

## Bundle Health Board 11 March 2021

### 10.15am Public Session

- 1 MATERION AGORIADOL A LLYWODRAETHU EFFEITHIOL / OPENING BUSINESS AND EFFECTIVE GOVERNANCE
- 1.1 10:15 - 21/31 Sylwadau Agoriadol y Cadeirydd / Chair's Introductory Remarks - Mark Polin  
*To report that Health Board Chair's Action was taken:*  
1\ *To allow the Health Board Claims Manager to commence negotiation regarding settlement of a high value claim relating to ophthalmology*  
2. *To approve recommissioning of General Dental Services in Colwyn Bay and Caernarfon via novation of existing contract*  
3\ *To approve procurement Haematology and Coagulation Managed Service Contract*  
4\ *To approve Business Justification Case for Cancer Services CT Simulator*
- 1.1.1 10:17 - 21/32 Adroddiad y Prif Weithredwr / Chief Executive Officer Report - Jo Whitehead  
*Recommendation:*  
*The the Health Board notes the report of the Chief Executive*  
21.32 CEO report FINAL.docx
- 1.2 10:27 - 21/33 Ymddiheuriadau am Absenoldeb / Apologies for Absence
- 1.3 10:28 - 21/34 Datganiadau o Fuddiant / Declarations of Interest
- 1.4 10:29 - 21/35 Cofnodion Drafft Cyfarfod y Bwrdd Iechyd a gynhaliwyd yn gyhoeddus ar 21.1.21 er cywirdeb ac adolygu'r Cofnod Cryno o Weithredoedd / Draft Minutes of the Health Board Meeting held in public on 21.1.21 for accuracy and review of Summary Action Log  
21.35aMinutes Health Board 21.1.21 Public V0.02 English.docx  
21.35b Summary Action Log Public\_v212.doc
- 2 10:39 - EITEMAU AR GYFER CYDSYNIAD / ITEMS FOR CONSENT
- 2.1 21/36 Adroddiadau Sicrwydd Cadeiryddion y Pwyllgorau a'r Grwpiau Cyngorol / Committee and Advisory Group Chair's Assurance Reports  
21/36.1 *Covid Cabinet 4.2.21 (Mark Polin)*  
21/36.2 *Joint Audit and QSE 24.11.20 (Medwyn Hughes and Lucy Reid)*  
21/36.3 *Quality, Safety & Experience Committee 15.1.21 (Lucy Reid)*  
21/36.4 *Finance & Performance Committee 28.1.21 and 25.2.21 (Mark Polin)*  
21/36.5 *Strategy, Partnerships & Population Health Committee 23.2.21 (Lyn Meadows)*  
21/36.6 *Remuneration & Terms of Service Committee 6.10.20 (Mark Polin)*  
21.36.1 Chair's Assurance Report C-19 Cabinet 4.2.21\_v1.0\_English.docx  
21.36.2 Chair's Assurance Report JAQS 24.11.20 v1.0\_English.docx  
21.36.3 Chair's Assurance Report QSE 15.1.21 V1.0\_English.docx  
21.36.4 Chair's Assurance Report FPC 25.2.21\_28.1.21 v1.0\_English.docx  
21.36.5 Chair's Assurance Report SPPHC 23.2.21 v2.0\_English.docx  
21.36.6 Chair's Assurance Report RTS 6.10.20 v1.0\_English.docx
- 2.2 21/37 Deddf Iechyd Meddwl 1983 fel y diwygiwyd gan Ddeddf Iechyd Meddwl 2007. Deddf Iechyd Meddwl 1983 Cyfarwyddiadau Clinigwyr Cymeradwy (Cymru) 2008. Diweddaru Cofrestr Meddygon Cymeradwy Adran 12(2) Meddygon i Gymru a Diweddaru Cofrestr Clinigwyr Cymeradwy (Cymru Gyfan) /Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales) - Arpan Guha  
*Recommendation:*  
*The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.*  
21.37 Section 12 doctors\_English.docx
- 3 I'W DRAFOD / FOR DISCUSSION
- 3.1 10:49 - 21/38 Briffio Covid-19 Briefing - Chris Stockport  
*Recommendations:*  
*The Board is asked to:*  
1.*Note the report and supporting presentation;*  
2.*Endorse decisions made by the Executive Incident Management Team (EIMT).*  
21.38a Covid update v4.docx  
21.38b Covid slides\_Appendix 1.pdf
- 3.2 11:09 - 21/39 Ymyriad wedi'i Dargeddu / Matricsau Aeddfedrwydd BCUHB Targeted Intervention & Maturity Matrices - Gill Harris

*Recommendations:*

*The Board are asked to note:*

1. the Targeted Intervention Improvement Framework for BCUHB;
2. the progress to date in developing Maturity Matrices against each of the Domains;
3. the progress in development of the governance and assurance processes; and
4. the timeline.

21.39a Targeted Intervention Improvement Framework - Update 1.01.docx

21.39b Targeted Intervention Improvement Framework Appendix 1.pdf

3.3 11:29 - Adroddiadau Perfformiad / Performance Reports - Mark Wilkinson

3.3.1 21/40 Adroddiad Cynnydd y Cynllun Blynyddol / Operational Plan Monitoring Report - Mark Wilkinson

*Recommendation:*

*The Health Board is asked to note the report.*

21.40a OPMR March 2021 FINAL\_English.docx

21.40b OPMR Quarter 3-4 January 2021 FINAL.pptx

3.3.2 21/41 Adroddiad Ansawdd a Pherfformiad / Quality & Performance Report - Mark Wilkinson

*Recommendation:*

*The Health Board is asked to scrutinise the report and to consider whether any area needs further escalation to be considered.*

21.41a QPR \_English.docx

21.41b QPR Appendix 1.pdf

3.4 11:49 - 21/42 Adroddiad Cyllid M8 Finance Report - Sue Hill

*Recommendation:*

*It is asked that the report is noted.*

21.42 Finance Report M08\_English.docx

3.5 11:54 - 21/43 Adroddiad Cyllid M9 Finance Report - Sue Hill

*Recommendation:*

*It is asked that the report is noted*

21.43 Finance Report M09\_English.docx

3.6 11:59 - 21/44 Adroddiad Cyllid M10 Finance Report - Sue Hill

*Recommendation:*

*It is asked that the report is noted*

21.44 Finance Report M10\_English.docx

3.7 12:14 - 21/45 Adroddiad Blynyddol Rheoli Meddyginiaethau / Medicines Management Annual Report - Arpan Guha

*Berwyn Owen and Louise-Howard Baker to attend*

*Recommendation:*

*The Board is asked to note:*

1. The steps to improve BCUHB's performance and progress with the All Wales Medicines Strategy Group Prescribing Indicators.
2. Secondary care prescribing trend
3. Actions taken by Pharmacy & Medicines Management to support the response to the COVID pandemic and vaccination programme.

21.45 Pharmacy\_Medicines Management annual report 2021 v2.docx

3.8 12:29 - Lunch break

3.9 12:59 - 21/46 Gwelliant a Buddsoddiad Safonau'r Gymraeg / Welsh Language Standards Investment and Improvement - Teresa Owen

*Recommendation:*

*The Board is asked to note the Health Board's current position in relation to compliance with the Welsh Language Standards and the potential opportunities going forward.*

21.46 Welsh Language Standards v1.0\_English.docx

3.10 13:09 - 21/47 Cau HASCAS a Grp Gwella Ockenden / Closure of HASCAS & Ockenden Improvement Group - Gill Harris

*Recommendations:*

*The Health Board are asked to note;*

1. Current status of the 35 HASCAS & Ockenden recommendations
2. Confirmation of the governance arrangements through existing quality assurance routes following the closure of the HASCAS & Ockenden Improvement Group
3. Stakeholder engagement plans across wider Mental Health & Learning Disability (MHLDD) services across the Health Board

21.47a HASCAS Ockenden update report approved.docx

21.47b HASCAS Ockenden Appendix 1.docx

- 4.1 13:19 - 21/48 Dyletswydd Gymdeithasol Economaidd / Socio Economic Duty Briefing - Sue Green  
Sally Thomas to attend.
- Recommendations:*  
The Board is asked to:
- 1\ Note the progress outlined in this report
  - 2\ Approve the recommendation that the terms of reference of Board Committees are updated to reflect the requirements of the Equality Act 2010 including the Socio-economic Duty\.
- 21.48a SED report\_updated final.docx
- 21.48b SED Briefing Appendix 1 V2.docx
- 4.2 13:29 - 21/49 Achos Busnes Chwaraeon Gogledd Cymru / Sport North Wales Business Case - Teresa Owen
- Recommendation:*  
The Health Board is asked to
1. Endorse the establishment of the Sport North Wales (SNW) Partnership.
  2. Agree that Betsi Cadwaladr University Health Board becomes a partner in the Sport North Wales (SNW) Partnership.
- 21.49a Sport North Wales report.docx
- 21.49b Sport North Wales Appendix 1 Business Case FINAL\_approved\_English.pdf
- 21.49c Sport North Wales Appendix 2 IAA Collaboration Agreement DWF FINAL.DOCX
- 5 13:34 - ER GWYBODAETH / FOR INFORMATION
- 5.1 21/50 Diweddariad ar roi'r Rheoliadau Mangreodd a Cherbydau Di-fwg (Cymru) 2020 ar waith / Update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020 - Teresa Owen
- Recommendation:*  
The Board is asked to note the actions being taken in support of introduction of the Smoke Free Regulations (including the decision not to provide designated smoking areas within hospital grounds, to ensure all hospital sites become smoke-free).
- 21.50 Smoke Free Regs 2020 FINAL.docx
- 5.2 21/51 Crynodeb o Fusnes Heb y Cyhoedd y Bwrdd i gael ei adrodd arno'n gyhoeddus / Summary of Private Board business to be reported in public - Louise Brereton
- Recommendation:*  
The Board is asked to note the report
- 21.51 Private session items reported in public\_English.docx
- 6 MATERION I GLOI / CLOSING BUSINESS
- 6.1 21/52 Dyddiad y Cyfarfod Nesaf / Date of Next Meeting  
30th March 2021
- 7 21/53 Heb y Wasg a'r Cyhoedd / 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."*



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2022					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Chief Executive's report					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Jo Whitehead, Chief Executive					
<b>Awdur yr Adroddiad Report Author:</b>	Louise Brereton, Board Secretary					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Jo Whitehead, Chief Executive					
<b>Atodiadau Appendices:</b>	N/A					
<b>Argymhelliaid / Recommendation:</b>						
That the Health Board notes the report of the Chief Executive.						
Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Sefyllfa / Situation:</b>						
<p>The purpose of this report is to keep the Board up to date with key issues affecting the organisation and highlights topical areas of interest to the Board.</p> <p>A number of issues raised within this report feature more prominently within reports of the Executive Directors as part of the Board's public business.</p>						
<b>Cefndir / Background:</b>						
<p>Jo Whitehead, Chief Executive joined Betsi Cadwaladr University Health Board on 3 January 2021. This report seeks to update Board members on the activities, engagements and key meetings undertaken by the new Chief Executive during induction and an overview of local and national developments of interest.</p>						
<b>Asesiad / Assessment &amp; Analysis</b>						



### **Chief Executive's induction: meetings and events**

Thank you to all who have welcomed me to the Health Board over the last few weeks. Since taking up post, I have enjoyed a busy and fruitful induction, centred on engaging with a wide range of colleagues and stakeholders including external colleagues and stakeholders including local Senedd Members and MPs, all Local Authority Chief Executives and Chief Executives from all other Welsh Health Boards. I have also enjoyed meeting with colleagues from our regulatory bodies including Health Improvement Wales, Audit Wales, the Public Services Ombudsman and Community Health Council Lead officers.

I have had the pleasure of visiting staff across a number of Health Board locations. These have been varied and numerous but I have included the highlights here below.

At Llandudno Hospital, I was updated on the innovations the teams have put in place during COVID-19, including enabling appointments to be made to attend the minor injury service, which has been very positively received by patients. Additionally a visit to Bryn-y- Neuadd Community Hospital in Llanfairfechan introduced me to the work of the Learning Disabilities team.

On a visit to Ysbyty Glan Clwyd, I met with colleagues from laundry, kitchens, estates, porters and cleaning to hear from them about their crucial roles in supporting the clinical teams and the challenges they face in doing so.

I greatly enjoyed meeting and talking to colleagues at the Ablett Unit, hearing great stories of kindness and compassion including pride in the contribution being made to the COVID-19 effort, staff returning from retirement to volunteer and the support extended to student nurses.

A visit to the Mass Vaccination Centre at Ysbyty Enfyf Bangor on a Tuesday evening was particularly interesting with services still in absolute full flow at 6.30pm with, at times, all ten lanes being utilised. Here again I witness retired staff retuning into voluntary roles to support their colleagues and the overall effort.

