilitate the delivery of bilingual healthcare services.

Consent and Capacity

As part of its role with the Health Board's Consent and Capacity Group, the Welsh Language Team identified the need to refer to Welsh language legislation and its significance in the development of an all Wales training video by NHS Wales Shared Services Partnership for clinicians across Wales with regard to consent.

The video developed as part of the wider course, highlighted the need and the importance of considering the Welsh language as part of the consent process. The video refers to this as a legal requirement for every Health Board as part of the Welsh Language Standards, focusing on the premise that the Welsh language should not be treated less favourably than the English language. It is a legal obligation to offer to go through the consenting procedure in Welsh with every patient.

The content also makes reference to the particular importance of informed consent with patients from the seven vulnerable patient category groups as identified in *More than Just Words.* The video details that patients in these groups e.g. those living with dementia, the elderly and young children, not only have the same legal right or choice to consent in Welsh, that it is also a language need as some may be unable to communicate effectively in English.

BetsiNet

As part of the development of a new intranet site for the Health Board, the Welsh Language Team's intranet pages one of the first ones to moved over to the new BetsiNet platform. We worked with the Communications Team to re-vamp and move our information pages over to the new site that was launched to coincide with Welsh Language Week.

As one of the most visited sections on the welsh language site, the translation portal was given prominence to ensure easy access for all translation requests. A 'Welsh Phrase of the Week' section has been developed where staff can view weekly videos with hints and tips on learning Welsh. There is a dedicated section for Welsh learners, with information on various learning opportunities, and a section to request resources such as the language keyring, as well as a FAQs section. All these permanent sections are complemented by the news and updates section along the right hand side of the page with regular developments from the team. There is also a section on BetsiNet for Policies and Procedures, and all Welsh language-related documentation, such as the Welsh Language Standards and the *Bilingual Skills Policy and Procedure* has been uploaded for accessibility and consistency.

Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- ***Number and percentage of the organisation's employees:***
  - ***whose Welsh language skills have been assessed;***

Count of Employee Number	2019/20		2020/21		2021/22	
Individual Proficiency Level	**Total**	**%**	**Total**	**%**	**Total**	**%**
0 - No Skills / Dim Sgiliau	8031	42.4%	8158	41.6%	8324	41.7%
1 - Entry/ Mynediad	2443	13%	2601	13.3%	2652	13.3%
2 - Foundation / Sylfaen	1227	6.5%	1280	6.5%	1298	6.5%
3 - Intermediate / Canolradd	1254	6.6%	1307	7%	1307	6.6%
4 - Higher / Uwch	1525	8.1%	1568	8%	1596	8%
5 - Proficiency / Hyfedredd	2338	12.4%	2467	12.6%	2573	12.9%
Total	**16,818**	**89%**	**17,381**	**89%**	**17,750**	**89%**
Total number of staff	**18,922**		**19,610**		**19,955**	

2021 / 2022 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

2020 / 2021 Data:

89 per cent of the entire workforce had recorded their Welsh language skills on ESR

Training to Improve Welsh Language Skills

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level***

2021 / 2022 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1,583

This total equates to 7.9 per cent of the Health Board's current workforce

2020 / 2021 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 752

This total equates to 3.8 per cent of the Health Board's current workforce

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

2021 / 2022 Data:

- **Welsh language skills are essential - 403 (6.4 per cent)**
- **Welsh language skills are desirable - 5828 (92.8 per cent)**
- **Welsh language skills to be learnt - 33 (0.5 per cent)**
- **Welsh not a required skill - 14 (0.2 per cent)**
- **Total number of vacancies advertised - 6278**

2020 / 2021 Data:

- **Welsh language skills are essential - 236 (6.1 per cent)**
- **Welsh language skills are desirable - 3595 (92.6 per cent)**
- **Welsh language skills to be learnt - 17 (0.4 per cent)**
- **Welsh not a required skill - 33 (0.9 per cent)**
- **Total number of vacancies advertised - 3881**

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Scheme***

  The Health Board received seven complaints during the year in relation to compliance with the Welsh Language Standards, which were fully addressed under the *Putting Things Right* Regulations. In addition, the Welsh Language Commissioner initiated four investigations. Two investigations were discounted having found no evidence of non-compliance.

  The two other investigations and most of the complaints were in relation to the COVID-19 Vaccination Delivery Programme. The issues were predominantly focused on temporary signage and correspondence. The Vaccination Programme Team has been fully supportive in adopting any changes required with the implementation of a detailed action plan developed to address shortfalls. Lessons learned are being applied to inform the establishment of the vaccination programme for 2022-2023.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- improving the quality of care we provide through the language of choice
- increasing compliance with legal and statutory requirements
- identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care
- improving organisational development in terms of how we are able to support the workforce to be able to deliver services through the medium of Welsh

However, the Health Board is excited about the initiatives and opportunities in development for the next reporting year. Further site-based programmes are included within our annual work plan, such as the reintroduction of site visits in our mystery shopper surveys.

The Health Board is eagerly-awaiting the publication of the Welsh Government's *More than just words* five year plan. The Health Board has engaged with key individuals and stakeholders during the development stage to inform the final plan. It is anticipated that initiatives and actions already in operation within the Health Board will be included in the plan. However we aim to build on these during the next year, supported by key developments as part of the Welsh Language Standards.

As part of its Annual Plan for 2022-2023, Welsh language developments has been recognised as a key enabler. As a result, significant funding has been secured to strengthen capacity within specific areas of work, including translation provision, statutory compliance and both internal and external engagement. We are very enthusiastic as we approach this next phase of service delivery, and in some instances, phases of recovery following the pandemic. Our vision for the coming year

is to further increase our ability as a Health Board to deliver language appropriate care for patients, with the premise to always…Use your Welsh!

March 2022

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: ***Report title:***	Corporate Safeguarding Annual Report 2021-2022 Adroddiad Blynyddol Diogelu Corfforaethol 2021-2022
Adrodd i: ***Report to:***	Health Board Meeting Cyfarfod y Bwrdd Iechyd
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022
Crynodeb Gweithredol: ***Executive Summary:***	The Safeguarding and Public Protection Annual Report 2021-2022 provides assurance against performance and compliance in respect of statutory safeguarding legislation and best practice, regarding to Safeguarding Adults and Children and Young People who are at risk of harm, Violence Against Women and Sexual Violence (VAWDASV), Mental Capacity and Deprivation Liberty Safeguards and the wider Public Protection and Harm agenda. The safeguarding agenda is underpinned by legislation, policy and procedure. The role of the Safeguarding and Public Protection Team is to provide expert guidance and statutory direction to ensure the Health Board executes its responsibilities and complies with safeguarding legislation, providing assurance that strategic measures are implemented. The Safeguarding Maturity Matrix (SMM) is a quality outcome monitoring tool with the aim of monitoring and collating NHS performance, enabling benchmarking, organisational assurance, shared practice and a drive for improvements. BCUHB has again, for the second year, achieved full compliance with this quality audit. The implementation of new legislation, and as a result of COVID-19, the service has experienced a significant rise in the level of activity and complexity, this is experienced throughout the Health Board and by our partner agencies. This reflects the National picture. The report highlights performance and activity data from the period of 01.04.2021 to 31.03.2022. This includes key achievements and assurance, and identifies areas where a targeted approach is required to ensure improvements to safeguard service users and their families.
Argymhellion: ***Recommendations:***	The Board is asked to note the Annual Report for the period of 2021-2022.
Arweinydd Gweithredol: ***Executive Lead:***	Angela Wood, Executive Director of Nursing and Midwifery
Awdur yr Adroddiad: ***Report Author:***	Michelle Denwood, Director of Safeguarding and Public Protection

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒

Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***	
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	North Wales Safeguarding Adult Board North Wales Safeguarding Children Board
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Social Services and Wellbeing (Wales) Act 2014; Crime and Disorder Act (2014); The Human Rights Act 1998, Mental Capacity Act 2005; Mental Capacity (Amendment) Act (Wales) Act 2019 and Children Act 1989 and 2004. Domestic Abuse Act (2021)
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	Do/Naddo *N* This Report is provided for Assurance relating to the Board, it is not in relation to a decision Darperir yr Adroddiad hwn i Sicrwydd yn ymwneud â'r Bwrdd, nid yw mewn perthynas â phenderfyniad.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary been undertaken?***	Do/Naddo *N* This Report it is not in relation to a decision. Yr Adroddiad hwn nid yw'n ymwneud â phenderfyniad.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	Not applicable
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith*	Not applicable

Financial implications as a result of implementing the recommendations	
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Not applicable
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Clear report, evidences continued intervention, organisational challenges and the increase in activity.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	CRR21-14 CRR21-15
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Camau Nesaf: Gweithredu argymhellion ***Next Steps:*** Implementation of recommendations	
Rhestr o Atodiadau: Adroddiad Blynyddol Diogelu Corfforaethol a Diogelu'r Cyhoedd 1 Ebrill 2021 – 31 Mawrth 2022 ***List of Appendices:*** Corporate Safeguarding and Public Protection Annual Report 1st April 2021 – 31st March 2022	

BOARD OF DIRECTORS MEETING IN PUBLIC
Thursday, 29 September 2022
Corporate Safeguarding Annual Report 2021-2022

1. Introduction

The Social Services and Wellbeing (Wales) Act 2014 (Part 7) is the legislation governing the Safeguarding and Public Protection Agenda. Specific legislation drives the key subject areas and the wider harm agenda relating to Violence against Women Domestic Abuse and Sexual Violence (VAWDASV), Human Trafficking and Modern Day Slavery, Child Sexual Exploitation. The Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS) Code of Practice is fundamental in the overarching and targeted agenda.

The Annual Report 2021-2022 outlines the continued progress and the activities relating to Safeguarding Adults, Safeguarding Children and Young People and the wider safeguarding agenda which is driven by legislation, and best practice guidance.

The impact of the COVID-19 pandemic has seen an increase in reporting across all areas evidencing an upward trend. BCUHB have seen a 400% increase in the reported activities relating to Domestic Abuse (DA) incidents in the last 12 months. This is in line with the national position. The numbers alone do not reflect the demand on our services or front line services due to the complexity, severity and the recognised risk to life relating to each incident.

In addition, the Public Protection agenda has seen a meteoric rise in activity legislated by the Crime and Disorder Act 2015. Public Protection activity relating to Modern Day Slavery, Human Trafficking, County Lines, Child Sexual Exploitation (CSE), Child Sexual Abuse (CSA), and Terrorism has required an increase in operational and multi-agency activities over the last 12 months.

To provide assurance and compliance the annual report provides evidence of strategic activity and safe care and practice. Safeguarding is everyone's business and the Health Board has a legal duty to fully engage, comply and report the organisations position to the Welsh Government.

To evidence compliance and to support the implementation of the agenda, the Corporate Safeguarding and Public Protection Team continues to use the five (5) key standards of the National Safeguarding Maturity Matrix (SMM), to quality assure activities and to benchmark compliance against other NHS organisations. The tool supports the collation of evidence and provides assurance which equally supports future and ongoing improvements.

2. Key Performance Activities

The Safeguarding and Public Protection Team have continued to embed National and Regional Strategic Plans into practice to identify, reduce and safeguard service users, their families and BCUHB employees, with a particular emphasis upon high risk and targeted services across the organisation. Performance is benchmarked against local, regional and national safeguarding and public protection performance indicators. This evidence supports targeted intervention to improve standards and increased safety.

2.1 Quality and Governance Framework

The National NHS Safeguarding Maturity Matrix is a quality framework which supports our evidence against our compliance with legislation, best practice and innovative preventative work and enables BCUHB to benchmark against other NHS organisations in Wales. The Safeguarding Maturity Matrix self-assessment of Safeguarding arrangements was undertaken by all NHS organisations in Wales. A Governance and Rights-Based Approach, Safe Care, Adverse Childhood Experiences (ACE) Informed, Learning Culture, and Multi Agency Partnership Working are the five (5) standards evaluated. The highest possible score for each criterion is five (5), for a total score of twenty-five (25).

2.2 Safeguarding Maturity Matrix Score

BCUHB achieved a score of 25:25 as shown in Table 1 below:-

Table 1

Dates	Score	Trend
2018 - 2019	14	↔
2019 - 2020	23	↑
2020 - 2021	25	↔
2021 - 2022	25	↔

Action
With the exception of the Mental Health & Learning Disabilities (MHLD) Safeguarding Forum, a key challenge is to improve the ownership and leadership of operational Safeguarding Forums which have seen a decrease in activity and engagement.

The risk as a result of this is;

- Non-compliance with the Safeguarding Governance and Reporting Framework.
- Reduces the identification of risk and proactive safeguards.

To improve this position internal escalation and structured meetings have taken place with the identified Chairs and we have seen an improved position. However, due to the 'New Operating Model' a review of the Safeguarding Reporting Framework is required, with a review of the Terms of Reference for all Safeguarding Forums and the Safeguarding Governance and Performance Group.

2.3 Reporting Data

The COVID-19 pandemic has seen a significant increase in activity and complexity relating to the identification and reporting of abuse and harm. This is in line with the National NHS picture and for our partner agencies. The key areas evidenced are;

2.3.1 Adult at Risk Reporting Data

In 2021-2022, the Corporate Safeguarding Team received 1407 Adult at Risk Reports from across BCUHB services. This is a 9.6% increase against the 2020-2021 position.

Table 2

Year	Reports
2020-2021	1284
2021-2022	1407

Table 3

Year	West	Central	East	Out of Area	Total
2020-2021	463	358	444	19	1284
2021-2022	402	435	517	53	1407
% Change	↓ 13.2%	↑ 21.5%	↑ 16.4%	↑ 178.9%	↑ 9.6%

The increase in safeguarding support, responsive supervision and training for staff is believed to have contributed to the improved identification of risk and harm.

The continued implementation of the Wales Safeguarding Procedures (2019), and the introduction of the new statutory role of the Designated Safeguarding Person (DSP) and Enquiries Lead (EL), and the implementation of further Safeguarding Ambassadors have contributed to a greater informed workforce.

2.3.2 Child at Risk Reporting Data

During 2021-2022 the Corporate Safeguarding Team received 3,642 Child at Risk Reports. This is a significant increase of 17% when compared to 2020-2021.

Table 4

Year	Reports
2020-2021	3116
2021-2022	3642

Table 5

Year	West	Central	East	Out of Area	Total
2020-2021	527	815	1711	63	3116
2021-2022	596	1059	1928	59	3642
% Change	↑ 13.1%	↑29.9%	↑ 12.7%	↓ 6.3%	↑ 17%

The increased reporting rates may be attributed to the reduction of COVID-19 restrictions making children more visible to services.

The identified lockdown periods clearly identify the decrease and increase in formal reporting. The impact of a recognised period of reduced visibility appears to have had an impact upon the complexity and severity of the harm reported. This results in the requirement for enhanced and sustained multi-agency intervention and engagement.

2.4 Single Unified Safeguarding Review (SUSR)

The criteria for the multiagency reviews are laid down in the Safeguarding Boards Functions and Procedures (Wales) Regulations 2015.

The purpose is to promote a positive culture of multiagency learning, for which Safeguarding Boards and Partner agencies hold statutory responsibility.

Our current position evidencing our participation and engagement regarding Adult Practice Reviews (APR's), Child Practice Reviews (CPR's), Domestic Homicide Reviews (DHR's) and Multi Agency Professional Forums (MAPF's) are shown in Table 6 below;

Table 6

Review Type	Current up to 31.3.2022			New			Total
	East	West	Central	East	West	Central	
Adult Practice Reviews	2	0	0	2	0	0	4
Child Practice Reviews	3	0	2	2	0	1	8
Extended Child Practice Reviews	1	0	0	0	0	0	1
Domestic Homicide Reviews	1	4	0	0	0	1	6
Multi Agency Professional Forums	0	0	1	0	0	0	1

During this period, a national review of the governance and reporting of future reviews is taking place. The objective is to have National data, improved learning and the identification of themes and trends using a National data tool to inform national and local learning and ultimately improve safeguards.

Mental Health Homicide reviews will also be included within this process which will ensure a full system approach, reduce duplication and reduce delay. Most importantly the reviews will reduce the reintroduction of trauma for families who have experienced the sad death or significant harm caused to a family member.

The recognised frustration with the review of Child and Adult deaths currently is the continued recognition of the same missed opportunities or omissions and the lack of National interventions from the findings.

The key themes for North Wales is the reduced compliance with safeguarding training, self-neglect and the lack of an identified Care Coordinator. Communication and documentation are also a consistent findings.

All recommendations and learning relating to the Health Board are implemented and monitored in line with the Safeguarding Governance and Reporting Framework, with oversight from the North Wales Safeguarding Boards, Welsh Government and the Home Office.

2.5 Mental Capacity 'Amendment' Act 2019 and the Liberty Protection Safeguards

On the 17th of March 2022, the Welsh Government published the consultation on the Liberty Protection Safeguards (LPS) draft Regulations for Wales. Liberty Protection Safeguards will replace the Deprivation of Liberty Safeguards (DoLS) for all patients who need to be deprived of their liberty. Deprivation of Liberty Safeguards will continue as a process until all applications cease within the timeframe they are granted and will be replaced with a Liberty Protection Safeguards authorisation if that remains necessary. The first year of implementation will see the two processes work side by side.

BCUHB is fully engaged in the preparation and engagement for the implementation of Liberty Protection Safeguards which has implications financially, strategically and operationally. There are significant risks in managing the transition from Deprivation of Liberty Safeguards to Liberty Protection Safeguards, these are;

- New governance framework.
- The required expertise of the new legislation.
- Implementation and development of new Policy and Process.
- Implementation of the Mental Capacity Act at the front door.
- Education and Training for all BCUHB clinical staff groups.
- Increase in activity and Court of Protection activity.
- Enhanced scrutiny by Central and Welsh Government.

2.5.1 Deprivation of Liberty Safeguards (DoLS)

Like all NHS organisations, the significant increase in applications, legal challenge and Court of Protection activity has been seen by BCUHB.

The table below reports a 40% increase in applications for this period. This does not evidence the required resource and commitment to fulfill this legal requirement, which is fundamental to patient safety and experience.

Table 7

Urgent Applications (1 - 7 days)	20
Extended Applications (8 - 14 days)	24
Standard Authorisation (approved)	50
Allocated to Best Interest Assessor	14
Allocated to Section 12 (2) doctors	14
Applications under Scrutiny	7
Waiting to be Authorised	6
Backlog	36
Total	171

Welsh Government have recognised this increase in activity and they have acknowledged the delay in the receipt of the revised guidance has been challenging for all organisations.

To support the recognised challenges relating to Deprivation of Liberty Safeguards and the required organisational preparation for the new legislation, interim and non-recurring monies have been made available through funding streams.

We have continued to meet and fully engage with the Welsh Government funding process and monies are available to support interim arrangements.

The injection of additional funding is currently reporting and evidencing an improved training compliance with Mental Capacity Act training and Deprivation of Liberty Safeguards activity. This position will be reported to the Mental Health Capacity and Compliance Committee (MHCCC) in line with the reporting cycle for 2022-2023.

2.6 New legislation

2.6.1 Children (Abolition of Defence of Reasonable Punishment) (Wales) Act (2020)

The legislation gained Royal Assent and became an Act on the 20th of March 2020. The Act was implemented on the 21st of March 2022. This Act removes the defence of reasonable punishment if cases reach Court. Full implementation was achieved within the timeline. Currently this has not had an impact upon activities.

2.6.2 Domestic Abuse Act (2021)

The Domestic Abuse Act (2021) will recognise children as victims in their own right. The Act will recognise a child who sees, hears, or experiences the effects of, Domestic Abuse and who is related to the person being abused or the perpetrator as a victim of Domestic Abuse. Most of the provisions in the act will come into force during the period 2021-2022.

A strategic approach is in place to ensure the full implementation of the legislation throughout the organisation.

It is expected to increase safeguarding activity and reporting relating to both Children and Adults. This is recognised by all NHS organisations and partner agencies.

2.7 Training and Development

Targeted intervention and bespoke training packages are in place to increase awareness to support the prevention and identification of abuse and harm.

A success for this period is the development of additional training materials for the Estates Team, which has resulted in an improved position of 53.5% compliance against a position of 43.3% mandatory training compliance for the period 2020-2021.

New materials are continuously under development to ensure the training agenda meets the needs of front line clinical teams, and implements the Safeguarding and Public Protection agenda. Training data and the analysis of compliance is reported and escalated by the Safeguarding Reporting Framework and areas target to support improvement and compliance.

We continue to have areas and departments in which we are targeting to support and improve the training compliance and the application of learning.

Again, for the period of 2022–2023 as a result of the end of year training compliance we continue to target key General Practitioner (GP) practices and Emergency Departments as a priority.

Table 8 Emergency Department Violence Against Women Domestic Abuse Sexual Violence Training Compliance

Compliance Reported ESR	Staff	2020-2021	2021-2022	Trend	Update Position July 2022
YG Medical	52	40.0%	46.2%	↑	53.7%
YG Nursing	69	87.0%	73.9%	↓	71.6%
YGC Medical	39	45.0%	38.5%	↓	38.2%
YGC Nursing	96	79.0%	63.5%	↓	58.9%
WMH Medical	36	38.0%	47.2%	↑	50%
WMH Nursing	108	85.0%	71.3%	↓	72.4%

We fully engage and respond to new legislation, learning from reviews, investigations and both National and Regional enquiries.

To ensure quality and enhanced safeguards are in place we always benchmark against our current practice and findings are implemented and audited to provide assurance.

As a result, we have implemented and are currently reviewing compliance against the Cardiff and Vale University Health Board recommendation of the review of incidents relating to young children who have sustained injuries and attended Emergency Departments for treatment.

2.8 Evidence of improved safeguards

Patient A is a 74-year-old lady with an established diagnosis of Learning Disability and a history of multiple cerebrovascular accidents (Stroke) leading to both physical and mental health consequences.

Patient A was admitted into an acute hospital after repeated vomiting leading to aspiration and chest sepsis. A Deprivation of Liberty Safeguards (DoLS) application was submitted, and an assessment was undertaken. The Deprivation of Liberty Safeguards (DoLS) was authorised to ensure Patient A was accommodated under a legal framework.

To facilitate a safe discharge Patient A required a package of care. This was not in place and a best interest decision was made for Patient A to remain in hospital to ensure her needs were being fully met in a safe environment.

2.9 Case Learning

There was a delay in the Deprivation of Liberty Safeguards Authorisation being granted resulting in an unlawful deprivation. The case highlighted the lack of resources within the current Deprivation of Liberty Safeguards service and the potential for Patient A to have made an application to the Court or Protection and be awarded damages due to the delay in authorisation.

2.10 Assessment and Analysis

- Improved awareness due to an increase in training compliance.
- Improved recognition by front line staff of the Mental Capacity Act (MCA).
- The delay in Deprivation of Liberty Safeguards authorisation is a national issue.

2.11 Action

- A targeted approach was implemented, supported by enhanced administration, which included daily telephone calls to each ward where a Deprivation of Liberty Safeguards application was in place, to challenge the position and support any change.
- Amendment to working practice and the delivery of services, from five (5) days to seven (7) days a week was implemented for a period of 6 months.
- Bespoke training events and additional Mental Capacity Act Training packages were developed.
- The development of easy read Standard Operating Procedures.
- Welsh Government recognise the challenges for NHS organisations, which has resulted in the availability of time limited funding.
- We have reported a significantly improved position with a reduced 'backlog' of Deprivation of Liberty Safeguards applications. From a reported position of one hundred fourteen (114) applications, to a reported position of thirty-six (36) applications by March 31st 2022.
- As a result of ongoing audit activities and by comparing the results of the same audit in 2020-2021 we can report an improved position and understanding of the Deprivation of Liberty Safeguards process and the implications for the service user by front line clinical teams.

2.12 Trauma Risk Management (TRiM)

Trauma Risk Management is a peer-led process that seeks to identify and assess the psychological risk to individuals who have experienced trauma in the course of their work.

Early identification of staff exposed to trauma, aids to promote a healthy workforce, by supporting the welfare needs of staff, and contributes towards reducing staff absence.

Following the introduction of Trauma Risk Management by the Safeguarding and Public Protection Team in May 2020 there have been seventy (70) incidents within BCUHB that have been referred to the Team for support and action. During the period of 2021-2022 there were forty-one (41) referrals submitted.

2.13 Assessment and Analysis

The themes for the referrals include assaults/verbal abuse of staff by patients, death of patients including children, medical emergencies and maternal deaths. Of the forty-one (41) cases referred, seventeen (17) had no further action. The rationale for no further actions has been due to the referrals being received outside of the timescales and best practice guidance acknowledges there is a risk of re-traumatising staff members. There were also some referrals deemed inappropriate in terms of not meeting the threshold for Trauma Risk Management and staff who were not employed by BCUHB.

2.14 Impact on Staff

The evaluation forms highlight that staff have found the process helpful, supportive and beneficial. Examples of qualitative findings included:

"I think it is an excellent service and I have never felt as supported in my career as I do now, value the quick response time from incident to assessment, my feelings were listened too, benefitted me have time and space away from the office to discuss my feelings to an independent practitioner".

There are currently twenty-two (22) Trauma Risk Management Practitioners across the Health Board including four (4) Trauma Risk Management managers. Some of the training was supported by Awyr Las funding.

2.15 Conclusion

The detailed report evidences the substantial and progressive activities taken to provide assurance of compliance with legislation and the wider safeguarding strategic agenda.

Strengthening the team structure is seen as a paramount requirement to continue to implement new legislation and respond to an increase in activity and complexity. The risks are recorded and monitored by the Risk Management Group

The safeguarding strategy ensures a person centered, rights based approach with targeted intervention and prevention, which is lawful and consistent and will result in increased patient safety and experience, and a reduction in harm and financial and/or reputational damage. There is clear and continuous evidence of learning and improvement, with targeted activities to improve our safeguards.

The strategic priorities for 2022-2023 demonstrate our dedication to improvement on a continuous basis to safeguard our service users and families, employees, and the Health Board.

3. Budgetary / Financial Implications

3.1 There are no budgetary implications associated with this paper.

4. Risk Management

4.1 CRR21-14 - **Risk: -** There is a risk that the increased level of Deprivation of Liberty Safeguards activity may result in the unlawful detention of patients.

4.2 CRR21-15 – **Risk: -** There is a risk that patient and service users may be harmed due to non-compliance with the Social Services and Wellbeing (Wales) Act 2014.

There is a risk that the Health Board may not discharge its statutory and moral duties in respect of Safeguarding with regards to Safeguarding Adults and Children, Violence Against Women, Domestic Abuse, Sexual Violence (VAWDASV) including the wider harm agenda and Deprivation of Liberty Safeguards (DoLS) while recognising the activities of the Managing Authority and Supervisory Body.

5. Equality and Diversity Implications

All Policies, Procedures, documentation, and safeguarding activity that impacts upon patients, staff or the organisation are in line with a supporting Equality Impact Assessment (EqIA). Consultation and engagement takes place with both internal and where

Appendix 1

Corporate Safeguarding and Public Protection

Annual Report

1st April 2021 – 31st March 2022

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Appendices

The following Appendices are including within the report as supplementary material which will provide a more comprehensive understanding of the information:-

i. Appendix 1
BCUHB Corporate Safeguarding Team Safeguarding Adults Annual Report 2021-2022

ii. Appendix 2
BCUHB Corporate Safeguarding Team Safeguarding Children at Risk, Safeguarding Midwifery and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) Annual Report 2021-2022

iii. Appendix 3
BCUHB Corporate Safeguarding Team Deprivation of Liberty Safeguards, Mental Capacity Act, and Liberty Protection Safeguards Annual Report 2021–2022

Foreword

The Corporate Safeguarding and Public Protection Team continue to implement National and Regional Strategies and Strategic Plans to identify, reduce and safeguard service users, their families and BCUHB employees, with a particular emphasis upon high risk and targeted services across the organisation.

The Corporate Safeguarding and Public Protection Team currently works towards local, regional and national safeguarding and public protection performance indicators to evidence and improve Adult/Child at Risk of Harm, Abuse or Neglect, and Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV) performance and compliance, resulting in improved patient and service user outcomes and the reduction of harm.

BCUHB must adhere to new and current government legislation to implement national strategies. This statutory requirement requires full engagement in the development and implementation of joint strategies with Local Authorities, Police, Probation, Public Health Wales, NHS Wales and other statutory agencies to meet the requirements of various legislative policies to safeguard and protect vulnerable persons and those at risk of harm and abuse. This includes The Social Services and Wellbeing (Wales) Act 2014, the Crime and Disorder Act 2015 and the Domestic Abuse Act 2021

In addition, the Public Protection agenda has seen a meteoric rise in activity, for example public protection activity relating to Modern Slavery, Human Trafficking, County Lines, Child Sexual Exploitation (CSE), Child Sexual Abuse (CSA), and terrorism has increased by over 400% in the last 12 months.

We would like to take this opportunity to thank our internal and external colleagues, stakeholders, and independent service users who have engaged with and supported the Safeguarding and Public Protection Team to implement the safeguarding agenda. Collaboration, engagement and contribution continues to benefit the service and inform safeguarding practice and training programmes resulting in the implementation of real change to evidence service progress throughout the organisation.

Michelle Denwood, Director of Safeguarding and Public Protection.

Progress during 2021-2022

1. Introduction

The Annual Report 2021-2022 outlines the continued evolvement of the Corporate Safeguarding Team and their work relating to Safeguarding Adults, Children and Young People, Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV), Deprivation of Liberty Safeguards (DoLS), Dementia, and the broader safeguarding activities covered by the National harm, abuse and neglect agenda.

Deprivation of Liberty Safeguards reports directly to the Mental Health Capacity and Compliance Committee (MHCCC) and is integral to the patients' journey and clinical pathway. Currently the Corporate Safeguarding Team manages cases of patients who lack the capacity to agree to be accommodated in hospitals, hospices or an independent hospital for their care and treatment.

Safeguarding is underpinned by legislation, policy, and procedure. The role of the Corporate Safeguarding Team within BCUHB is to ensure that the Health Board executes our responsibilities and complies with the Safeguarding legislation, providing assurance that strategic measures are implemented, audited, and reviewed.