I was further welcomed to the North Wales Cancer Centre where I had the opportunity to meet the multi-disciplinary team working so hard behind the scenes to ensure that patients receive appropriate radiotherapy and chemotherapy. This was a particularly inspirational visit and I was very interested to hear about the fantastic partnership work with the third sector, primary care colleagues and with our experts by experience.

Women's Service in Wrexham hosted a further visit I undertook recently. With four COVID-19 related physical moves and the required changes to the clinical pathways it has meant that staff have had to be very flexible. We had a conversation during the course of the morning about the importance of civility in care and there is more we can do around promoting and implementing these principles.

I also dropped into the North Wales Clinical Research Centre which was very inspirational, particularly given the conversation about the possibility of a medical school for North Wales (and possibly also Chester).

Finally I have also been out and about visiting other locations including Flint Health Centre, Ysbyty Enfyf in Deeside and a number of our community hospital sites. In so many of my visits, I got such a sense of the 'team' and I am grateful to colleagues for welcoming me to the range of sites I have visited.

### **Management of COVID-19 Pressures**

The past two months has seen the NHS in Wales and across the UK under extreme pressure as it responds to increased COVID-19 infection rates. This has been no different in BCUHB, however since reaching a peak in mid-January 2021, rates of occupancy of COVID-19 patients in our critical care beds have gradually decreased. This has enabled a gradual de-escalation in Wrexham Maelor Hospital and Ysbyty Glan Clwyd as COVID-19 levels reduce with the reopening of some closed wards in acute and community hospitals following the closure of outbreaks. Unfortunately, an outbreak within Ysbyty Gwynedd in late February has led to the temporarily suspension of some elective surgery, which will be reviewed on 8 March. The Area Team are maintaining escalated capacity in community hospitals to support and Wrexham Maelor Hospital have restarted essential surgery and some day-case surgery. A further report on the Health Board's ongoing response to COVID-19 pressures is included on the Public Board agenda. I would like to thank all staff at BCUHB for their ongoing work to keep our communities and colleagues safe during this period of extreme operational pressure.

### **COVID-19 Vaccination Programme**

The vaccination programme continues to be a significant priority for BCUHB, led by the Executive Director of Nursing. As at March 2<sup>nd</sup> 2021 we had vaccinated over 75% of people aged 65-69 (priority group 5). We continue to work hard to ensure that no-one from priority groups 1 to 4 has been left behind and efforts continue to reach out to our citizens determined as 'hard to reach'. The BCUHB vaccinations call centre continues to build capacity to ensure it continues to deliver a responsive service. The Welsh Vaccine strategy is being updated and will include the new, recently agreed target for all adults to be vaccinated by the end of July 2021.

I would again extend my thanks to all colleagues involved in supporting the significant programme to deliver vaccinations to the population of north Wales.

### **Staff support and well-being**

The Executive Leadership Team have started work to explore how we can enhance support for staff, with access to additional wellbeing services being available from early April 2021. The Welsh NHS Confederation have also [published a briefing](#) to showcase some of the initiatives that have been introduced across NHS Wales to support staff health and wellbeing.

### **Welsh Government Escalation and Intervention Arrangements**

Work continues between Health Board and Welsh Government colleagues on the development of the Targeted Intervention framework. The framework will measure and monitor improvement in four key areas

- Mental Health Service Management – adults and children
- Strategy, Planning and Performance
- Leadership (including Governance, Transformation, and Culture)
- Engagement

Learning from the experience of colleagues at Cwm Taf Morgannwg UHB and together with the Welsh Government, we are using a Maturity Matrix approach to provide consistent and common language for the Health Board transformation programme and to highlight what 'good looks like' in a simple evidence-based road map of improvement. A further report on the Health Board's approach to Targeted Intervention is included on the Public Board agenda.

### **Digital Record development**

The work to develop a digital patient record that can be shared safely and easily with other health care professionals in Wales and beyond started last year. During the COVID-19 pandemic we have seen many outpatient clinics and consultations now being delivered remotely by phone or video. A digital record would support these virtual clinics that have become critical to continuing patient care during the pandemic by allowing clinicians to access patient case notes digitally and in confidence. This is a significant project and it is anticipated that full implementation across the whole of the Health Board will take up to four years.

### **Security services**

Provision of security services for a number of Health Board sites including the three main hospital sites, Enfys Hospital and vaccination centres will be changing from Sampson security to a new provider, SGC Security services from 1 April 2021.

### **Awyr Las Charity**

I have been finding out more about our Health Board charity. It was encouraging to hear what has been achieved thanks to the donations and charitable grants we receive, but there is clearly a lot more that can be done to increase the profile and donations to our NHS Charity.

### **Honorary Professor appointment: School of Health Sciences at Bangor University**

Professor Alex Anstey, Consultant Dermatologist based at Ysbyty Glan Clwyd has been appointed as Honorary Professor in the School of Health Sciences for a period of three years from 19 February 2021.

### **All Wales Community Pathway for Long-COVID**

To supplement the NICE clinical guideline published in December 2020, the Welsh Government and the peer group of Director of Therapies and Health Sciences have collaborated with other key stakeholders to draw up the attached all Wales Community Pathway for Long-COVID. This sets out a framework in line with A Healthier Wales and will underpin local pathways to ensure a consistent approach across all health boards.

### **Opening of Anglesey Hospice**

The first ever hospice on Anglesey opened to patients of life limiting illnesses and their families on St David's Day, 1st March 2021 in Ysbyty Penrhos Stanley, Holyhead. This has followed outstanding community fundraising efforts and generous grants from trusts and foundations and the local charity, St David's Hospice which bridges the gap in end of life care services across Anglesey, Gwynedd and Conwy. Working in partnership with the Health Board, the Anglesey Hospice is independent of the NHS and the clinical team will be funded by St David's Hospice, through charitable donations and the support of the local community. The Health Board has provided the space for the hospice as well as the support services including catering, maintenance and IT. There will also be a close working relationship between the hospice team and local Health Board services and GPs.

### **Broadening the role of Firefighters**

The Welsh Government is committed to optimising cross-public sector collaboration to improve outcomes for the Welsh public, and believes there are opportunities for closer working at a strategic and operational level between Fire and Rescue Authorities and NHS Wales. In November 2020, the Cabinet fully endorsed proposals to identify the scope for a broader role for firefighters in Wales, in particular to support the NHS and the delivery of health outcomes. This will yield a specification setting out in detail, roles which are consistent with the Fire and Rescue Service's existing capacity and capability, and which show clear potential to improve health outcomes. There are three key strands to this work – Prevention Activity, Non-injured Faller Recovery and Emergency Medical Response. The Working Group aims to complete its work to produce a specification by the end of March for Ministers' consideration.

### **Build Back Fairer – the COVID-19 Marmot review**

The Build Back Fairer – The COVID-19 Marmot Review on the pandemic, socio-economic and health inequalities in England report was published recently. While the research has been conducted in England, there are a number of themes, issues and learning common to all UK nations including Wales. The review sought to examine inequalities in death rates from COVID-19, and how some groups and areas have been affected more than others; the effect of measures to contain the virus on social and economic inequalities and on mental and physical wellbeing; and what needs to be done to build back fairer. The full report can be accessed here [Build Back Fairer: The COVID-19 Marmot Review | The Health Foundation](#)

### **Strategy Implications**

There are no specific strategy implications within this report.

### **Options considered**

There are no further options for consideration.

### **Financial Implications**

There are no specific financial implications within this report.

### **Risk Analysis**

The risk implications referenced within this report are covered in greater depth by supporting reports on the Public Board agenda.

### **Legal and Compliance**

There are no specific legal and compliance implications within this report.

### **Impact Assessment**

An impact assessment is not required to support this report.



**Betsi Cadwaladr University Health Board (BCUHB)**  
**Draft minutes of the Health Board meeting held in public**  
**on 21<sup>st</sup> January 2021 via Zoom Conferencing**

**Present:**

Mark Polin	Chair
Louise Brereton	Board Secretary
Nicky Callow	Independent Member ~ University
Cheryl Carlisle	Independent Member
John Cunliffe	Independent Member
Morwena Edwards	Associate Member ~ Director of Social Services
Gareth Evans	Chair of Healthcare Professionals Forum
Eric Gardiner	Finance Director Provider Services
Sue Green	Executive Director of Workforce & Organisational Development (OD)
Arpan Guha	Acting Executive Medical Director
Gill Harris	Executive Director of Nursing & Midwifery / Deputy Chief Executive ( <i>part meeting</i> )
Jackie Hughes	Independent Member
Medwyn Hughes	Independent Member
Lyn Meadows	Independent Member
Teresa Owen	Executive Director of Public Health ( <i>part meeting</i> )
Lucy Reid	Vice Chair
Chris Stockport	Executive Director of Primary and Community Services
Adrian Thomas	Executive Director of Therapies & Health Sciences
Linda Tomos	Independent Member ( <i>joined via audio only</i> )
Jo Whitehead	Chief Executive
Mark Wilkinson	Executive Director of Planning & Performance
Ffrancon Williams	Chair of Stakeholder Reference Group

**In Attendance:**

Andrew Doughton	Audit Lead, Audit Wales ( <i>part meeting</i> )
Kate Dunn	Head of Corporate Affairs ( <i>for minutes</i> )
Simon Evans-Evans	Interim Director of Governance
Lowri Gwyn	Translator
John Morrell	Senior ICT Systems Engineer
Llinos Roberts	Executive Business Manager

Agenda Item Discussed	Action By
<b>21/1 Chair and Chief Executive Opening Statement</b>  <b>21/1.1</b> The Chair welcomed everyone to the meeting which was being live streamed to enable members of the public to observe the meeting in real time. He added that he was pleased to confirm that simultaneous interpretation was also available. The Chair extended a warm welcome to Jo Whitehead and Louise Brereton who had taken up their posts as	

Chief Executive and Board Secretary respectively. He went on to report that Sue Hill had now been appointed substantively as the Board's Executive Director of Finance and that Arpan Guha's role as Acting Executive Medical Director had been extended.

**21/1.2** The Chair then reported that since the last Board meeting, Chair's Actions had been agreed to approve an extension of current lease and arrangement of a new lease for office accommodation for the Children's Neuro-development Service (West) at Parc Menai, Bangor, and to ratify the Statutory Health & Safety Policy.

**21/1.3** The Chief Executive acknowledged the warm welcome she had received from staff, members and partners, and recorded her thanks to Gill Harris for acting into the role previously. She wished to acknowledge the impact of Covid across North Wales and the sacrifices made by the people of North Wales in working to keep everyone as safe as possible, together with the work of staff and their families in assisting the delivery of the Board's response to the pandemic.

**21/1.4** The Chair reported that as the organisation remained under significant pressure in terms of Covid, he would ask that the Covid update be taken at this stage on the agenda.

## **21/14 Covid-19 Pandemic Update**

*[Taken out of order at Chair's discretion]*

**21/14.1** The Executive Director of Primary and Community Services shared a presentation which covered the following matters:

- Levels of community cases.
- Weekly hospital admission levels – highlighting that whilst these had been highest in the East, numbers were now increasing in the West and Centre and that in terms of age profile it was important to recognise that the risk from Covid was not limited to older people.
- Current capacity was over 90% full on all sites, although the number of surge beds varied from day to day.
- The workforce impact of staff working from home and/or shielding.
- Operational implications including the establishment of an operational tactical control room, the movement of some planned care activity, staffing redeployment and ratios, surge plans and critical care expansion.
- Critical care including an acknowledgement of the phenomenal response from intensive care and respiratory teams, and noting the requirement for longer ITU stays and the number of individuals under the age of 40 requiring critical care. It was also highlighted that despite the pressures that teams were facing they had been able to maintain a rich research environment.
- Hospital outbreaks – noting that the majority of Covid admissions were of community acquisition.
- The challenges being faced by care homes and the support being offered in collaboration with other public service partners.
- The continuation of Test Trace Protect which remained a large scale vital element of the public service partnership response.
- A detailed update on the vaccination programme which acknowledged the frustrations that had been expressed over the availability and distribution of the vaccine in the first few weeks. The Board was assured that the supply chain was settling down and there

were no concerns that the supply being made available was insufficient nor that North Wales wasn't receiving a 'fair share'. It was reported that a letter was being prepared for all households to provide further advice around the vaccination programme. In terms of timescales it was confirmed these were agreed based on the advice from the Chief Medical Officer (CMO) and the Joint Committee for Vaccination & Immunisation, and that a combination of mass vaccination centres and local primary care delivery centres were being utilised. In addition there was a pilot site for vaccinating within the community pharmacy setting.

- A key decision made by the Covid Cabinet to temporarily suspend planned care at Wrexham Maelor Hospital was highlighted and it was noted a separate Chair's report would be submitted to future Board meetings.

**21/14.2** The Executive Director of Primary and Community Services summarised the key messages in that i) the response from staff and partners had been phenomenal; ii) that the surge was by no means over and the ability of the workforce to continue to operate needed to be maintained and protected; and iii) that the vaccination programme was settling with clear plans to enable the top 4 cohorts to be met.

**21/14.3** A discussion ensued. A member enquired whether there was sufficient capacity to deliver the second vaccination to those who had already received their first vaccination. The Executive Director of Primary and Community Services confirmed that the requirement for a second dose had been factored in, however, there were ongoing national discussions around potentially delaying the second dose and final advice from the CMO was awaited. The Vice Chair enquired as to the definition of front line healthcare staff as set out in the vaccination timetable. The Executive Director of Primary and Community Services indicated there remained some debate over this but the key factor was whether a staff member was in direct contact with patients and was exposed to Covid risk. Another member alluded to some recent media coverage that invitations were being inappropriately shared by staff members. It was confirmed that there was a validation process at the clinics which would pick up on such instances and that the booking system was shortly to be amended to address this matter. The Executive Director of Primary and Community Services added that staff who were concerned that they should be vaccinated as part of cohort 2 should approach their Local Authority with this request. Another member highlighted the need to provide support to the staff working in vaccination centres who would very likely be presented with challenging situations. The Chair alluded to the vaccination delivery programme which had been published that day and sought assurance as to the ability of the Health Board to meet the expectation set out by the Minister that 7/10 of over 80s and care home staff would have been vaccinated. The Executive Director of Primary and Community Services reported that the latest data demonstrated a shortfall against the 70% target, however, additional activity loaded towards the end of the current week would hopefully improve upon this. He undertook to notify Board members as to the position at the end of the week. The Chair noted that BCUHB was now issuing more vaccinations than other Welsh Boards but was performing less well in terms of the proportion of population vaccinated, and sought assurance around the potential to improve this. The Executive Director of Primary and Community Services indicated he was fully confident in this regard and that the increased throughput would continue. He reminded members that BCUHB consistently performed well with regards to the annual flu vaccination programme, and that now the initial set up problems with the Covid vaccination

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<p>programme had been resolved he would expect the Board to perform equally well in this regard.</p> <p><b>21/14.4</b> The Chair then asked the Executive Director of Workforce and OD to comment on the workforce aspects to the vaccination programme. She highlighted that the organisation could demonstrate considerable experience of delivering vaccination programmes, although this current one differed as it was being carried out in priority phases in terms of eligibility. She noted that the original plan was a hybrid approach of using existing trained vaccinators (of which there were over 600 across the organisation) together with vaccination assistants and recruited volunteer vaccinators. The current challenge was the capacity to skill people up and get them vaccinating quickly, ensuring that inexperienced staff were paired up with trained vaccinators as appropriate. She also commended the support that had been received from Local Authorities in particular and some private partners. The Chair concluded by extending his thanks to the Executive Directors and their teams for all they were doing to help the organisation respond to the challenges.</p>	
<p><b>21/2 Apologies for Absence</b></p> <p><b>21/2.1</b> Apologies were recorded for Eifion Jones and Sue Hill.</p>	
<p><b>21/3 Declarations of Interest</b></p> <p><b>21/3.21</b> Ffrancon Williams declared an interest in item 21/15 Residential Accommodation Strategic Outline Case on the basis that he was Chief Executive of Adra who had expressed an interest in being considered as a potential partner.</p>	
<p><b>21/4 Draft Minutes of the Health Board Meeting held in public on 12.11.20 for accuracy and review of Summary Action Log</b></p> <p><b>21/4.1</b> The minutes were approved as an accurate record and updates were provided to the summary action log.</p> <p><b>21/4.2</b> The Chair noted that he had picked up on some issues regarding the briefing note on savings delivery with the Head of Value and Savings Programme.</p>	
<p><b>21/5 Special Measures</b></p> <p><b>21/5.1</b> The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the paper and reminded members that the organisation was stepped down from Special Measures following the decision of a tripartite meeting late in 2020. She acknowledged that there were remaining issues to be resolved and that the proposed approach for sustainability through targeted intervention and adopting a maturity matrix approach was set out in the appendices. This would be further discussed at a Board Workshop in early February.</p>	



<p><b>21/5.2</b> The Vice Chair felt that it was worth reiterating that the Board fully understood there were further improvements to be made, particularly around mental health services.</p> <p><b>21/5.3 It was resolved</b> that the Board support the development of a Maturity Matrix and the use of Board development / workshops in 2021 to undertake a self-assessment to support the development of the Annual Governance Statement.</p>	
<p><b>21/6 Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinician (Wales) Directions 2008. Update of Register of Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)</b></p> <p><b>21/6.1 It was resolved that</b> the Board ratify the list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.</p>	
<p><b>21/7 Documents Signed Under Seal</b></p> <p><b>21/7.1 It was resolved that</b> the Board note the information presented.</p>	
<p><b>21/8 Quarters 3 and 4 Operational Plan Monitoring Report</b></p> <p><b>21/8.1</b> The Executive Director of Planning and Performance highlighted that later data would be shared with the Finance and Performance (F&amp;P) Committee the following week. In terms of the November 2020 data he focused his presentation on the red and amber areas. The first (2.6) related to a review of external capacity for key providers and he was pleased to advise that this had been completed by the end of December 2020. Looking more generally at other red actions these were predominantly around planned care including eye care, neuro-development and neuro-physiology, and secondly across the informatics function. In terms of the implementation of the Emergency Department (ED) system this was now back on track but issues remained around the Welsh Patient Administration System (WPAS) implementation in the West.</p> <p><b>21/8.2</b> A discussion ensued. The Chief Executive made a comment that the format of performance papers was subject to review and that she was keen to open a wider conversation with Independent Members and Executives around Board and Committee papers as a whole against the context of targeted improvement. Members welcomed this intention to provide better consistency of reporting and an appropriate level of detail. In response to a question around the development of a Covid Business Intelligence Unit (17.50) the Executive Director of Primary and Community Services did not feel this would now be scored as red as the recruitment to support the Unit was now either complete or well advanced. A member expressed the view that when an action was scored red there needed to be clarity around what was being done to address it. He gave an example of neurodevelopment (16.00) and that it was stated in the report that it could take up to two years to reach the waiting list target. He felt that the scale of the problem should have been known when the plan was agreed and that there was a gap between what was planned and where the Board was now. The Executive Director of Primary and Community Services</p>	

accepted that the pandemic had undoubtedly had an adverse effect on the ability to improve on the neurodevelopment target. He noted that based on his conversations with the teams he would suggest that reference to a two year time period was unnecessarily pessimistic although he could understand why it had been made. He offered to provide a greater level of scrutiny outside of the meeting and to inform board members of the latest projected date by when the 26 week target might be met. A member enquired as to the level of confidence in being able to provide full multi-disciplinary teams (MDTs) for all cancer patients. The Executive Director of Planning and Performance was not able to offer a full guarantee however he reminded the Board of the Cabinet decision to postpone some surgery from the Wrexham site and to reprovide care at other sites. The Executive Director of Nursing and Midwifery / Deputy Chief Executive added that clinical reviews would continue to ensure that highest risk cases were met first. The Executive Director of Therapies and Health Sciences assured members that MDTs had continued to be provided throughout the pandemic for cancer patients on a once for North Wales approach.

CS

**21/8. It was resolved that** the Board note the report.

## **21/9 Quality & Performance Report**

**21/9.1** The Executive Director of Planning and Performance presented the paper and highlighted a range of key points to members. He indicated that the planned care performance remained fragile and there were continued delays with ambulance handover. Strong performance was reported against flu vaccination and that targets for immunising staff and the over 65s had been met. Finally he drew attention to the good performance in terms of maintaining the Performance Appraisal Development Review process for staff throughout the pandemic.

**21/9.2** A discussion ensued. In response to a question regarding ophthalmology performance and progress with the development of ophthalmic diagnostic treatment centres, the Executive Director of Planning and Performance stated that the pandemic continued to impact on the ability to deliver eyecare measures. There were challenges both in terms of the number of clinics and the acuity of patients, combined with anxiety of patients in attending for their health appointment. Opportunities were being explored including involving clinicians in reassuring patients to allay their fears, and the potential for weekend insourcing work. A more detailed update was to be provided to the F&P Committee during the next week. A member enquired whether an assessment had been made of the risk of harm from people not accessing health services, and the Executive Director of Nursing and Midwifery / Deputy Chief Executive accepted that the organisation was carrying a significant level of risk in this regard although the communications team were working hard to encourage people to keep using health services, and additional processes were in place to maximise capacity whilst keeping people safe. She would wish members to take away the clear message that health appointments were made as safe as possible and prioritisation of patients took place. A further conversation ensued regarding broadening communication mechanisms with the public encouraging them to attend for health appointments (including primary care) and the potential involvement of the third sector and Community Health Council. The Chief Executive undertook to take this away as an action for further consideration. The Chair also noted that the Board's liaison officer with the Welsh Government was also the lead for planned care and had shared some helpful views with BCUHB officers around capacity and activity.

JW

**21/9.3** The Vice Chair noted that the report highlighted increasing infection rates and indicated that this had been raised at the Quality Safety and Experience (QSE) Committee the previous week. She acknowledged the pressure that the Infection Prevention Control (IPC) team were under but sought assurance that the matter was being addressed. The Executive Director of Nursing and Midwifery / Deputy Chief Executive reported that actions were being taken forward but were more challenging during the pandemic. She confirmed that discussions had taken place earlier that week with performance colleagues around the provision of the right quality, safety and experience metrics. A thematic review had also been requested from the corporate concerns team, and that a pathway approach was recommended to reduce the risks in Emergency Departments (EDs) through better discharge and working with community teams.

**21/9.4** A discussion took place regarding Delayed Transfers of Care (DTOC) and the impact of Covid upon care homes. The Executive Director of Primary and Community Services indicated the biggest challenge for care homes was the isolation and closure requirements when a positive Covid case was confirmed amongst staff or residents. He did note however that the number of DTOCs were significantly lower than for the same period last year. In terms of mental health DTOCs the Executive Director of Public Health confirmed that daily meetings within the division took place to monitor discharges.

**21/9.5** Finally the Chair noted that the profile of patients within the Deeside Enfys Hospital was changing. The Executive Director of Nursing / Deputy Chief Executive stated that the Covid surge had led to a need to redefine the appropriate use of the Enfys Hospitals as there was a higher acuity of patients. She wished to record her thanks to those staff who were providing this increased level of care and noted that this was only possible whilst some other services were running at reduced levels.

**21/9.6** It was resolved that the Health Board scrutinise the report and consider whether any area need further escalation.

## **21/10 Finance Report M7**

**21/10.1** The Finance Director Provider Services presented the paper which reported on the period up to the end of October 2020. At that time the Board had received confirmation of transformation funding for 2020-21 which was made up of £40m to deal with the deficit, £10.3m to deal with referral to treatment performance and diagnostics and a further £700K for mental health leadership and organisational development. A cumulative position could now be reported of a £200K underspend. Other key issues of note were that savings delivery (£7.2m) continued to be relatively poor against the target (£16m) but this was not out of line with the rest of Wales and the UK. He also reported that £74m had been spent to date on Covid related issues with a forecast of £156m although this had come down slightly over the past few months as costs were refined around the Enfys Hospitals. There remained a range of risks but these were reducing month on month and further significant risks were not anticipated by year end. Finally the Finance Director Provider Services confirmed that the Board was on target to deliver a balanced position at the end of 2020-21.