The implementation of The Social Services and Wellbeing (Wales) Act 2014 and the Wales Safeguarding Procedures 2019 has strengthened the safeguarding agenda across the organisation. Learning from and implementing safeguarding legislation has a significant impact upon the health, and wellbeing of the service user and family. A Human Rights approach is at the forefront of our practice and engagement with service users and their families. Learning from incidents and practice enables us to reinforce best practice, gain assurance and deliver a service, which reduces risk and harm.

Appendices 1-3 of this report provide detail and analysis of the substantial and progressive work made by BCUHB regarding the safeguarding agenda. There is clear and continuous evidence of learning and assurance, as well as additional measures to improve our safeguards. The strategic priorities for 2022-2023 demonstrate our dedication to improvement on a continuous basis to safeguard our patients, staff, and the Health Board.

2. Quality, Assurance and Governance

The Safeguarding Priorities set for 2021-2022 have progressed, these continue to be monitored on a quarterly basis by the Safeguarding Governance and Performance Group and the Patient Safety and Quality Group, formerly known as Quality and Safety Group.

The Safeguarding Maturity Matrix (SMM) is a quality outcome monitoring tool with the aim of capturing and collating a National Safeguarding Maturity Matrix providing assurance, shared practice, and drives improvements towards a 'Once for Wales' consistent approach to safeguarding.

In 2021-2022, BCUHB Corporate Safeguarding contributed to the All-Wales Task and Finish Group reviewing the National Safeguarding Maturity Matrix. This work was completed in principal but will be piloted in the first instance to ensure it remains fit for purpose.

The Safeguarding Maturity Matrix self-assessment of safeguarding arrangements was undertaken by each Health Board/Trust. Governance and Rights-Based Approach, Safe Care, Adverse Childhood Experiences (ACE) Informed, Learning Culture, and Multi Agency Partnership Working are the five standards evaluated. The highest possible score for each criterion is five (5), for a total score of twenty-five (25). A Peer Review of the Safeguarding Maturity Matrix was held with BCUHB being paired with the Welsh Ambulance Service Trust (WAST). This was a positive and productive event which was presented in a National Safeguarding Maturity Matrix Forum.

BCUHB achieved an initial score of fourteen (14) in 2018 but progressed to a full score of twenty-five (25) in 2020-2021 and this was maintained during 2021-2022 with evidence of further progress.

BCUHB contribute to the National picture by reporting to the Chief Nursing Officer in Welsh Government via the NHS Safeguarding Network.

3. Adult at Risk

During the first COVID–19 lockdown in March 2020 there was an initial decline in Adult at Risk Reporting. Adult Health and Social Care services recognised this was a National trend.

In 2021-2022, 1407 Adult at Risk Reports were received from across BCUHB (this includes commissioned patients by BCUHB but receive care out of county). This is a 9.6% increase when compared to the data for 2020-2021 where 1284 Reports were received.

Table 1

Year	Reports
2016-2017	986
2017-2018	1034
2018-2019	1113
2019-2020	1219
2020-2021	1284
2021-2022	1407

Table 2

Year	West	Central	East	Out of Area	Total
2020-2021	463	358	444	19	1284
2021-2022	402	435	517	53	1407
% Change	↓ 13.2%	↑ 21.5%	↑ 16.4%	↑ 178.9%	↑ 9.6%

The Safeguarding Team identified the potential risk of hidden abuse and reinforced the Adult at Risk and Safeguarding agenda during this period through enhanced communication and engagement with the workforce. Staff welcomed responsive supervision; in addition, both virtual and face to face bespoke training was safely undertaken. This training provided confidence to the staff and assurance to the Health Board that the knowledge and skills to safeguard were in place and embedded into practice.

Figure 1 - Number of Adult at Risk Reports (2021-2022) with the Welsh Government COVID-19 Lockdown periods highlighted.

Figure 1 is a timeline that denotes the number of Adult at Risk reports by month from April 2019 – March 2022. The graph also highlights the government directed lockdown period. The chart has lower and upper control limits with a median line to depict average limit. This allows for the detection of a decrease in reporting at the start of the lockdown and a considerable increase by July 2020. The initial reduction of reporting is likely the result of the impact in reduced face to face contact with patients mostly in the community, care home or outpatient setting.

The increase and sustained upward trajectory of Adults at Risk report possibly the result in the relaxation of lockdown rules, increased face-to-face service delivery and increase in Safeguarding support.

Assessment and Analysis

The BCUHB Safeguarding Team have worked closely with community colleagues to emphasise the need to have professional curiosity and consider Safeguarding during those essential visits that are permitted during these times. An increase in Safeguarding support, responsive supervision and training for staff contributes to the improved identification of risk and harm.

3.1 Falls

During 2021-2022, there were 4882 Datix Incidents in relation to slips, trips, falls and collisions. This is a 4.3% decrease when compared to the 2020-2021. The concerns raised is the growing number of repeated falls for the same patients.

It is also noted those who have multiple incidents reported on Datix are also linked to other incidents to include pressure ulcers and/or medication error.

Assessment and Analysis

It is evident by desktop reviews, the triangulation of information and data, there is no consistent correlation between falls and adult at risk reporting. The inclusion of the Wales Safeguarding Procedures 2019 in the revised falls policy, and the inclusion of the impact of 'Falls' in safeguarding training packages reinforces the identification of a safeguarding risk. The development of co-produced training packages with Wrexham Local Authority and the inclusion of safeguarding training and 'falls' incorporated into Manual Handling training, is expected to see an improved awareness. Falls is also embedded into the Level 3 Adult Safeguarding Training.

3.2 Desktop Reviews

In 2021-2022 there has been four (4) completed Desktop Reviews under this framework. The Safeguarding Escalation Standard Operating Procedure (SOP) provides a clear process of what is required when safeguarding meets the Level 3 criteria of the SOP. A desktop review may be required to establish areas of concern to support and implement further learning through the triangulation of data. The Llandudno Hospital desktop review resulted in the quality improvement plan, which was developed with support and engagement from a North Wales Safeguarding Adult Board member, Community Health Council as well as representation from the Tawelfan Families group.

Assessment and Analysis

The reviews for 2021-2022 and the previous six (6) reviews since 2018 have identified a number of themes, these include;

- Lack of / or delay in escalation to both line managers and Corporate Safeguarding.
- Poor communication in practice and with colleagues, this includes omitting Corporate Safeguarding to the Make it Safe reviews.
- The voice of the patient has not been considered.
- Continued lack of safeguarding considerations for Adverse Discharges, Medication incidents, Pressure Ulcers and Falls, resulting with or without harm. This includes the omission of reporting safeguarding concerns on Datix.

It is important to acknowledge the good practice identified and shared across the Health Board. Staff in the reviews have engaged in the improvement plan and fully embraced the process. The plans are monitored within the area Safeguarding Forums ensuring learning is implemented across the area. This also formulates the chairs assurance report that is presented within the Safeguarding Governance and Performance Group.

3.3 Dementia

The recruitment of a Regional Safeguarding Specialist for Adults and those Adults living with Dementia has strengthen the engagement between safeguarding and the Dementia strategy, this is in line with the Health and Social Care Advisory Service (HASCAS) and Ockenden Recommendations. The priority of this post has been to support the most complex cases, where specialist knowledge and significant expertise in both Dementia Care and Safeguarding is required to ensure best practice for adults living with dementia.

Assessment and Analysis

Dementia Care Mapping has commenced within the Older People Care settings within the Mental Health and Learning Disability (MHLD) Division which has proved positive and informative. Scoping for individuals with dementia on acute wards in district general hospitals and community hospitals has commenced and will be a priority action for 2022-2023.

4. Children at Risk

4.1 Child at Risk Reporting

Figure 2: Child at Risk Reports (May 2019 – March 2022) with the Welsh Government COVID-19 lockdowns indicated.

Assessment and Analysis

In this reporting period the Corporate Safeguarding Team received 3642 Child at Risk reports. This is a significant increase of 17% when compared to the 3116 Child at Risk reports received during 2020-2021. Although several COVID-19 restrictions have remained, within this period we have not been subject to periods of 'lockdowns'.

This first period show more normal patterns of movement by the public with a gradual return to more face-to-face engagement with Children, Young People and their families.

In exploring, the data there are two peaks in September and December 2021.September coincides with Child and Young People returning to educational setting and having more interaction with health colleagues. December saw an increase in reports relating to the 11 year to 15 year old population, with concern relating to emotional well-being and mental health. This pattern has been previously reported by the Safeguarding Team.

A dip in reporting was observed in July and August 2021 which coincides with children and young people being absent from school for the summer holidays, this is consistent with previous patterns.

Table 3

Year	Reports
2020-21	3116
2021-22	3642

Table 4

Year	West	Central	East	Out of Area	Total
2020-21	527	815	1711	63	3116
2021-22	596	1059	1928	59	3642
% Change	↑ 13.1%	↑29.9%	↑ 12.7%	↓ 6.3%	↑ 17%

The overall data indicates a gradual rise in the number of submitted Child at Risk reports.

The greatest number of reports being generated in East of region.

Table 4: **Child at Risk Reports by Designation of referrer.**

Designation of Referrer	Reports	Proportion of Reports
Emergency Dept	906	24.9%
Other	759	20.8%
Health Visitor	666	18.3%
Midwife	566	15.5%
Child Adolescent Mental Health Service (CAMHS)	423	11.6%
School Nurse	107	2.9%
General Practitioner	84	2.3%
Children's Ward	74	2%
Substance Misuse Service (SMS)	46	1.3%
Not Recorded	11	0.3%

Assessment and Analysis

Emergency Department (ED) clinical colleagues continue to submit the highest number of Child and Risk Reports. This accounting for 24.9% of all reports. This figure reflects the previous year's data in respect of Emergency Department reporting. Corporate Safeguarding continue to offer safeguarding support and advice through the hospital Liaison specialist based across the three Emergency Department sites.

The Safeguarding Team continues to deliver safeguarding training, train and support the increasing number of Safeguarding Ambassadors in Emergency Department and across the three sites, and continue to support and monitor the development and implementation of targeted safeguarding improvement plans to support Emergency Departments.

The 'other' category accounts for 20.8% and these cover a very wide spectrum of services. There is need to explore these 'other' reports to ascertain their true origin. This will be focus for the Safeguarding Audit activity throughout 2022-2023.

4.2 Safeguarding Children Training Compliance

Level 3 training compliance is reported within Level 2 and this process is managed by the training team within Workforce and Organisational Development. As a result of Level 3 not being be accurately reported at the moment, Corporate Safeguarding have added this to the risk register.

Assessment and Analysis

The East area has the highest overall compliance of the three areas.

Although the West Health Economy is showing a decrease in compliance, the reduction is minimal, and the Central Health Economy remains stable.

Training is provided on a number of IT platforms and is undertaken on Teams and Face to Face.

Packages are developed in response to incidents and national strategies and training is provided using actual learning from incidents and events.

Table 5: **March 2022 Safeguarding Training Compliance by Area and Subject**.

Area March-2022 Compliance	West	Central	East
Children – Level 1	80.1%	76.6%	81.1%
Children – Level 2	76.1%	75.1%	77.8%
Average Area Compliance	77.1%	75.8%	78.3%
Compliance Trend	↓	↔	↑

The Safeguarding Team continues to support the organisation through the Practice Development Managers to ensure a high level and flexible approach to training is delivered. The training compliance is reported and monitored at Safeguarding Forums, Department Action Plans, Risk Register and through the Safeguarding Reporting and Governance Framework.

5. Safeguarding Midwifery

5.1 Routine Enquiry Domestic Abuse (REDA) during Pregnancy

Standard two of the All-Wales Minimum Standards states that all Health Boards should complete an annual audit. The methodology for this audit was a retrospective case note audit. The table below highlights the compliance in 2021-2022.

Table 6 ***Audit compliance***

BCUHB	Audited Notes	Asked Once	Asked Twice	Not Asked at All	Mitigation – Accompanied	Mitigation – No Reason Given
Q1 2020-21	135	80%	67%	20%	12%	8%
Q2 2020-21	135	91%	73%	9%	1%	7%
Q3 2020-21	135	82%	73%	18%	1%	17%
Q4 2020-21	135	89%	80%	11%	1%	10%
Q1 2021-22	135	92%	84%	8%	0%	8%
Q2 2021-22	135	92%	81%	8%	1%	7%
Q3 2021-22	135	92%	80%	8%	1%	7%
Q4 2021-22	135	92%	78%	8%	1%	7%

Assessment and Analysis

- 92% of pregnant women were asked Routine Enquiry Domestic Abuse at least once in 2021-2022 compared to 86% in 2020-2021.
- 78% of women were asked the routine enquiry questions twice or more. This is an improvement in compliance when compared to Q3.
- 8% of the women were not asked at all. This is consistent with what has been seen in each quarter of 2021-2022.
- No reason was given as to why most women were not asked. However, it is documented that 1% of the women were not asked as they were accompanied during their appointment.

The overall improvements could be partially attributed to the restrictions in visiting during the COVID-19 pandemic. However, these restrictions were eased in September 2021 to allow a birth partner to attend antenatal appointments in the community. Overall, for women being asked twice or more, there has been a reduction by 3%, when comparing Q2 to Q4.

Compliance will continue to be closely monitored to ensure that this does not have a detrimental effect on routine enquiry.

Compliance is also being reviewed as part of the Stillbirth Reduction action plan within the women's division, following on from the thematic review in 2019.

Completing Routine Enquiry Domestic Abuse gives women an opportunity to disclose domestic abuse and referral to specialist services for support. The risks of not asking reduces this opportunity and potentially increases the risk of further abuse, harm, and death.

5.2 Routine Enquiry Domestic Abuse (REDA) within Emergency Departments

Corporate Safeguarding have engaged with each of the BCUHB Emergency Departments to support the responsiveness of the Routine Enquiry Domestic Abuse to identify those who are at risk of violence or domestic abuse. There are three (3) newly appointed Independent Domestic Violence Advisor employed funded by the Ministry of Justice; one is based in Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor. The post for Ysbyty Maelor the latest appointment but they are highly skilled. These posts will be reviewed and the outcomes evaluated.

Assessment and Analysis

- Both East and West Emergency Departments have been able to record Domestic Abuse enquiries within the 'Symphony' patient electronic record system. As of 1st April 2022, the Ysbyty Glan Clwyd Emergency Departments went live with Symphony enabling a consistent measurement of sampling and auditing of Routine Enquiry Domestic Abuse across the organisation.
- IDVA will collaborate closely with hospital staff, offering expert guidance and raising awareness to encourage victims of domestic abuse to come forward
- The capacity to electronically record Domestic Abuse enquiries aids in risk detection and evaluation. Moving forward this will become a monthly audit and will be reported and monitored at the Safeguarding Forums.

5.3 Pilot project for the Independent Domestic Violence Advisor (IDVA) role in BCUHB.

- Funding has been received from the Ministry of Justice (MOJ) to pilot three hospital based Independent Domestic Violence Advisor (IDVA). These posts will be managed by the Domestic Abuse Safety Unit (DASU) and Gorwel but will sit within BCUHB Corporate Safeguarding Team.
- The role involves empowering survivors to increase their options, make positive choices/decisions, increase their confidence, safety, and recovery.
- These posts were appointed to from February 2022 with the final appointment in July 2022. The pilot will be evaluated.

5.4 Multi Agency Risk Assessment Conferences (MARAC) for Domestic Abuse Victims

Assessment and Analysis

- There have been two hundred one (201) Multi Agency Risk Assessment Conferences referrals from health, in 2021-2022 compared to 177 in 2020-2021. All three areas have seen an increase, particularly Central, where numbers have risen by 22%.
- It is widely recognised that disclosures of domestic abuse have increased since the COVID-19 pandemic and this could account for the increase that has been seen within health.
- When analysing the age and gender of the victims, 48% of the referrals were in respect of victims aged between 25 and 39 years of age. 95% of these referrals have been in relation to female victims.

- Upon reviewing the relationship of the perpetrator to the victim, 41% (n=82) record the perpetrator as current partner/husband/wife. 40% (n=80) of the referrals record the relationship of the perpetrator as ex-partner.
- 65% (n=131) of the victims have children and 30% (n=60) were pregnant at the time of the referral. The Domestic Abuse Act 2021 will see children who live in a home where domestic abuse takes place recognised as victims in their own right rather than witnesses for the first time. The Act will recognise a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse.
- When considering the designation of referrer's, Health Visitors submitted the highest number of Multi Agency Risk Assessment Conferences referrals with 24% (n=48), followed by midwives 19% (n=39) and the emergency department 17%(n=35). This is a similar picture to the one in 2020-2021.

5.5 Identification and Referral to Improve Safety (IRIS)

The Identification and Referral to Improve Safety programme involves training and support for GP's to be able to identify patients affected by domestic violence and abuse and refer them to specialist services.

£20k has been received from the Ministry of Justice to support this pilot project which will be piloted in the Central area, specifically in eight (8) GP practices in South Denbighshire.

Corporate Safeguarding are involved in the Steering Group and the first cohort of training for GP's was delivered in April 2022.

5.6 ISO Standard for Sexual Abuse Referral Centres (SARC)/ Forensic Science Regulator Guidance

The Forensic Science Regulator has published supporting Guidance and Codes of Practice and Conduct to support the attainment of International Standards for Anticontamination of Sexual Assault Referral Centres (SARC) and Assessment, Collection and Recording of Forensic Science related evidence. North Wales Police have the legal entity for the review and are working in partnership with BCUHB. From February 2022 Corporate Safeguarding agreed to lead this review on behalf of BCUHB. North Wales Police have appointed a Project Manager and Strategic Lead and a Service Delivery Group has been developed. Completion of the ISO Standards is required by October 2023.

Meeting these standards is imperative for North Wales, if we do not achieve this there will be no Sexual Abuse Referral Centre in our region.

5.7 Coping with Crying Audit

Following from the Child Practice Review for Child A in Flintshire, it was recommended for BCUHB to review the Coping with Crying guideline and audit compliance with the guideline.

The audit has included midwifery, neonates, and health visiting. A task and finish group and the audit tool were developed in Q2.

The audit commenced in October 2021 for a period of 6 months with the outcome and report to be made available in Q1 of 2022-2023.

5.8 Information Sharing with Shrewsbury and Telford Hospital NHS Trust (SaTH) and The Countess of Chester Hospital (CoCH).

Approximately two hundred fifty (250) babies per year are born in the Wrexham Maelor where the mothers reside in Shropshire. Antenatal and postnatal care is provided by Shrewsbury and Telford Hospital NHS Trust midwives however the women come to Wrexham to give birth.

For The Countess of Chester Hospital, approximately three hundred fifty (350) women choose to birth there, but reside within BCUHB catchment, usually from Flintshire.

This level of activity reinforced the requirement to have a clear and formally agreed Information Sharing Pathway for the delivery of services. The pathway for Shrewsbury and Telford Hospital NHS Trust is operational and has been formally agreed within the Women's division and Corporate Safeguarding.

Initial discussions with Countess of Chester Hospital commenced during Q4 and the information sharing pathway is currently being devised and should be signed off during Q1 2022-2023.

There is a need to ensure that the information sharing pathways are robust so that women with additional vulnerabilities and safeguarding issues are brought to the attention of BCUHB in a timely way.

6. Trauma Risk Management (TRiM)

Trauma Risk Management is a peer-led process that seeks to identify and assess the psychological risk to individuals who have experienced trauma in the course of their work.

Early identification of staff exposed to trauma, aids to promote a healthy workforce, by supporting the welfare needs of staff, and contributes towards reducing staff absence.

Following the introduction of Trauma Risk Management in May 2020 to March 2022 there have been seventy (70) incidents referred to Trauma Risk Management.

There have been forty-one (41) Trauma Risk Management referrals received during 2021-2022, compared with twenty-nine (29) in 2020-2021.

Assessment and Analysis

- Of the forty-one (41) cases referred, seventeen (17) had no further action.
  The rationale for no further actions has been due to the referrals being received outside the timescales as indicated in the Trauma Risk Management Standard Operating Procedure. There is a risk of re-traumatising staff members if the Trauma Risk Management is not undertaken within timescales. There were also some referrals deemed inappropriate in terms of not meeting the threshold for Trauma Risk Management and staff who were not employed by BCUHB.
- Examples of qualitative findings included: *"I think it is an excellent service and I have never felt as supported in my career as I do now, value the quick response time from incident to assessment, my feelings were listened too, benefitted me have time and space away from the office to discuss my feelings to an independent practitioner".*

- There are currently twenty-two (22) Trauma Risk Management Practitioners across the Health Board including four (4) Trauma Risk Management Managers. Some of the training was supported by Awyr Las funding.

7. Mental Capacity 'Amendment' Act 2019 and the Liberty Protection Safeguards

On the 17th of March 2022, the Welsh Government published the consultation on the Liberty Protection Safeguards (LPS) draft Regulations for Wales. Liberty Protection Safeguards will replace the Deprivation of Liberty Safeguards (DoLS) for all patients who need to be deprived of their liberty. Deprivation of Liberty Safeguards will continue as a process until all applications cease within the timeframe they are granted and will be replaced with a Liberty Protection Safeguards authorisation if that remains necessary. The first year of implementation will see the two processes work side by side.

BCUHB is fully engaged in the preparation and engagement for the implementation of Liberty Protection Safeguards which has implications financially, strategically and operationally. There are significant risks in managing the transition from Deprivation of Liberty Safeguards to Liberty Protection Safeguards, these are;

- New governance framework.
- The required expertise of the new legislation.
- Implementation and development of new Policy and Process.
- Implementation of the Mental Capacity Act at the front door.
- Education and Training for all BCUHB clinical staff groups.
- Increase in activity and Court of Protection activity.
- Enhanced scrutiny by Central and Welsh Government.

8. Deprivation of Liberty Safeguards (DoLS)

Like all NHS organisations, the significant increase in applications, legal challenge and Court of Protection activity has been seen by BCUHB.

The table below reports a 40% increase in applications for this period. This does not evidence the required resource and commitment to fulfill this legal requirement, which is fundamental to patient safety and experience.

Table 7 ***Activity data***

Urgent Applications (1 - 7 days)	20
Extended Applications (8 - 14 days)	24
Standard Authorisation (approved)	50
Allocated to Best Interest Assessor	14
Allocated to Section 12 (2) doctors	14
Applications under Scrutiny	7
Waiting to be Authorised	6
Backlog	36
Total	171

Welsh Government have recognised this increase in activity and they have acknowledged the delay in the receipt of the revised guidance has been challenging for all organisations.

To support the recognised challenges relating to Deprivation of Liberty Safeguards and the required organisational preparation for the new legislation, interim and non-recurring monies have been made available through funding streams.

We have continued to meet and fully engage with the Welsh Government funding process and monies are available to support interim arrangements.

The injection of additional funding is currently reporting and evidencing an improved training compliance with Mental Capacity Act training and Deprivation of Liberty Safeguards activity. This position will be reported to the Mental Health Capacity and Compliance Committee (MHCCC) in line with the reporting cycle for 2022-2023.

9. Corporate Safeguarding Risks

The Safeguarding Risk Register is formally monitored and reviewed at the Safeguarding Governance and Performance Group and the Risk Management Group and reported within the cycle of business following the Safeguarding Reporting Framework.

Two level 1 risk are identified, these are;

CRR21-14 - Risk: - There is a risk that the increased level of Deprivation of Liberty Safeguards activity may result in the unlawful detention of patients.

CRR21-15 – Risk: - There is a risk that patient and service users may be harmed due to non-compliance with the Social Services and Wellbeing (Wales) Act 2014.

There is a risk that the Health Board may not discharge its statutory and moral duties in respect of Safeguarding with regards to Safeguarding Adults and Children, Violence Against Women, Domestic Abuse, Sexual Violence (VAWDASV) including the wider harm agenda and Deprivation of Liberty Safeguards (DoLS) while recognising the activities of the Managing Authority and Supervisory Body.

10. Conclusion

Further evidence of progress and improvement, including the review of current practices are evidenced within this report and the supporting appendices.

However, despite the efforts and good will of staff within the Safeguarding and Public Protection Team it remains the case that the current structure cannot meet the level of demand, complexity and challenges that are evidenced within governance reporting.

The identification and monitoring of the risk register is fundamental to ensure controls are in place to support the reduction of risk to the service user and to the organisation.

On the 17th of March 2022, the Welsh Government published the consultation on the Liberty Protection Safeguards (LPS) draft Regulations for Wales. The implementation of

Liberty Protection Safeguards has implications financially, strategically, and operationally for BCUHB.

The level of specialist support for front line practitioners has been evidenced throughout this period. The challenges for the workforce impacts upon their safeguarding resilience and the need for immediate guidance and direction. The complexity and challenges are not evidenced in data, data itself is a snap shot and alone does not provide assurance.

Audit activities are key to evidence an improved position but by incorporating desk top reviews we are able to triangulate the evidence and gain assurance regarding understanding and learning.

Strengthening the safeguarding resource and ultimately the team, is seen as paramount to be able to continue to implement legislation and best practice throughout the organisation. Our aim is to provide a funded out of hours service, ensuring a person centered and preventative approach to safeguarding which is lawful and consistent and results in increased patient safety and a reduction of risk and financial or reputational damage.

With clear leadership and a strong focus on key priorities during 2022-2023 we will ensure that BCUHB's improved trajectory continues and is integrated in clinical practice.

Corporate Safeguarding Action Plan 2022-2023

Actions Log 2022-2023

Red	Incomplete
Amber	Partially complete
Green	Complete

Priority	Action	By Who:	By When:	RAG Status
Safeguarding Adults				
1	Roll out of the Enquiries Lead role across all areas of BCUHB as outlined in the Wales Safeguarding Procedures 2019.	Heads of Safeguarding Adults	March 2023	
2	Successful recruitment of all vacant posts within Corporate Safeguarding and consideration of the wider structure.	Heads of Safeguarding Adults	December 2022	
3	Action to work with WOD, Information Governance, NWP and Safeguarding in relation to agree template for reporting.	Heads of Safeguarding Adults	October 2022	
4	On recruitment of the Regional Safeguarding Adult/ Dementia Lead, commence mapping and scoping of patients within acute and community services.	Head of Safeguarding Adult / Regional Safeguarding Specialist Adult/Dementia	March 2023	
5	The Regional Adult/Dementia Safeguarding Specialist to continue to support the full implementation of All Wales Dementia Care Pathway of Standards into practice within BCUHB services.	Heads of Safeguarding Adults / Regional Safeguarding	December 2022	

		Specialist Adult/Dementia		
6	The Regional Adult/Dementia Safeguarding Specialist to explore the application of an observation tool within the district general hospital wards to provide assurance of person-centred care and wellbeing of individuals living with dementia at that time on Acute general Hospital wards.	Head of Safeguarding Adult / Regional Safeguarding Specialist Adult/Dementia	December 2022	
7	Scoping for service safeguarding needs along with under and over reporting of incidences for those individuals living with dementia receiving care on our general wards, community hospital and primary care.	Heads of Safeguarding Adults / Regional Safeguarding Specialist Adult/Dementia	December 2022	
8	To benchmark against relevant All Wales Dementia care pathway of standards in relation to ward/ service accreditation.	Head of Safeguarding Adult / Regional Safeguarding Specialist Adult/Dementia	March 2023	
9	To support the implementation of the Dementia friendly Hospital Charter.	Head of Safeguarding Adult / Regional Safeguarding Specialist Adult/Dementia	March 2023	
10	To support the Sexual Safety Group with training and evaluation of the co-produced MHLD guidance for patients and staff.	Head of Safeguarding Adult MHLD / Regional Safeguarding Specialist Adult/Dementia	September 2022	

11	To support the development and implementation of the Quality Assurance Framework for commissioned services, embedding Wales Safeguarding procedures into the programme.	Heads of Safeguarding Adults	November 2022	
12	Continue to explore ways of improving Mandatory training compliance within the Emergency Departments (E.Ds.') of BCUHB to be assured that the staff have the knowledge and skills to address presenting safeguarding concerns appropriately.	Head of Safeguarding Adults /Area Safeguarding Managers	December 2022	
13	Task and Finish Group to develop a streamlined appropriate Safeguarding reporting direct from Symphony.	Head of Safeguarding Adults /Area Safeguarding Managers	December 2022	
14	Support in the audit of compliance with Routine Enquiry Domestic Abuse within all Emergency Departments and Minor Injuries Unit.	Head of Safeguarding Adults /Area Safeguarding Managers	March 2023	
15	Corporate Safeguarding team to support Primary Care Directors to update their action plans outlining how they will address poor compliance within the identified Practices within this report.	Heads of Safeguarding and PD Leads	March 2023	
16	Corporate Safeguarding to continue to support and mentor BCUHB staff who are Reviewers and Panel Members to include sharing key themes from the reviews and producing 7-minute briefings to share for learning across BCUHB Safeguarding Forums and Governance meetings alike.	Heads of Safeguarding	March 2023	
17	Concise thematic review into completed desktop reviews and outcome to be shared widely in Safeguarding forums and supervision.	Heads of Safeguarding Adults /Area Safeguarding Managers	COMPLETED	

18	Undertake Desktop Reviews as required in line with the Safeguarding Escalation SOP. Learning from internal reviews to be shared at Safeguarding Forums both Area and MHLD.	Head of Safeguarding Adults /Area Safeguarding Managers	COMPLETED	
19	Relaunch our active offer of individual safeguarding supervision, along with group supervision.	Heads of Safeguarding Adults /Area Safeguarding Managers	September 2022	
20	Corporate Safeguarding to promote and provide further training to recruit up by 25% further Safeguarding Ambassadors for BCUHB.	Heads of Safeguarding Adults /Area Safeguarding Managers	March 2023	
21	Coordinate Quarterly Safeguarding Supervision with PALS team and embed learning from patient stories into Safeguarding Bulletin and 7-minute briefings so as this can be shared widely.	Heads of Safeguarding Adult MHLD / Regional Safeguarding Specialist Adult/Dementia	September 2022	
Safeguarding Children at Risk,				
22a	Conduct a larger scale regional retrospective audit of the quality of Child at Risk Reports Q3 & Q4.	Head of Safeguarding Children	March 2023	
22b	Quarterly Audit of Child at Risk Reports and findings report/action plan 2022-2023.	Head of Safeguarding Children	April 2023 Final Report	
23	Continued engagement in the Identification and Referral to Improve Safety Project in 2022-2023.	Head of Safeguarding Children	March 2023	

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)				
24	Continued engagement in the Independent Domestic Violence Advisor Project in 2022-2023.	Head of Safeguarding VAWDASV/Midwifery	March 2023	
25	Implement the All-Wales Minimum Standards into Domestic Abuse across all relevant areas in BCUHB.	Head of Safeguarding VAWDASV/Midwifery	COMPLETED	
26	Continue engagement and support with the ISO Standards.	Head of Safeguarding VAWDASV/Midwifery	March 2023	
27	Implementation of the updated All-Wales Female Genital Mutilation Clinical Pathway across BCUHB.	Head of Safeguarding VAWDASV/Midwifery	COMPLETED	
Safeguarding Midwifery				
28	Women's Division to lead, with support/engagement from the Safeguarding Midwives, on an audit of compliance with Routine Enquiry Domestic Abuse.	Head of Safeguarding VAWDASV/Midwifery	March 2023	
29	Midwifery Safeguarding Lead to undertake a review of the current model of the delivery of safeguarding supervision to midwives.	Head of Safeguarding VAWDASV/Midwifery	September 2022	
30	Information Sharing Pathway for BCUHB and The Countess of Chester Hospital to be devised and agreed.	Head of Safeguarding VAWDASV/Midwifery	December 2022	
31	Increase Safeguarding Ambassadors within the maternity settings.	Head of Safeguarding VAWDASV/Midwifery	March 2023	
32a	Working closely with the North Wales Reflect service, devise a training package for midwives to support and strengthen practice in the area of separation of babies from their mothers/parents.	Head of Safeguarding VAWDASV/Midwifery	March 2023	

32b	Working closely with women's services, scope opportunities to implement a 'memory box' for women who are involved in court proceedings.	Head of Safeguarding VAWDASV/Midwifery	March 2023	
MCA/DoLS/LPS				
33	To create a BCUHB Liberty Protection Safeguards (LPS) Implementation Group, which will include strategic and operational membership to ensure the full implementation of the new Mental Capacity (Amendment) Act (2019, **Mental Capacity Act 2005)** and code of practice relating to the LPS.	Heads of Safeguarding Adults	COMPLETED	
34	Implementation of the Safeguarding Business Case to support service delivery and provide a 7-day service	Heads of Safeguarding Adults	August 2022	
35	Review training compliance to ensure accuracy and target training data is on ESR.	Heads of Safeguarding Adults	June 2022	
36	Ratify and monitor the implementation of the strengthened CoP and S21A Appeal process.	Heads of Safeguarding Adults	COMPLETED	
37	DoLS Documentation Audit	Heads of Safeguarding Adults	May 2022	
38	Confirm and engage with the BCUHB Mental Capacity Act Lead	Heads of Safeguarding Adults	COMPLETED	
39	Complete actions and objectives in relation to Welsh Government funding	Heads of Safeguarding Adults	COMPLETED	
40	Engagement in Welsh Government MCA/LPS Consultation Programme	Heads of Safeguarding Adults	August 2022	

Appendix 1

Corporate Safeguarding Annual Report - Adults 2021-2022

1. Introduction

1.1 This report gives an overview of all Adult Safeguarding performance statistics held by Betsi Cadwaladr University Health Board (BCUHB)'s Corporate Safeguarding Team for the months of April 2021 to March 2022. It also shows how far the activities and priority initiatives indicated in the Corporate Safeguarding Annual Report for 2020-2021 have progressed.