<p><b>21/10.2</b> A discussion ensued. A member enquired what was driving the seemingly significant increase in costs as set out in the forecast of expenditure and it was reported that this had been affected by costs associated with the mass vaccination programme, Test Trace Protect (TTP) costs and the opening of the Enfys Hospitals. The Finance Director Provider Services confirmed that it was now becoming clearer how many beds were required and that the costs of returning the Enfys Hospitals back to their original state had also been built in to forecasts.</p> <p><b>21/10.3</b> The Chair requested that a verbal update be provided to the next F&amp;P Committee on the effective use of the additional resources that had been received from Welsh Government (WG). He also requested that consideration be given to identifying a better way of reporting overspends in the context of savings and non-pay. The Finance Director Provider Services undertook to commence this discussion with the Head of Value and Savings Programme.</p> <p><b>21/10.4</b> It was resolved that the report be noted.</p>	<p>EG</p> <p>EG</p>
<p><b>21/11 Committee and Advisory Group Chair's Assurance Reports</b></p> <p><b>21/11.1</b> The report from the Audit Committee held on 17.12.20 was received and noted.</p> <p><b>21/11.2</b> The report from the Quality, Safety &amp; Experience Committee held on 3.11.20 was received and noted with the Committee Chair highlighting that an update regarding the Holden report had been received, and the Committee continued to receive updates from the Mental Health and Learning Disabilities against its four key priorities. The Chair noted reference to a business case for recruitment within the IPC team and the Executive Director of Workforce and OD confirmed that this was being fast tracked.</p> <p><b>21/11.3</b> The report from the Finance &amp; Performance Committee held on 22.12.20 was received and noted with the Committee Chair highlighting a helpful discussion around the diagnostic treatment centres with a consultant ophthalmologist and the clinical lead for orthopaedics.</p> <p><b>21/11.4</b> The report from the Charitable Funds Committee held 8.12.20 was received and noted with the Committee Chair highlighting that the planned staff lottery update to the Local Partnership Forum had been delayed until a more appropriate time, and that the Committee was seeking support from interested board members in reviewing charitable funds applications.</p> <p><b>21/11.5</b> The report from the Mental Health Act Committee held on 8.12.20 was received and noted with the Committee Chair highlighting a continuing risk around recruitment of Section 12 doctors. The Executive Director of Public Health undertook to move the conversation forward in terms of ensuring a consistent process.</p>	<p>TO</p>

<p><b>21/11.6</b> The report from the Strategy, Partnerships &amp; Population Health Committee held on 10.12.20 was received and noted with the Committee Chair highlighting receipt of reports on the impact of Covid on people with protected characteristics and on Black Asian and Minority Ethnic (BAME) groups. The Chair enquired as to the provision of training to Board members on the Socio-Economic Duty (SED) and the Board Secretary undertook to confirm this outside of the meeting.</p> <p><b>21/11.7</b> The report of the Stakeholder Reference Group (SRG) held on 14.12.20 was received and noted with the Advisory Group Chair highlighting the SRG's concerns around the need to reassure the public about accessing health care services in hospital settings and in primary care. The SRG Chair felt that an improved communications plan was needed and the Chief Executive indicated this would be addressed via the earlier action agreed under item 21/9. In terms of primary care services it was confirmed that it had never been the case that face to face consultations had stopped.</p> <p><b>21/11.8</b> The report of the Healthcare Professionals Forum (HPF) held on 4.12.20 was received and noted with the Advisory Group Chair highlighting that the HPF was keen to ensure that digital strategy solutions didn't exclude some cohorts of people nor cause further health inequalities. Secondly that the HPF was supportive of the conceptual model for a diagnostic treatment centre but noted the absence of an accompanying overarching clinical strategy. The Executive Director of Therapies and Health Sciences added that the optometry representative had stepped down from the HPF following several years of active engagement with and support to the forum. The Chair indicated he would write a note of thanks as Health Board Chair if the details could be passed to his office.</p>	<p>LB</p> <p>AT</p>
<p><b>21/12 Board Assurance Framework (BAF) and Corporate Risk Register (CRR)</b></p> <p><b>21/12.1</b> The Executive Director of Nursing and Midwifery / Deputy Chief Executive presented the report and commended the work that had been undertaken to bring the documentation to this stage. She confirmed that the Audit Committee had discussed the approach in December and had welcomed the new format. She felt that ensuring an appropriate and robust BAF was essential in ensuring that the Board could respond to its Targeted Intervention status and manage organisational business according to risk and priorities. The Executive Director of Nursing and Midwifery / Deputy Chief Executive confirmed that the BAF and CRR had been reviewed by the Risk Management Group (RMG) earlier that week and the detailed discussions would inform further strengthening of the documents.</p> <p><b>21/12.2</b> The Board Secretary endorsed the comments about the level of work undertaken on developing the documentation, and acknowledged the input of members at Board Workshops also. She confirmed that the BAF would come under the ownership of the Office of the Board Secretary with a clear alignment being maintained with the CRR via the corporate risk team and the work of the RMG. The next stage would be to further refine the BAF to provide more detail around the scoring and target risks and to ensure that stated actions were appropriate. Finally she reminded members that the BAF would be a dynamic document which would be scrutinized by Committees on an ongoing basis and would come to a Board meeting twice per year.</p>	

<p><b>21/12.3</b> A discussion ensued. Members welcomed the format of the documentation and supported the use of language around inherent risks. The Chair of the Digital and Information Governance (DIG) Committee enquired around the decision to remove the corporate risk around national systems which he felt was still significant. In addition he noted that the health records risk had been recast as relating to patient records and confirmed that the DIG Committee had debated this previously as there were concerns as to whether this restricted the scope. The Executive Director of Primary and Community Services would follow up the background to these points and confirm outside of the meeting. The Chair referred to the relationship with the national digital health body and that it would be beneficial to consider strengthening and clarifying the role of the DIG Committee. The Audit Committee Chair was pleased to note that the RMG had been quorate when it last met as this had been a point of concern within the Committee previously. The Vice Chair welcomed the level of engagement that had gone into the documentation whilst recognising it could still be improved. She added that the QSE Committee had fed back comments on the CRR which had been received by the Committee the previous week.</p> <p><b>21/12.4 It was resolved that</b> the Board:</p> <ol style="list-style-type: none"> <li>1) Approve the Board Assurance Framework.</li> <li>2) Review and note the progress on the management of the BAF and Corporate Tier 1 Operational Risks.</li> <li>3) Comment on the style and content of the report as this is the first presentation of the combined Board Assurance Framework and the Corporate Risk Register</li> </ol>	CS
<p><b>21/13 Audit Wales Structured Assessment and Annual Audit Report</b>  <i>[Mr Andrew Doughton joined the meeting]</i></p> <p><b>21/13.1</b> The Audit Lead (Audit Wales) presented the reports. In terms of the Structured Assessment this had focused on the operational governance challenges during the first wave, and the development of associated responses. Overall the assessment found that the Health Board had responded well and been able to adapt its governance arrangements to deliver meaningful change at pace. He suggested there would be learning around delivering programmes of complex change. The Structured Assessment had been through the agreed clearance process and progress against the recommendations would be tracked by the Audit Committee. The Annual Audit Report provided a summary of all work completed by Audit Wales in 2020 and again had been through the clearance process.</p> <p><b>21/13.2</b> A discussion ensued. The Chair noted that some of the recommendations had completion dates between October and November 2020. The Executive Director of Planning and Performance undertook to follow up outside of the meeting and provide assurance around completion of R1 (incident response and command) and R2 (reporting progress against delivery of plans). In response to a request for further clarification around the reference within the Annual Audit Report to the refurbishment of Ysbyty Glan Clwyd (YGC) and weaknesses in governance, the Audit Lead (Audit Wales) suggested that as other business cases developed there would be a need to reflect back on the YGC recommendations, but that the strengthening of the business case approval process would help to firm up governance. The Chair was confident that learning from YGC and some of</p>	MW

<p>the observations regarding the handling of business cases would be picked up in future processes.</p> <p><b>21/13.3 It was resolved that</b> the Board formally receives the Audit Wales Annual Audit Report and Structured Assessment 2020.</p> <p><i>[Mr Andrew Doughton left the meeting]</i></p>	
<p><b>21/15 Residential Accommodation Strategic Outline Case (SOC)</b>  <i>[Ffrancon Williams left the meeting having declared an interest]</i></p> <p><b>21/15.1</b> The Executive Director of Planning and Performance reminded members that the need to improve the quality of accommodation across the acute hospital sites had been established previously, and that the development of the SOC was a milestone in responding to this need and boosting recruitment and retention. The SOC set out an indicative preferred option based on a high level analysis. He indicated that the availability of public sector capital monies would be a key factor and the joint venture option therefore remained a possibility. It was confirmed that the SOC had been supported at Executive Team and F&amp;P Committee level and that Board support would allow the conversation to commence regarding WG capital funding. It was noted that a range of immediate steps had been taken to address immediate accommodation issues via the use of discretionary capital. Finally the Executive Director of Planning and Performance stated that local accommodation groups had been established with the Hospital Management Teams and Estates and Facilities teams to get feedback from users and ensure that the discussions were more connected.</p> <p><b>21/15.2</b> A discussion ensued. A member felt that some of the statements around registered social landlords were quite negative and some of the risks unfair. She enquired whether should the funding not come from capital sources, there may be a need to go back to consider other options. The Executive Director of Planning and Performance accepted this and acknowledged there could well be joint venture opportunities that could be explored as the SOC progressed to an Outline Business Case which would require all the options to be reviewed in more detail. The Chair commented that there would be a communications issue to be picked up with some clinical staff and he would share a related email with the Executive Director of Planning and Performance who would then follow the matter up. The Chair also enquired whether there was any scope for allocating more resources in-year to make further interim improvements. The Executive Director of Planning and Performance stated that in terms of use of capital it was simply too late into the financial year and given the restrictions to accessing sites by contractors due to the pandemic. A member referred to the reference within the paper around on call doctors and wished to flag that other staff groups participated in on call arrangements and should be reflected in terms of accommodation needs.</p> <p><b>21/15.3 It was resolved that</b> the Health Board:</p> <ol style="list-style-type: none"> <li>1. Support the continuation of discussion with local RSL's (Registered Local Landlords) regarding collaborative opportunities for healthcare staff accessing to high quality, affordable local accommodation in North Wales. These discussions are likely to include alternative funding models.</li> </ol>	MP/MW

<p>2. Approve the submission of the strategic outline case to Welsh Government with the principal intention of securing support for the case for change.</p> <p><i>[Ffrancon Williams rejoined the meeting]</i></p>	
<p><b>21/16 Summary of Private Board business to be reported in public</b></p> <p><b>21/16.1 It was resolved that</b> the Board note the report.</p>	
<p><b>21/17 All Wales and Other Forums</b></p> <p>The following documents were noted:</p> <p>21/17.1 Collaborative Leadership Forum Minutes 28.7.20  21/17.2 Emergency Ambulance Services Committee Confirmed Minutes 8.9.20  21/17.3 Emergency Ambulance Services Committee Chair's Summary 10.11.20  21/17.4 Welsh Health Specialised Services Joint Committee Briefing 10.11.20  21/17.5 Shared Services Partnership Committee Assurance Report 19.11.20  21/17.6 Welsh Health Specialised Services Joint Committee Briefing 15.12.20</p>	
<p><b>21/18 Date of Next Meeting</b></p> <p>11.3.21</p>	
<p><b>21/19 Exclusion of Press and Public</b></p> <p><b>21/19.1 It was resolved that</b> 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</p>	



## HEALTH BOARD SUMMARY ACTION LOG – ARISING FROM MEETINGS HELD IN PUBLIC

Lead Executive / Member	Minute Reference and Action Agreed	Original Timescale Set	Update	Action to be closed
<b>Actions from Health Board 23.7.20</b>				
C-Stockport A Thomas	<b>20/68.2</b> Share a paper capturing the learning from the pandemic at a future meeting.	Tbc	<p>24.9.20 It was confirmed that the Executive Director of Therapies &amp; Health Sciences (AT) would now be picking this up. He reported on the work of a Research and Innovation Hub working to capture best practice and change from the pandemic and that a presentation had been made to the Executive Management Group recently which had been shared with board members. Strands of work would be drawn together into a single document. The Executive Director of Planning &amp; Performance added that the Executive Team had also received first wave debriefs which would be submitted to the SPPH Committee as part of an emergency preparedness paper. The Chair reiterated that he would wish to see learning incorporated within Q3/4 plans also. AT to advise on timeframe for learning paper coming to Board.</p> <p>5.11.20 AT confirmed that paper is being developed for January Board meeting.</p> <p>12.11.20 MP enquired whether learning had been adopted by the Executive Team in advance of the paper being prepared for January. AT confirmed that much of the work had been incorporated into Q3/4 plans. MW added that a number of debriefs had been held with operational teams and a range</p>	