1.2 The report contains information gleaned via learning and assurance in accordance with the 24 Strategic Priorities.

1.3 Evidence of change and impact on Safeguarding service delivery is clearly outlined within the main body of this report. This reflects the dynamic requirements of services during the COVID-19 pandemic to safeguard all patients, staff, and the organisation.

1.4 Although the COVID-19 pandemic continues to pose significant challenges to service provision there are notable achievements that have been made during this reporting timeframe. The achievements made are celebrated within the organisation.

1.5 This report's structure is based on the five (5) core aspects of the National Safeguarding Maturity Matrix (SMM).

1.6 The five (5) key elements of the Safeguarding Maturity Matrix reporting structure includes:

- Governance and Rights Based Approach.
- Safe Care.
- ACE informed.
- Learning Culture.
- Multi Agency Partnership Working.

1.7 Safeguarding Maturity Matrix is a quality outcome-monitoring tool designed to offer assurance, discuss best practices, and learn what is needed to implement safe and high-quality standards. This is in support of the upcoming 'Once for Wales' Safeguarding module, which will be implemented in 2021-2022.

1.8 For each element of the matrix the highest achievable score is five (5). BCUHB have been able to achieve the maximum score of 25 is achieved for 2020 and 2021 and this has been sustained through 2021-2022 thus evidencing the ability of BCUHB to maintain its improvements for each of the elements and their respective indicators.

1.9 The NHS Safeguarding Network, who reports to the Chief Nursing Officer for Wales at Welsh Government is provided with a collective report compiled by health boards and Trusts across Wales in relation to the SMM self-assessment.

2. Governance and Rights Based Approach

Rationale

2.1 It is an organisational requirement to have a clear line of accountability, without doubt or ambiguity about who is responsible at every level for the well-being and protection of adults at risk of abuse and neglect.

2.2 Adults at Risk – Performance and Activity

2.2.1 In 2021-2022, the Corporate Safeguarding Team have received 1407 Adult at Risk Reports from across BCUHB (this includes commissioned patients by BCUHB but receive care out of county). This is a 9.6% increase when compared to the data for 2020-2021 where 1284 Reports were received.

2.2.2 The activity from each of the areas within BCUHB is illustrated in Table 1. It identifies that Central and East saw an increase in adult at risk reporting and a reduction from the West area which continues the trend from 2020-2021. The initial increased reporting from the East attributed to increased activity and a change in service specific to Older People Mental Health within the MHLD Division. The safeguarding activity has been maintained despite the return of purpose of the inpatient provision within the East area MHLD Division. It is noted that across the East MHLD Division there has been a reduction in adult at risk reports. Within the Central area, an increase in safeguarding concerns and activity are associated to Care Homes contributing to the increase in adult at risk reports throughout the 2021-2022 period.

Table 1: Adult at Risk reports by Area 2021-2022.

Year	West	Central	East	Out of Area	Total
2020-21	463	358	444	19	1284
2021-22	402	435	517	53	1407
% Change	**↓ 13.2%**	**↑ 21.5%**	**↑ 16.4%**	**↑ 178.9%**	**↑ 9.6%**

2.2.3 In 2021-2022, 29% of reports came from the West, 31% from Central and 37% from the East. Both the Central and East areas have seen an increase when compared to last year's data and the West area has seen a decrease. The local authority with the most Adult At Risk reports during 2021-2022 is Wrexham (n=316). The Corporate Safeguarding team will explore this trend further within 2022-2023 as the number of reports alone does not directly correlate to an increase in safeguarding activity within the area.

It is however accepted that adult at risk reports do require the Designated Safeguarding Person to provide support to the staff and service that are involved in reducing the risks and or harm experienced by the individual/s who are subject to the reports.

2.2.4 The data from 2020 to this point could be viewed as an anomaly due to the COVID-19 Pandemic.

However, with a longitudinal view there has been an upward trend in Adult at Risk reports since 2017 as can be seen in Table 2 below. There is a myriad of potential causative factors to the upward trend, for example the implementation of the All Wales Safeguarding Procedures 2019, which has further increased staff awareness. Further rationale may be the continued presence and activity from the Corporate Safeguarding team in local and regional team meetings. This trend could also be aligned to the progression of the integration of Safeguarding Supervision into practice and the continuation of the Safeguarding Ambassadors programme for staff.

The Corporate Safeguarding Team Web Page contains useful information that can direct individuals to the process they need to follow and has the reports available for them to complete, the ease of this system could be also supporting the trend.

Table 2: Adult at risk reports by year.

Year	Reports
2016-17	986
2017-18	1034
2018-19	1113
2019-20	1219
2020-21	1284
2021-22	1407

2.2.5 It can be seen in Fig.1 below that during the government directed lockdown period and, in the month, following this, there is a decline in the number of Adult at Risk Reports. This is likely to be in relation to less professionals having in person contact with patients mostly in the community, care home or outpatient setting. BCUHB Corporate Safeguarding Team have worked closely with community colleagues to emphasise the need to have professional curiosity and consider safeguarding during those essential visits that are permitted during these times.

Fig 1: Adult at Risk reports April 2019 to March 2022.

2.2.6 Development of the role of the Designated Safeguarding Person (DSP) has continued in 2021-2022. This ensure ensures that staff who have concerns are supported at the earliest stage. This allows for immediate actions, required to make safe the individual/situation, to be undertaken and determine the appropriate safeguarding framework.

2.2.7 The Designated Safeguarding Person continue to work closely with staff, ensuring that on receipt of the adult at risk report they promptly request the details for assurance in relation to the safety of any individual(s). Supporting evidence of this can include updated care and treatment plans, risk assessments and where necessary more detailed interventions.

2.2.8 A workshop for Corporate Safeguarding Team around roles and responsibilities as outlined within the Wales Safeguarding Procedures 2019 was held in July 2021. The Standard Operating Procedures have been developed with the aim to reduce deviation from process and increase efficiency and parity of services offered across BCUHB. As the Corporate Safeguarding Team develops, this will be revisited in 2022-2023 reflecting the review of the adoption of the process thus far in 2021-2022.

2.2.9 The Wales Safeguarding Procedures (2019) has introduced a process that enquiries are led by the Local Authorities as Statutory Agencies. BCUHB have developed the role of Enquiries Lead to support this requirement. The first phase of the Enquiry Lead Roll out began in October 2021. Initially the evaluation and learning from the initial phase of roll out was planned for January 2022 with the further roll out across the Health board to follow this. However, it has not been possible to complete this review in the timescale envisaged as further COVID cases from the Omicron variant resulted in a surge of demand for services to focus on clinical priorities. This review will now take place in Q1 and Q2 2022.

2.2.10 In preparation, a survey has been sent to clinical areas in East and West Area that had been identified first implementation phase and where training had been provided. The clinical areas identified include both community and Inpatient services. The Local Authorities involved in the initial roll out (Wrexham Local Authority and Ynys Mon Local Authority) are aware of the clinical areas/teams who are participating.

Priority Action 1 (2022-2023).

Roll out of the Enquiries Lead role across all areas of BCUHB as outlined in Wales Safeguarding Procedures.	March 2023

2.2.11 All activity is reviewed and evaluated within the respective multi-agency Safeguarding Board Delivery Groups as well as internal (BCUHB) Safeguarding Forums. The benefit of multi-agency engagement allows for the triangulation of data and actions for implementation from the lessons learnt. An example of this is seen from the intervention and developments within Heddfan as outlined in 3.6 where multiple agencies worked collaboratively to achieve quality improvement and improved relationships, which ultimately provides enhanced care.

2.3 Category of Abuse

Table 3: Adult at Risk reports by Category of Abuse.

Category of Abuse	2020-21	2021-22	Trajectory
Neglect	488	503	↑
Physical	482	424	↓
Emotional	140	123	↓
Financial	72	83	↑
Sexual	55	47	↓
Multiple	0	126	↑
Not Recorded / N/A	42	100	↑
Self-Harm	5	1	↓
Total	1284	1407	

2.3.1 Table 3 records the Adult at Risk Reports from 2021-2022 by category of abuse. It also includes the trend compared to 2020-2021.

Allegations of neglect (this include Self-Neglect) is the most reported category of abuse for Adult at Risk Reporting from BCUHB. This is consistent with what had been recorded in 2020-2021. There has been increased Adult Safeguarding Supervision sessions in relation to self-neglect to respond to this continued increase. The Corporate Safeguarding Team have also become involved in the adverse discharge process where many reports in relation to neglect are generated where learning can be collated and shared. This forum had been stood down initially in 2021-2022 and was managed via the clinical governance team however at the latter part of Q4 (March 2022) these forums have resumed. These forums are multi agency and include local authority colleagues.

The learning outcomes are shared regionally through safety briefings and safety summits along with Putting Things Right (PTR) groups. The learning is

also aligned and added to Datix in the form of a Make it Safe process. Embedding this learning forum in all areas again will support an improvement in patient experience on discharge from hospital wards.

2.3.2 The themes and categories from the Adult at Risk Reports are \discussed within Safeguarding Supervision across the region may be maintaining the awareness of this category that may have been under reported prior to 2020.Prior to this physical abuse was the highest reported category. The increase in reports in relation to individuals in care homes could also be a contributing factor to the maintained number of reports.

2.3.3 When reported into areas, Table 4, shows neglect as the most prevalent in the Centre and East areas with, allegations of physical abuse most prevalent in the West. The possible rationale for this variation in the West area could correlate to an increased number of peer-on-peer altercations within the inpatient setting for individuals living with dementia. The difference between categories of neglect and physical abuse in central area is not statistically significant. There are similarities in relation to West and Central area regarding peer-on-peer altercations within the inpatient setting for individuals living with dementia.

There is a legal requirement to report alleged incidents of physical altercation between patients who are not able at the time to demonstrate capacity to decide on this action. Corporate Safeguarding team will continue to attend governance meetings to provide professional proportionate enquiry and encourage discussion.

Table 4: Adults at risk reports by category of abuse by area.

Category of Abuse	West	Central	East	Out of Area	Total
Neglect	119	143	231	10	**503**
Physical	137	140	125	22	**424**
Multiple	34	44	45	3	**126**
Emotional	40	36	43	4	**123**
Not Recorded / N/A	44	25	26	5	**100**
Financial	19	30	32	2	**83**
Sexual	9	17	15	6	**47**
Self-Harm	0	0	0	1	**1**
Total	**402**	**435**	**517**	**53**	**1407**

2.3.4 Corporate Safeguarding team have provided feedback in Safeguarding forums the increase in category of abuse not being recorded. In 2019-2020, there were 41 reports with the category of abuse not recorded, this is compared to the 42 recorded in 2020-2021. The figure for 2021-2022 has increased to 100.This can delay the deployment of appropriate guidance and support. In a wider context the emerging themes may not be able to be identified as quickly so as preventative intervention can be sought.

2.4 Location of Alleged Abuse

Table 5: Adults at risk reports by location type.

Location Type	2020-21	2021-22	Trajectory
Care Homes	419	499	↑
Own Home	399	469	↑
MH Units	266	176	↓
Wards	121	139	↑
Other/Not Recorded	79	124	↑
Total	**1284**	**1407**	

2.4.1 Table 5 shows that reports from Care Homes have seen a 19% increase, (419 reports in 2020-2021 to 499 reports during 2021-2022).

2.4.2 As a result of this increase, Care Homes are the most prevalent location of abuse. They account for 35% of reports submitted. The increase is likely down to the factor that within this period an increased number of professional bodies have now been able to attend care home facilities following the restrictions from the COVID-19 pandemic.

2.4.3 The Corporate Safeguarding team continue to work closely with CHC teams, Area Practice Development practitioners and District Nurses in addition to colleagues within the Local Authority and Care Inspectorate Wales to review cases, and support early intervention and prevention.

Safeguarding Supervision with District Nursing teams has increased across all regions to strengthen the application of the All Wales Safeguarding Procedures (2019).

2.5 Adults at Risk – Performance and Activity overarching for MHLD

Table 6: MHLD Adult at Risk reports by area.

Year	West	Central	East	Forensics	Rehab	Learning Disability	Total
2020-2021	125	89	128	7	1	71	421
2021-2022	71	62	93	8	3	86	323
Year on Year % Increase/decrease	**↓43%**	**↓30%**	**↓27%**	**↑14%**	**↑200%**	**↑21%**	**↓23%**

2.5.1 Table 6 highlights that in 2021-2022 there have been 323 Adult at Risk Reports sent from the MHLD division which equates to 23% of all Adult at Risk Reports received. The number of submitted Reports has reduced by 23% in comparison to the 421 MHLD reports received during 2020-21. This change in reporting within the MHLD Division is a direct result of targeted engagement between MHLD staff and the organisational Designated Safeguarding Person (DSP) prior to submission. In addition, the most engagement with Safeguarding Supervision support sits within the MHLD Division. This supplies an added layer of safeguarding awareness and support.

2.5.2 Corporate safeguarding continues to attend MHLD specific governance meetings. These include the MHLD Regional Falls group, Putting Things Right (PTR), and the MHLD Safeguarding Forum. These arenas give opportunity to share learning and good practice within the MHLD division as well as supporting discussion around recent incidents and activity.

Fig 2: MHLD Adult at Risk reports by Alleged Perpetrator.

2.5.3 The alleged perpetrator is recorded as other patient in 42% (n=138) of MHLD reports.

37% (n=118) of the MHLD reports have been with regards to patient on patient alleged physical abuse. This percentage is down from the 47% of 2020-21 data.

This improvement is due to the Corporate Safeguarding Team having worked in partnership with older adult inpatient Mental Health Units in relation to prevention and early intervention as well as collaborative working in producing behavioural support plans that are meaningful to the person to aid in reduction of risk of physical abuse towards others. It is important to record that consent from an alleged adult victim is paramount when considering reporting under the Adult at Risk framework. If the patient lacks the capacity to consent an MDT, held with all individuals involved in the patients' care, will decide the best course of action.

2.5.4 There has been continued support of the community rehabilitation services including targeted supervision with teams across BCUHB. There has been an improvement in the sharing of information in relation to rehabilitation services where an adult at risk process is being followed outside the geographical area of North Wales. This was previously a concern as Corporate Safeguarding team were not always made aware and therefore not involved in supporting BCUHB individuals where adult at risk reports had been generated.

2.5.5 Promoting the role of Designated Safeguarding Person has helped support this positive approach promoting the voice of the person to ensure they are being heard and supporting the person to achieve what they set as outcomes. Adult at risk process potentially previously been viewed as a process done as an immediate and automatic response to an incident rather than explored further once immediate make safe measures are in situ.

Through the Designated Safeguarding Person process the focus has been more on proactive and preventative interventions through earlier liaison.

2.6 HASCAS Investigation and Donna Ockenden Review

2.6.1 HASCAS 8 / Ockenden 6 recommendations have been completed. The increase in safeguarding activity, complexity and the introduction of new regulations has resulted in the review of the Corporate Safeguarding Team structure. The Corporate Safeguarding Business Plan is in a process of being finalised for submission. This includes new positions within the service, specifically three dedicated safeguarding specialists to support the MHLD Division, and to reinforce BCUHB's safeguarding commitments and to execute the new Mental Capacity (Amendment) Act 2019 and the Liberty Protection Safeguards Code of Practice.

Priority Action 2 (2022-2023).

Successful recruitment of all vacant posts within Corporate Safeguarding and consideration of the wider structure.	December 2022

2.7 Safeguarding Governance and Reporting Framework

2.7.1 The Safeguarding Governance Reporting Framework is used to ensure organisational wide reporting, escalation, and engagement. It has proven to be robust both at strategic and operational services level.

2.7.2 Review of the Adult Safeguarding Database has been completed within the target for completeness in March 2022. This Database supports the provision of richer data for reporting. Weekly monitoring of the data is undertaken to alert in real time any areas of activity that may require further Safeguarding support.

2.7.3 Attendance at the North Wales Safeguarding Board and supporting subgroups has been reported to be 100 % compliant by BCUHB Corporate Safeguarding. This enhances the North Wales' multi-agency approach to safeguarding by allowing learning and information sharing across all partner agencies therefore ultimately promoting and preventing those Adults at Risk.

2.7.4 All Adult at Risk activity continues to be monitored through attendance of the local HARMS and Putting Things Right meetings, Safeguarding Forums in turn report back to the Local Delivery Groups for each area.

2.8 Once for Wales Concerns Management System (OfWCMS)

2.8.1 The Once for Wales Concerns Management System will change in the way we report Adults and Child at Risk and will also change the way we submit Deprivation of Liberty Safeguards (and eventually Liberty Protection Safeguards) applications.

2.8.2 In addition, a comprehensive training programme will be needed to ensure that all staff are fully aware of the system and how to report concerns.

2.8.3 Corporate Safeguarding have engaged in CQMS meetings. Provided comments that were shared with PHW in relation to the Adult/Child at Risk reporting framework as currently the system would not meet statutory or regional requirements under the Wales Safeguarding Procedures.

2.8.4 Escalation of the proposed new system have bas been made to the North Wales Safeguarding Board as they were unaware of the Once for Wales Concerns Management System. Welsh Government and Public Health Wales have met with key stakeholders across North Wales, to include all 6 Local Authorities, with the view to the Local Authorities adopting the Once for Wales Concerns Management System into practice.

2.8.5 The team have had further engagement with Welsh Government regarding the development of a module for Liberty Protection Safeguards. This has activity has not progressed due to the delay in the release of the Liberty Protection Safeguards Code of Practice.

2.8.6 We will have continued engagement within local and national meetings and support ongoing consultation in relation to the potential implementation and impact of the new system. Multi-agency engagement to ensure that partner agencies are fully aware of any changes is undertaken and a review of all training packages is pending to ensure compliance.

3. Safe Care

3.1 Rationale

3.1.1 All organisations must have a safe recruitment process that considers the safety to children and adults at risk. Corporate Safeguarding Team has strong links with the regional outreach advisor for Wales DBS (Disclosure and Barring Service) and have had them present in Safeguarding meetings to enhance awareness of the service.

3.1.2 Safeguarding concerns about employees should be raised and addressed utilising an effective system that should be in place. Departments and professionals delivering services must take full consideration of their safeguarding responsibilities.

3.1.3 To support BCUHB to achieve the standard highlighted in 3.1.2, Corporate Safeguarding positively liaise with and support Human Resources services to promote compliance with DBS requirements and Section 5 (Allegations against Persons in Position of Trust) legislation.

3.1.4 Corporate Safeguarding Team have supported with 80 Section 5 referrals in relation to persons in Positions of Trust who are employees of BCUHB. This is an increase from 49 recorded in 2020-2021. The profile of this process has been increased through discussion in governance forums and through colleague's experiences.

Priority Action 3 (2022-2023).

Action to work with WOD, Information Governance, NWP and Safeguarding in relation to agree template for reporting.	October 2022

3.2 Safeguarding People living with Dementia

3.2.1 An appointment has been made to the role of the Regional Adult/Dementia Safeguarding Specialist for Safeguarding to strengthen the Dementia strategy and safeguarding structure. The post-holder's role will focus on supporting the most complex cases, where specialist knowledge and significant expertise will be required to ensure best practice is in place for Adults and Adults with both Dementia and/or Mental Capacity concerns. Scoping in relation to individuals living with Dementia on acute wards in district general hospitals and community hospitals and services has commenced. Early indications have guided supervision for ward areas in correspondence to advocating safeguarding for those people who are not able to fully instruct this process themselves.

Priority Action 4 (2022-2023).

On recruitment of the Regional Safeguarding Adult/ Dementia Lead, commence mapping and scoping of patients within acute and community services.	March 2023

3.2.2 The Adult/Dementia Safeguarding Specialist is a member of the National Steering group for Dementia in Wales along with the North Wales Regional Collaborative Team.

The focus of Q3 and Q4 was to begin the implementation of All Wales Dementia Care Pathway of Standards into practice. There has been progression in relation to standards pertaining to memory assessment services and community partnership working. These standards are reviewed within the North Wales Regional Collaborative and aspects in relation to Safeguarding are emphasised. Examples of this are supporting with advanced directives and lasting power of attorney at initial stages of diagnosis of Dementia. There is also now a focus on immediate emotional support following diagnosis in those following hours and weeks where the individual may be at greater risk of self-harm.

Priority Action 5 (2022-2023).

The Regional Adult/Dementia Safeguarding Specialist to continue to support the full implementation of All Wales Dementia Care Pathway of Standards into practice within BCUHB services.	December 2022

3.2.3 The Adult/Dementia Specialist has supported with the development of the Dementia Friendly Hospital Charter. This will be launched on 06/04/2022 with pilots in rehabilitation wards in partner health boards. The Adult/Dementia Safeguarding Specialist will work collaboratively with acute hospital wards and Dementia Consultant Nurses in the Health Board to embed the principles of VIPS framework in preparation for roll out in our health board.

The VIPS framework was developed by the university of Worcester and its acronym carries the below concepts

V - Values People through valuing and promoting a person's rights.

I - Individual needs, provides individualised care according to needs.

P - Perspective of the person, understand care from the perspective of the person living with Dementia.

S - Supportive social Psychology, promoting positive social environments to promote and maintain relationships.

3.2.4 In collaboration with multiple disciplines the Adult/Dementia Specialist has developed a pocket prompt for health care and nursing staff to improve experience of those individuals on our acute hospital wards living with Dementia.

3.2.5 In collaboration with Consultant Nurse for Dementia the Adult/Dementia specialist has completed a Dementia Care Mapping exercise in line with item 16 of the All-Wales Dementia Care Pathway of Standards. This was within an acute MHLD inpatient setting for People living with Dementia in the East area. Full Covid-19 precautions were followed. The provision of Dementia Care Mapping (DCM) will continue a 3 monthly basis and be replicated across all acute MHLD inpatient setting for People living with Dementia and expanded to Care of the Elderly Wards and Community Hospitals over the course of 2022-2023

Dementia Care Mapping is a valuable tool to evaluate and learn about person-centred enabling practice. By embedding this tool will help us to improve care across services. This tool will support evidence that ensures services are meeting and responding appropriately to people's needs at all stages of the person's journey. One example of practical learning that was immediately implemented from recent exercise, is we were able to identify a significant falls hazard where a low table was being misidentified as a continuation of the flooring. The table was removed, and this encouraged more independent mobility of individuals, which allowed more interaction with other peers and improve wellbeing. The appreciative focus of the feedback from the exercise allows staff to see the positive impact they can have and encourages this to be done more frequently to allow a greater sense of well-being for the individual in their care. The appreciative approach to feedback can also impact on staff well-being and resilience which is then returned in the compassion of care provided.

A second observation from the recent Dementia Care Mapping exercise was the ability to continue to communicate none verbally through facial expressions even though staff were wearing Personal Protective Equipment. Smiles were still initiated and shared by patients even though they were unable to see the staff members face there was a response to the potential feeling. This was particularly pertinent when providing comfort for a person in distress.

It is acknowledged that Dementia Care Mapping is not an approved tool for acute general district hospital settings, however, the application of its principles would be beneficial, and discussions are ongoing about how this will be progressed. In England there has been the use of an observation tool called sit and see that is approved for usage in acute general district hospital settings. Sit and See was developed by Lynne Phair and is noted in the Francis report (Hard Truths) in response to the Mid Staffordshire NHS Foundation Trust Public Enquiry as an example of good practice. Similarly, to Dementia Care Mapping Sit and see looks at holding the person living with dementia at the centre of the interaction and exploring how that interaction may be accepted by the person living with Dementia. Unlike Dementia Care Mapping it is not aimed at an appreciative enquiry format of shared feedback and is more direct in raising the issue identified. The format and repeatability of the sit and see session is not as evidence based as Dementia Care Mapping at this time but also is in its infancy in comparison. There is currently no member of BCUHB staff trained to practice sit and see despite its simple principles its application can only be completed following completion of training.

Priority Action 6 (2022-2023).

The Regional Adult/Dementia Safeguarding Specialist to explore the application of an observation tool within the district general hospital wards to provide assurance of person-centred care and wellbeing of individuals living with dementia at that time on Acute general Hospital wards.	December 2022

3.2.6 The Regional Adult/Dementia Safeguarding Specialist had been supporting the Central area Corporate Safeguarding Team as interim Area Safeguarding Manager whilst this position was being recruited into. This interim role has allowed for engagement with fundamental stake holders in the area which will support moving forward in their Adult/Dementia Safeguarding Specialist role. It is acknowledged that the scoping exercise with primary care and in particular GP surgeries has not been able to be initiated at this time due to resource capacity within the team.

Priority Action 7 (2022-2023).

Scoping for service safeguarding needs along with under and over reporting of incidences for those individuals living with dementia receiving care on our general wards, community hospital and primary care.	December 2022

3.2.7 Within Quarter 3 and 4 the Regional Adult/Dementia Safeguarding Specialist liaised with Hospital areas in relation to the safe re introduction of the John's campaign. These discussions were positive and liaison with Infection Prevention Control (IPC) Team to ensure that IPC guidance was met.

3.2.8 Once the role of the Regional Adult/Dementia Safeguarding Specialist is established it will enhance staff access to specialist support and guidance thus improving confidence to provide safe and effective care to adults, particularly those living with dementia. Through development of staff and services in line with the All-Wales Dementia Care Pathway of Standards and the implementation of the Dementia Friendly Hospital Charter there is expected improvement in the experience for patients.

Priority Action 8 (2022-2023).

To benchmark against relevant All Wales Dementia care pathway of standards in relation to ward/ service accreditation.	March 2023

Priority Action 9 (2022-2023).

To support the implementation of the Dementia friendly Hospital Charter.	March 2023

3.3 The Sexual Safety - Task Group

3.3.1 The MHLD Division have co-produced with Caniad service user led guidelines. The guidelines provide staff and patients for when an individual is admitted onto a Mental Health ward in relation to sexual safety. Consultation sessions took place across North Wales between BCUHB staff, partner agencies, third sector agencies and service users.

3.3.2 The final draft document has been ratified by The Policy and Procedure Group in MHLD. The Guidelines were presented to the Patient Safety and Quality Group in November 2021 and changes to the document were requested. The Interim Director of Nursing for MHLD is addressing these changes at the time of report.

3.3.3 The training sessions that were being delivered have not progressed. There have been changes within Caniad and the person from CAIS who had agreed to develop and deliver the training package is no longer able to do so and a replacement has not been identified.

Priority Action 10 (2022-2023).

To support the Sexual Safety Group with training and evaluation of the co-produced MHLD guidance for patients and staff.	September 2022

3.4 Commissioned Care

3.4.1 During 2021-2022 Corporate Safeguarding have continued to support colleagues by working in partnership with the independent sector, other commissioners, HIW, Police and Local Authorities to ensure residents are safeguarded. There have been several challenges during the COVID-19 Pandemic, including the safety of staff whilst undertaking key duties.

3.4.2 The Corporate Safeguarding Team continue to be fully engaged in the Care Home Quality and Safety Group meetings, the Quality Assurance Framework and support the Continuing Health Care Teams along with District Nursing Teams. This will allow for a focus on communication and engagement with care homes to improve outcomes with individuals receiving their service and provide specific support from a multiagency approach. This is reflected in the number of Adult at Risk Reports received from care homes.

3.4.3. Corporate Safeguarding team are also represented on the following task and finish subgroups:

- Clinical/Quality/Contract Monitoring.
- Data Collection and Triangulation.
- Individual and Staff Feedback.
- Education, Training, and support.