			<p>of recommendations around emergency preparedness presented to the Strategy, Partnerships &amp; Population Health Committee. LM confirmed that the Committee was supportive of the progress being made.</p> <p>18.12.20 Review of Board agenda determined that the learning from Covid element be redirected either to QSE or to a Board Workshop.</p> <p>13.1.21 Paper has been drafted and decision awaited as to appropriate route for consideration through governance structures.</p> <p>21.1.21 AT was advised to discuss with LB for clarity on route.</p> <p>4.3.21 Paper scheduled for review at April SPPH Committee</p>	<p>February</p> <p>March</p> <p>April</p>
<b>Actions from Health Board 12.11.20</b>				
G MacDonald	20.124.4 Provide briefing note to address issues/concerns raised regarding planned care performance	December	<p>Briefing note drafted and submitted to Chair and CEO. Feedback given and the author was requested to provide a revised report.</p> <p>1.2.21 Reminder sent to author</p> <p>2.3.21 Interim Head of Planned Care advised that the original briefing note has been superseded by later papers.</p>	February
T Owen	20.140.2 Provide briefing note on other areas of Welsh Language Standards that required improvement and investment	December	11.1.21 Paper prepared for March Board meeting.	Closed
<b>Actions from Health Board 21.1.21</b>				
C Stockport	21.14.3 Inform board members of the week-end position in terms of delivering the 70% target for	24.1.21	4.3.21 The expectations were achieved for the first 4 priority groups. A update outlining all cohort percentages is being circulated every day.	Closed

	vaccination care home and over 80s			
C Stockport	21.8.2 Provide information outside of the meeting as to latest projected date when the 26 week target for neurodevelopment may be met	4.2.21	4.3.21 The team included a two year recovery period on the basis of reporting a worst case scenario, should additional capacity be unavailable. However work is underway to source additional capacity and additional suppliers. Current tender providers have recently provided positive responses related to being able to increase capacity and this is presently being mapped. In addition procurement processes are currently underway to seek further additional capacity through the use of additional suppliers.	Closed
J Whitehead	21.9.2 Establish conversation around broadening communication mechanisms with the public regarding encouraging them to attend for health appointments (including primary care) and potential involvement of the third sector and Community Health Council.	4.2.21	27.1.21 CEO confirmed that discussion has been initiated with Sue Green, Teresa Owen and Mark Polin. 3.3.21 CEO confirmed that communications team have been advised of requirement to take this Board action forward and that the message to members of the public is not to delay in seeking help from their health service provider.	Closed
E Gardiner	21.10.3 Provide verbal update to F&P Committee on effective use of the additional resources received from WG	28.1.21	25.2.21 This action was completed during the discussion on the finance report in the February F&P Committee meeting	Closed
E Gardiner	21.10.3 Hold discussion with the Head of Value and Savings Programme around better way of reporting overspends in the context of savings and non pay	4.2.21	25.2.21 The discussion took place and we have also confirmed that our methodology is consistent with other Health Boards' savings reports; we will improve the link between budgetary overspends and savings delivery in the finance report from April 2021	Closed

T Owen	21.11.5 Move conversation forward regarding recruitment of Section 12 doctors	4.2.21	4.3.21 Task and Finish group in place chaired by Teresa Owen, involving Local Authority partners. Draft plan in development.	
L Brereton	21.11.7 Confirm date for SED training for Board	4.2.21	Confirmed for Board Workshop on 8.4.21	closed
A Thomas	21.11.8 Provide contact details of outgoing HPF Optometry member to the Chair	4.2.21	Completed. Letter of thanks sent from Chair on the 9.2.21	closed
C Stockport	21.12.3 Follow up points made by DIG Committee Chair relating to corporate risk register (risks around national systems and health/patient records)	4.2.21	4.3.21 CIO met with Assistant Director of Information Governance & Risk regarding BAF and confirmed National Risk and other emerging cyber security risks are being considered in the Risk Management process and will be reported to March DIGC.	closed
M Wilkinson	21.13.2 Provide assurances around completion of R1 and R2 in the Audit Wales Structured Assessment	4.2.21	2.3.21 R3 - the action has been updated within the Team Central database with revised timeframes. R1 – the action has been updated within the Team Central database.	closed
M Polin M Wilkinson	21.15.2 Chair to share email from clinician regarding residential accommodation which would be followed up by Exec Dir Planning and Performance	4.2.21	2.3.21 As part of greater oversight on residential accommodation across the Health Board a Strategic Residential Accommodation Group (SRAG) has been established which is jointly chaired by Mark Wilkinson and Emma Woolley. The group has agreed ToR reporting to the Executive Team. In support of this overarching group, three local reporting groups have been established East, Central and West. All groups have full clinical and nursing representation.  The role of SRAG is to lead on the strategic direction across the Health Board taking forward the following broad agenda :-	closed

			<ul style="list-style-type: none"> <li>• Improvements in the current condition of accommodation and fabric</li> <li>• Supporting targeted investment</li> <li>• Improving performance in meeting tenants needs</li> <li>• Clinical engagement in decision making</li> <li>• Leading on the progression of the Residential Accommodation - Strategic Outline Case</li> <li>• Oversight on the recently agreed MoU with local RSL's to provide accommodation of overseas recruitment</li> <li>• Oversight on escalation from local reporting groups.</li> </ul> <p>The SRAG will hold its first meeting in April.</p> <p>In addition, the draft programme for 21/24 will include increased phased capital investment in our residential accommodation, and £250k has been established as a recurrent budget to support ongoing maintenance and improvements.</p>	
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V212

Health Board 11 <sup>th</sup> March 2021	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Covid-19 Cabinet Chair's Report</b>	

<b>Name of Committee:</b>	Covid 19 Cabinet
<b>Meeting date:</b>	4 <sup>th</sup> February 2021
<b>Name of Chair:</b>	Mark Polin
<b>Responsible Director:</b>	Jo Whitehead, Chief Executive
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• Maintaining good governance during Covid-19 including Executive Incident Management Team (EIMT).</li> <li>• Update on the Health Board's response to Covid-19</li> <li>• Update on the vaccination programme and review of prioritisation processes.</li> </ul>
<b>Key assurances provided at this meeting:</b>	<p>Cabinet members were updated on how the Health Board is continuing to maintain good governance during the third wave of the pandemic. Cabinet members were advised that no material changes were proposed to governance structures but that approaches to streamlining meetings and agendas would support with releasing capacity. A further brief was outlined on current EIMT structures and reporting into Cabinet and the formal Board.</p> <p>The Cabinet were updated on the vaccination programme progress. Assurance was provided that issues relating to the setting up of the booking centre were being resolved, in partnership with the local authorities. Assurance was also provided on processes supporting validation of information and vaccine supply.</p> <p>A standard operating procedure for drawing up 'Reserve Lists' for vaccination had been developed and was being rolled out across the vaccination sites for consistency.</p> <p>A draft Covid-19 Communications Strategy has been developed.</p>
<b>Key risks including mitigating actions and milestones</b>	Technical difficulties with regard to the Welsh Immunisation System (WIS) would be monitored and that there were being worked through at a national level by the NHS Wales Information Services (NWIS).
<b>Issues to be referred to another Committee</b>	None

<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The items considered by Cabinet gave consideration to the a number of the sustainable development principles.
<b>Planned business for the next meeting:</b>	Any decisions or operational issues from EIMT requiring endorsement.
<b>Date of next meeting:</b>	4.3.21 (stood down)

V1.0

<b>Health Board</b>	 <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">       Bwrdd Iechyd Prifysgol        Betsi Cadwaladr        University Health Board     </div> <p><i>To improve health and provide excellent care</i></p>
<b>11.3.21</b>	
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Joint Audit and Quality, Safety and Experience (QSE) Committee
<b>Meeting date:</b>	24 November 2020
<b>Name of Chairs:</b>	Medwyn Hughes, Chair of Audit Lucy Reid, Chair of QSE
<b>Responsible Directors:</b>	Dawn Sharp, Acting Board Secretary Debra Hickman, Acting Executive Director of Nursing and Midwifery
<b>Summary of business discussed:</b>	<p>The Joint Committee considered reports and updates on the following subjects:</p> <ul style="list-style-type: none"> <li>• Clinical Audit annual report 2019-20</li> <li>• An update on the learning from audit reviews previously undertaken for operating theatres and adult in-patient falls</li> <li>• Progress update on risk management</li> <li>• Quality governance self-assessment (maternity services)</li> <li>• Internal audit review into Governance Arrangements during Covid-19</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• The Joint Committee received a clearer, improved clinical audit plan which demonstrated a better focus on clinical audit across the organisation. Evidence of learning is still required to demonstrate the completion of the audit cycle</li> <li>• Progress had been made in relation to addressing the findings on the utilisation of the operating theatres, although it was noted that progress could have been timelier. There were positive developments in 2019 and the Diagnostic and Treatment Centre should impact upon theatre performance as well.</li> <li>• The focus on adult in-patient falls was taking a wider approach to ensure sustainability. Ward accreditation had continued through the pandemic but with a revised approach. The Joint Committee were concerned that the Strategic Falls Group had not met for some time due to changes in leadership and asked the Interim Director of Governance to ensure that governance arrangements were robust enough not to be affected by leadership changes.</li> <li>• Progress on the review of the Risk Management Strategy and the development of a Board Assurance Framework</li> </ul>



<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>An update on the quality governance self assessment action plan was provided and concern was raised by the Joint Committee about the timescales for the development of the Clinical Strategy. It was also noted that the strategic direction and approach of the Clinical Strategy would appear to have changed from previous Board discussions. It was agreed that this would be discussed with the relevant leads and Health Board Chair.</li> </ul>
<b>Issues to be referred to another Committee</b>	<ul style="list-style-type: none"> <li>Interim Director of Governance to review role of JAQS and whether a decision log approach be developed with actions being delegated to the QSE or Audit Committees in between the annual joint meeting</li> <li>Digital &amp; Information Governance to be asked to pick up the issue of maintaining GDPR requirements during second wave</li> </ul>
<b>Matters requiring escalation to the Board:</b>	
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The Joint Committee gave due consideration to the sustainable development principles.
<b>Planned business for the next meeting:</b>	To be agreed in advance of next annual meeting
<b>Date of next meeting:</b>	November 2021

Health Board 11 <sup>th</sup> March 2021	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Quality, Safety & Experience
<b>Meeting date:</b>	15 <sup>th</sup> January 2021
<b>Name of Chair:</b>	Lucy Reid
<b>Responsible Director:</b>	Gill Harris, Executive Director of Nursing and Midwifery
<b>Summary of business discussed:</b>	<p>The Committee received the following reports and updates:</p> <ul style="list-style-type: none"> <li>• Board Assurance Framework, Principal Risks and Corporate Risk Register relevant to the QSE Committee</li> <li>• Infection Prevention and Control Update with a focus on Covid-19</li> <li>• Health and Safety Report</li> <li>• The review of the Holden Report recommendations and current position</li> <li>• Planned care recovery update</li> <li>• Mental Health and Learning Disabilities Exception Report</li> <li>• Update on the Quality Governance Review for Ysbyty Glan Clwyd with the full report received in Committee session</li> <li>• Nursing workforce report for acute sites, community hospitals and community nursing services</li> </ul> <p>Consent Items/For Information</p> <ul style="list-style-type: none"> <li>• Chair's reports from the Patient Safety Quality Group, the Strategic Occupational Health and Safety Group, the Clinical Effectiveness Group and the Patient Carer Experience Group</li> <li>• Serious Incident Report for October and November 2020</li> <li>• Improvement Group update for HASCAS and Ockenden reviews</li> <li>• Audit Wales Review of Quality Governance Arrangements</li> <li>• Public Services Ombudsman Public Interest Report</li> <li>• HIW Update reports including the National Review of Maternity Services, Tier 1 Quality Check on The Stables Medical Practice and a Quality Check on the Ablett Unit</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• The Committee welcomed the development of the Board Assurance Framework and acknowledged its role in facilitating a more focused view on strategic priorities and risks. Feedback</li> </ul>

	<p>was provided on some of the narrative to ensure that it provided a clearer description of the current controls and gaps.</p> <ul style="list-style-type: none"> <li>• The Committee received an update on measures being taken to recover planned care services safely, including the validation of patient waiting list information and the risk stratification process for patients to minimise harm. Essential services only would be provided on all sites from January and cancer patients would be transferred to the West for their care as a safety measure.</li> <li>• The exception report provided by Mental Health and Learning Disabilities Division provided an update on the Division's four priorities. The Committee welcomed the cohesive approach being taken and the extension of the leadership posts to provide some stability for the Division.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• The Committee reviewed the corporate risk register and challenged some of the target risk dates and actions recorded. The Committee were not assured that the risks were being managed effectively or that adequate scrutiny had been provided by the Risk Management Group due to the number of issues identified by members in the register. The Interim Director of Governance agreed to receive detailed feedback to address the Committee's concerns.</li> <li>• The Committee noted the deterioration in community acquired infections and it was confirmed that this was being pursued through accountability reviews and that clinical leadership and the local infection prevention groups were key to improvements being achieved. The outbreaks in care homes was also discussed and the Committee informed that support was being provided and a daily reports were received by the Executive Incident Management Team.</li> <li>• There had been an increase in the number of RIDDORs reported in quarter 3, the majority of which related to staff testing positive for Covid-19. Themes had been identified from the reviews which included non-adherence to social distancing and PPE. The Committee were informed that work was ongoing to address behavioural aspects of the non-compliance.</li> <li>• The Committee received a report on the findings of a comprehensive review that had been undertaken on the implementation of actions arising from the Holden report issued in 2013. Whilst action had been taken at the time in response to the report, it was accepted that some of the same issues had recurred within the Division albeit in different circumstances and different outcomes. The Committee supported the proposal for a strengthened governance process around tracking action plans for all future significant quality related reports and clear close down reports being provided when actions had been implemented.</li> <li>• The Committee discussed the quality governance review that had been undertaken for Ysbyty Glan Clwyd and noted that the site had been asked to provide a detailed improvement plan, which would be received at a future meeting.</li> </ul>