- Escalating Concerns.

This will assist in embedding the Wales Safeguarding Procedures 2019 into these processes and as such support the delivery of safe effective care in commissioned services. When subgroups have completed what is set out in the terms of reference this will form the basis of the framework.

Priority Action 11 (2022-2023).

To support the development and implementation of the Quality Assurance Framework for commissioned services, embedding Wales Safeguarding procedures into the programme.	November 2022

3.5 COVID-19 Response

3.5.1 The Corporate Safeguarding response to the COVID-19 Pandemic has been substantial. A Safeguarding COVID-19 Action Plan was developed to identify and action activity required to mitigate potential risks across the safeguarding agenda.

3.5.2 The Corporate Safeguarding COVID-19 plan has been successful in:

- BCUHB Corporate Safeguarding maintaining a presence in the clinical area where required to support patient cohort as well as staff.
- Virtual training continues to be provided. Group and Individual supervisions are being delivered either virtually or when safe to do so face to face.
- The virtual platform has aided in communication and engagement with services internally and externally with partner agencies.

Where the training statistics are low, managers are requested to develop action plans to address this. These are monitored through the Area Safeguarding Forums and Quality and Safety Groups.

3.5.3 BCUHB safeguarding have provided face to face safeguarding training to the mass vaccination centers in relation to capacity for people attending for their vaccinations including children.

3.5.4 Corporate Safeguarding have continued working with respective commissioning and CHC teams to review any concerns raised about all current BCUHB commissioned placements. This has resulted in risk assessed placement visits to support the escalating concerns agenda.

3.5.5 Working closely with clinical areas has continued where an improvement in quality of reports and associated risk documentation is required. This has included the delivery of bespoke training.

3.5.6 As the COVID-19 Pandemic continues, it is expected that we will continue to provide services in a format similar to that set out above, ensuring where required and safe to do so that there is a physical presence.

3.6 Mental Health & Learning Disabilities [MHLD] Inpatient Services

3.6.1 Following concerns raised in relation to specific cases relating to safeguarding at the MHLD units' various levels of activity to support immediate action, long term interventions and support, and current/historical safeguarding benchmarks was undertaken.

3.6.2 As a result, there is effective communication between MHLD services and Corporate Safeguarding as in the majority of cases contact is made prior to submission to discuss any potential Safeguarding Concerns. This promotes early actions and intervention to prevent ongoing or future incidents.

3.6.3 The quality of the Adult at Risk Reports being submitted was also highlighted as a concern. All staff Band 6 and above have received or are undertaking training on quality assuring the reports prior to submission. The quality of the reports has improved which has been reflected in feedback from the Local Authorities. This will continue to be reviewed as part of the Audit process with the division.

3.6.4 In 2021-2022 BCUHB published several reports into concerns about Mental Health inpatient units. Amongst the themes found from these reviews was the application of the Wales Safeguarding Procedures (2019) within daily practice.

3.6.5 In partnership between the corporate safeguarding team and MHLD services a Safeguarding Improvement Action Plan. One of the focus areas of the Action Plan was to support the MHLD Division to review staff understanding and application of Wales Safeguarding Procedures.

Through increased safeguarding supervision and engagement with staff we are able to show assurance that the risks and support needs of the person viewed as an Adult at Risk are fully considered by clinical staff involved, including when to submit an Adult at Risk Report, when to engage with the Corporate Safeguarding team, when to consider the risk of harm, abuse, or neglect (including self-neglect), and when to over-ride consent if somebody has fluctuating mental capacity.

3.6.6 In addition, the use of ‘professional curiosity’. Professional Curiosity is the skill to explore and understand what is happening with an individual or family. It is about enquiring deeper and using proactive questioning and challenge. It is about understanding our own responsibility and knowing when to act, rather than making assumptions or taking things at face value). It includes a greater appreciation of the correlation and increased risk factors and indicators relating to Mental Health, Cuckooing and County Lines drug gangs.

3.6.7 Following a serious untoward incident where a patient did not receive intervention as expected, the Corporate Safeguarding team provided an immediate and sustained response to support the improvement in practices within the area.

3.6.8 The application of the Divisional Observation Policy was highlighted as an immediate concern. The roles and responsibilities of all staff in relation to this were emphasised through management supervision and provided in writing to all staff across the Division for their awareness.

3.7 Emergency Departments (ED)

3.7.1 Concerns have been raised by our regulators Health Inspectorate Wales relating incidents within BCUHB Emergency Departments. Corporate Safeguarding have also noted the inferior quality of Child at Risk Reports, Safe Lives Risk Assessments and Adult at Risk Reports within Emergency Department provisions across BCUHB. It has also been identified times where Safeguarding has not been considered in the interventions taken by practitioners within the Emergency Department services. It must be acknowledged that the unprecedented pressure and demand on these departments to include staff absences due to sickness (to include COVID-19) and vacancies. In line with widespread practice within Corporate Safeguarding we have taken a supportive arm approach to assist in learning and improvement within the Emergency Departments.

3.7.2 Additional concerns highlighted included:

- Poor handwriting, record keeping and poor-quality scanning.
- Documents being incomplete, lacking context and delay in submission of reports.
- Patient presenting with multiple pressure ulcers these are not always appropriately recorded nor safeguarding consideration evidenced.
- Falls and their mitigation were not always supported by multifactorial falls risk assessment.

The combination of these themes results in individuals not always getting the treatment they require in a timely matter which may cause harm and distress. Where safeguarding processes are not followed this pose significant risk.

3.8. Positive approach and interventions

3.8.1 Safeguarding Area Managers have been in liaison with Heads of Nursing for Emergency Departments in relation to the development of the Safeguarding Improvement Action Plans for their respective area. This continues to be in progress alongside those plans following recent HIW reviews in both Ysbyty Gwynedd and Ysbyty Glan Clwyd Emergency Departments. The Head of Safeguarding Adults has instigated a Benchmarking Exercise across all 3 Emergency Departments. This has allowed for the sharing of information and learning and the implementation of good practice identified across the areas. This is undertaken in partnership with the Heads of Department and the close working relationships with the Area Safeguarding Managers. This has helped to develop relationships not just with Emergency Department and Corporate Safeguarding but also regionally between the Emergency Departments themselves.

3.8.2 It has been already identified that work is to be undertaken to streamline the Safeguarding Reporting on the Symphony System. The use of an appreciative approach and having a can-do attitude has supported the implementation of some initiatives across the regions. Some of the initial initiatives have been around raising awareness of reporting pressure ulcers on admission and also the facility to support patients who are waiting in ambulances to receive intentional rounding and assuring comfort needs are met during this stay.

3.8.3 Training compliance is highlighted as a considerable concern, particularly Violence Against Women, Domestic Abuse and Sexual Violence. The medical staff is a more significant challenge it is reported this is due to the high turnover of Doctors within Emergency Departments.

3.8.4 Safeguarding Area Managers have been in liaison with Heads of Nursing for Emergency Departments to address any barriers to this training. Safeguarding Practice Development Leads have removed any caps on attendance limits for the virtual training to facilitate attendance. Additional sessions have been facilitated for Emergency Departments staff to attend unfortunately attendance was poor. This is a priority action recorded in the Safeguarding improvement plan for all Emergency Department services in BCUHB.

Table 7: **Emergency Departments Training Compliance March 2022.**

ED March-22 Compliance	Staff	MCA – Level 1	MCA – Level 2	Adults – Level 1	Adults – Level 2	Children's – Level 1	Children's – Level 2	VAWDASV	Trend
YG Medical	52	55.8%	48.0%	59.6%	50.0%	78.8%	48.7%	46.2%	↓
YG Nursing	69	89.9%	88.4%	88.4%	85.5%	88.4%	67.7%	73.9%	↓
YGC Medical	39	56.4%	56.4%	61.5%	51.3%	59.0%	50.0%	38.5%	↑
YGC Nursing	96	74.0%	70.8%	74.0%	75.0%	69.8%	81.6%	63.5%	↑
WMH Medical	36	50.0%	50.0%	66.7%	55.6%	58.3%	78.0%	47.2%	↑
WMH Nursing	108	84.3%	78.2%	86.1%	83.9%	86.1%	87.0%	71.3%	↑

Priority Action 12 (2022-2023).

Continue to explore ways of improving Mandatory training compliance within the Emergency Departments (ED's) of BCUHB to be assured that the staff have the knowledge and skills to address presenting safeguarding concerns appropriately.	December 2022

Priority Action 13 (2022-2023).

Task and Finish Group to develop a streamlined appropriate Safeguarding reporting direct from Symphony.	December 2022

3.9 Audit Quality of Adult Safeguarding Documentation.

3.9.1 During 2021-2022 Desktop Reviews that were undertaken identified learning with common themes. These themes included inferior quality information within the reports and standards of associated Safeguarding Documentation such as Safeguarding Risk Assessments and Protection Plans that provide assurance that immediate safeguards are in place.

3.9.2 The audit commenced in April 2021 and consisted of ten (10) reports per quarter selected randomly. This process is completed by adult safeguarding specialists across each Area. The audit consists of 14 quality indicators with the option to include narrative qualitative information also. The synthesised data then supports in identifying themes and how any learning will be shared.

Reports are rated as Excellent, Good, Average or Poor.

Excellent - To achieve an excellent score at least 13 quality indicators need to have been achieved or rationale as to why not required.
Good - To achieve a good score at least 10 quality indicators need to have been achieved or rationale as to why not required.
Average - To achieve an average score at least 8 domains need to have been achieved or rationale as to why not required.
Poor - If less than 8 domains have been achieved the score should be recorded as poor.

3.9.3 The findings from the audit showed that overall, the reports have been of a good standard that has enabled the Adult at Risk Processes to continue. There were some reports that were found to have poor levels of detail recorded on them.

Table 8: **Audit analysis.**

Area	Excellent	Good	Average	Poor
East	18	16	3	3
Central	16	17	3	4
West	18	14	4	4

3.9.4 Where the reports are of an inferior quality this is addressed to the relevant clinician or clinical area. This also occurs when they are submitted, and the Designated Safeguarding Person undertakes their enquiries.

3.9.5 Actions:

1. Outcome of audits to continue to be shared within the relevant Safeguarding Forums and with the clinical areas that have been audited.
2. Areas where low standards are documented are identified to have their Safeguarding Training stats reviewed and an action plan requested to address the training levels.
3. Themes have been identified in the recording of the person's capacity or the need for advocacy.
4. A further theme that has emerged in Q3 and Q4 is there is limited information on the Adult at Risk report to identify what immediate actions to safeguard have been completed. This has been raised in supervision and will form the basis of reports and feedback within future Safeguarding Forums.

3.9.6 A further audit of quality for Adult at Risk reports was completed in parallel with the above but specifically for acute wards in Central Area.

Table 9: **YGC Audit Analysis.**

Reporting Quarter	Excellent	Good	Average	Poor
1	0	1	0	2
2	1	3	3	1
3	1	6	2	1
4	2	7	3	1

3.9.7 Themes for learning and development were as per broader scope audit:

- Not considering advocacy.
- Not recording person's views.
- Not including protection plan for the individual.
- Not including what has already been completed to immediately reduce risks.

Where the reports are of an inferior quality this is addressed with the relevant clinician or clinical area. This also occurs when they are submitted, and the Safeguarding Specialists undertake their enquiries.

3.9.8 Themes of Good Practice were also considered for the purpose of the specific audit for Central Area Acute wards and were as follows:

- Most Reports were timely.
- Informative as to what the concern being raised is.
- Always provided contact details of the person who can support with enquiries.

There is a trend of increasing reports being completed and submitted by Acute Wards at Ysbyty Glan Clwyd and is encouraging that there is also a trend for improved quality of the reports. 33% of reports were deemed good or above in Quarter 1 whereas almost 70% of reports are at this level in Quarter 4.

4. Adverse Childhood Experience (ACE) Informed

4.1 Rationale

4.1.1 Adverse Childhood Experiences (ACEs) such as sexual abuse, psychological/emotional abuse, physical abuse, domestic abuse, substance misuse, and mental illness have been shown to have a direct and immediate impact on a child's health and welfare, with long-term effects.

The safety of the child and the safety of the vulnerable adult who is responsible for caring for the child are inextricably intertwined. Reducing early exposure can reduce the influence on children and future generations.

4.1.2 To effectively determine risk and harm and the impact this has on others; the wider family must be considered during all health assessment activities and intervention. This is captured and reinforced in training, care planning and risk assessments.

4.2 Womens Pathfinder Process

4.2.1 Corporate Safeguarding has been attending the Womens Pathfinder (WPF) meetings on a monthly basis since its inception, as a 6 monthly pilot, during May 2021.

4.2.2 This is a conference that is led by the National Probation service however is a multi-agency therapeutic approach to caring for women offenders within the east area.

4.2.3 The case conference addresses the gender specific needs of women who are involved in the criminal justice system or those who may become involved. The aim is to promote positive well-being for women to support a reduction in offending/re-offending through a multi-agency, early intervention focusses and entire system approach towards support.

4.2.4 As an outcome, a package of care for women who are in or returning to the community with probationary orders is devised. It involves multi agency case discussions based around the content of the case conference report and includes the nature of the offending, reason for referral into the WPF, risk of serious harm information, needs and vulnerabilities, Information sharing from partners and appropriate actions set and allocated to relevant agency.

4.2.5 The benefits of the meeting include professionals having a better insight into the women's needs, avoids duplication of work and provides a more streamlined support approach.

4.2.6 It ensures that up-to-date information on local service provision. It also, importantly, reduces the need for women to repeat their history and personally disclose issues to multiple agencies and aids the women in being more confident in accessing services.

4.2.7 Other health representatives include, mental health, the harm reduction team in the Substance Misuse Service and also Flying Start.

4.2.8 From the Pilot's start on the 24th of May 2021 to the end of Q4, there have been a total of 26 cases discussed and BCUHB will continue to be engaged in this forum.

4.2.9 BCUHB Corporate Safeguarding will be participating in the review of the pilot.

4.3 Routine Enquiry Domestic Abuse in Emergency Department

4.3.1 Table 10 provides a sample of the number of adult attendances within the Emergency Departments at Ysbyty Gwynedd and Ysbyty Maelor whereby the HITS questions have been asked to adult patients. This sample data provides a baseline that is captured from the Symphony Patient Electronic System.

This will inform a registered audit on a quarterly basis for 2022-2023. Initial discussions have already taken place with the Heads of Nursing and Head of Safeguarding Adults.

Table 10: **Sample of Adult Attendances and HITS questions recorded.**

	Adult attendances	Number Adults HITS questions recorded	Number of adults not able to be asked
YG	3165	2942	89
YM	3499	117	575

4.3.2 Ysbyty Glan Clwyd Symphony System has only become live on the 1st of April 2022 and therefore same data was not available but will be for 2022-2023.

Priority Action 14 (2022-2023).

Support in the audit of compliance with Routine Enquiry Domestic Abuse within all Emergency Departments and Minor Injuries Unit.	March 2023

5. Learning Culture

5.1 Rationale

Promoting a positive culture of multi-agency learning to generate new learning, organisations can support continuous improvements in service delivery and practice. Feedback from patients and clients in the NHS must be used to monitor and improve the quality of services.

5.2 Adult Safeguarding Training

5.2.1 The following compliance data reports up to March 31st, 2022

Permanent and Fixed Term Temporary Staff

L1 Adults 84.82% L2 Adults 83.01%

Level 1 for adults has remained the same at the same percentage throughout 2022. Where the Level 2 for adults has improved. However, these remain below the 85% threshold required.

Both Level 1 and Level 2 training packages are completed via E-Learning. Level 3 Adult Safeguarding Training has been delivered via Teams. Face-to-face training delivery remains being delivered and this may be an impact on overall percentages as this had previously been the delivery method of choice for many staff.

Bank, Locum and Honorary

L1 Adults 67.28% L2 Adults 64.14%

Training compliance is monitored through the Safeguarding Forums in each of the three areas of the Health Board. Areas where compliance is lower than the 85% threshold are instructed to provide action plans as to how the training compliance is to be improved.

5.2.2 Safeguarding Level 3 training competencies are still not linked to individual staff on ESR. Corporate Safeguarding continue to raise this with WOD in both Mandatory Training Group and the Safeguarding Training Task Group requesting assurance and timeframes in relation to attaching Level 3 safeguarding training competencies to individual staff on ESR. The risk results in false assurance in the accuracy of compliance data reported to the Board. This is registered on the risk register Risks Risk ID 3756 (safeguarding) linked to Risk ID 4196 (WOD).

Table 11: **Level 3 safeguarding training sessions and attendances 2021-2022.**

West	Adult at Risk - Module A	Teams	1	18
West	Adult at Risk - Module B	Teams	1	19
East	Adult at Risk - Module A	Teams	1	4
East	Adult at Risk - Module B	Teams	1	5
Centre	Adult at Risk - Module A	Teams	1	15
Centre	Adult at Risk - Module B	Teams	1	16
				Total: 77

5.2.3 Table 12 highlights safeguarding compliance by area as a comparison from March 2021 to March 2022.

Table 12: **March 2022 Safeguarding Training Compliance by Area and Subject.**

Area March-22 Compliance	West	Central	East
MCA – Level 1	79.4%	77.0%	78.4%
MCA – Level 2	78.5%	79.6%	80.9%
Adults – Level 1	81.0%	78.5%	82.3%
Adults – Level 2	77.6%	78.1%	79.7%
VAWDASV	67.5%	65.6%	67.8%
Average Area Compliance	77.1%	75.8%	78.3%
Compliance Trend	↓	↔	↑

5.2.4 Continuing the trend of 2021-2022, the East area has the highest overall compliance of the three areas. Although the West is showing a decrease when compared to Q3, the reduction in compliance is minimal.

Table 13: **BCUHB Safeguarding Training Compliance by Module.**

Safeguarding Module	March 2021	March 2022	Trajectory
MCA – Level 1	74%	76.5%	↑
MCA – Level 2	75.4%	77%	↑
Safeguarding Adults – Level 1	76.9%	78.8%	↑
Safeguarding Adults – Level 2	75.2%	75.8%	↑
VAWDASV	75%	65.5%	↓

5.2.5 Table 13 identifies four out of the five safeguarding modules have seen an improvement when compared to 2020-2021.

5.2.6 Ysbyty Gwynedd medical and nursing staff have seen a decrease in overall compliance when compared to Q3. However, the reduction in compliance for nursing staff is minimal and they remain above the BCUHB target of 85% in five out of seven modules.

5.2.7 Ysbyty Glan Clwyd medical and nursing staff have seen an improvement with nursing staff seeing their overall compliance rise of 10 percentage points.

5.2.8 Ysbyty Maelor medical and nursing staff have also seen an improvement during Q4 with nursing staff reaching the BCUHB target in three of the Safeguarding modules.

Table 14: **March 2022 Safeguarding Training Compliance BCU Managed GP Practices.**

Mar-22 Compliance GP	Area	MCA – Level 1	MC – Level 2	Adults – Level 1	Adults – Level 2	VAWDASV
Canolfa Goffa Ffestiniog	West	73.7%	71.4%	68.4%	62.5%	63.2%
Longford House Surgery	West	77.8%	100.0%	77.8%	100.0%	66.7%
Criccieth Surgery	West	52.6%	50.0%	68.4%	70.0%	36.8%
Cambria Surgery	West	76.9%	83.3%	69.2%	75.0%	65.4%
Porthmadog Health Surgery	West	64.3%	83.3%	92.9%	83.3%	28.6%
Rhoslan Surgery	Central	10.5%	10.0%	15.8%	20.0%	10.5%
Healthy Prestatyn Iach	Central	89.0%	79.5%	76.8%	66.7%	78.0%
Rysseldene	Central	62.9%	70.0%	71.4%	60.0%	51.4%
Llys Meddyg	Central	0.0%	0.0%	0.0%	0.0%	0.0%
Meddygfa Gyffin	Central	100.0%	0.0%	100.0%	0.0%	100.0%
Beechley Medical Centre	East	40.0%	100.0%	40.0%	100.0%	50.0%
Pen y Maes Health Centre	East	75.0%	100.0%	83.3%	100.0%	83.3%
The Laurels Surgery	East	38.5%	100.0%	46.2%	100.0%	53.8%
Hillcrest	East	55.0%	66.7%	52.5%	53.3%	42.5%
St Mark's Dee View Surgery	East	88.2%	88.9%	94.1%	88.9%	88.2%
Panton Surgery	East	64.3%	83.3%	42.9%	50.0%	57.1%

5.2.9 Table 14 highlights that Safeguarding Training compliance continues to be an area of concern for most of the GP BCUHB Managed Practices. However, there is improvement whereby some modules are achieving above the BCUHB target of 85%. It is duly noted that % can be skewed when there is low staffing at the practices.

Priority Action 15 (2022- 2023).

Corporate Safeguarding team to support Primary Care Directors to update their action plans outlining how they will address poor compliance within the identified Practices within this report.	March 2023

5.3 Safeguarding Training Successes for the year 2021–2022

5.3.1 Bespoke Student Nurse Placement.
Corporate Safeguarding have worked collaboratively with Bangor University and BCUHB Nurse Education to offer 2nd year student nurses the opportunity to undertake a 5 day spoke placement with the Safeguarding Team. In preparation for the placement, all staff have been trained and an educational audit completed.

5.3.2 BCUHB Matron's Leadership Programme.
Corporate Safeguarding facilitated and developed a safeguarding workshop for the Matron's Leadership Programme and have been invited back to contribute to the 2022 programme.

5.3.3 North Wales GP Training Programme
Corporate Safeguarding facilitated and delivered Level 3 Safeguarding Training, & Child at Risk to 177 trainee GP's and GP Teachers. The evaluation was excellent, and a letter of thanks was received. We have been invited back to contribute to contribute to the 2022 programme.

5.4 Adult Practice Reviews (APR)

5.4.1 The purpose of Adult Practice and Domestic Homicide reviews is to clearly identify multi-agency learning for preventative and safe future practice.

5.4.2 Table 15 provides a numerical picture of the Adult Practice Reviews undertaken since 2018.

Table 15 **– Number of APR from 2018-2022.**

Year	Number live APRs	Number signed off	Number Ongoing
2018-2019	3	1	2
2019-2020	2	1	1
2020-2021	0	1	0
2021-2022	1	1	1

5.4.3 In 2018-2019, there were 3 ongoing Adult Practice Reviews, one (1) was signed off and two (2) carried forward to 2019-2020. There were no additional Adult Practice Reviews in 2019-2020 however of the two (2) carried forward one (1) was signed off. In 2020-2021 there were no additional Adult Practice Reviews however of the one (1) carried forward. There is currently one (1) Live Adult Practice Reviews.

5.4.4 Within 2021-2022 there is a new Live Adult Practice Reviews that has had an initial panel meeting. The Head of Safeguarding Adults is the Chair for this Adult Practice Reviews in addition to other staff from the Corporate Safeguarding team as a panel member to support to the BCUHB staff from appropriate services. They have coordinated early learning from initial analysis and there is a theme in relation to a lack of application of the Self Neglect protocol.

5.4.5 The monitoring of the learning is undertaken by the North Wales Safeguarding Adults Board and internally by the BCUHB Safeguarding Forums. All Adult Practice Reviews and Domestic Homicide Reviews are standing agenda items for monitoring at Area and Divisional Safeguarding Forums reporting to the Safeguarding Governance Performance Group.

5.4.6 Key themes identified from practice reviews from 2018 to 2022 include:

- Lack of Care Coordination.
- Poor communication both internally and across agencies.
- Agencies working independently rather than collaboratively.
- Poor training compliance at individual, service, and organisational level.
- The person causing the harm may not be identified as an Adult at Risk themselves.
- The quality of record keeping and documentation.
- Lack of awareness of North Wales Safeguarding Board Self Neglect Policy noting this requires further revision.
- Routine Enquiry Domestic Abuse consideration and implementation within Emergency Department.

5.4.7 The obligation for BCUHB to lead on specified actions delegated from the recommendations in collaboration with partner agencies will have an impact.

5.4.8 The learning from the Adult Practice reviews is disseminated in a multitude of ways predominantly including Safeguarding Forums across the region using various formats to aid learning such as 7-minute briefing, supervision, amended training packages, the Safeguarding webpage, the quality, and Safety meetings and in desk top reviews.

Priority Action 16 (2022-2023).

Corporate Safeguarding to continue to support and mentor BCUHB staff who are Reviewers and Panel Members to include sharing key themes from the reviews and producing 7-minute briefings to share for learning across BCUHB Safeguarding Forums and Governance meetings alike.	March 2023

5.5 Desktop Reviews

5.5.1 The Safeguarding Escalation standard operating procedure provides a clear process of what is required when Safeguarding meets the Level 3 criteria of the SOP. A desktop review may be required to establish areas of concern to support and implement further learning through the triangulation of data

5.5.2 In 2021-2022 there has been Four (4) completed Desktop Review under this framework. Desktop reviews reflect a setting's practice and provide recommendations that would improve safeguarding measures. Findings from the desktop review completed in this reporting time frame that correlate to those findings of six (6) previous desktop reviews completed by corporate safeguarding team since July 2018 are noted below:

Room for improvement and action:

- Staffing levels and skill mix.
- Lack of escalation.
- Communication both internally and externally to the area.
- The voice of the patient is often absent.
- Standards of documentation to include Safeguarding.
- Omissions of fundamental information in adult at risk reports.
- Not considering Safeguarding procedures for Pressure Ulcers, Falls, Medication Incidents and Adverse Discharges.
- Not involving Corporate Safeguarding Team in Make, it Safe reviews.
- Not highlighting Safeguarding has been considered when completing Datix.

Good Practice:

- Investment in development of staff.
- Principles of confidentiality followed.
- A desire for patient desired change.

Priority Action 17 (2022-2023).

Concise thematic review into completed desktop reviews and outcome to be shared widely in Safeguarding forums and supervision.	COMPLETED

5.5.3 Staff in the reviews have engaged in the improvement plan and fully embraced the process. The plan will be monitored within the area Safeguarding Forums ensuring learning is implemented across the area. This also formulates the chairs assurance report that is presented within the Safeguarding Governance and Performance Group. Corporate Safeguarding positively provide support in quality improvement projects and compliment this with Safeguarding Supervision sharing themes and trends from gathered data.

5.5.4 For the Llandudno Hospital review, additional quality improvement plan has been developed with support and engagement from an Independent Safeguarding Board member, Community Health Council as well as representation from the Tawelfan Families group. There is organisational wide learning for implementation to include those of Safeguarding improvements. All the Safeguarding Actions for Llandudno Hospital has been completed and implementation commenced in Holywell, Ruthin, and Denbigh Infirmary to date of report.

Priority Action 18 (2022-2023).

Undertake Desktop Reviews as required in line with the Safeguarding Escalation SOP. Learning from internal reviews to be shared at Safeguarding Forums both Area and MHLD.	COMPLETED

5.6 Outcome and Learning

5.6.1 All Adult Practice Reviews and Domestic Homicide Reviews are a standing agenda item for monitoring at Area and Divisional Safeguarding Forums reporting to the Safeguarding Governance Performance Group.

5.6.2 To gain additional assurance Corporate Safeguarding have developed an action plan to benchmark recommendations from high profile Regional and National Safeguarding Reviews and investigations. The implementation of this work will continue to be a key priority for 2022-2023 as learning emerges from Reviews. This will offer further assurance that lessons learnt have been implemented by the Health Board.

5.7 Safeguarding Supervision

5.7.1 Adult Group and Individual Supervision continues to be provided although this has not been able to be on the scale that was projected for 2021-2022. However, this still provides a further portal to promote the adult safeguarding agenda and support staff to engage in the Adult at Risk process.

5.7.2 Adult Safeguarding Specialists have been using three (3) formats of safeguarding supervision:

- Individual (one to one).
- Group supervision.
- Telephone guidance in line with Designated Safeguarding Practitioner role.

5.7.3 The Group Supervision allows staff to discuss cases, reflect and learn in a safe and supportive environment. These sessions are offered to all BCUHB services.

5.7.4 The engagement in Safeguarding Supervision in Quarter 1 and 2 of 2021-2022 was established within the MHLD Division. The offers had been extended to Community colleagues in Quarter 2 and 3 as they had engaged and expressed a significant interest in receiving Safeguarding Supervision. Unfortunately, due to the challenges experienced in resources in this timeframe face to face sessions were limited or not possible.

Nevertheless, telephone or Microsoft Teams contact for any supervision was always available and utilised.

Table 16: **Number of Supervisions held by category.**

East				
Mode of Supervision	Numbers			
	Q1	Q2	Q3	Q4
Individual Supervision	5	1	1	1
Telephone Guidance	242	327	394	407
Group Supervision sessions	6	3	3	6
Central				
Mode of Supervision	Numbers			
	Q1	Q2	Q3	Q4
Individual Supervision	4	3	8	9
Telephone Guidance	249	324	360	376
Group Supervision sessions	6	4	7	6
West				
Mode of Supervision	Numbers			
	Q1	Q2	Q3	Q4
Individual Supervision	3	3	4	3
Telephone Guidance	260	303	356	367
Group Supervision sessions	2	1	3	2

5.7.5 Table 16 highlights how the COVID-19 Pandemic has had an impact on the delivery of individual supervision. This has been further influenced by staffing vacancy in East and West area and long-term sickness in Central area.

5.7.6 Priority activity for Quarter 1 and Quarter 2 of 2022-2023 will be to relaunch our active offer of individual safeguarding supervision, along with group supervision. There has been development of a further database to help facilitate this and record it using the record of discussion format.

With this increase, the Corporate Safeguarding team has invested in staff supporting through supervision and with bolstering awareness and resilience. Responsive supervision has increased to attempt to meet the demands of services. The trend and collaborative expectations have been shared in each of the Safeguarding Forums.

5.7.7 The themes discussed on request of the staff included.

- Wales Safeguarding Procedures.
- Self-Neglect Procedure.
- Complex Cases.
- Personal Wellbeing.
- Keeping Safe.

5.7.8 Feedback from attendees continues to highlight the positive impact on practice from the supervision sessions.

Examples of initial feedback include:

"It was really helpful for the team to support us with safeguarding"

"It is great to have expert guidance & we look forward to the next session"

"You are making a real difference that has a clear benefit to staff"

Priority Action 19 (2022-2023).