<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The Committee gave adequate consideration to the sustainable development principles across the breadth of the agenda.</p> <p><i>1. Balancing short term need with long term planning for the future;</i>  <i>2. Working together with other partners to deliver objectives;</i>  <i>3. Involving those with an interest and seeking their views;</i>  <i>4. Putting resources into preventing problems occurring or getting worse; and</i>  <i>5. Considering impact on all well-being goals together and on other bodies)</i></p>
<b>Planned business for the next meeting:</b>	<p>Focused report items in response to the pandemic to include</p> <ul style="list-style-type: none"> <li>• Infection Prevention and Control</li> <li>• Health and Safety</li> <li>• Patient Safety</li> <li>• Planned Care Recovery</li> </ul>
<b>Date of next meeting:</b>	2 <sup>nd</sup> March 2021

Health Board 11.3.21	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name Committee:</b>	<b>of</b>	<b>Finance and Performance Committee</b>
<b>Meeting date:</b>		25.2.21 and 28.1.21
<b>Name of Chair:</b>		Mark Polin BCUHB Chairman
<b>Responsible Director:</b>		Sue Hill Executive Director of Finance
<b>Summary business discussed:</b>	<b>of</b>	<p>The following items were discussed at the Committee meeting held on 25.2.21</p> <ul style="list-style-type: none"> <li>• Committee Board Assurance Framework Principal and Corporate Risk Report</li> <li>• Quarters 3 &amp; 4 Operational plan monitoring report</li> <li>• Quality and Performance report</li> <li>• Planned Care Update</li> <li>• Unscheduled Care update</li> <li>• Capital Programme report Month 9</li> <li>• Finance Report Month Months 9 and 10</li> <li>• Forecasting update</li> <li>• Savings Programme Update – Month 10 20/21</li> <li>• Workforce Performance report</li> <li>• Presentation : Planning for 2021/2</li> <li>• Monthly monitoring report Months 9 and 10</li> <li>• Shared Services Partnership Committee quarterly assurance</li> </ul> <p><i>Private session:</i></p> <ul style="list-style-type: none"> <li>• Procurement contracting briefing paper - North Wales Dental Academy</li> <li>• Business Justification cases - Interventional Radiology Replacement, Gamma Camera Replacement and Radiotherapy CT Simulator</li> <li>• Managed Service Contract - Haematology and Coagulation</li> </ul> <p>The following items were discussed at the Committee meeting held on 28.1.21</p> <ul style="list-style-type: none"> <li>• Quarters 3 &amp; 4 Operational plan monitoring report</li> <li>• Quality and Performance report</li> <li>• Developing the 2021-24 annual plan presentation</li> <li>• Planned Care Update</li> </ul>

	<ul style="list-style-type: none"> <li>Planned care update on Option 5 Ophthalmology – Eye Care Collaborative Programme update</li> <li>Unscheduled Care update</li> <li>Capital Programme Report Month 8</li> <li>Transfer of Flint Community Hospital Site to Flintshire County Council</li> <li>Finance Report Month 8</li> <li>Health Board Revenue and Discretionary Capital Allocation for 2021-22</li> <li>Monthly monitoring Report Month 8</li> <li>External Contracts Update</li> <li>Shared Services Partnership Committee quarterly assurance</li> </ul> <p>It was reported that Committee Chair's action had been undertaken in regard to Lease of GP Premises in Prestatyn to the Health Board:</p> <p><i>Private session:</i></p> <ul style="list-style-type: none"> <li>Diagnostic Treatment Centre progress update - Model of Care</li> <li>Novation of Dentistry Services</li> <li>Medical and Dental Agency Locum monthly report</li> </ul>
<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>Strong performance within cancer services, being highest performer in Wales for 62 day wait. Theatre activity was due to recommence at Wrexham Maelor and also include some patients from the West in a 'Once for North Wales' approach.</li> <li>The Committee extended their congratulations to all staff involved in the vaccination programme</li> <li>Diagnostic performance had improved</li> <li>The £1m Single tender waiver (STW) has been deployed from the performance funds of £10.3m with permission from Welsh Government to undertake end of financial year activity</li> <li>Assurance was provided that the Capital Resource Limit would be achieved at year end.</li> <li>Key assurances of the Finance report were: <ul style="list-style-type: none"> <li>Current month nil deficit reported and YTD small surplus position.</li> <li>Nil deficit position forecast for the year.</li> <li>Key financial targets for cash, capital and PSPP all being met.</li> <li>Savings delivery forecast increased by £0.7m.</li> <li>Continual rigorous reviews of forecasts being undertaken.</li> </ul> </li> <li>Confidence in delivering on the Savings forecast was noted albeit PMO resource had been utilised for Covid19 work. BCU had performed well in comparison to other Health Boards in Wales during the pandemic.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<p>The Committee raised concern regarding</p> <ul style="list-style-type: none"> <li>progress of the 2021/22 annual plan, further Board workshops would be taking place to address the concerns highlighted by</li> </ul>

	<p>Committees including affordability and maturity of integration between financial and operational elements of the plan</p> <ul style="list-style-type: none"> <li>• A timetable for F&amp;P and SPPH Committee submissions earlier in the financial year for 2022/23 plan (and future plans) was requested.</li> <li>• the BAF and CRR will be subject to further work in order to take into account feedback from all Committees. This would need to encompass a Board discussion on risk appetite and also address: agility whilst working within a pandemic, risk alignment with appropriate Committee and consistency of language.</li> <li>• the Covid19 outbreak at Ysbyty Gwynedd was being managed and some urgent work scheduled to be undertaken was now being progressed at other hospital sites.</li> <li>• whilst the number of patients waiting was very high, the end of year forecast position had reduced to 46,700 - however this was subject to the volatility of Covid19.</li> <li>• communication with patients waiting – whilst recognising work was being progressed to systematically address this, the Committee emphasised the importance of moving this forward.</li> <li>• seeking flexibility that the additional resource allocated by WG prior to year-end would be utilised for the benefit of North Wales patients was the subject of ongoing discussion with WG.</li> <li>• in respect of unplanned care issues, a series of actions were outlined to take improve pre-hospital demand, demand &amp; capacity in ED and flow &amp; discharge. Progress regarding Phone First, 111 and the Stephen HARRY report was provided.</li> <li>• an alternative location for the replacement Ablett Unit was being explored on site, following refusal of the outline planning permission.</li> <li>• Areas for action or note in regard to the Finance report: <ul style="list-style-type: none"> <li>▪ Planned Care and Diagnostic performance activity had been delayed by the impact of Covid 19 activity in Q3/4 and required an agreed plan in place.</li> <li>▪ £3.1m of COVID-19 funding required a detailed plan to be agreed, due to slippage on timing of the original forecast.</li> <li>▪ Some English NHS providers were under performing on activity levels, which may result in contract clawbacks – this was being closely monitored.</li> </ul> </li> <li>• consequential losses and surge requirements in respect of field hospitals were being actively addressed through the Executive Team</li> </ul>
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	The Committee would wish the Board to revisit a discussion on risk appetite

<b>Well-being of Future Generations Act Sustainable Development Principle</b>	The Committee gave appropriate consideration to the sustainable development principles.
<b>Planned business for the next meeting:</b>	Range of regular reports plus <ul style="list-style-type: none"> <li>• Diagnostic Treatment Centre (DTC) Strategic Outline Case</li> <li>• Planned Care</li> <li>• Unscheduled Care</li> <li>• Draft Annual plan 2021/22</li> <li>• Business cases</li> </ul>
<b>Date of next meeting:</b>	25.3.21

V1.0



Health Board 11.3.21	 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p><i>To improve health and provide excellent care</i></p>
<b>Committee Chair's Report</b>	

<b>Name of Committee:</b>	Strategy, Partnerships and Population Health Committee
<b>Meeting date:</b>	23.2.21
<b>Name of Chair:</b>	Lyn Meadows, Independent Member
<b>Responsible Director:</b>	Mark Wilkinson Executive Director Planning and Performance
<b>Summary of business discussed:</b>	<ul style="list-style-type: none"> <li>• Board Assurance Framework Principal and Corporate Risk Report</li> <li>• Q3/4 Monitoring report against Operational Plan</li> <li>• Verbal update from the preceding private workshop to consider and inform draft plan for 2021-22</li> <li>• Approval of North Wales Dementia Strategy on behalf of the Board</li> <li>• Progress report on Primary Care Cluster Development and Planning</li> <li>• Update paper on research</li> <li>• Update paper on progress with development of North Wales Medical School</li> <li>• Update paper on innovation</li> <li>• Update paper on the University Health Board status review</li> <li>• Paper on the implementation of Smoke Free Premises legislation</li> <li>• Endorsement of the establishment of Sport North Wales Partnership and update on business case development</li> <li>• Update on Test Trace Protect</li> <li>• Update on Covid-19 mass vaccination plan</li> <li>• Update and minutes from North Wales Regional Partnership Board</li> <li>• North Wales population needs assessment rapid review</li> <li>• Public engagement update</li> <li>• Endorsement of Socio-economic Duty procedure</li> </ul> <p>The papers from the meeting are available on the link below:  <a href="https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/strategy-partnerships-and-population-health-committee/">https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/strategy-partnerships-and-population-health-committee/</a> </p>

<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• The Committee were assured that the feedback provided in the preceding workshop regarding the development of an Operational Delivery Plan was helpful in enabling officers to further develop the Plan for consideration at a Board Workshop on 8<sup>th</sup> March.</li> <li>• The Committee welcomed the positive indications that the research agenda was improving within the organisation.</li> <li>• The Committee was pleased to endorse the establishment of the Sport North Wales Partnership and the organisation's involvement as a partner.</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• The Committee were keen to ensure that appropriate arrangements were developed for reporting on and monitoring of cluster plans. An action was agreed for this to be raised by the Executive Director of Planning and Performance with colleagues.</li> <li>• Whilst the Committee were pleased to endorse not providing smoking areas within hospital grounds as part of ensuring sites become smoke free, it was felt that enforcement of this aspect would be challenging.</li> </ul>
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	<p>The Committee would wish the Board to revisit a discussion on risk appetite</p> <p>The Board is asked to retrospectively note that the SPPH Committee approved the Business Continuity Policy at its <a href="#">December 2020 meeting</a></p>
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p>The items considered by the Committee gave consideration to the sustainable development principles indicated below</p> <ol style="list-style-type: none"> <li>1. Balancing short term need with long term planning for the future;</li> <li>2. Working together with other partners to deliver objectives;</li> <li>3. Involving those with an interest and seeking their views;</li> <li>4. Putting resources into preventing problems occurring or getting worse; and</li> <li>5. Considering impact on all well-being goals together and on other bodies</li> </ol>
<b>Planned business for the next meeting:</b>	<p>Range of regular reports plus updates in the following areas</p> <ul style="list-style-type: none"> <li>• Pharmaceutical Needs Assessment</li> <li>• Engagement update</li> <li>• Revised WP51 Bilingual Skills Strategy</li> <li>• Well North Wales Annual report</li> <li>• International Health annual report</li> <li>• Committee annual report</li> <li>• Transformation Funds benefits realisation</li> <li>• Children Young People/CAMHS Transformation Fund update</li> </ul>
<b>Date of next meeting:</b>	15.4.21

Health Board

11<sup>th</sup> March 2021



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

*To improve health and provide excellent care*

## Committee Chair's Report

<b>Name of Committee:</b>	Remuneration & Terms of Service Committee
<b>Meeting dates:</b>	6.10.20
<b>Name of Chair:</b>	Lucy Reid, Health Board Vice Chair
<b>Responsible Director:</b>	Sue Green, Executive Director of Workforce & OD
<b>Summary of business discussed:</b>	<p>The Committee considered the following issues:</p> <ul style="list-style-type: none"><li>• Revised R&amp;TS Committee terms of reference – amended to include reference to receiving performers list regulatory cases, whistleblowing and Safe Haven reports and also to include the Executive Medical Director as member, Executive quoracy increased to a minimum of two, and an explicit requirement to consult the Executive Director of Finance on papers with financial implications (revised terms of reference submitted to the Audit Committee for approval on behalf of the Board)</li><li>• Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2019-2020 – noted by the Committee</li><li>• Case Management - Professional Standards Review – the Committee noted plans to improve the process, and the establishment of a task &amp; finish group to take this work forward</li><li>• Annual Raising Concerns/Safe Haven report 2018/19 – plans to improve process were noted</li><li>• Raising Concerns Review: progress report – work undertaken and progress to date was noted.</li></ul> <p>Items considered in private:</p> <ul style="list-style-type: none"><li>• Upholding Professional Standards in Wales (UPSW) Independent Member Report</li><li>• Managing the (Primary Care) Performers List in North Wales – Health Board update</li><li>• Uplift of Pay For Employees and Workers on Ad Hoc Pay Rates in Primary care</li></ul>