Relaunch our active offer of individual safeguarding supervision, along with group supervision.	September 2022

5.8 Safeguarding Ambassadors

5.8.1 Engagement with Safeguarding Ambassadors continues and further training dates for 2022-2023 are to be arranged. Corporate Safeguarding are identifying the clinical areas where there are no Ambassadors to have a targeted approach for further recruitment. Safeguarding incidents and Desktop Reviews has enabled identification the link those areas where Safeguarding Ambassadors were very sparse or had none. The Ambassadors have proven and continue to do so, to be beneficial in supporting staff in the understanding of the Adult at Risk process with appropriate signposting an escalation to the Designated Safeguarding Practitioner and Safeguarding resources.

5.8.2 BCUHB total number of Safeguarding Ambassadors is currently 147 which is an increase from 2020 – 2021 where the number was 68. This is an increase of 116%, which is above our priority action of increasing Safeguarding Ambassadors by 25%. The current Safeguarding Ambassadors can be divided into the following:

- East – 49
- Central – 54
- West – 44

5.8.3 A Conference for Safeguarding Ambassadors was held during National Safeguarding Week in November 2021. This was well attended where a total of 45 Ambassadors attended and provided incredibly positive feedback and evaluation in relation to its content and quality of the presentations. Key issues were highlighted for ambassadors to take back to their area.

Priority Action 20 (2022-2023).

Corporate Safeguarding to promote and provide further training to recruit up by 25% further Safeguarding Ambassadors for BCUHB.	March 2023

5.9 Safeguarding Bulletin

5.9.1 Corporate Safeguarding continue to produce the monthly safeguarding bulletin. This was maintained throughout the COVID-19 Pandemic. The bulletin has been capturing relevant, topical, and current issues, as well as themes and trends specific to all aspects of the safeguarding agenda. Key messages have been shared to promote the practical and theoretical perspective of safeguarding which can be translated into practice. Items within the bulletin are directly linked to current practices and include live updates and communications to inform staff across BCUHB.
One of our learning Bulletins in relation to falls and the application of safeguarding received significant positive feedback from areas and was discussed at falls groups for MHLD division as well as in area falls groups.

6 Multiagency Partnership Working

6.1 Rationale

6.1.1 The protection and safeguarding of adults and children relies on multi-agency working and effective information sharing to improve services and outcomes for all.

6.2 Falls

6.2.1 During 2021-22, there were 4882 Datix Incidents in relation to Slips, trips, falls and collisions. This is a 4.3% decrease when compared to the 2020-21, when 5101 Datix Incidents were recorded. The continued focus on falls prevention could be a contributing factor in this initial reduction in recorded falls as much work was completed in relation to falls prevention and removing clutter from areas of high falls rates which was supported by Corporate Safeguarding Team.

6.2.2 Head of Safeguarding Adults or the Regional Safeguarding Specialist for Adults / Adults living with Dementia continue to attend Strategic Falls group and raise the profile of this within Safeguarding Forums and other governance meetings.

6.2.3 Level 1 e-learning training has been developed with colleagues at Wrexham Local Authority, Corporate Nursing and Corporate Safeguarding. This includes direction to consider safeguarding particularly during post fall review. This has been ratified and is available on ESR as a module A for everyone and Module B for clinical staff involved in falls management.

6.2.4 Members of the Corporate Safeguarding Team are co-authors of The Falls Policy referencing the Wales Safeguarding procedures.

6.2.5 Senior nursing teams, Clinical Governance and the wider MDT including corporate Safeguarding, review all falls with harm within the District General Hospital. This is within its own dedicated area meetings with community falls now also being discussed in the east area as part of their wider HARMS review process. Falls are also discussed within the MHLD division regionally. Corporate safeguarding team are a core member of these meetings and apply principles of enquiry to ensure learning is meaningful.

6.2.6 Level 2 falls training is being delivered via Manual Handling focussing on post falls management and includes direction to consider safeguarding post fall, signpost to the Designated Safeguarding Person and the Safeguarding Webpage.

6.2.7 Through desktop reviews it has been further confirmed that there remains no consistent correlation between falls reporting and adult at risk reporting. It is envisaged that the embedding of the Wales safeguarding procedures into the new falls policy and a consistent and mirrored direction in all training packages will create increased consistency in approaches taken.

6.2.8 The Safeguarding Learning Bulletin for July 2021 focussed on the correlation between falls and Safeguarding including scenarios and key messages.

6.2.9 Safeguarding continues to contribute towards the development of the Level 3 training.

6.2.10 Corporate Safeguarding to meet with Corporate Governance / Head of Quality Assurance in relation to falls and correlation to safeguarding going forward.

6.3 Multi Agency Public Protection Arrangements (MAPPA)

6.3.1 Multi Agency Public Protection Arrangements are the statutory arrangements for managing sexual and violent offenders. Multi Agency Public Protection Arrangements is not a statutory body, but it is a mechanism through which agencies can better discharge their statutory responsibilities and protect the public in a coordinated manner. Agencies always retain their full statutory responsibilities and obligations.

6.3.2 The Responsible Authority (RA) consists of the Police, Prison, and Probation Services. They are charged with the duty and responsibility to ensure that Multi Agency Public Protection Arrangements is established in their area and for the assessment and management of risk of all identified Multi Agency Public Protection Arrangements offenders.

Corporate Safeguarding representatives and MHLD Divisional colleagues contribute to the identification and assessment of risk and agree a multi-agency risk management plan.

6.3.3 Attendance at Multi Agency Public Protection Arrangements is mandatory and Corporate Safeguarding have a 100% attendance rate in 2021-2022.

Table 17: **Active Multi Agency Public Protection Arrangements cases Reviewed in 2021-2022.**

Area	MAPPA 2	MAPPA 3
Central	36	1
East	68	5
West	45	3
Total	149	9

6.3.4 In total there were 149 cases reviewed at Multi Agency Public Protection Arrangements 2 and 9 cases discussed at Multi Agency Public Protection Arrangements 3. The East area had the highest number of cases discussed in 2021-2022. Corporate Safeguarding Team maintained 100% attendance at all Multi Agency Public Protection Arrangements meetings, which supports the risk management of individuals open to this forum whilst also requiring health service provision from BCUHB.

6.3.5 There are monthly Multi Agency Public Protection Arrangements 2 meetings held for the six counties across North Wales. The frequency of the Multi Agency Public Protection Arrangements 3 meetings can vary depending upon dependent on risk and need.

Multi Agency Public Protection Arrangements 2 cases must be reviewed at a minimum of 16 weeks and Multi Agency Public Protection Arrangements 3 cases reviewed every 8 weeks as a minimum. (Multi Agency Public Protection Arrangements Guidance 2021).

6.3.6 In Quarter 2 BCUHB Corporate Safeguarding Team were invited to support in a Multi Agency Public Protection Arrangements Serious case Review. The focus of this is to examine whether the Multi Agency Public Protection Arrangements were effectively applied and whether the agencies worked together to do all they reasonably could to effectively manage the risk of further offending in the community.

6.3.7 Learning from Multi Agency Public Protection Arrangements serious case review has been shared in safeguarding forums and with appropriate services directly.

6.4 Modern Day Slavery and Human Trafficking

6.4.1 Corporate Safeguarding and Public Protection represent BCUHB on Regional Partnership Boards, including the North Wales Safeguarding Boards for Adults and Children. Vulnerability and Exploitation Board (County Lines and its related Harm Agenda is incorporate into the Vulnerability and Exploitation Board) in addition to the Modern Slavery Providers Forum. Corporate Safeguarding.

6.4.2 BCUHB provides services in line with the Social Services and Wellbeing (Wales) Act 2014, Serious Crime Act 2015, and other key legislation.

6.4.3 As an organisation BCUHB provides NHS provision in accordance with statutory legislation and is a provider and commissioner of services. This includes mental health/substance misuse and healthcare and treatment both in primary, community, and secondary care services for the victims of Modern Slavery.

6.4.4 With regards to Modern Slavery and all Safeguarding Concerns, Safeguarding and Public Protection within the Health Board is provided by a specialist team and consists of the following:

- The provision of Safeguarding advice.
- The implementation of Safeguarding legislation and guidance.
- Provides scrutiny and Quality and Governance within the Safeguarding arena.
- Development and implementation of Policies and Procedures/guidance specific to the NHS.
- Development and implementation of Training both mandatory and bespoke.
- Engagement and participation with partners and partner agencies on a multi-agency platform, Regional and National.

6.4.5 Training is mandatory for level 1 and 2 Adults at Risk and Children at Risk and also Mental Capacity Act level 1 and 2. This follows the NHS

Intercollegiate Documents for Health Care staff. Level 3 training is also provided in both Adults and Children which includes detailed information in relation to Modern Day Slavery.

6.4.6 Corporate Safeguarding Team attend Multi Agency Risk Assessment Conference Modern Day Slavery strategy meetings and all other safeguarding strategy meetings held under the Adult and Child at Risk legal framework.

6.4.7 Safeguarding Supervision is provided to practitioners who work within Adult and/ or Children services (this includes Mental Health Learning Disabilities and CAMHS. These supervision sessions can be on a one-to-one basis or within a group. Modern Day Slavery is incorporated into the sessions as well as other wider harm subjects.

6.4.8 Local Response to Ukrainian Refugees is also discussed at the Modern Slavery Forum. A regional Group is established within BCUHB which Corporate Safeguarding attends to support from Modern Slavery, Human Trafficking and Exploitation perspective.

6.5 Prevent

6.5.1 On behalf of BCUHB, the Director of Safeguarding and Public Protection attends the CONTEST Board. Head of Safeguarding Adults attends All Wales PREVENT meetings to receive regular updates from the Welsh Extremism and Counter Terrorism Unit. BCUHB has a perfect attendance record.

6.5.2 Although a suspect package was found at Ysbyty Maelor Wrexham, this turned out to be a false alarm. However there has been terrorism activity in the UK in the last 12 months increasing the threat level that currently reported as SUBSTANTIAL.

The threat levels are designed to give a broad indication of the likelihood of a terrorist attack.

- LOW means an attack is highly unlikely.
- MODERATE means an attack is possible, but not likely.
- SUBSTANTIAL means an attack is likely.
- SEVERE means an attack is highly likely.
- CRITICAL means an attack is highly likely in the near future.

6.5.3 Corporate Safeguarding are work collaboratively and proactively with the Associate Director of Occupational Health Safety and Security and his team in relation to security in addition to the Head of Emergency Preparedness & Resilience, Planning.

6.5.4 A BCUHB Bomb Threat and Suspect Package Policy has been developed with consideration to Corporate Safeguarding Team involvement within the Policy.

6.5.5 An SBAR has been submitted to request that Home Office E learning is Mandatory to all BCUHB staff. This will be reported to the PSQG.

6.6 Advocacy

6.6.1 Corporate Safeguarding engage and liaise directly with advocacy services across North Wales to ensure the patients individual rights are upheld. The offer of advocacy is now a legal requirement and is embedded into law. Corporate safeguarding team promote the appropriate use of advocacy within the DSP role.

6.6.2 A priority for 2020-2021 was to engage and support commissioning services to review the contract for the advocacy service. This was initiated in Quarter 2 where the Head of Safeguarding Adults MHLD was an active part of the commissioning providing expectations in relation to their responsibility in relation to Safeguarding.

6.7 Patient Experience

6.7.1 Corporate Safeguarding Team within Quarter 4 have been further developing relationship with the Patient Advice and Liaison Service (PALS). This is becoming a positive bilateral relationship where Corporate Safeguarding Team are providing support to the Patient Advice and Liaison Service in relation to identifying Adult at Risk and wider safeguarding concerns. Corporate Safeguarding Team are able to further learn directly from the individual or their carer/representative which further enhances training and supervision.

Priority Action 21 (2022-2023).

Coordinate Quarterly Safeguarding Supervision with PALS team and embed learning from patient stories into Safeguarding Bulletin and 7-minute briefings so as this can be shared widely	September 2022

6.8 Patient Story

6.8.1 The patient story of MD was shared with Corporate Safeguarding team by the Patient Advice and Liaison Service during an initial supervision session, as they believed this was a story personal to Mr D but with shared themes from other people's experiences. It also highlights several of the key priorities for Corporate Safeguarding for 2022-2023.

6.8.2 **Overview of story**

"I am an unpaid carer for my mum suffers who has severe mixed dementia. My mum cannot go anywhere on her own at all so, when she was admitted to hospital by ambulance with chest pain and vomiting, I drove to the hospital to accompany her.

Whilst we were in the hospital, I felt that my mum was ignored for hours and no support was offered to help her, or me as her carer. Staff did not seem to acknowledge her dementia diagnosis and showed no awareness that her being left for many hours with no treatment would escalate her agitation. I was left to deal with her extremely distressed state alone, with very little support from staff. Although I repeatedly asked for a butterfly to be put above her bed, to indicate to staff that my mum had dementia, this was never done.

Also, a very important letter that I must carry with me to explain my mum's dementia diagnosis was lost whilst my mum was in hospital, and I had to request that another one be sent to me by her psychiatrist.

More robust dementia awareness training needs to be put in place to ensure all staff are aware of how to recognise and deal with dementia patients. The Butterfly Scheme needs to be implemented in the Emergency Department and the butterfly symbol should be supplied above the bed and on the notes of all dementia patients as a signifier to staff that they are dealing with a dementia patient".

6.8.3 **Key message**

It is appreciated that there can be delays within the Emergency Department due to the demand and capacity issues. This can result in long wait in Emergency Department for elderly patient who have little communication or support offered to them – Corporate Safeguarding Team are working closely with Emergency Department across BCUHB to implement positive practices to improve the experience for people living with dementia, this has included:

- orientation clocks.
- reduced clutter.
- dementia friendly signage.
- raising the profile of those people living with dementia and their carers.
- Benchmarking of good/ best practice.

6.8.4 **Learning**

Patient's dementia diagnosis was not considered, and patient was left for a long time without treatment - Supporting the person not the problem is a mantra to have in all agencies. Corporate Safeguarding Team have commissioned production of a brief dementia pocket guide for ward-based staff to follow.

Patient's carer was not acknowledged or supported - Corporate Safeguarding team are supporting the reintroduction of John's Campaign and sharing its purpose.

Butterfly scheme was not implemented in the Emergency Department – Corporate Safeguarding team have been actively engaged in the development of the Wales Dementia Friendly Hospital Charter which not only looks at embedding the identification scheme whether that be Butterfly or Daisy but also further must take actions to support the well-being of the person living with dementia and their carer in our hospital environments. The roll out of this will be Q3 and Q4 of 2022-2023 but in the interim the Corporate Safeguarding Team will support the Dementia Consultant Nurse to begin to explore and embed the principles into practice.

Appendix 2

Corporate Safeguarding Annual Report - Safeguarding Children at Risk, Safeguarding Midwifery and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) 2020-2021

1. Introduction

1.1 This report (April 2021 – March 2022) provides an overview of progress made in relation to the activities and priority actions highlighted in the Six-Month Report for 2021-2022.

1.2 This report specifically relates to the three areas, Safeguarding Children at Risk, Safeguarding Midwifery and Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV).

1.3 The reporting framework is based using the five (5) key domains of the National Safeguarding Maturity Matrix (SMM).

2. Governance and Rights Based Approach

Rationale

2.1 There should be a clear line of accountability, without doubt or ambiguity about who is responsible at every level for the well-being and protection of children. The United Nation's Convention on the Rights of the Child states that children should be free from abuse, victimisation and exploitation. The environments where children are treated should be safe, secure and child friendly.

Safeguarding Children at Risk

2.2 Safeguarding Maturity Matrix (SMM)

2.2.1 The Safeguarding Maturity Matrix is a quality outcome monitoring tool with the aim of capturing and collating a national Safeguarding Maturity Matrix providing assurance, shared practice and drive improvements towards a 'Once for Wales' consistent approach to safeguarding.

2.2.2 The Safeguarding Maturity Matrix is a self-assessment of safeguarding arrangements by each Health Board/Trust. The five standards assessed are Governance and Rights Based Approach, Safe Care, Adverse Childhood Experiences Informed, Learning Culture and Multi Agency Partnership Working. The highest achievable score is five (5) for each standard giving a total score of twenty-five (25).

2.2.3 BCUHB achieved a score of Fourteen (14) in 2018, a score of Twenty-three (23) in 2019 and a score of Twenty-five (25) in 2020 and 2021. This demonstrates excellent continued and consistent progress and is achieved by evidencing service quality improvements, full engagement in multi-agency arrangements and demonstrating good examples of evidenced based learning.

2.2.4 By contributing to this work BCUHB can inform the national picture report through the NHS Safeguarding Network to the Chief Nursing Officer in Welsh Government.

2.2.5 In 2021-2022, an All-Wales Task and Finish Group was developed to review the Safeguarding Maturity Matrix to ensure it remains fit for purpose.

2.3 Children at Risk Performance Reporting

2.3.1 In 2021-22, the Corporate Safeguarding Team received 3642 Child at Risk reports. This is a significant increase of 17% when compared to the 3116 Child at Risk reports received during 2020-21.

Figure 1: Child at Risk Reports (May 2019 – March 2022) with the Welsh Government COVID-19 lockdowns indicated.

2.3.2 Figure 1 highlights the impact of COVID-19 and the national restrictions / lockdowns implemented by the UK and Welsh Government. Reductions in Child at Risk reports are primarily attributed to the impact upon staffing and service delivery in conjunction with the national guidance in place at that time. For this reporting year, Figure 1 demonstrates a rise in reports against the organisations average, with peaks in September and December 2021. A dip in reporting was observed in July and August 2021 which coincides with children and young people being absent from school for the summer holidays.

2.3.3 There was a significant increase in reporting rates in September 2021 this is attributed to the submission of retrospective reports. Some reports had only been submitted to the Local Authority at the time of initial reporting. This was addressed by the Area Nurse Directors BCUHB wide communication highlighting the correct process. The issue will be logged for discussion at Area Safeguarding Forums and escalated as an alert to the Safeguarding Governance and Performance Group if required.

Table 1: **Child at Risk reports per 10,000 under 18 population.**

2021-2022	Under 18 Population	Reports	Reports per 10,000 Under 18
West	36,553	596	163.1
Central	40,683	1059	260.3
East	61,112	1928	315.5

2.3.4 The East area has the highest number of Child at Risk reporting as demonstrated in Table 2, the reports per 10,000 children is considerably higher than the West and Central areas which is consistent with last year's statistics. This in part can be attributed to population size of under 18-year-olds.

2.4 Reports by Location and Report-Makers Designation

Table 2: **Child at Risk reports by Designation of referrer.**

Designation of Referrer	Reports	Proportion of Reports
Emergency Department	906	24.9%
Other	759	20.8%
Health Visitor	666	18.3%
Midwife	566	15.5%
Child Adolescent Mental Health Service (CAMHS)	423	11.6%
School Nurse	107	2.9%
General Practitioner	84	2.3%
Children's Ward	74	2%
Substance Misuse Service (SMS)	46	1.3%
Not Recorded	11	0.3%

2.4.1 Emergency Department (ED) staff continue to submit the highest number of reports accounting for 24.9% of all reports. The 'other' category accounts for 20.8% and these cover a very wide spectrum of services.

2.4.2 This suggests that additional training and supervision may be required in these areas, and this will be addressed as a priority activity in Q1 & Q2 2022-2023.

Table 3: **Reports with the outcome recorded as more information required by designation of referrer.**

Designation of Referrer	2021-2022				Total	%
	Q1	Q2	Q3	Q4		
Other	4	25	18	17	**64**	31.5%
CAMHS	2	8	9	10	**29**	14.3%
ED	7	11	4	6	**28**	13.8%
Health Visitor	6	7	7	8	**28**	13.8%
GP	1	7	6	5	**19**	9.4%
Midwife	4	6	6	2	**18**	8.9%
SMS	2	2	1	3	**8**	3.9%
School Nurse	2	2	2	0	**6**	3.0%
Children's Ward	0	1	1	0	**2**	1.0%
GP and HV	0	1	0	0	**1**	0.5%
Total	**28**	**70**	**54**	**51**	**203**	

2.4.3 53.3% of reports that recorded the outcome as No Further Action, were submitted from Emergency Department. This highlights a significant percentage and may be an indicator of over reporting. The safeguarding team will continue to monitor this as part of registered audit activity and reports will be produced to reflect the findings.

2.4.4 There is a live Emergency Department Improvement Action Plan which incorporates monitoring an auditing of Child at Risk reports and this is under weekly review. Each Child at Risk report is reviewed by the Safeguarding Liaison Specialists. Inferior quality reports are addressed at source through supervision and signposting to additional training. Report writing forms part of the Safeguarding Mandatory Training packages.

Figure 2: Child at Risk reports by Area.

2.4.5 The highest referrers of Child at Risk reports during 2021-2022 are the Emergency Department. This replicates the trend we saw in 2020-21. As highlighted above a significant percentage of reports were submitted from Ysbyty Wrexham Maelor Emergency Department. 32.7% (n=630) of Child at Risk reports from the East were submitted by the Emergency Department.

Similarly, to the East, the Emergency Department in Ysbyty Gwynedd submitted the highest proportion of reports in the West.

In contrast, the Emergency department generated only 8% of reports from the Central area, with midwives being responsible for the highest proportion of reports (26.4%) in the Central area.

Figure 3: Child at Risk Reports by Area, 2019-2022.

2.4.6 Figure 3 demonstrates that all three areas of BCUHB have seen a year-on-year increase in the number of reports. Central had the most significant increase in Child at Risk Reports evidenced by the 30% uplift from 2020-2021 to 2021-2022.

2.4.7 The Corporate Safeguarding Team have supported the introduction of the Wales Safeguarding Procedures through additional training and supervision. The increased reporting rates may be attributed to this in addition the reduction of COVID-19 restrictions making children more visible to services.

2.5 Child at Risk reports by age group.

Table 4: **Child at Risk reports by Age Group.**

Age Group	Unborn	<5	5-10	11-15	16-18	Not Known	Total
2020-2021	415	1006	494	711	407	83	3116
2021-22	488	1163	482	943	437	129	3642

2.5.1 The age group with the highest number of reports (32%) is the under 5s and this is consistent across all the areas. When combined with Unborn's this makes up 45% of all Child at Risk reports submitted by BCUHB.

2.5.2 The age group within this reporting timeframe with the largest increase of reports compared to 2020-2021 was 11-15. This saw an increase of 33% and correlates with high-risk complex cases of young people presenting with mental health issues and emotional dysregulation.

2.6 Themes of Abuse

2.6.1 Where themes of abuse have been recorded in the first half of 2021-2022, the most prevalent type of alleged abuse is emotional, existing in almost a quarter of all Child at Risk reports submitted. Neglect accounts for over 17% of reports and physical abuse is recorded in 10% of reports.

2.6.2 It must be noted that almost 43% of reports have no theme of abuse recorded. The recording of themes needs to be improved across the region so that intervention can be targeted, and needs led. A priority action will be to undertake an audit of the Child at Risk database to monitor themes and trends which will inform future practice, training and best outcome for Child and young people.

2.7 Reason for referral

Figure 4: Child at Risk reports by Reason for Referral.

2.7.1 Figure 4 above indicates the most predominant reason for a report to be completed. Therefore, there is clear evidence that threshold for harm or concerns has been met.

2.7.2 The West area by proportion of all child at risk reports makes more reports for early help and care and support than the other two areas.

2.8 Outcome of Child at Risk Reports

Table 5: **Child at Risk reports outcomes by Local Authority Area.**

Area	Outcome			
	Outcome Received	Outcome Outstanding	Total	% of outcome received
Ynys Mon	93	196	289	32.2%
Gwynedd	122	185	307	39.7%
Conwy	1	399	400	0.3%
Denbighshire	71	588	659	10.8%
Flintshire	612	224	836	73.2%
Wrexham	180	912	1092	16.5%
Out of Area	7	52	59	11.9%
Total	**1086**	**2556**	**3642**	**29.8%**

2.8.1 Of the 1086 outcomes received, 334 (30.8%) were closed with no further action. In the period 2021-2022 this was 30%. The percentage remains almost static, however this is a high percentage which needs to be reviewed. It may be an indicator of over reporting and or poor-quality reports which are not providing detailed information to support safe decision making.

2.8.2 The Head of Safeguarding has formally raised the matter of lack of outcomes data with the North Wales Heads of Children's Services. This is Continuing piece of strategic partnership work that will continue in Q1 (2022-2023). Were data will be reviewed in partnership with the relevant local authorities. Escalation to North Wales Safeguarding Board if Outcome data continues to cause concern.

2.9 Audit of Child at Risk Reports

2.9.1 The audit commenced in April 2021 and consists of five reports a month selected randomly. This process is completed by Children's safeguarding specialists across each Area, Central, East and West along with Safeguarding Midwifery specialists across the region.
Reports are rated as Excellent, Good, Average or Poor.

Excellent - To achieve an excellent score at least 14 domains need to have been achieved or rationale as to why not required.

Good - To achieve a good score at least 10 domains need to have been achieved or rationale as to why not required.

Average - To achieve an average score at least 8 domains need to have been achieved or rationale as to why not required.

Poor - If less than 8 domains have been achieved the score should be recorded as poor.

Table 6: **Evaluation scores per area.**

Area	Excellent	Good	Average	Poor
East	11	5	5	9
Central	8	15	4	3
West	8	9	11	2

2.9.2 As all Child at Risk reports are reviewed by a Safeguarding Children's Specialists, timely feedback can be offered to the referrer. Immediate safeguards can be addressed at source and any additional training and supervision required can be arranged.

2.9.3 There have been specific supervision sessions held in each area within Emergency Departments to help increase awareness of the expected standard. This has been in a cascade model with Matrons and the Leadership Team which allows for common practice concerns to be highlighted with the team in safety brief/safety summit.

2.9.4 Following completion of the Child at Risk audit a report will be constructed offering an overview of its findings and highlighting areas of good practice and areas where additional work is required. This will be set as a priority activity for 2022-2023.

Priority Action 22a & 22b Children at Risk (2022-2023).

a) Conduct a larger scale regional retrospective audit of the quality of Child at Risk Reports Q3 & Q4.	March 2023
b) Quarterly Audit of Child at Risk Reports and findings report/action plan 2022-2023.	April 2023 Final Report

2.10 Section 47 Child Protection (CP) Medical Examinations

2.10.1 239 Child Protection Medical Examinations have taken place across BCUHB during 2021-2022. This is a 5% increase in comparison to the 227 examinations conducted during 2020-2021.

2.10.2 The data below also includes children and young people from outside the area who has had an examination within BCUHB.

Table 7: **Child Protection Medical Examinations by Year.**

Year	Examinations
2016-17	296
2017-18	273
2018-19	259
2019-20	277
2020-21	227
2021-22	239

2.10.3 When reviewing the examinations that have taken place during 2021-22, we find that the East area has been the location of the most examinations accounting for 50% (n=119).

2.10.4 Both the West and the Centre have seen a decrease in the number of examinations during 2021-2022 when compared to last year, with the West recording the fewest examinations of the three areas of BCUHB overall.

Figure 5: Child Protection Medical Examinations by Area.

2.10.5 Suspected physical abuse continues to be the most prominent reason for examinations as demonstrated in the graph below. From Figure 6 below, we can see that the number of both physical and sexual abuse cases has increase in 2021-2022 and the number of neglect cases has decreased.

Figure 6: Child Protection Medical Examinations by alleged abuse type.

2.11 Child Protection Peer Review Meetings

2.11.1 The monthly Peer Review meetings continue to take place in each of three Hospital sites across the Health Board. All Paediatricians (Community and Hospital) are invited to attend. Each case is reviewed and uploaded onto a shared drive. This is to facilitate the sharing of learning across BCUHB.

2.11.2 Since the COVID-19 arrangements have been in place meetings have been held virtually and attendance has improved. The meetings continue to be held virtually at the time of report.

2.12 Safeguarding Children Supervision Sessions

2.12.1 As an organisation BCUHB is committed to ensuring that both supervisors and supervisees are clear about their roles, responsibilities, and accountabilities in relation to the protection of children, adults and their families. Safeguarding Supervision continues to be provided in line with the Safeguarding Supervision Procedure SCH01.

2.12.2 There are four types of recognised safeguarding supervision:

- Individual (one-to-one) supervision.
- Group supervision involving a team, or a group of different disciplines.
- Telephone advice / consultation.
- Face to face supervision.

2.12.3 Newly qualified or newly appointed health visitors, school nurses and midwives working with children (including unborns) are offered supervision with the identified Safeguarding Specialist initially on a monthly basis. The frequency of this is then reassessed in accordance with the clinician's competence which will be agreed between the supervisor and supervisee.

2.12.4 Practitioners returning from long term leave must participate with supervision within the first month of returning to practice.

2.12.5 All caseload holders for children, including school nurses, health visitors, community midwives and Child Adolescent Mental Health Service Practitioners will actively engage with one-to-one supervision six monthly as a minimum.

Responsive Supervision

2.12.6 The Safeguarding Team are available to support BCUHB employees should they wish to discuss a safeguarding concern or reflect on recent practice. The supervision is available on demand, and it may be over the telephone, face to face, individual or in a group setting.

2.12.7 The mode of supervision will be agreed between the supervisor and supervisee according to identified need. This may also be initiated by the Corporate Safeguarding Team if required to support active cases, reflective learning and as necessary initiate activity for the purpose of reducing risk and potential harm.

2.12.8 A record of agreed actions will be made on the 'Record of Discussion'.

2.12.9 Table 9 highlights the data in relation to supervision. 100% compliance has not been achieved across the region. The challenges have been in part due to staff redeployment and long-term sickness. There has also been long-term sickness and vacant caseloads within the Corporate Safeguarding Team which has resulted in some supervisions not being completed within policy timescales. Compliance rates in the West were particularly low in Q4, this was due to long term sickness, maternity leave and redeployment in the teams. Two sessions were postponed by the Safeguarding Team due to COVID-19 related staff sickness.

Table 8: **Regional Supervision Data**

	Numbers (Compliance %)							
	Mode of Supervision							
	Individual Supervision				Group Supervision			
Area	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Wrexham	32 (93%)	12 (90%)	41 (91%)	42 (93%)	2	2	5	0
Flintshire	53 (93.6%)	44 (95%)	37 (89.6%)	36 (88%)	2	2	3	0
Conwy	22 (91%)	3 (73%)	23 (94%)	12 (96%)	2	1	2	1
Denbighshire	10 (65%)	8 (75%)	21 (85%)	16 (92%)	1	2	1	2
Anglesey	11 (89%)	9 (90%)	10 (95%)	10 (91%)	1	2	1	1
Gwynedd	25 (79%)	21 (98%)	30 (90%)	10 (59%)	1	2	1	1

2.12.10 Topics of discussion have included.

- Parental mental health issues.
- Parental substance misuse.
- Young Person mental health issues.
- Domestic abuse.