<b>Key assurances provided at this meeting:</b>	<ul style="list-style-type: none"> <li>• Appropriate governance processes are being followed and improved</li> </ul>
<b>Key risks including mitigating actions and milestones</b>	<ul style="list-style-type: none"> <li>• Lack of timeliness relating to some management processes (now addressed by improvement plans in place)</li> </ul>
<b>Special Measures Improvement Framework Theme/Expectation addressed</b>	<ul style="list-style-type: none"> <li>• Leadership and Governance.</li> </ul>
<b>Issues to be referred to another Committee</b>	None
<b>Matters requiring escalation to the Board:</b>	None.
<b>Well-being of Future Generations Act Sustainable Development Principle</b>	<p><i>1. Balancing short term need with long term planning for the future – consideration of future processes</i></p> <p><i>2. Working together with other partners to deliver objectives –working with trade union partners</i></p> <p><i>3. Involving those with an interest and seeking their views – via consultation with trade union partners and engagement with colleagues</i></p> <p><i>4. Putting resources into preventing problems occurring or getting worse – plans for management process improvements</i></p> <p><i>5. Considering impact on all well-being goals together and on other bodies – noted.</i></p>
<b>Planned business for the next meeting:</b>	Range of standing items plus an update on senior appointments.
<b>Date of next meeting:</b>	TBC early in 2021.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	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 Section 12(2) Approved Doctors for Wales and Update of Register of Approved Clinicians (All Wales)					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Prof Arpan Guha, Acting Executive Medical Director					
<b>Awdur yr Adroddiad Report Author:</b>	Mrs Heulwen Hughes, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors					
<b>Craffu blaenorol: Prior Scrutiny:</b>						
<b>Atodiadau Appendices:</b>	<b>Appendix 1:</b> 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 <b>Appendix 2:</b> Mental Health Act 1983 - Update of Register of Section 12(2) Approved Doctors for Wales					
<b>Argymhelliad / Recommendation:</b>						
The Board is asked to ratify the attached list of additions and removals to the All Wales Register of Section 12(2) Doctors for Wales and the All Wales Register of Approved Clinicians.						
Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>
<b>Sefyllfa / Situation:</b>						
Betsi Cadwaladr University Health Board is responsible for the initial approval, re-approval, suspension and termination of approval of Approved Clinicians and Section 12(2) Doctors in Wales.						
<b>Cefndir / Background:</b>						
The change introduced to the Mental Health Act 1983 was the abolishing of Responsible Medical Officers (RMOs) and Community Responsible Medical Officers (CRMOs) and the introduction of Approved/Responsible Clinicians (ACs and RCs) in their place.						
The Minister for Health and Social Services agreed that as of the 3 <sup>rd</sup> November 2008, Wrexham Local Health Board (LHB) would act as the Approval Body for Approved Clinicians and section 12(2) Doctors on behalf of the LHBs in Wales. The transfer of function from Wrexham Local Health Board to Betsi Cadwaladr University Health Board took place on 1 <sup>st</sup> October 2009.						

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

It is important to ensure the highest standards of governance for approving and re-approving practitioners who are granted these additional responsibilities, which apply when people are mentally disordered.

### **Options considered**

This is a factual report for ratification purposes.

### **Financial Implications**

The Approvals Team receive a ring-fenced budget from Welsh Government to support the monitoring and approvals of Clinicians in Wales.

### **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.

### **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.

### **Impact Assessment**

An impact assessment is considered unnecessary for this update paper. The Approval Process is part of the Legislative process.

<b>Update of Register of Approved Clinicians and Section 12 (2) Approved Doctors for Wales</b> <b>1<sup>st</sup> January 2021 – 18<sup>th</sup> February 2021</b>		
	<b>AC</b>	<b>S12 (2)</b>
<b>Approvals and Re-approvals</b>	14	1
<b>Removed – Expired</b>	0	0
<b>Approvals suspended</b>	1	0
<b>Approvals re-instated – returned to work in Wales</b>	0	0
<b>Approval Ended</b>	0	0
<b>Retired</b>	0	0
<b>Removed – AC approved</b>	NA	1
<b>No longer registered</b>	0	0
<b>Transferred from AC register</b>	N/A	0
<b>Approval Ended as no longer working in Wales</b>	1	0
<b>Registered without a licence to practice</b>	0	0



## 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

1<sup>st</sup> January 2021 – 18<sup>th</sup> February 2021

#### Approvals and re-approvals – 14

Surname	First Name	Workplace	Expiry Date
Bartlett	Robert Owen	Aston House, Deeside Community Hospital, Plough Lane, Deeside CH5 1XS	11 January 2026
Odume	Anthony	Newtown Community Mental Health Team, La, Newtown SY16 2NG	10 May 2021
Kale	Kishore	The Mental Health Unit, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun CF72 8XR	12 January 2026
Leo	Jean Louise	Ablett Unit, Glan Clwyd Hospital, Bodelwyddan, Denbighshire LL18 5UJ	21 January 2026
Rogerson	Ian	Swn y Coed, Grove Road, Wrexham LL11 1DY	08 January 2025
Ballantyne-Watts	Darryl Russell	Gwent Forensic Psychiatry Service, St Cadoc's Hospital, Lodge Road, Caerleon, Newport NP18 3XQ	25 January 2026
Al-Amin	Miriam	Cygnnet Delfryn House and Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire CH7 6FQ	25 January 2026
Khalaf	Badea Bedawi	Brynmair Clinic, Goring Road, Llanelli SA15 3HF	15 August 2021
Chatfield	Andrew Howard	Ruthin Community Hospital, Llanrhydd Road, Ruthin, Denbighshire LL15 1PS	03 February 2026

Surname	First Name	Workplace	Expiry Date
Sen	Sanjoy	Denbighshire Community LD Team, Social Services Department, County Hall, Station Road, Ruthin LL15 1EJ	09 February 2026
Nomuoja	Felix Akpomedaye	Ty Illtyd, Brecon LD3 8AH	23 June 2021
Chaudhry	Shaheen Yousaf	Hillview Hospital, Hillside, Ebbw Vale, Blaenau Gwent, NP23 5YA	21 August 2022
Heke	Sian Katherine	Tawe Clinic, Cefn Coed Hospital, Waunarlwydd Road, Cockett, Swansea SA2 0LB	15 February 2026
Gilgar	Liam James	Barry Hospital, Colcot Road, Barry, CF62 8YH	16 February 2026

#### Approvals re-instated – 0

Surname	First Name	Workplace	Expiry Date

#### Approvals expired – 0

Surname	First Name	Workplace	Expiry Date

**Approvals Suspended – 1**

Surname	First Name	Workplace	Expiry Date
Howe	Gareth	Ty Penfro, 67a Pembroke Road, Canton, Cardiff	25 November 2025

**Retired – 0**

Surname	First Name	Workplace	Expiry Date

**No longer Registered - 0**

Surname	First Name	Workplace	Expiry Date

**No longer working in Wales – 1**

Surname	First Name	Workplace	Expiry Date
Kumalo	Lee	Delfyn Lodge, Argoed Hall Lane, Mold, Flintshire CH7 6FQ	13 April 2021

**Approvals Ended – 0**

Surname	First Name	Workplace	Expiry Date

**APPENDIX 2**

**Mental Health Act 1983**  
**Update of Register of Section 12(2) Approved Doctors for Wales**  
**1<sup>st</sup> January 2021 – 18<sup>th</sup> February 2021**

**Approvals and Re-approvals – 1**

Surname	First Name	Workplace	Date Approval Expires
Anees	Saba	Canolfan Gwili Glangwili, General Hospital, Carmarthen SA31 2AF	16 February 2026

**Removed – Expired – 0**

Surname	First Name	Workplace	Date Approval Expires

**Removed – Ended - 0**

Surname	First Name	Workplace	Date Approval Expires

**Removed – AC approved – 1**

Surname	First Name	Workplace	Date Approval Expires
Tahseen	Hina	Delfyn Lodge, Argoed Hall Lane, Mold, Flintshire CH7 6FQ	22 December 2024

No longer registered – 0

Surname	First Name	Workplace	Date Approval Expires

Transferred from AC Register – 0

Surname	First Name	Date Approval Expires	Workplace

No longer working in Wales – 0

Surname	First Name	Workplace	Date Approval Expires

No longer registered – 0

Surname	First Name	Workplace	Date Approval Expires

Removed – Retired – 0

Surname	First Name	Workplace	Date Approval Expires

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Covid-19 Pandemic Update					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Chris Stockport Executive Director of Primary and Community Services					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Sally Baxter, Associate Director – Coronavirus Co-ordination Unit					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	This paper has been approved by the Executive Director of Primary and Community Services / Covid-19 Gold executive lead.					
<b>Atodiadau</b> <b>Appendices:</b>	1. Presentation slides					
<b>Argymhelliad / Recommendation:</b>						
The Board is asked to:						
1. Note the report and supporting presentation;						
2. Endorse decisions made by the Executive Incident Management Team (EIMT).						
Please tick as appropriate						
<b>Ar gyfer</b> <b>penderfyniad</b> <b>/cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>		<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	X	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>
<b>Sefyllfa / Situation:</b>						
This report provides a supplementary brief to the Covid-19 Pandemic update presentation, which will be given at the Board meeting of March 11 2021.						
The paper also notes key decisions taken by the Executive Incident Management Team since the previous Board update, which have been presented to Cabinet and to the Board members through verbal and written briefings.						
<b>Cefndir / Background:</b>						
The Board has received previous presentations and reports setting out the Health Board's approach to ensuring the appropriate level of oversight and scrutiny in the discharge of its responsibilities whilst responding to the ongoing Covid-19 Pandemic.						
The Executive Incident Management Team (EIMT) was established to ensure Executive oversight of key programmes of activity, direction and support for actions at tactical and operational level, and ensure issues are escalated as required and key decisions recorded. Issues relevant to collaborative working with partners are also reported through the Strategic Co-ordinating Group of the North Wales Local Resilience Forum.						
<b>Asesiad / Assessment &amp; Analysis</b>						



Whilst Wales remains at a high level of restrictions in relation to Covid-19, the current position in regard to the pandemic shows an improving picture in terms of community transmission and consequent need for immediate or urgent healthcare services for people with a diagnosis of Covid-19. There remain however significant concerns in relation to the overall impact of the pandemic and the impact of outbreaks and incidents in specific areas.

In response to the general stabilisation, EIMT has reduced the frequency of meetings to twice weekly. Subsequent to each EIMT meeting, a high level summary of items discussed and any key decisions is circulated to Board members. As confirmed previously, a detailed decision log is maintained within the suite of EIMT documentation.

Since the previous update to the Board in January 2021 the following key decisions have been recorded:

- Approval of Standard Operating Procedures (SOPs) for the Covid-19 vaccination programme
- Cohorting of patients fit for discharge at Ysbyty Gwynedd to optimise deployment of staffing
- Decision in principle to support additional surge capacity at Ysbyty Glan Clwyd as a contingency for patients needing CPAP (*subsequently not required to be enacted*)
- Confirmation that the operation of reserve lists at Mass Vaccination Centres must be consistent with the utmost priority being given to the identified cohorts in priority order
- Confirmation of the requirement to update Welsh Government documentation for any changes in patient criteria
- Inclusion of wider staff groups in the overtime policy for essential Covid related duties
- Reduction in inpatient capacity at Ysbyty Enfys Deeside to 20 beds from 1 March in light of reducing demand
- Approval of scoping of restart of elective capacity at Wrexham Maelor Hospital, commencing with high priority daycase activity
- Approval of temporary suspension of some elective activity at Ysbyty Gwynedd in the light of the increased numbers of Covid-positive inpatients.

All proposals to make significant change are supported by risk assessment, clinical decision-making, involvement of Infection Prevention and Control and Safeguarding as required.

Further detail on the issues described above will be provided through the Covid-19 presentation.

### **Strategy Implications**

All proposals are considered in terms of the overall strategic implications and consistency with the level of Covid escalation at the time.

### **Options considered**

Proposals for significant change have included high level assessment of potential options, proportionate to the scale and impact.

### **Financial Implications**

EIMT has noted where there are financial implications arising from proposals, which are managed through divisional budgets or through specific programmes (such as the vaccination programme, or the planned care delivery programme.)