These discussions have been linked to cases and facilitated the sharing of good practice and lessons learnt. Changes in practise and any current new legislation are also discussed.

2.12.11 A continuing theme within safeguarding supervision is the on-going constraints to the school nursing service. Safeguarding commitments remain high with practitioners having high numbers of children on the child protection register and or with local authority involvement. The school nursing service report that they are receiving an escalating number of children presenting with mental health concerns requiring enhanced intervention and service. Ad-hoc supervision continues as required and is delivered via telephone and Teams. Band 5 School Nurses have been offered supervision and these sessions have been arranged for Q1 and Q2 2022-2023.

2.12.12 Supervision prior to March 2022 was provided both face to face and via telephone and teams. The majority was provided via teams due to the ongoing COVID-19 arrangements. Telephone advice is ongoing. As the COVID-19 restrictions are being relaxed the aim for 2022-2023 to re-establish more face-to-face sessions. These however will be risk assessed prior to being undertaken to ensure staff safety.

2.12.13 The Liaison Specialists have maintained a presence in the emergency Departments and paediatric wards throughout 2021-2022. The COVID-19 restrictions did have an impact on accessing the clinical areas.

The COVID-19 status of the ward and the Personal Protective Equipment Requirements for the area were assessed before staff accessed them.

2.12.14 There will be increased supervision and face to face contact delivered by corporate Safeguarding as part of the ongoing Emergency Department Action Plans.

2.13 Group Supervision

2.13.1 Group supervision sessions are delivered in addition to and not instead of individual supervision. These sessions provide the opportunity for all attendees to discuss/share situations which may have been causing concern, or which may have gone well, or to critically look at scenarios.

2.13.2 Group supervision also provides an arena for reflective learning, training and supporting newly qualified and inexperienced professionals.

2.13.3 Group supervision is facilitated by the Safeguarding Specialist. The sessions are open to all staff and dates are available on the Safeguarding Webpage. If additional teams wish to arrange a supervision session, they can contact the Safeguarding Team in their area.

2.13.4 Sessions also provide an opportunity for the Safeguarding Team to update staff on any new developments within the safeguarding arena. The sessions also provide an opportunity to invite multi-agency specialist practitioners to discuss their roles in Safeguarding, thereby illustrating the importance of effective multi-agency communication and working together in order to safeguard children at risk of harm.

2.13.5 A record of attendees is held by Corporate Safeguarding. During the reporting timeframe there has been a focus on the following safeguarding themes:

- Wales Safeguarding Procedures (2019).
- Domestic Abuse and the Multi Agency Risk Assessment Conference.
- Abolition of Reasonable Punishment Act.
- Lessons Learnt from Practice Reviews.
- Substance Misuse and Mental Health.
- Child Exploitation.
- Child at Risk Reports and themes during COVID-19.
- Professional Curiosity.

2.13.6 There have been Thirty-Seven (37) Safeguarding children supervision sessions provided in this reporting period across the region. There has been total of 535 attendees.

2.13.7 All group sessions undertaken have been delivered virtually in line with COVID-19 guidance.

2.13.8 Feedback from Safeguarding Children group supervision is reported below as an average for each question out of a possible five (5):

- The session met my expectations and was relevant to my area of work – 4.7.

- The facilitator was able to promote the inclusion of those in attendance and encourage participation – 4.8.
- Participants were able to set the agenda and drive discussion – 4.5.
- The facilitator was able to answer questions clearly with expertise – 4.8.
- Group supervision enhances my ability to be an effective practitioner – 4.7.

2.14 Children (Abolition of Defence of Reasonable Punishment (Wales) Act 2020

2.14.1 The legislation gained Royal Assent and became an Act on the 20th of March 2020. The Act was implemented on the 21st of March 2022. This Act removes the defence of reasonable punishment if cases reach court.

2.14.2 The Head of Safeguarding Children attends the National Operation, Guidance and Training Group, looking at reviewing processes and updating guidance/training within organisations.

2.14.3 A Strategic Implementation Group with supporting working groups were developed to drive this agenda forward, ensuring BCUHB will be compliant with their statutory duties. A target date for completion of the work was February 2022 and this deadline was met.

2.15 Ward Accreditation

2.15.1 Corporate Safeguarding continue to provide safeguarding reports to assist in the Accreditation process.

2.15.2 Corporate Safeguarding have completed two (2) reports for Children's wards during 2021-2022. These reports highlight good safeguarding practice in addition to offering recommendations for improvement as required.

2.15.3 In October 2020, a Guidance was developed to support the process of sharing safeguarding information supporting the Ward Accreditation Reviewers in their assessment.

2.16 Procedure for the Safeguarding of Children and Young People Admitted to Adult-Based Wards and Environments

2.16.1 Across BCUHB children and young people are admitted to adult-based wards and environments for various medical and surgical assessments/interventions. In 2020, a review highlighted a total of 600 children and young people were admitted.

2.16.2 The procedure ensures the health and well-being of children and young people, up to the age of 18 years, is promoted and safeguarded when they are cared for within what is traditionally viewed as adult-based wards and environments, across BCUHB.

2.16.3 The aim of the procedure is to gain assurance all health practitioners understand their role and responsibilities and provide guidance on identifying and escalating risks relating to Children and Young People on adult-based wards and environments.

2.16.4 The procedure has been ratified at Patient Safety and Quality Group in Q2 and implemented. Quarterly audits by the Secondary Care Directorate will take place to monitor compliance.

3. Adverse Childhood Experiences (ACE) Informed

Rationale

3.1 Adverse Childhood Experiences such as exposure to abuse and harm, for example, sexual abuse, psychological/emotional abuse, physical abuse, domestic abuse, substance misuse and mental illness are known to have a direct and immediate effect on a child's health and wellbeing with potential lifelong consequences.

3.2 The safety of the child and the safety of the vulnerable adult with care giving responsibilities are intrinsically linked. Preventing early exposure can reduce the impact on children and future generations**.**

3.3 Looked After Children (LAC)

3.3.1 The accountability and portfolio for the Looked After Children Service sits within the Children's Division and outside of the Corporate Safeguarding Team. The Head of Safeguarding Children attends the quarterly Looked After Children Team meetings to share up to date knowledge/good practice and learning regarding safeguarding. This ensures good two-way communication between both services.

3.4 Safeguarding Supervision data

3.4.1 The standard agreed for Looked After Children Nurses is that they attend six monthly safeguarding supervision and have access to all group supervision sessions. Supervision Compliance Data is 100% for Looked After Children nurses. Safeguarding continues to support and ensure best outcomes for Children and young people as part of BCUHB corporate parenting responsibilities.

3.5 Exploitation and Child Sexual Abuse

3.5.1 There are no current Child Sexual Exploitation Operations taking place across North Wales.

3.5.2 In light of Section 6, Wales Safeguarding Procedures, the All-Wales Practice Guidance on Child Sexual Exploitation, a Regional Safeguarding Children Board Task and Finish Group is in place, to consider the implementation of a regional Child Sexual Exploitation Screening Tool. This will provide consistency across all partner agencies in the identification of Child Sexual Exploitation in Children and Young People.

3.5.3 The National Child Sexual Exploitation Action Plan and the Tackling Child Sexual Abuse Strategy (2021) remains a priority action of the Regional Safeguarding Children Board will full engagement from BCUHB.

3.5.4 A Multi-Agency Regional Child Sexual Abuse Action Plan is to be developed hosted by the Regional Safeguarding Children Board and a full evaluation will take place by the Centre of Expertise on Child Sexual Abuse with commitment and engagement from BCUHB and their partners.

3.5.6 Members of BCUHB Corporate Safeguarding Team completed a 10-month Child Sexual Abuse Practice Lead Course and are developing an Action Plan to raise awareness for BCUHB staff. A Child Sexual Abuse Training package is also being developed. A Child Sexual Abuse presentation was delivered during National Safeguarding Week.

3.5.7 Safeguarding Specialists continue to attend the Child Sexual Exploitation panels across the region and contribute to the risk mitigation plans.

3.5.8 Child Sexual Exploitation remains a standard topic within the Safeguarding Mandatory Training Plan and has been revised to reflect the Wales Safeguarding Procedures.

4. Learning Culture

Rationale

By promoting a positive culture of multi-agency learning to generate new learning organisations can support continuous improvements in service delivery and practice. Feedback from within the NHS is used to monitor and improve the quality of services.

4. Training

4.1.1 Safeguarding training compliance data is obtained monthly from the Electronic Staff Record to review and monitor the safeguarding compliance across the health board in all safeguarding modules. A blended methodology continues to work well in the current climate and Corporate Safeguarding continue to monitor the situation and review accordingly.

4.1.2 Risk Register – ID 3756 highlights that Safeguarding Level 3 training competencies are still not linked to individual staff on Electronic Staff Record. Therefore, this results in false assurance in the accuracy of compliance data reported to the Board.

Corporate Safeguarding and Workforce and Organisational Development can now access risks: Risk ID 3759 (safeguarding) and Risk ID 4196 (Workforce and Organisational Development). Corporate Safeguarding have requested a meeting with Workforce and Organisational Development to discuss if they can provide assurance and timeframes in relation to attaching Level 3 safeguarding training competencies to individual staff on Electronic Staff Record.

4.1.3 Level 3 training compliance is reported within Level 2 and this process is managed by the training team within Workforce and Organisational Development. As Level 3 cannot be accurately reported Corporate Safeguarding have added this to the risk register.

4.2 Training Compliance

Table 9: **March 2022 Safeguarding Training Compliance by Area and Subject.**

Area March-22 Compliance	West	Central	East
Children – Level 1	80.1%	76.6%	81.1%
Children – Level 2	76.1%	75.1%	77.8%
Average Area Compliance	77.1%	75.8%	78.3%
Compliance Trend	↓	↔	↑

- The East area has the highest overall compliance of the three areas.
- Although the West is showing a decrease, the reduction in compliance is minimal. Table 10 highlights safeguarding compliance by area as a comparison from March 2021 to March 2022.

Table 10: **BCUHB Safeguarding Training Compliance by Module.**

Safeguarding Module	March 2021	March 2022	Trajectory
Safeguarding Children – Level 1	76.3%	77.4%	↑
Safeguarding Children – Level 2	74.8%	73.7%	↓

- Level 3 has seen a slight decrease. This linked COVID-19 pressures across the health board.

4.2.1 Emergency Departments Training Compliance

Table 11: **March 2022**

ED March-22 Compliance	Staff	Children's – Level 1	Children's – Level 2	Trend
YG Medical	52	78.8%	48.7%	↓
YG Nursing	69	88.4%	67.7%	↓
YGC Medical	39	59.0%	50.0%	↑
YGC Nursing	96	69.8%	81.6%	↑
WMH Medical	36	58.3%	78.0%	↑
WMH Nursing	108	86.1%	87.0%	↑

- Ysbyty Gwynedd medical and nursing staff have seen a decrease in overall compliance. However, the reduction in compliance for nursing staff is minimal.
- Ysbyty Glan Clwyd medical and nursing staff have seen an improvement with nursing staff seeing their overall compliance rise of 10 percentage points.
- Ysbyty Maelor medical and nursing staff have also seen an improvement during Q4 with nursing staff reaching the BCUHB target of 85%.

4.2.2 BCUHB Managed GP Practices

Table 12: **March 2022 Safeguarding Training Compliance BCUHB Managed GP Practices.**

March 22 Compliance GP	Area	Children – Level 1	Children – Level 2
Canolfa Goffa Ffestiniog	West	63.2%	62.5%
Longford House Surgery	West	66.7%	66.7%
Criccieth Surgery	West	68.4%	70.0%
Cambria Surgery	West	61.5%	66.7%
Porthmadog Health Surgery	West	78.6%	50.0%
Rhoslan Surgery	Central	21.1%	30.0%
Healthy Prestatyn Iach	Central	79.3%	71.8%
Rysseldene	Central	60.0%	40.0%
Llys Meddyg	Central	0.0%	0.0%
Meddygfa Gyffin	Central	100.0%	0.0%
Beechley Medical Centre	East	50.0%	66.7%
Pen y Maes Health Centre	East	83.3%	100.0%
The Laurels Surgery	East	53.8%	100.0%
Hillcrest	East	57.5%	60.0%
St Mark's Dee View Surgery	East	82.4%	88.9%
Panton Surgery	East	64.3%	66.7%

- Table 12 highlights that Safeguarding Training compliance continues to be an area of concern for most of the GP BCUHB Managed Practices.
- However, some practices are achieving above the BCUHB target of 85% compliance in some Safeguarding Modules.

This data indicates that there needs to be focused action plan as key priority across 2022-2023. To work ensure there is positive increase and compliance. Safeguarding will work with Primary Care leads to ensure this implemented and monitored across the forthcoming reporting period of 2022-2023.

Table 13

July 22 Compliance GP	Area	Children – Level 1	Children – Level 2
Blaenau Ffestiniog Surgery (B205)	West	81.0%	77.8%
Cambria Surgery (B291)	West	62.1%	57.1%
Criccieth Surgery (B227)	West	73.3%	77.8%
Longford House, Holyhead (B294)	West	70.0%	66.7%
Porthmadog (B202)	West	60.0%	50.0%
Healthy Prestatyn (B152)	Central	78.3%	71.1%
Llys Meddyg (B116)	Central	0.0%	0.0%
Rhoslan Surgery (B120)	Central	36.8%	44.4%
Rysseldene Surgery (B122)	Central	61.8%	42.1%
Beechley (B257)	East	70.0%	100.0%
Hillcrest (B260)	East	68.1%	71.4%
Panton Surgery, Holywell (B182)	East	50.0%	33.3%
Pen y Maes (B244)	East	76.9%	83.3%
St Marks (B185)	East	84.2%	88.9%
The Laurels Surgery (B186)	East	53.3%	100.0%

4.3 Child at Risk Level 3 Programme of Learning

4.3.1 Safeguarding Children at Risk Level 3 is co-ordinated via 3-year training plan incorporating specific safeguarding topics identified from recommendations of child practice reviews and national reviews.

4.3.2 Topics include:

- Non-Accidental Injuries.
- Fabricated Induced Illness.
- Parental Neglect.
- Mental Health and Parenting.
- Lessons Learnt from Child Practice Reviews.
- Health Pre-Birth Assessment.
- Female Genital Mutilation.

4.4 Safeguarding Ambassadors

4.4.1 Engagement and support for Safeguarding Ambassadors continues, and further training dates for 2022-2023 are to be arranged. Corporate Safeguarding will continue to identify the clinical areas where there are few or no ambassadors to address the shortfalls in those areas. There have also been areas identified for ambassador training via desktop reviews.

4.4.2 Our total number of Safeguarding Ambassadors is currently one hundred forty-seven (147) and this is an increase of thirty-three (33) since during the Q3 and Q4. This is extremely encouraging and reflective of the awareness that safeguarding is the responsibility of all.

Table 14: **Safeguarding Ambassadors.**

Area	East	Central	West	Total
Total number of ambassadors	49	54	44	147

4.4.3 A Conference for Safeguarding Ambassadors was held during National Safeguarding Week in November 2021. A total of thirty-five (35) Ambassadors attended. This was positively evaluated by those who attended and will be run again during safeguarding week of the next reporting year.

Recommendation Child at Risk 2022-2023.

2 a) Additional Training sessions to double the number of Ambassadors in 2022-2023	Review end of Q2. Completion March 2023

4.5 Child Practice Reviews

4.5.1 There are currently five open child practice reviews across the Health Board.

Four (4) of these are within the East Area and one (1) within Central Area. There are no open Child Practice Reviews in West Area however a case will be submitted to the Child Practice Review Subgroup for consideration in May 2022. One (1) of the Child Practice Reviews in East is being progressed by Shropshire rather than North Wales Safeguarding Board.

4.5.2 In Central alongside the open case already identified there are two (2) further cases awaiting the initial Panel meetings which are scheduled for May 2022. There is also a further application been submitted for discussion at the next Child Practice Review sub-group.

4.6 Learning from Child Practice Reviews

4.6.1 Two (2) of the Child Practice Reviews One (1) from East Area and One (1) from Central Area, share the same theme of safe bathing not being followed. North Wales Safeguarding Children's board are lead agency for raising awareness of risk associated with bathing a baby. BCUHB will be directly involved in development and delivering of training.

4.6.2 Two (2) of the Child Practice Reviews in East area are in relation to young persons who took their life via hanging. Health chronologies have been completed and submitted and are awaiting review meetings where further analysis of combined chronologies can be achieved.

4.6.3 Key themes from recent Child Practice Reviews include disguised compliance and the lack of professional curiosity from all professionals, coping with crying, parental substance misuse and its impact on parenting capacity.

4.6.4 Learning from reviews is shared in Safeguarding Mandatory Training, Safeguarding Bulletins, Learning Events and Conferences, Safeguarding Forums and Children's Clinical Advisory Groups.

4.7 Trauma Risk Management (TRiM)

4.7.1 Trauma Risk Management is a peer-led process that seeks to identify and assess the psychological risk to individuals who have experienced trauma in the course of their work.

4.7.2 Early identification of staff exposed to trauma, aids to promote a healthy workforce, by supporting the welfare needs of staff, and contributes towards reducing staff absence.

4.7.3 There have been forty-one (41) Trauma Risk Management referrals received during 2021-2022, compared with twenty-nine (29) in 2020-2021.

Table 15: **Trauma Risk Management sessions by area.**

Area	Number
East	14
Central	13
West	14
Total	**41**

Table 16: **Trauma Risk Management sessions by clinical area.**

Clinical setting	Number of referrals
Community Services	8
Inpatient Services	19
MHLD/SMS	14

4.7.4 The themes for the referrals include assaults/verbal abuse of staff by patients, deaths of patients including children, medical emergencies and maternal deaths.

4.7.5 Of the forty-one (41) cases referred, seventeen (17) had no further action Rationale for the no further actions have been due to the referrals being received outside the timescales as indicated in the Trauma Risk Management Standard Operating Procedure. There is a risk of re-traumatising staff members if the Trauma Risk Management is not undertaken within timescales. There were also some referrals deemed inappropriate in terms of not meeting the threshold for Trauma Risk Management and staff who were not employed by BCUHB.

4.7.6 Feedback received both verbally and via the evaluation forms highlight that staff have found the process, helpful, supportive and beneficial.

4.7.7 There are currently twenty-two (22) Trauma Risk Management Practitioners across the Health Board including four (4) Trauma Risk Management managers. Some of the training was supported by Awyr Las funding.

4.7.8 From May 2020 to March 2022 there have been seventy (70) cases referred to Trauma Risk Management.

5. Multi – Agency Partnership

Rationale

The protection and safeguarding of vulnerable adults rely on multi-agency working and effective information sharing; working together to improve services and outcomes for all.

5.1 Procedural Response to Unexpected Deaths in Childhood (PRUDiC)

5.1.1 The North Wales Safeguarding Children's Board provides the governance arrangements around the Procedural Response to Unexpected Deaths in Childhood process within North Wales. All cases are monitored through the Regional Child Practice Review Subgroup.

5.1.2 The Procedural Response to Unexpected Deaths in Childhood Standard Operating Procedure has recently been reviewed and strengthens communication and process with out of area hospitals, for those children who unexpectedly die outside of North Wales.

Table 17: **Procedural Response to Unexpected Deaths in Childhood by year and area.**

Year	West	Central	East	Total
2018-19	2	4	8	14
2019-20	3	7	4	14
2020-21	2	4	3	9
2021-22	5	5	8	18

5.1.3 There have been 18 Procedural Response to Unexpected Deaths in Childhood across BCUHB in 2021-2022, this is double the number of cases when compared to last year. 61% of the children were aged two and under at the time of their death.

5.1.4 Themes include:

- Adverse Childhood Experiences experienced by the child themselves in six (6) cases. It is also noted in three (3) of the cases that parents had also potentially experienced Adverse Childhood Experiences in childhood.
- The children in four (4) of the cases had either previously or currently had involvement with the Local Authority under safeguarding processes.
- Trauma Risk Management offered to practitioners involved in all but one case.

5.2 Child Death Overview Panel

5.2.1 The Child Death Overview Panels continue to take place across North Wales in each of the three areas. They are well attended by senior management from all agencies responsible for safeguarding children. The purpose of the Child Death Overview Panel is to identify any matters relating to the death or deaths that are relevant to the welfare of children and any required actions.

5.2.2 During the reporting period we have had 18 child deaths.

Table 18: **Child deaths per quarter and area.**

Area	Q1	Q2	Q3	Q4	Total
East	0	2	3	2	7
Central	2	3	0	1	6
West	1	0	2	2	5

5.2.3 Safeguarding Specialists continue to attend the panel meetings and have a 100% attendance. This to ensure any safeguarding is considered, ensure learning is considered actions developed.

5.3 Multi- Agency Working with Partners

5.3.1 Multi-agency engagement is a statutory requirement of BCUHB. The Corporate Safeguarding Team have achieved 100% attendance at statutory Safeguarding Boards and Subgroups. The level of required engagement is high with the requirement of full participation and contribution to the Work Plan.

5.4 Section 135 & Section 136

Table 19: **Under 18s combined S135 & S136 Assessments.**

Area	Male under 18	Female under 18	**Total**
Central	2	16	**18**
East	1	22	**23**
West	4	8	**12**

Figure 6: All Detentions for under 18s twelve-month trend.

5.4.1 There was a significant increase in section 136 admissions in May and June 2021 with a further peak in September. There were a number of repeat presentations and significantly complex cases with these months. There is an additional developing pattern of increased admission in December.

For assurance, the head of Safeguarding for Children has presented this information to Child Adolescent Mental Health Service to develop a proactive response around this period moving forward.

5.4.2 From initial analysis of the Children and Young People needing admissions under 136. There is developing pattern regarding females being admitted. For assurance within Q1 2022-2023 the head of Safeguarding for Children will create an action to explore this pattern to understand the need and what proactive safeguards are required to address the identified concern.

5.4.3 The head of Safeguarding is member of BCUHB, Child Adolescent Mental Health Service strategic improvement and development steering group, as well as the developing Rapid Response Crisis model to reduce the potential 136 admission. This ensures there is strategic oversight and involvement from the corporate safeguarding team remains a focus across any strategic and operational planning.

5.5 Liberty Protection Safeguards (LPS) 16/17-year-olds

5.5.1 Deprivation of Liberty Safeguards authorisations only authorise the actual deprivation of liberty, whereas LPS authorisations authorise the arrangements for care that give rise to the deprivation of liberty. This is an important distinction since the new process focuses more on the support and care of the child.

5.5.2 The Head of Safeguarding Children attends the National Liberty Protection Safeguards 16/17-year-olds meetings. The key areas discussed include promoting an understanding of roles and responsibilities, communications, information and supporting materials, training and data monitoring/reporting and mapping of the Articles of the United Nations Convention on the Rights of the Child particularly relevant to Liberty Protection Safeguards.

6. Learning Culture

6.1 Child Adolescent Mental Health Service cases & activity

6.1.1 Child Adolescent Mental Health Service cases continue to be a significant cause for concern across the region. Many young people presenting at Emergency Departments and being supported for assessment under the Child Adolescent Mental Health Service Crisis Pathway or more formally under section 136 of the Mental Health Act (1983)

6.1.2 Concern over appropriate provision of inpatient facility out of hours in crisis situations as this are not always possible within Tier 4 service provision at North Wales Adolescent Service. There is a change in the model of care, focus now is assess to admit rather than admit to assess. This remains in its infancy and Corporate Safeguarding have supported the staff implementing this model in relation to appropriate reporting of Child at Risk concerns.

6.1.3 Corporate Safeguarding have engaged in case reviews to identify learning and promote Lessons Learnt. As a result of this engagement Corporate Safeguarding can actively support action plans to ensure all safeguards are considered.

6.1.4 Where there are safeguarding concerns and complex legal considerations, Corporate Safeguarding are fully engaged in case meetings.

7. Violence Against Women Domestic Abuse Sexual Violence (VAWDASV)

7.1 Violence Against Women Domestic Abuse Sexual Violence Training

Table 20: **BCUHB overall Violence Against Women Domestic Abuse Sexual Violence Training Compliance.**

Safeguarding Module	March 2021	March 2022	Trajectory
VAWDASV	75%	65.5%	↓

7.1.1 The overall BCUHB compliance has decreased in 2021-2022.

7.1.2 Causative factors include – staff sickness, self-isolation due to COVID-19 infection, staff redeployment to support the COVID-19 vaccination programme and a high number of non-attendees.

7.1.3 Corporate Safeguarding have worked with the mandatory training department in increasing the capped numbers of attendees at the virtual training sessions. This will increase the capacity of attendees by reaching a greater audience.

7.1.4 All divisions and service areas are below the 85% target compliance. This issue has been raised in safeguarding forums and relevant meetings.

7.1.5 The highest performing divisions are Area Teams East and West, Mental Health and Learning Disability and Womens.

7.1.6 The lowest performing divisions are Estates and Facilities and Corporate Services.

7.1.7 Each Division is required to review the compliance data and provide assurance in the Safeguarding Forums of improvements.

Table 21: **Emergency Department Violence Against Women Domestic Abuse Sexual Violence Training Compliance.**

ED March-22 Compliance	Staff	2020-2021	2021-2022	Trend	Update Position July22
YG Medical	52	40.0%	46.2%	↑	53.7%
YG Nursing	69	87.0%	73.9%	↓	71.6%
YGC Medical	39	45.0%	38.5%	↓	38.2%
YGC Nursing	96	79.0%	63.5%	↓	58.9%
WMH Medical	36	38.0%	47.2%	↑	50%
WMH Nursing	108	85.0%	71.3%	↓	72.4%

7.1.8 There has been a decrease in compliance across the Emergency Department in 2021-2022 except in Ysbyty Gwynedd Medical and Wrexham Maelor Hospital Medical where there has been an increase.

7.1.9 Ysbyty Glan Clwyd Emergency Department is the lowest performer for both Medical and Nursing.

However, all the subject areas are below BCUHB key performance indicator of 85%. This has been escalated within the Safeguarding and Governance Performance Group and all service areas are expected to give a trajectory within future reports.

7.2 Multi Agency Risk Assessment Conference (MARAC)

Table 22: **Multi Agency Risk Assessment Conference Referrals 2018-2022.**

Year	West	Central	East	Total
2018-19	46	57	68	171
2019-20	66	53	61	180
2020-21	46	68	63	177
2021-22	54	83	64	201

7.2.1 There have been 201 Multi Agency Risk Assessment Conference referrals from health in 2021-22. All three areas have seen an increase, particularly Central, where numbers have risen by 22%.

7.2.3 It is widely recognised that disclosures of domestic abuse have increased since the COVID-19 pandemic and this could account for the increase that has been seen within health.

7.2.4 When analysing the age and gender of the victims, 48% of the referrals were in respect of victims aged between 25 and 39 years of age. 95% of these referrals have been in relation to female victims.

7.2.5 Upon reviewing the relationship of the perpetrator to the victim, 41% (n=82) record the perpetrator as current partner/husband/wife. 40% (n=80) of the referrals record the relationship of the perpetrator as ex-partner.

7.2.6 65% (n=131) of the victims have children and 30% (n=60) were pregnant at the time of the referral. The Domestic Abuse Act 2021 will see children who live in a home where domestic abuse takes place recognised as victims in their own right rather than witnesses for the first time. The Act will recognise a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator is also to be regarded as a victim of domestic abuse.

7.2.7 When considering the designation of referrer's, Health Visitors submitted the highest number of Multi Agency Risk Assessment Conference referrals with 24% (n=48), followed by midwives 19% (n=39) and the emergency department 17% (n=35). This is a similar picture to 2020-2021.

7.3 Multi Agency Risk Assessment Conference Meetings

7.3.1 Multi Agency Risk Assessment Conference meetings continue to occur virtually in this reporting period. Across all regions there continues to be weekly Multi Agency Risk Assessment Conference meetings in each local authority along with a monthly Multi Agency Risk Assessment Conference meeting that incorporates a wider range of agencies.

7.3.2 The Head of Safeguarding Children (accountable for Violence Against Women Domestic Abuse Sexual Violence) has scoped the operational impact of the increase in activity. The Corporate Safeguarding Team hold the accountability for researching and providing accurate information at the meetings.

7.3.4 Operational Implications for both BCUHB and North Wales Police included:

- Case list being received from North Wales Police is usually not timely and is creating resource issues for the team.
- Quality of Information might not be of the highest standard due to a limited time being given to the research process.
- Health staff need to focus on the information shared in terms of relevancy
- Some agencies (not health) are not attending the weekly meetings so cases are delayed to the monthly meetings.
- Actions are not updated prior to the meetings which creates timing issues during the meetings.

- Health visitor and school nurse cover varies and is not always the person listed on the system which can increase time pressure in trying to identify the correct person to gain the information from.
- The lists of cases to be discussed are long which is positive in relation to a timely and proportionate response being gained, However, there is a risk around the quality of the information that can be reasonably gained from a health perspective given the number of cases and the time frame to provide the information.

7.3.5 A further scoping exercise was undertaken at the end of Q3 to map out the BCUHB internal processes in relation to the Multi Agency Risk Assessment Conference, to achieve some parity across the region. Issues around timing of the release of the case lists and receipt of actions and minutes were identified. Work is ongoing with the Detective Inspector responsible for Multi Agency Risk Assessment Conference from North Wales Police to address these, and this is being reviewed within the Regional Multi Agency Risk Assessment Conference Steering Group.

7.4 Work Place Safety Groups

7.4.1 The Work Place Safety Groups are in place across the three (3) Areas within the Health Board to offer support to the managers who are supporting staff, either victims or perpetrators of domestic abuse. Data has been collected during this reporting period.

Table 23: **Number of staff supported in Workplace Safety Groups 2021-2022.**

	East	Central	West	**Total**
2021-2022	6	6	3	**15**

7.4.2 Most of the referrals were received in Q3 and Q4. The low numbers could be attributed to lack of staff awareness, which could be affected by the low numbers of staff who have completed the Violence Against Women Domestic Abuse Sexual Violence training. These low numbers, could potentially reflect some staff who are lacking support when involved in domestic abuse incidents, subsequently increasing the risks.

7.4.3 The profile and purpose of this meeting continues to be raised in the Areas and Mental Health and Learning Disability Safeguarding Forums and Quality and Safety Groups across the Health Board and in Q3 and Q4 there was an increase in the number of referrals submitted.

7.4.4 With the appointment of the health Independent Domestic Violence Advisor's in west and central, there might also be an increase in referrals in the next reporting period once those roles are embedded within practice.

7.5 Domestic Homicide Reviews (DHR)

Table 24: **Number of Domestic Homicide Reviews from 2019-2022.**

Year	Number of live DHRs	Number signed off	Number Ongoing
2019-2020	3	0	3
2020-2021	4	2	4
2021-2022	4	3 by BCUHB but awaiting Home Office sign off	4

7.5.1 A Wrexham Domestic Homicide Review has been commissioned but has yet to commence due to criminal proceedings.

7.5.2 Manchester Community Safety Partnership have commissioned a Domestic Homicide Review involving a victim who resided between Wrexham and Manchester. The victim died by taking an overdose of medication.

7.5.3 Gwynedd Community Safety Partnership have commissioned 2 Domestic Homicide Reviews that are ongoing. One case involves an adult suicide and one is the death of a father, allegedly perpetrated by his son.

7.5.4 There are currently no Domestic Homicide Reviews open within the Central Area which was consistent in 2020-2021.

7.5.5 Identified learning includes;

- Improving information recorded on electronic systems.
- Improved sharing of legislative information with GP practices.
- Increased availability of Violence Against Women, Domestic Abuse and Sexual Violence training for GPs.
- Improved communication pathways between Mental Health and Learning Disability and GPs.
- Quarterly audits of clinical records in relation to Domestic Abuse targets.
- Promotion of safeguarding supervision within high-risk adult service areas.
- Review and Relaunch of Supporting Children, Supporting Parents: A North Wales Multi-Agency Protocol. Parents with severe mental health problems and/or substance misuse: A framework for safeguarding children.

7.5.6 Main themes and trends identified: Mental health and substance misuse featured in the reviews, adult suicide's (victims linked to domestic abuse) one couple were over 70 years of age, lack of compliance with Routine Enquiry Domestic Abuse, perpetrator male and victim female and relationship of the perpetrator to victim was husband/partner and wife/partner.

7.5.7 Risks identified: the omission in Routine Enquiry Domestic Abuse in high-risk areas removes the opportunity for victims, to safely disclose domestic abuse and increases the risk of them experiencing escalating domestic abuse, a lack of referral to specialist services and in some cases a homicide.

7.6 Agencies Domestic Abuse Perpetrator Tasking (ADAPT)

7.6.1 Chaired by North Wales Police, Agencies Domestic Abuse Perpetrator Tasking is a multi-agency approach to domestic abuse perpetrators with the aims to reduce the re-offending of domestic abuse perpetrators, ensure safeguarding adults and children at risk of domestic abuse and to break the cycle of abuse of the perpetrator by changing or disrupting offender behaviour.

7.6.2 Initially piloted in the central area in 2019, North Wales Police now chair a multi-agency monthly panel across each of the 6 local authorities to discuss a cohort of domestic abuse perpetrators.

7.6.3 This was implemented for East and West in Q4. Health representatives include the substance misuse service, mental health division and corporate safeguarding.

7.6.4 Corporate Safeguarding continue to engage in Agencies Domestic Abuse Perpetrator Tasking and have achieved a 100% attendance record. Whilst the Agencies Domestic Abuse Perpetrator Tasking is a perpetrator focused meeting, the risk management plans are designed to benefit adult victims and any children associated with the cases.

7.7 Identification and Referral to Improve Safety (IRIS)

7.7.1 The Identification and Referral to Improve Safety programme involves training and support for GP's to be able to identify patients affected by domestic violence and abuse and refer them to specialist services.

7.7.2 Identification and Referral to Improve Safety provides a unique opportunity for primary care clinicians and their patients to talk about the issue. Victims of domestic violence and abuse will often visit their GP with a variety of symptoms that are not obviously connected to violence, such as anxiety, depression, stress and substance use.

7.7.3 As most GP's have had little or no training in how to identify patients affected by domestic violence, they often fail to recognise patients experiencing abuse and are uncertain about future care after disclosure.

7.7.4 £20k has been received from the Ministry of Justice to support this pilot project which will be piloted in the central area, specifically in 8 GP practices in south Denbighshire.

7.7.5 Corporate Safeguarding have been involved in the Steering Group and the first cohort of training for GP's is being delivered in April 2022.

Priority Action 23 (2022-2023).

Continued engagement in the Identification and Referral to Improve Safety Project in 2022-2023	March 2023

7.8 Pilot project for the Independent Domestic Violence Advisor role in BCUHB.

7.8.1 Funding has been received from the Ministry of Justice to pilot two hospital based Independent Domestic Violence Advisor, one in Ysbyty Glan Clwyd and one in Ysbyty Gwynedd. These posts will be managed by the Domestic Abuse Safety Unit and Gorwel but will sit within BCUHB Corporate Safeguarding Team.

7.8.2 The Hospital based Independent Domestic Violence Advisor will provide immediate, high quality, trauma informed support and advice to victims of domestic abuse accessing Ysbyty Glan Clwyd and link survivors to longer term community-based support. The hospital based Independent Domestic Violence Advisor will work closely alongside hospital staff, providing expert advice and raising awareness to support the disclosure of domestic abuse.

7.8.3 The role involves empowering survivors to increase their options, make positive choices/decisions, increase their confidence, safety and recovery.

7.8.4 The central Independent Domestic Violence Advisor commenced in post in February 2022 and her presence is growing from strength to strength. The West Independent Domestic Violence Advisor is expected to commence in post in May 2022. The pilot will be evaluated.

7.8.5 The Regional Violence Against Women, Domestic Abuse and Sexual Violence Commissioning Group has been approach regarding potential funding for an Independent Domestic Violence Advisor based in Wrexham Maelor. Domestic Abuse Safety Unit are keen to pursue this.

Priority Action 24 (2022-2023).

Continued engagement in the Independent Domestic Violence Advisor Project in 2022-2023	March 2023

7.9 Domestic Abuse Act 2021

7.9.1 On the 29th of April 2021, the Domestic Abuse Act 2021 was granted Royal Assent and became law and will be fully implemented by May 2022. This Act supports and strengthens the domestic abuse element of the Violence Against Women, Domestic Abuse and Sexual Violence Act 2015, especially within the police and criminal justice system.

7.9.2 The Act sets out the first definition in law of what constitutes domestic abuse and for the first time, a child who sees or hears, or experiences the effects of domestic abuse is now classed as a victim of domestic abuse in their own right. key criminal justice changes include a new offence of non-fatal strangulation, extending the controlling or coercive behaviour offence and criminalising the threat to disclose intimate images with the intention to cause distress.

7.9.3 The NHS G2 Violence Against Women Domestic Abuse Sexual Violence training package has been updated to include this legislation and BCUHB have engaged in the consultation process of the Draft Statutory Guidance Framework.

7.10 Violence Against Women Domestic Abuse Sexual Violence National Strategy 2021-2026

BCUHB have contributed and engaged in the consultation process which ended in February 2022. Corporate Safeguarding co-ordinated the BCUHB response.

7.11 National Violence Against Women, Domestic Abuse and Sexual Violence Steering groups

7.11.1 North Wales Vulnerability and Exploitation Board

The Director of Safeguarding and Public Protection represents BCUHB at this Board. BCUHB have developed a Delivery Plan to feed into the Regional Strategy and Development Plan to ensure a cohesive framework upon which to drive forward the work of all organisations involved, in the delivery of the Violence Against Women Domestic Abuse Sexual Violence and Modern Slavery agendas. This will enable the Board to measure successes against the Delivery Plan and support all agencies to meet their legislative duties.

Corporate Safeguarding have been 100% compliant in their completion of the quarterly Delivery Plans ensuring full engagement.

7.11.2 All Wales Minimum Standards for Routine Enquiry into Domestic Abuse, Pregnancy and Early Years

A recommendation from the audit of the All-Wales Minimum Standards 2009 was to conduct a review. The Task and Finish Group was chaired by Welsh Government and the Working Group was chaired by the Head of Safeguarding Children BCUHB. The revised standards were ratified at the Chief Nursing Officer meeting in February 2022 and an internal BCUHB implementation plan has been devised.

Priority Action 25 (2022-2023).

Implement the All-Wales Minimum Standards into Domestic Abuse across all relevant areas in BCUHB.	June 2022

7.11.3 National Violence Against Women Domestic Abuse Sexual Violence Steering Group

The National Violence Against Women Domestic Abuse Sexual Violence Steering Group is a Subgroup of the All Wales Safeguarding Network. The Group have continued to meet quarterly during 2021-2022 with 100% engagement from BCUHB. The focus of the group has been around Routine Enquiry Domestic Abuse and the revision of the Work Plan.

7.11.4 Regional Violence Against Women Domestic Abuse Sexual Violence Commissioning and Training Subgroups

The Commissioning and Training Subgroups are well attended by BCUHB with full engagement and participation.

7.11.5 Regional Multi Agency Risk Assessment Conference Steering Group

This Group has recently been developed to monitor and oversee the activities of the Multi Agency Risk Assessment Conference. Terms of Reference have been developed with the Group reporting to the North Wales Vulnerability and Exploitation Board. BCUHB provides full engagement and participation. Work is ongoing to ensure there is parity across the region in relation to Multi Agency Risk Assessment Conference processes, and BCUHB are working closely with North Wales Police to address this.

7.11.6 Regional Sexual Violence Steering Group

This Group has been identified as a gap in service co-ordination and delivery and has been developed in Q3 2021-2022 with the Head of Safeguarding Children (Lead for Violence Against Women Domestic Abuse Sexual Violence) attending. The purpose of the group is to promote learning/development in the area of sexual violence and to share national updates and local impact. A multi-agency approach provides strategic oversight and support for the delivery of this agenda.

7.11.7 Regional Identification and Referral to Improve Safety Steering Group

The Steering Group provides a co-ordinated approach and strategic oversight to the Identification and Referral to Improve Safety Project. Corporate Safeguarding are fully engaged in this group.

7.11.8 Sexual Assault Referral Centre

Amethyst Sexual Assault Referral Centre has continued to maintain a high-quality service to meet the needs of the high number of complex individuals accessing the Service throughout the year 2021-2022 and over the period of the COVID-19 pandemic.

Forensic medical examinations associated with acute cases of sexual violence increased to 156 compared to 98 in 2020-2021.

Referrals into the service overall, including non-recent cases, recorded at 491 which is an 8% increase in pre COVID-19 activity.

The Ministry of Justice have supported the Independent Sexual Violence Advisor service with additional continued funding for 2022-2025 for 5 Independent Sexual Violence Advisors, taking the overall service to 10 Independent Sexual Violence Advisors. This will provide the additional resources needed to meet the increase in demand.

7.11.9 **Lime Culture Independent Sexual Violence Advisor / Children and Young People Sexual Violence Advisers service accreditation**

This accreditation is part of a national quality standard for Independent Sexual Violence Advisor and Children and Young People Sexual Violence Advisers services to ensure that every victim/survivor should be able to access a high quality, well managed Independent Sexual Violence Advisor/ Children and Young People Sexual Violence Advisers service across the UK, regardless of their age, gender, race, sexuality or beliefs. It also reflects and supports the professional status and quality of the service provided both to other professional organisations. The accreditation process was initiated in Q3 by one Independent Sexual Violence Advisor and one Children and Young People Sexual Violence Advisers and is anticipated to be completed in Q1 2022. The direct benefits of undertaking the accreditation work are that it will align the services working practices, including administrative process.

7.11.10 **ISO Standard for Sexual Assault Referral Centres / Forensic Science Regulator Guidance**

The Forensic Science Regulator has published supporting Guidance and Codes of Practice and Conduct to support the attainment of International Standards for Anticontamination of Sexual Assault Referral Centres and Assessment, Collection and Recording of Forensic Science related evidence. North Wales Police have the legal entity for the review and are working in partnership with BCUHB. Corporate Safeguarding are accountable for this review on behalf of BCUHB. North Wales Police have appointed a Project Manager and Strategic Lead and a Service Delivery Group has been developed. Completion of the ISO Standards is required by October 2023.

Priority Action 26 (2022-2023).

Continue engagement and support with the ISO Standards.	March 2023

7.11.11 **Awards**

The Sexual Assault Referral Centre manager and three Independent Sexual Violence Advisors have been nominated for and awarded a Chief Constable Commendation in recognition for the exceptional work, professional and expertise they have provided to Operation Greenest, the North Wales Police Investigation into sexual assaults of males. The emotional and practical support provided to the victims during the investigation was invaluable as was the advice and support they gave the investigation team. It is also recognised that the team went above and beyond what was required from them. The victims voiced their praise for the support they received at what was a very difficult time for them.

7.11.12 **Female Genital Mutilation**

Table 25: **The data for reported Female Genital Mutilation cases 2016-2022.**

Year	Cases	
2016-17	6	
2017-18	6	
2018-19	5	
2019-20	5	
2020-21	2	
2021-22	5	

All the cases reported during 2021-2022 were pertaining to adult survivors of Female Genital Mutilation who had female children. None of the children referred had Female Genital Mutilation. Four of the reports were from maternity services, all in the East area, and one was from health visiting in the West.

This has been cross checked against the datix system to ensure that no cases have been missed.

Female Genital Mutilation continues to be part of the Level 3 Safeguarding Children Programme and the package was updated during the reporting period. The Female Genital Mutilation action plan has been reviewed and updated since the Safeguarding Midwifery Lead has been in post. Training for Sexual Health services on Female Genital Mutilation was delivered during safeguarding week in November 2021 and this was positively evaluated by those who attended.

Nationally, there has been some work undertaken By Public Health Wales, with the support of BCUHB Corporate Safeguarding, to update the All-Wales Female Genital Mutilation Clinical Pathway. The main challenge to the existing pathway is related to the requirement to submit Child At Risk reports for female babies/children of women survivors of Female Genital Mutilation, where there is no risk identified, which is the current practice. There are risk assessment tools from the Department of Health that can be used to assess risk and inform the need to submit a Child At Risk report for this cohort of survivors. This would support a trauma informed approach.

The mandatory reporting duty for under 18's is in Legislation and will not therefore be affected by this change.

Once the updated pathway has been finalised, the BCUHB guideline will be updated to reflect any changes and amendments, and will then be launched, supported by the updates to training packages and additional training sessions if needed.

Priority Action 27 (2022-2023).

Implementation of the updated All-Wales Female Genital Mutilation Clinical Pathway across BCUHB.	September 2022

8. Safeguarding Midwifery

8.1 Introduction

8.1.1 This report (April 2021 – March 2022) provides an overview of progress made in relation to the activities and priority actions highlighted in the Corporate Safeguarding Annual Report April 2020 - March 2021.

8.1.2 Data contained in this report, evidence that 15.5% of Child At Risk reports are submitted by midwives, demonstrating an increasing amount of activity in this area. Findings from Child Practice Reviews inform us that almost half that are undertaken are related to a baby under a year of age and that quality pre-birth risk assessments is key to identifying indicators of harm and preventing future harm.

8.2 Routine Enquiry into Domestic Abuse

8.2.1 The table below provides us with the compliances for Routine Enquiry from the beginning of 2020-2021 by quarter to date for comparison and trend.

Table 26: **Routine Enquiry Compliance 2021-2022.**

BCUHB	Audited Notes	Asked Once	Asked Twice	Not Asked At All	Mitigation – Accompanied	Mitigation – No Reason Given
Q1 2020-21	135	80%	67%	20%	12%	8%
Q2 2020-21	135	91%	73%	9%	1%	7%
Q3 2020-21	135	82%	73%	18%	1%	17%
Q4 2020-21	135	89%	80%	11%	1%	10%
Q1 2021-22	135	92%	84%	8%	0%	8%
Q2 2021-22	135	92%	81%	8%	1%	7%
Q3 2021-22	135	92%	80%	8%	1%	7%
Q4 2021-22	135	92%	78%	8%	1%	7%

8.2.2 Across BCUHB, the 2021-22 audit has established that compliance in relation to the routine enquiry questions has improved in comparison to the previous year. Compliance for 2019-20 was 86% and therefore, there has been an improvement over all of six percentage.

8.2.3 92% of women had been asked the routine enquiry questions at least once at their antenatal appointment in BCUHB. This is consistent with what has been seen in each quarter of 2021-22.

8.2.4 78% of women were asked the routine enquiry questions twice or more. This is an improvement in compliance when compared to Q3.

8% of the women were not asked at all. This is consistent with what has been seen in each quarter of 2021-22.

No reason was given as to why the majority of women were not asked. However, it is documented that 1% of the women were not asked as they were accompanied during their appointment.

8.2.5 Targeted work has been, and continues to be undertaken, alongside the Community Midwifery matron, and the audit will continue into 2022-2023 to monitor sustained compliance and the recording of mitigation for when women are not asked.

8.2.6 The overall improvements could be partially attributed to the restrictions in visiting during the COVID-19 pandemic. However, these restrictions were eased in September 2021 to allow a birth partner to attend antenatal appointments in the community. Overall, for women being asked twice or more, there has been a reduction by 3%, when comparing Q2 to Q4.

8.2.7 The figure 7 below, highlights that the overall percentage of women being asked the routine enquiry questions twice or more was at its lowest during Q3 of 2021-2022. This coincides with the change in circumstance allowing partners to accompany women at their antenatal appointments. The compliance percentage increased in Q4 however, has not reached the levels of both Q1 and Q2.

Figure 7: Women who were asked REDA twice 2021-22.

8.2.8 Compliance will continue to be closely monitored to ensure that this does not have a detrimental effect on routine enquiry.

8.2.9 Compliance is also being reviewed as part of the Stillbirth Reduction action plan within the women's division, following on from the thematic review in 2019.

Priority Action 28 (2022-2023).

Women's Division to lead, with support/engagement from the Safeguarding Midwives, on an audit of compliance with Routine Enquiry Domestic Abuse.	March 2023

8.3 Coping with Crying

8.3.1 Following on from the Child Practice Review for Child A in Flintshire, it was recommended that BCUHB review the Coping with Crying guideline and also audit compliance with the guideline. This was also a priority action from the 2020-2021Corporate Safeguarding Team Annual Report.

8.3.2 Child A was a 10-month-old baby who sustained significant head injury consistent with a Non-Accidental Injury. Child A survived, however has significant impairment as a result of the trauma suffered.

8.3.3 Based on the guideline, the audit has included midwifery, neonates and health visiting.

8.3.4 The audit commenced in October 2021 for a period of 6 months with the outcome and report to be made available in Q1 of 2022-2023.

8.4 Safeguarding Midwifery Supervision

8.4.1 Based on the overarching BCUHB Safeguarding Supervision Guideline, safeguarding supervision is provided for community midwives on a one-to-one basis, twice a year. Group supervision is currently provided for all midwives as part of overall safeguarding children level 3 compliance. Midwives who work in the acute areas are not expected to participate in safeguarding supervision.

8.4.2 A priority action from the Corporate Safeguarding Team Annual Report (2020-2021) was to review and update the safeguarding supervision database for midwifery, to ensure that data was being captured accurately, as compliance with safeguarding supervision has been poor. With the support of the Information Officer from the Corporate Safeguarding Team this was updated, and supervision compliance has been seen to be increasing since its inception.

8.4.3 The figure 8 below demonstrates compliance across all areas at the end of Q4.

Figure 8: Safeguarding supervision compliance by area.

8.4.4 The compliance for both community midwives and acute midwives in the West, is lower than the other areas. There is a plan in place to address this with the Womens division in the West. Group supervision sessions have been streamlined and are now being held monthly for all areas rather than one per area, freeing up midwifery specialist time to focus on 1-1 supervision. This will also mean that staff absence should not significantly impact negatively on compliance.

Overall compliance was 35% for all community midwives in the region and 3% for acute midwives at the beginning of Q1 2021-2022.

8.4.5 The table 28 below demonstrates a significant improvement in the overall compliance across the region at the end of Q4.

Table 27: **Overall safeguarding supervision compliance across Women's.**

Compliance	BCUHB	
	Number of staff Compliant	Overall %
Community	69	75.8%
Hospital	64	28.8%
Overall	133	42.5%

8.4.6 The Safeguarding Specialist Midwives have continued to have a significant presence in the acute areas and also out in the community midwifery settings, to provide face to face support. This has been greatly valued by the midwifery staff.

8.4.7 Despite not requiring safeguarding supervision as per the policy, midwives in the acute areas (for example, labour ward, postnatal ward) access responsive supervision when needed.

8.4.8 Providing regular safeguarding supervision to the acute based midwives could strengthen practice and reduce the need for responsive ad-hoc supervision. Based on this, a review of the current model is needed and is planned for 2022-2023 as part of the Safeguarding Midwifery Leads strategic objectives.

Priority Action 29 (2022-2023).

Midwifery Safeguarding Lead to undertake a review of the current model of the delivery of safeguarding supervision to midwives	September 2022

8.5 Midwifery Safeguarding Children Level 3 Training.

8.5.1 Based on the Intercollegiate Document, Midwives require a minimum of 12 hours of safeguarding level 3 training over 3 years. This is achieved by 4 hours of training per year built into the midwifery mandatory training programme and delivered by the Safeguarding Specialist Midwives.

Table 28: **Midwifery training compliance 2021-22.**

Safeguarding Module	2020	2021	Trajectory
Safeguarding Children L3	92%	97%	↑

8.5.2 The overall BCUHB compliance has increased since 2020.

8.5.3 Midwifery compliance at the end of Q3 2021-2022, (training is reported based on calendar year rather than financial) was reported by the Womens Division as 97%. Womens maintain their own data in relation to Level 3 safeguarding training as this is provided as part of Midwifery mandatory training. The safeguarding specialist midwives provide 4 hours of training within this.

8.5.4 For Q1, 2 and 3, there were 3 sessions per month, one in East, Central and West. This continues to be delivered via MS teams.

8.5.5 From Q4, Womens changed their mandatory training to have two sessions per month, across the three areas, rather than one per area. This has been an efficient change to training delivery for the specialist midwives.

8.5.6 A bespoke training package was developed for the newly qualified midwives that was delivered in August 2021 and was very well evaluated. This will now be delivered the new cohort of newly qualified midwives every August going forward.

8.5.7 For 2022, the new training programme for midwives includes parents with learning disabilities (as a recommendation from a Child Practice Review) and a generic Level 3 package, to include the learning outcomes as outlines in the Intercollegiate Document. Both are 2-hour sessions.

8.5.8 The below table shows the overall safeguarding specific modules training compliance in Midwifery.

Table 29: **Overall Safeguarding Specific Modules Compliance 2021-2022.**

Compliance	Dec-21	Mar-22	Trend
MCA – Level 1	89.2%	85.5%	↓
MCA – Level 2	89%	84.2%	↓
Adults – Level 1	89.7%	89%	↓
Adults – Level 2	88.7%	88.4%	↓
Children – Level 1	92.7%	92.6%	↓
Children – Level 2	93.5%	92.3%	↓
VAWDASV	85.9%	78%	↓

8.5.9 Midwifery has seen a reduction in compliance in all seven safeguarding modules during Q4. However, compliance remains above the BCUHB target of 85% in five of the seven modules. This will be addressed via the Womens Mandatory Training Group.

It is worth noting that there were significant challenges during the winter months in relation to COVID-19 pressures with both staffing and activity.

8.6 North Wales Pre-Birth Protocol.

8.6.1 The Safeguarding Midwifery Lead worked closely with the North Wales Safeguarding Children's Board to review and update the Pre-birth guidelines ahead of its re-launch in October 2021.

8.6.2 The Safeguarding Midwifery Lead and Specialist Safeguarding Midwives were involved in the delivery of this training and the final draft of the Pre-Birth protocol is awaiting sign off by the North Wales Safeguarding Children's Board. Once signed off, the protocol will be launched within BCUHB.

8.7 Information Sharing with Shrewsbury and Telford Hospital NHS Trust and the Countess of Chester.

8.7.1 Approximately 250 babies per year are born in the Wrexham Maelor where the mothers reside in Shropshire. Antenatal and postnatal care is provided by Shrewsbury and Telford Hospital midwives however the women come to Wrexham to birth.

8.7.2 For the Countess of Chester Hospital, approximately 350 women choose to birth there, but reside within BCUHB catchment, usually from Flintshire.

8.7.3 As such, there is need ensure that the information sharing pathways are robust so that women with additional vulnerabilities and safeguarding issues are brought to the attention of BCUHB in a timely way.

8.7.4 The Safeguarding Specialist Midwife in East, along with the maternity ward manager from Wrexham, will attend the Shrewsbury and Telford Hospital safeguarding multidisciplinary meetings where Wrexham specific cases are discussed to ensure that information is shared.

8.7.5 The pathway for Shrewsbury and Telford Hospital is operational and has been signed off within the Womens division and Corporate Safeguarding.

8.7.6 Initial discussions with Countess of Chester Hospital commenced during Q4 and the information sharing pathway is currently being devised and should be signed off during Q1 2022-2023.

8.7.7 We will also establish a monthly meeting, to replicate the Shrewsbury and Telford Hospital model, to ensure open lines of communication about women booked there but residing in the BCUHB area.

8.7.8 Bi-monthly meetings between the Shrewsbury and Telford Hospital and BCUHB, and Countess of Chester Hospital and BCUHB safeguarding teams and ward management continue in the interim to address any issues that might arise.

Priority Action 30 (2022-2023).

Information Sharing Pathway for BCUHB and The Countess of Chester Hospital to be devised and agreed.	December 2022

8.8 Child at Risk Reports

8.8.1 The table 30 below outlines the Child at Risk reports submitted by midwives during 2021-2022.

Table 30: **Child at Risk reports submitted by midwives.**

2021-22	West	Central	East	Out of Area	Total
Q1	28	53	39	-	**120**
Q2	25	67	53	1	**146**
Q3	25	76	38	-	**139**
Q4	26	84	49	2	**161**
Total	**104**	**280**	**179**	**3**	**566**

8.8.2 Midwives were responsible for the highest proportion of reports in the Central area, followed by East and West.

8.8.3 As is consistent with previous years, East and Central continue to submit the majority of At-Risk reports which demonstrates the additional resources required by the Specialist Midwives in those areas, compared to the West Specialist Midwife.

8.8.4 Based on the above, a priority action of the Corporate Safeguarding Report (2020-2021) recommended a review of the Safeguarding Midwifery provision which is covered below.

8.8.5 The below table demonstrates the trend in reports submitted for unborn babies in the last reporting period, compared to this reporting period (2021-2022). There has been an increase overall by 17.6% (n=73) and a significant increase in the Central area.

Figure 9: Child at Risk Reports 2021-22 compared to 2020-21.

8.8.6 As demonstrated in the table 31 below, midwives submitted 566 Child at Risk reports during the reporting period. Reports from midwives accounted for 15.5% of all Child at Risk reports across the region and midwives were the 4th highest category of referrers across BCUHB.

Table 31: **BCUHB wide Child at Risk Reports highlighting Women's.**

Designation of Referrer	Reports	Proportion of Reports
Emergency Department	906	24.9%
Other	759	20.8%
Health Visitor	666	18.3%
Midwife	**566**	**15.5%**
CAMHS	423	11.6%
School Nurse	107	2.9%
GP	84	2.3%
Children's Ward	74	2%
SMS	46	1.3%
Not Recorded	11	0.3%

8.9 Corporate Safeguarding Midwifery Service Review (2021-2022)

8.9.1 The Corporate Safeguarding Annual Report 2020-2021 recommended a review of the Safeguarding Midwifery provision. This was based on data relating to Child at Risk reports highlighting inconsistencies across the region.

8.9.2 The terms of reference and methodology was devised and taken through the governance processes in both the Womens Division and Corporate Safeguarding. Full engagement of staff for this review was a priority and so both qualitative and quantitative data is being collected.

8.9.3 The quantitative and qualitative data collection was completed at the end of March 2022, with the analysis and final report being due early within Q1 of 2022-2023. There was a slight delay given the COVID-19 pressures within divisions and staff absences during the winter months.

8.10 Midwifery Safeguarding Ambassadors

A bespoke Safeguarding Ambassadors package was developed with the support of the Safeguarding Practice Development Lead. The inaugural session was delivered at the end of September 2021 and 4 Midwifery Ambassadors were trained. This brings the total number of Midwifery Ambassadors to six. The West area currently does not have any Ambassadors so will be a priority area for the next session which is planned for Q1 of 2022-2023.

Priority Action 31 (2022-2023).

Increase Safeguarding Ambassadors within the maternity settings.	March 2023

8.11 Midwifery Patient Stories

A pregnant woman was 18 weeks pregnant with her third child when she booked for maternity care. Her other two children are placed in the care of the local authority for concerns related to neglect and domestic abuse. She had been diagnosed with global developmental delay and her partner had diagnoses of Attention Deficit Hyperactivity Disorder, Dyspraxia, Hydrocephalus, Learning Developmental Delay. Her partner was not the father of the unborn.

Domestic Abuse is also a feature within this current relationship however Routine Enquiry into Domestic Abuse had not resulted in any disclosures.

The parents were deemed to be vulnerable adults with no support and were demonstrating that they are finding it difficult to cope on their own.

Midwives are immediately concerned that the unborn is at risk of neglect/ emotional harm.

Due to her learning needs, all midwifery appointments were face to face, at home, by the same midwife, evidencing person centered care. A Health Pre Birth Assessment was undertaken in a timely way and Child at Risk report submitted.

The woman was referred for an advocate to support her which was provided. This role proved vital in ensuring that her needs were articulated to staff, particularly whilst admitted to maternity around the time of the birth.

An initial child protection conference was held given the concerns of significant harm and the unborn was to be placed on the Child Protection Register at Birth. Legal advice was also sought, and the plan was for court proceedings to be initiated at birth.

A robust risk assessment was formulated by health to ensure that the family and staff were safe given the risks that were posed and the complexity of the family situation.

Following the birth of the baby, the woman was supported by maternity staff in the care of her baby and with parenting skills. She disclosed domestic abuse and support services visited her on the ward however she subsequently retracted her allegations.

Mother and baby remained on the ward for 11 days, as the initial court hearing was contested, and no decision could be reached regarding an Interim Care Order. Interim Care Order was granted on day 11 and the baby was removed into foster care. The parents were given contact with the baby in the community and were supported by midwifery staff until baby was 28 days old.

A referral to the Reflect service in the Local Authority was made. (Reflect support women who have had babies/children removed from their care to address presenting issues and concerns and ensure engagement with support).

A BCUHB Antenatal Clinic Midwife contacted the Specialist Safeguarding Midwife for ad hoc safeguarding supervision in relation to the transfer of a pregnant woman, initially booked to deliver her baby at Shrewsbury and Telford Hospital.

The Midwife advised that a woman had transferred her care to Wrexham Maelor at 36 weeks' gestation. On the Booking Risk Assessment completed by Shrewsbury and Telford Hospital, it stated only that the other child on Child Protection register, and no further information had been shared.

The patient was overheard telling another patient that she had transferred her care to try to avoid further children social care involvement. On further investigation, her previous child had been removed and the Unborn's name was to be placed on the Child Protection Register. Shropshire Local Authority also advised that the case was also in Public Law Outline and the Local Authority were planning to initiate care proceedings following birth.

The Specialist Safeguarding Midwife contacted the Named Midwife for Safeguarding at Shrewsbury and Telford Hospital to highlight the case and obtain further information. This enabled the formulation of necessary risk assessments and plans. The baby was born at Wrexham Maelor hospital and there was excellent prompt liaison with the Local Authority. Care proceedings were issued, and the case was heard in court the next day.

An Interim Care Order was granted, and baby was placed in foster care from hospital. Mother was discharged back to Shrewsbury and Telford Trust and a Discharge Planning summary was shared with the Trust. Shrewsbury and Telford Hospital professionals were also invited to the discharge planning meeting.

This is an example of the need for joint working in relation to safeguarding cases and ensuring that the correct processes are in place for the sharing of Safeguarding information.

The collaborative multi agency responses, for these complex cases, as outlined above, ensured that there was appropriate escalation and safeguarding for the families involved.

Separations of babies from the care of their mothers soon after birth continues to be a challenging and emotive situation faced by both safeguarding and maternity services. As such, midwives would benefit from additional support and training in this area. Support is available to maternity staff via the Trauma Risk Management process also.

There has been work undertaken in other maternity units to implement ‘memory boxes’ that are given to women on the postnatal wards when they are involved in court proceedings for their newborn baby. This trauma informed initiative could be replicated in BCUHB and would be an example of good practice.

Priority Action 32a & 32b (2022-2023).

a) Working closely with the North Wales Reflect service, devise a training package for midwives to support and strengthen practice in the area of separation of babies from their mothers/parents	March 2023
b) Working closely with women's services, scope opportunities to implement a 'memory box' for women who are involved in court proceedings	March 2023

Appendix 3

Corporate Safeguarding Annual Report - Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) 2020-2021

1. Introduction

1.1 This Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) 12-month report provides an overview of the Deprivation of Liberty Safeguards, Mental Capacity Act and Liberty Protection Safeguards (LPS) activity undertaken by BCUHB during 2021-2022.

1.2 The activity recorded provides oversight and organisational assurance in relation to BCUHB's statutory duty under Deprivation of Liberty Safeguards and the Mental Capacity Act.

1.3 The activity includes key actions and activities taken to ensure that Deprivation of Liberty Safeguards/Mental Capacity Act, as part of the wider Corporate Safeguarding agenda, remains paramount to services delivered across BCUHB.

1.4 This report is presented within the key domains of the National Safeguarding Maturity Matrix (SMM). The Safeguarding Maturity Matrix is a local quality outcome monitoring tool with the aim of capturing and collating a national Safeguarding Maturity Matrix providing assurance, to share practice and to drive improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.

1.5 Deprivation of Liberty Safeguards reports throughout the organisation in accordance with the Safeguarding Reporting Framework. This framework reinforces organisational engagement, reporting and escalation, by the Safeguarding Governance and Performance Group, Patient Safety and Quality Group and directly into the Mental Health and Capacity Compliance Committee.

2. Governance and Rights Based Approach

2.1 Safeguarding Governance and Reporting

2.1.1 Deprivation of Liberty Safeguards were introduced in April 2009 to provide a legal framework to vulnerable people who are or may become deprived of their liberty and is an amendment to the Mental Capacity Act 2005. The safeguards were introduced to ensure that any deprivation of liberty to a person who may lack capacity complies with the European Convention on Human Rights (ECHR) (Article 5(1)) and the Human Rights Act (HRA) 1998 (Article 5). The Human Rights Act states that; "Everyone has the right to liberty and security of person. No one should be deprived of his or her liberty [unless] in accordance with a procedure prescribed by law" (i.e., a Deprivation of Liberty Safeguards or a Court Order). This means that if a person is deprived of their liberty without an authorisation in law to do so, then it will be an unlawful deprivation.

2.1.2 The Deprivation of Liberty Safeguards framework sets out that it is the Health Board's responsibility in its role as a Supervisory Body to grant an authorisation for a Deprivation of Liberty Safeguards. This authorisation provides a legal framework and protection when a deprivation of liberty is considered unavoidable, and it is in the person's best interests for the person to be deprived of their liberty when in a hospital setting, independent hospital or a hospice registered as a hospital. This would apply where detention under the Mental Health Act 1983 is not appropriate for the person at that time.

2.1.3 The Health Board has a dual role when discharging its duties by following the Deprivation of Liberty Safeguards legislation and guidance. There are two key frameworks, the Supervisory Body, which is the Deprivation of Liberty Safeguards/Mental Capacity Act Team (part of the wider Corporate Safeguarding Team and BCUHB) and the Managing Authority, which is the Ward or Service responsible for the patient and ultimately the Executive Director, who has accountability for the delivery of the service responsible for the care of patients on the ward or unit.

2.1.4 The Supervisory Body's function also provides a strategic role for those approved to be 'Authorisers' formerly known as 'Signatories' within the Division to grant a Deprivation of Liberty Safeguards.

2.2 Deprivation of Liberty Safeguards Audit, Quality and Assurance activities and findings

2.2.1 Deprivation of Liberty Safeguards applications are prioritised according to the risks and urgency identified within the application and the accompanying documentation (Capacity Assessment, Care Plan or Specialist Nursing Assessment) which will be determined at the scrutiny stage when first received by the Deprivation of Liberty Safeguards/Mental Capacity Act Team recognising.

- Whether the patient objects to the restrictions in place.
- What level of restrictions are in place including 1:1 nursing, sedating medication, physical restraint or other.
- Whether the patient is in an Acute or Mental Health Unit and the level of supervision needs to be greater.
- Whether the patient is already subject to an existing Deprivation of Liberty Safeguards authorisation, which is going to expire.
- Whether there is a Court of Protection appeal or an existing Court Order in place.

2.2.2 The Deprivation of Liberty Safeguards/Mental Capacity Act Team conducted an audit of the Deprivation of Liberty Safeguards documentation completed by the Managing Authority in Q2 and Q4 of 2021-2022. The audit identified three (3) main themes that had previously been highlighted during 2020-2021.

- No inclusion of the Mental Capacity Assessment Form.
- Mental Capacity Assessments are completed incorrectly or relates to the wrong decision.

- The Deprivation of Liberty Safeguards application documentation was not completed correctly, not signed, not dated, and not dated correctly.

2.2.3 In response to the audit and the concern that the themes identified mirrored those that were previously raised, the Corporate Safeguarding Team (Supervisory Body) have further developed.

- A process of scrutiny to cross-reference incidents with Datix to target trends, provide individual supervision, and ensure reporting compliance.
- Developed a Deprivation of Liberty Safeguards Standard Operating Procedure (SoP) to reinforce the Deprivation of Liberty Safeguards Code of Practice for front line practitioners.
- Safeguarding Ambassadors have been identified throughout the organisation. A governance and supervision framework supports their activity, which is to focus upon the continued implementation of the safeguarding recommendations. This includes awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards frameworks.
- Bespoke Mental Capacity Act/Deprivation of Liberty Safeguards training continues to be delivered to focus upon the key omissions in the Deprivation of Liberty Safeguards process by the wards (Managing Authority). The training was created in Q1 using a variety of IT platforms. During Q3 and Q4 this training was adapted and amended to reflect a more interactive and practical approach and continues to be offered to key staff and services across BCUHB.
- Legal and Risk Services have been commissioned to develop and undertake bespoke Mental Capacity Act training to support and reinforce staff understanding the importance of completed paperwork and the possible implications to the patient and Health Board if not completed accurately.

2.3 Data Analysis – Deprivation of Liberty Safeguards Applications

2.3.1 Between April 2021 and March 2022 (inclusive), the Deprivation of Liberty Safeguards team received a total of 1,629 applications, see Table 1 below. This is the largest number of applications received since the Deprivation of Liberty Safeguards framework was implemented and is a 40% increase on the previous year. Over the last 4 years' Deprivation of Liberty Safeguards applications have increased annually. The introduction to the Liberty Protection Safeguards is projected to have a greater impact on applications, as a result we will see the number of applications more than double to in excess of 3000 per year. This is a direct result of changes in the legislation and BCUHB's responsibility to complete Liberty Protection Safeguards applications for individuals in receipt of CHC funding and children aged 16 and 17.

2.3.2 The increasing number of Deprivation of Liberty Safeguards applications is in accordance with the legal framework, which offers the patient protection for 7 days, or a further 7 days if an extension is granted by the Supervisory Body for an urgent application. There are significant pressures, challenges and risks associated with the responsibility of the Supervisory Body to allocate and assess all patients within the statutory 7-day time frame. The number of standard requests is minimal, between April 2021 and March 2022 this stands at just 11 applications (less than 1%).

Table 1

Year	West	Central	East	England	Other	Applications
2018-19	89	257	343	55	0	743
2019-20	177	282	483	72	0	1014
2020-21	208	322	550	82	0	1162
2021-22	251	333	925	120	0	1629

2.3.3 Prioritisation of all applications for a Deprivation of Liberty Safeguards is according to the risks and urgency identified within the application and accompanying documentation (Capacity Assessment, Care Plan or Specialist Nursing Assessment) which will be determined at the scrutiny stage when first received by the Corporate Safeguarding Team (Supervisory Body).

2.3.4 Out of the 1629 Deprivation of Liberty Safeguards applications submitted during 2021-2022 28% of them contained some issues or concerns that resulted in them being returned to the Managing Authority. In 2020-2021 the percentage was much higher at 44%. A substantial and focused awareness raising programme was undertaken during 2021-2022 and this has proven to be beneficial to staff completing the applications.

2.3.5 Applications are returned due to the following themes highlighted in 2.3.2 above.

2.3.6 Poor quality applications, resulting in legally deficient documentation provides the basis for a legal challenge.

2.3.7 The Deprivation of Liberty Safeguards Forms present the evidence necessitated by the statutory qualifying requirements in order to ensure a person's deprivation is lawful.

The errors in completing the Deprivation of Liberty Safeguards application could lead to a delay in the authorisation of a Deprivation of Liberty Safeguards, which may result in the patient been deprived of their liberty unlawfully for longer than necessary.

2.3.8 The Supervisory Body spends unnecessary time pursuing further information to support the application. To mitigate risk additional training programmes have been undertaken with bespoke training provided to wards who have a high rate of late and/or incomplete applications.

2.3.9 The increased demand of applications and the availability to meet that demand within existing Deprivation of Liberty Safeguards services remains a challenge. The figures alone do not reflect the level of complexity and demand upon the Deprivation of Liberty Safeguards service. The trend for Deprivation of Liberty Safeguards applications is an upward trajectory. An increase in the number of Best Interest Assessor's (now 6) has had little impact upon the applications waiting list. The Corporate Safeguarding Business Case has identified the need for additional clinical and administrative support.

2.4 Welsh Government Monies

2.4.1 Following the Welsh Government (WG) bidding process to secure funds to support Health Boards in their efforts to reduce what is referred to as the 'Deprivation of Liberty Safeguards backlog' and to promote Mental Capacity Act understanding and compliance across BCUHB, the Corporate Safeguarding Team secured £344,086 in total for 6 months on behalf of BCUHB.

Table 2

Urgent Applications (1 - 7 days)	20
Extended Applications (8 - 14 days)	24
Standard Authorisation (approved)	50
Allocated to BIA	14
Allocated to Section 12 (2) doctors	14
Applications under Scrutiny	7
Awaiting to be Authorised	6
Backlog	36
Total	171

2.4.2 Welsh Government identified that Health Boards and Local Authorities across Wales may struggle to enact their initial proposals due to the onset of the COVID-19 Omicron variant. To date we have:

- Completed additional Best Interest Assessments (BIAs) to tackle the current backlog of Deprivation of Liberty Safeguards applications. This was achieved by offering Best Interest Assessor's the opportunity to complete out of hours assessments.
- Strengthened the current Mental Capacity Act/Deprivation of Liberty Safeguards administration and management team.
- Reviewed current Mental Capacity Act training and adapted a 'practical' 30-minute training module with supporting information for all staff. This training is delivered across services with plans in place to deliver outside of normal working hours i.e. between the early hours to target night staff.
- Mental Capacity Act/Deprivation of Liberty Safeguards/Liberty Protection Safeguards Leads for specific areas within the organisation have been appointed and are scoping services to ascertain current levels of Mental Capacity Act understanding and the need for additional support. Leads for Secondary Care, Primary Care, Commissioning and Paediatrics are in place.
- MCA resources have been sourced with the aim to empower staff in their roles. This includes 'banner pens' Wallet sized guides for staff, patients, and families. These will also be presented in an 'easy read' format and will be available in both English and Welsh.

- All materials are in the final stages of approval and are due to be delivered in Q1 2022-2023.

2.4.3 Welsh Government were specific in their request to ensure that no Liberty Protection Safeguards work is undertaken prior to the formal start of the consultation process.

3. Safe Care

3.1 Court of Protection

3.1.1 The Team responds to and support front line colleagues when cases have been referred to the Court of Protection (CoP) for the following reasons:

- **Section 21A Challenge:** Patients have a right in law to challenge the detention if the patient feels it is unlawful. (Article 5(4) ECHR).
- **Section 16 MCA (2005):** Relating to welfare decisions.

3.1.2 The number of cases engaged in Court of Protection activity has increased significantly. Cases may take months for the Court to conclude due to the amount of evidence and complexity with each case resulting in a number of hearings. During this period, we have again seen a significant escalation of complexity in a number of Court of Protection cases. This has resulted in intensive Court of Protection activity and has required Senior BCUHB Board member attendance.

3.1.3 There are six (6) new cases, relating to a Section 21A Challenge, all of which have had the initial court hearing and four (4) ongoing cases from 2020-2021.

3.1.4 The increase in complex Court of Protection cases continues to result in additional costs to the Health Board. This includes the number of staff engaged in the process, legal challenge as a result of the recognised delay on behalf of BCUHB and to address the concerns and the directions of the Court Order. Engagement with Legal and Risk which includes, Barrister fees, Court costs, Official Solicitor costs (on behalf of P), external expert costs, and where applicable compensation to P.

3.1.5 After reviewing a number of cases, activities within the process are causing organisational challenge. To respond to this the Deprivation of Liberty Safeguards Team have developed a Section 21A Challenge Standard operating Procedure (SoP) and a Flowchart to facilitate cooperation, escalation, and coordination within the Health Board. This describes the role, responsibility, and accountability when the need arises to respond to directions of the Court.

3.1.6 The provision of additional support and guidance in relation to Court of Protection applications and compliance with Court Order directions will reduce additional costs awarded against the Health Board and importantly evidence an improved experience for the patient.

3.2 Patient Story

3.2.1 Patient A is a 74-year-old lady with an established diagnosis of Learning Disability and a history of multiple cerebrovascular accidents (Stroke) leading to both physical and mental health consequences. Patient A was admitted into an acute hospital after repeated vomiting leading to aspiration and chest sepsis.

3.2.2 A Deprivation of Liberty Safeguards application was submitted, and an assessment was subsequently undertaken. The Deprivation of Liberty Safeguards was then authorised to ensure Patient A was accommodated under a legal framework.

3.2.3 Patient A required a package of care to be able to return to her home and until such time as an appropriate care package became available a best interest decision was made for Patient A to remain in hospital to ensure her needs were being fully met in a safe environment.

3.3 Case Learning

3.3.1 Due to the pressures of COVID, staff shortages and a ‘backlog’ of Deprivation of Liberty Safeguards applications there was a delay in the Deprivation of Liberty Safeguards Authorisation being granted resulting in an unlawful deprivation for 63 (sixty-three) days.

3.3.2 The case highlighted the lack of resources within the current Deprivation of Liberty Safeguards service and the potential for patient A to have made an application to the Court or Protection be awarded damages due to the delay in authorisation.

3.3.3 As a result of the delays and following application of the Welsh Government funding the Deprivation of Liberty Safeguards team completed Best Interest Assessments 7 days a week over a 6-month period. This resulted in a reduced ‘backlog’ that stood at 114 applications but having been reduced to just 36 in Match 2022.

3.3.4 Due to the delay in the implementation of Liberty Protection Safeguards the Welsh Government have agreed to provide further funding to support Deprivation of Liberty Safeguards activity to mitigate the risk of unlawful deprivation.

3.4 Assessment and Analysis

3.4.1 The delay in Deprivation of Liberty Safeguards authorisations is a national issue, BCUHB secured additional Welsh Government funding to expedite the ongoing challenges faced by the Supervisory Body.

3.4.2 In addition, the impact of COVID-19, specifically the Omicron variant towards the end of 2021, resulted in additional assessment and authorisation delays due to staff shortages.

3.5 Impact on Patient A and BCUHB

3.5.1 Patient A was unlawfully deprived of her liberty for 63 days which meant there was no legal framework in place to support Patient A being accommodated in hospital for care and treatment. As there was no legal framework Patient A was unable to legally challenge the deprivation.

3.5.2 Once the Deprivation of Liberty Safeguards authorisation was in place Patient A was supported to submit a Section 21A Challenge to the Court of Protection.

3.5.3 The Court requested evidence of why there was a delay. This was offered by BCUHB in addition to an apology. This was accepted by the Court.

4. Adverse Childhood Experiences (ACE) Informed

4.1 Rationale

4.1.1 Adverse Childhood Experiences (ACEs) such as exposure to abuse and harm, for example, sexual abuse, psychological/emotional abuse, physical abuse, domestic abuse, substance misuse and mental illness are known to have a direct and immediate effect on a child's health and wellbeing with potential lifelong consequences.

4.1.2 The safety of the child and the safety of the vulnerable adult with care giving responsibilities are intrinsically linked. With reference to the recent Supreme Court judgement for 16/17-year-olds, to detain a young person unlawfully can have adverse consequences. Preventing early exposure can reduce the impact on children and future generations**.**

4.1.3 Under Liberty Protection Safeguards 16/17-year-olds will be subject to the same legislation and legal framework as adults. Work is underway to support Paediatric services and ensure that they are prepared for the change in legislation.

5. Learning Culture

5.1 Training

5.1.1 Safeguarding training compliance is a key target for Corporate Safeguarding. An increase in compliance is reported during 2021-2022, see Table 2 below. It is recognised that no face-to-face training is taking place due to COVID-19 restrictions; however, safeguarding training continues to be available on e-learning and digital platforms and is supported by a revised virtual program to encourage ongoing training during this period.

Table 3

Training Module	March 2021	March 2022	Trajectory
MCA – Level 1	74.0%	76.5%	↑
MCA – Level 2	75.4%	77.0%	↑

5.1.2 Online Mental Capacity Act Level 1 and 2 training is available for all staff. The recent drop in compliance was reviewed with actions taken to remind staff to check their ESR mandatory training requirement in relation to Mental Capacity Act. Reminders are provided by using a variety of resources, for example, respective Safeguarding Forums, PTR meetings and the monthly Safeguarding Bulletin.

5.1.3 The dissemination of Mental Capacity Act booklets is complete, this was a key action for 2021-2022. The Mental Capacity Act/Deprivation of Liberty Safeguards booklets are available to support staff who are unable to access IT equipment or attend online training. The booklets ensure all staff are given the opportunity to complete essential mandatory training to improve awareness and processes compliance.

5.1.4 During 2021-2022 the Team completed 12 (1 each month) Deprivation of Liberty Safeguards training sessions across BCUHB. In total 893 staff attended bespoke training. In addition, the team provided bespoke Deprivation of Liberty Safeguards training at Bangor University (via teams) for 170 students. We continue to promote and offer sessions on a ward/team basis where there is targeted intervention due to reduced compliance, or when complex cases support reflective learning or where issues are raised due to audit or compliance challenges.

5.1.5 Deprivation of Liberty Safeguards and Mental Capacity Act awareness training is also included within the mandatory Adult Level 2 Safeguarding Module. The current competency rate for Level 2 training across BCUHB stands at 83.01%, which is a slightly increased position.

5.1.6 Deprivation of Liberty Safeguards and Mental Capacity Act training and the recording of compliance was included within the Corporate Safeguarding Bulletins to ensure organisational engagement and compliance.

5.1.7 To ensure accuracy and targeted training data is on ESR, work has commenced to cleanse the data and identify competencies in line with the Adult Safeguarding: Roles and Competencies for health Care Staff. This activity is completed in the MHLD Division.

5.1.8 Bespoke and issue specific Deprivation of Liberty Safeguards training, following the methodology of a 30-minute workshop, has targeted areas of low compliance or where audit activity identifies the need for greater awareness and improvement. This is because the compliance data does not always correlate with evidenced clinical practice.

6. Multiagency Partnership Working

6.1 Liberty Protection Safeguards (LPS)

6.1.1 The law relating to the Mental Capacity Act 2005 changed in May 2019 and is recognised as the Mental Capacity (Amendment) Act 2019. This new Act will change the Mental Capacity Act Code of Practice and Deprivation of Liberty Safeguards to create new statutory regulations known as Liberty Protection Safeguards. A new Code of Practice and regulations to accompany the Act were due to be in place by October 2020; however, this is now delayed with no implementation date provided by UK and Welsh Government.

6.1.2 On the 17th of March 2022 the Welsh Government published the consultation on the Liberty Protection Safeguards draft Regulations for Wales. The consultation will last for 16 weeks. A Mental Capacity Act/Liberty Protection Safeguards 'working' group to address and engage in the consultation programme is in progress and will include all key BCUHB stakeholders.

6.1.3 BCUHB can now actively progress the BCUHB Liberty Protection Safeguards Strategic and Operational Implementation Groups, a date has been set for June 2022. Oversight and reporting will be by the Safeguarding Governance and Performance Group.

6.1.4 Additional monthly Safeguarding Mental Capacity Act/Liberty Protection Safeguards Bulletins will be shared from May 2022 onwards to provide real time updates on the consultation process and the implementation of Liberty Protection Safeguards. The Deprivation of Liberty Safeguards/Mental Capacity Act Team have developed a consultation plan to review the documentation and will engage with key internal stakeholders in April/May 2022.

6.1.5 In addition, the UK Government is consulting on the 'Liberty Protection Safeguards Draft Regulations for England' and the 'Liberty Protection Safeguards Draft Code of Practice for England and Wales'. This consultation will follow the same 16-week period and will be included within the BCUHB implementation work programme.

6.1.6 The key changes to current Deprivation of Liberty Safeguards legislation are as follows:

- The Liberty Protection Safeguards will replace the Deprivation of Liberty Safeguards.
- The new safeguards will protect people's rights and freedom if they lack the mental capacity to make their own decisions.
- Liberty Protection Safeguards will apply to 16- and 17-year-olds and be applied in all settings including people's own homes.
- Wales will have its own Regulations and Code of Practice for Liberty Protection Safeguards.

6.1.7 The implementation of Liberty Protection Safeguards will have an impact across all BCUHB services. The priority over the next 12 months is to ensure all clinical staff are compliant and are able to act in accordance with the principles of the Mental Capacity Act and have completed Mental Capacity Act training.

6.1.8 Corporate Safeguarding, on behalf of BCUHB, currently attend Local, Regional and National working groups in relation to Liberty Protection Safeguards to ensure that BCUHB remain informed of any developments.

6.1.9 Welsh Government have advised Statutory Bodies to refrain from undertaking any localised training, to await both the publication of the Code of Practice and an agreed National Training Framework which will be produced and delivered by Social Care Wales. This activity is monitored via the North Wales Safeguarding Board Training Group.

6.1.10 Following the consultation period, the Mental Capacity Act 2005 Code of Practice including the Liberty Protection Safeguards will need to be brought before Parliament for 40 days. Once the Regulations are in place the necessary training for the role of the Approved Mental Capacity Professional (replacing the role of the Best Interest Assessor (BIA) will need to commence at the earliest opportunity to allow at least six months to plan for implementation.

6.1.11 The Health Board are awaiting instruction from Welsh Government with regards to the funding strategy for the Liberty Protection Safeguards.

7. Risk Management and the Corporate Risk Register

7.1 Mitigation of Risk

7.1.1 The increase in Deprivation of Liberty Safeguards applications and complexity of cases continues to be a recognised risk for the Health Board. The service delivery of Deprivation of Liberty Safeguards has several stages, all must be lawfully actioned. The mitigating activities and the ongoing implementation of improvements driven by data and activity will require resource.

7.1.2 Over the next six (6) months further work will be actioned as part of a Liberty Protection Safeguards implementation programme. Co-production and engagement with BCUHB services and divisions will support a smooth transition to support the implementation of Liberty Protection Safeguards and offer assurance that the Health Board is compliant with legislation and process in response to the proposed implementation date which commences on 1st of April 2022.

7.1.3 In addition, work will be undertaken with partner agency, third and voluntary sector organisations to ensure a smooth transition.

7.1.4 The risks associated with the Deprivation of Liberty Safeguards were presented at QSE on the 8th of September 2021 and resulted in the approval of the Risk to be included within the Tier 1 Corporate Risk Register.

7.1.5 Mitigating activities are in place to reduce the risk and improve service delivery across the Health Board. A targeted approach is required based upon trends, themes, incidents, and data and these include.

- The Deprivation of Liberty Safeguards/Mental Capacity Act Standard Operating Procedure, this is in place to provide additional guidance and direction to support the actions required for a Deprivation of Liberty Safeguards application to be authorised to prevent unlawful deprivation.
- We have increased the number of Authorisers across the Health Board.
- The Corporate Safeguarding Deprivation of Liberty Safeguards/Mental Capacity Team have delivered bespoke Mental Capacity Act/Deprivation of Liberty Safeguards training to focus upon the key omissions in the Deprivation of Liberty Safeguards process by the wards.
- Implementation and the development of revised Deprivation of Liberty Safeguards/Mental Capacity Act practical training packages, booklets, and events to support the application of learning to support care is in place.
- The scrutiny of applications is conducted by the Deprivation of Liberty Safeguards/Mental Capacity Team and includes both the Deprivation of Liberty Safeguards Form 1 and supporting documentation, to ensure evidence is lawful and the individual lacks the capacity to consent to be 'accommodated' in hospital, which is a vital aspect of the patient care pathway.
- A 'Sample' Mental Capacity Assessment Form is available and provides enhanced guidance. This best practice guidance is included in all Mental Capacity Act/Deprivation of Liberty Safeguards training and is routinely disseminated to ward staff.

7.2 Risk Analysis

7.2.1 The risks associated with the Deprivation of Liberty Safeguards are included within the Tier 1 Corporate Risk Register.

7.2.2 **Risk ID 2548**. The increased level of Deprivation of Liberty Safeguards activity may result in the unlawful deprivation of patients.

7.2.3 This may be caused by the increased number of patients who are refusing admission or who have mind altering diagnosis which reduces their capacity and cannot consent to their continued admission in an NHS hospital setting (meet the legal framework).

7.2.4 This is due to the Case Law, P v Cheshire West Council (see Legal and Compliance below) which widens the parameters of activity resulting in more patients requiring assessment for a Deprivation of Liberty Safeguards, and the Supreme High Court Judgement in September 2019 which removed the consent of parents when detaining a young person aged 16-17 years old for care and treatment within NHS settings.

7.2.5 This could lead to harm to patients from unlawful deprivation, increase in Court of Protection Activity (CoP), which may result in greater operational pressures and increase in financial cost, poor patient experience and reputational damage for BCUHB.

8. Conclusion

8.1 This report provides an overview of the ongoing Deprivation of Liberty Safeguards, Mental Capacity Act and Liberty Protection Safeguards activity during 2021-2022.

8.2 In early 2022-2023 Corporate Safeguarding will present a business case to the Patient Quality Safety Group and position update in relation to the implementation of new legislation to include the Liberty Protection Safeguards.

8.3 It is envisaged the proposed new structure would provide additional assurance against specialist strategic, governance, operational and administrative activities. This is based upon the recognised activity data, and reported risks relating to Deprivation of Liberty Safeguards, Mental Capacity Act and Liberty Protection Safeguards.

8.4 All actions within the Deprivation of Liberty Safeguards/Mental Capacity Act action plan are monitored by the Safeguarding Governance and Performance Group, and the Mental Health and Capacity Compliance Committee.

8.5 The actions identified are on target and have the full engagement of the Safeguarding Quality and Performance Group membership.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Teitl adroddiad: ***Report title:***	Summary of Private Board Business – 4 and 24 August 2022			
Adrodd i: ***Report to:***	Health Board - Public			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 29 September 2022			
Crynodeb Gweithredol: ***Executive Summary:***	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.			
Argymhellion: ***Recommendations:***	The Board is asked to note the report			
Arweinydd Gweithredol: ***Executive Lead:***	Molly Marcu – Board Secretary			
Awdur yr Adroddiad: ***Report Author:***	Philippa Peake-Jones – Head of Corporate Affairs			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	No - N/A/			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	No - N/A/			

Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqIA been identified as necessary and undertaken?***	No - N/A/
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP68, has an SEIA identified as necessary ben undertaken?***	No - N/A/
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)***	No - N/A/
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	None
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Not applicable
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:
Implementation of recommendations

The Health Board considered the following matters in private session on 4 August 2022

- Corporate Risk Register Report
- Good Governance Institute review of vascular services
- North Wales Vascular Service Update

The Health Board considered the following matters in private session on 24 August 2022: • Financial Accounts 2021/22 • End of Year Reporting 2021/22 • Audit Wales Audit Report on the Financial Statements 2021/22
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*