**Risk Analysis**

Risk assessment is provided to support specific proposals referred to EIMT. A risk log is kept of significant programme risks overall. All risks are reflected on Datix and the Health Board's Risk Management Group maintains oversight of this.

**Legal and Compliance**

Any specific legal implications would be recorded within the EIMT documentation.

**Impact Assessment**

Impact assessment is part of the process of development and submission of proposals. Any potential impact on patient care and outcomes is identified within risk assessment. Welsh language and equality impact screening has been undertaken in relation to the overarching programmes in the Covid response (such as Test, Trace and Protect, and the Covid vaccination programme.)

# BIPBC – Coronafeirws

# BCUHB – Coronavirus

Cyfarfod y Bwrdd Iechyd  
Health Board Meeting

Dyddiad: 11 Mawrth 2021  
Date: 11 March 2021

Dr Chris Stockport



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# Amllder ac Effaith Prevalence and Impact

## Lefelau yn y Gymuned

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Mae lefelau'r coronafeirws wedi bod yn lleihau ar draws gogledd Cymru dros y ddeufis diwethaf, ar ôl cynnydd sylweddol cyn hyn.

Roedd y cyfraddau ar eu huchaf yng ngogledd-ddwyrain Cymru, ond mae'r holl ardaloedd yng ngogledd Cymru bellach yn profi lefelau tebyg yn y gymuned.

## Community Levels

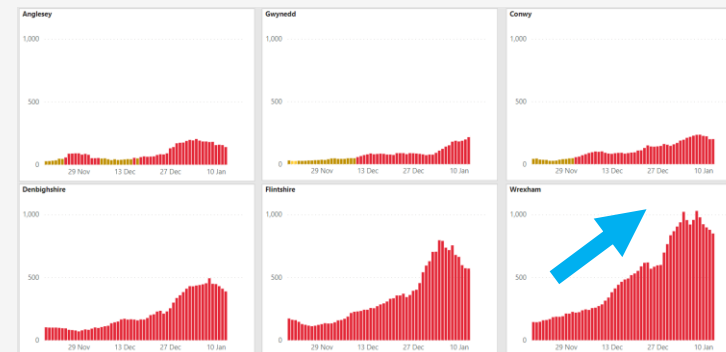
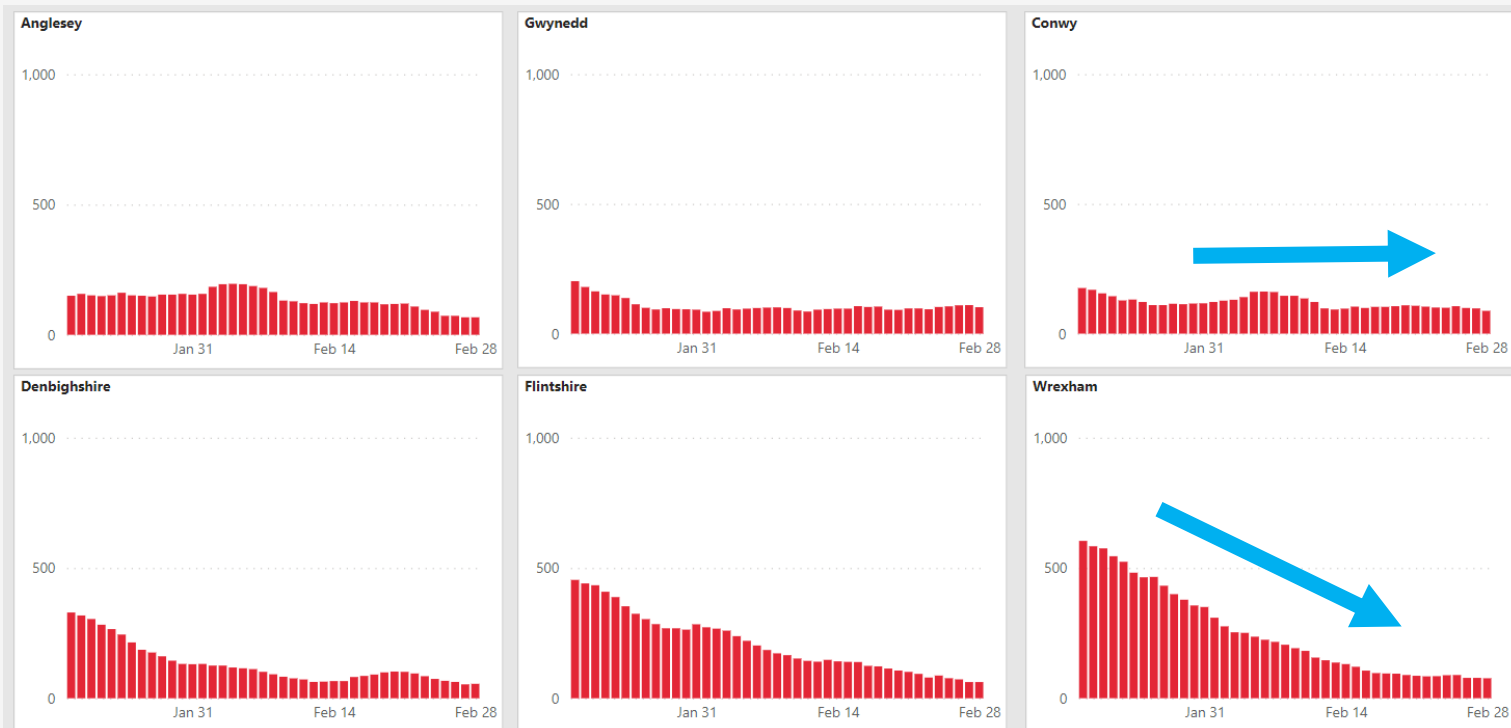
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Coronavirus levels have been reducing across north Wales during the last 2 months, after significant rises prior to this.

Rates were highest in North East Wales, but all areas of north Wales are now experiencing similar community levels.

# Lefelau yn y Gymuned

# Community Levels



Tachwedd 2020 – canol Ionawr 2021

November 2020 – mid Jan 2021

Ionawr 2021 a Chwefror 2021

January 2021 and February 2021

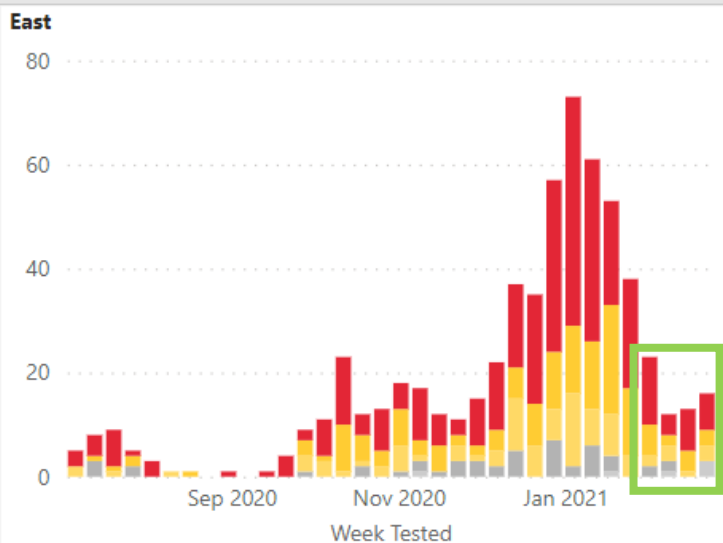
## Weekly admissions

i

Test Date

7/6/2020

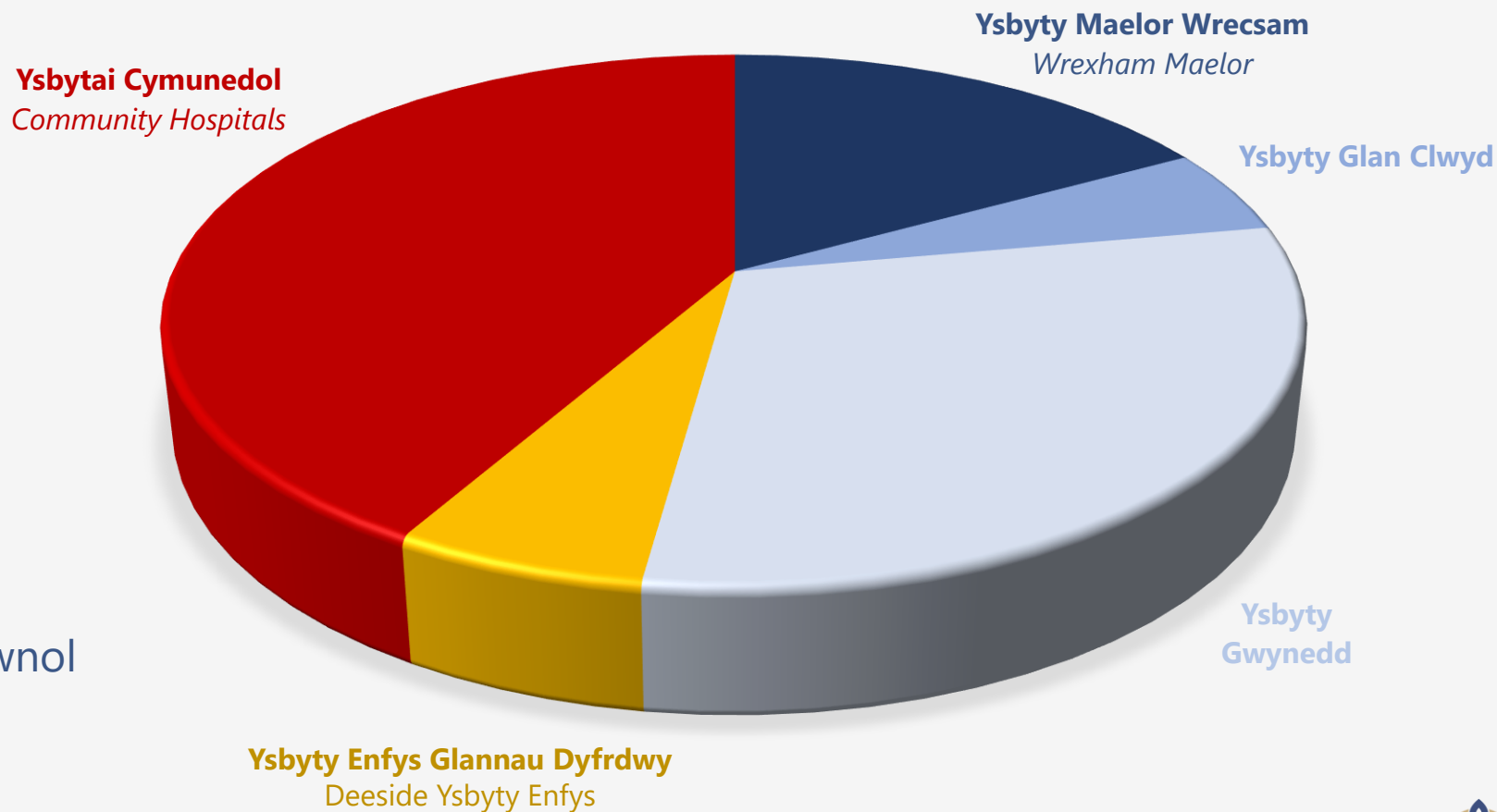
2/28/2021



# Cleifion mewnol Covid-19

# Covid-19 inpatients

233 o gleifion mewnol  
233 inpatients





## Achosion Ysbyty

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Roedd clwstwr o achosion ysbyty ddiwedd mis Chwefror yn Ysbyty Gwynedd, gan arwain at gynnydd mewn cleifion mewnol a oedd â covid-19 ddiwedd Chwefror a dechrau Mawrth.

Mae ystod o ymyriadau i ddelio ag achosion wedi'u rhoi ar waith ac maent yn cael eu monitro'n agos.

## Hospital Outbreak

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A hospital outbreak occurred during late February in Ysbyty Gwynedd, resulting in an increase in inpatients with covid-19 in YG in late February and early March.

A range of outbreak interventions have been put in place and are being closely monitored.

## Achosion Ysbyty

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Mae IPC ac arweinyddiaeth ychwanegol yn cael eu darparu ar y safle i gynorthwyo o ran rheoli achosion.

Mae ymagwedd 'ffactorau dynol' yn cael ei mabwysiadu, ynghyd ag adolygiad eang er mwyn sicrhau bod arfer gorau yn parhau i gael ei ddilyn ar y safle ac ar ein safleoedd eraill.

Mae adolygiad allanol yn cael ei drefnu ac yn adrodd wrth y Bwrdd yn rheolaidd.

## Hospital Outbreak

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Additional IPC and leadership is being provided on site to support outbreak management.

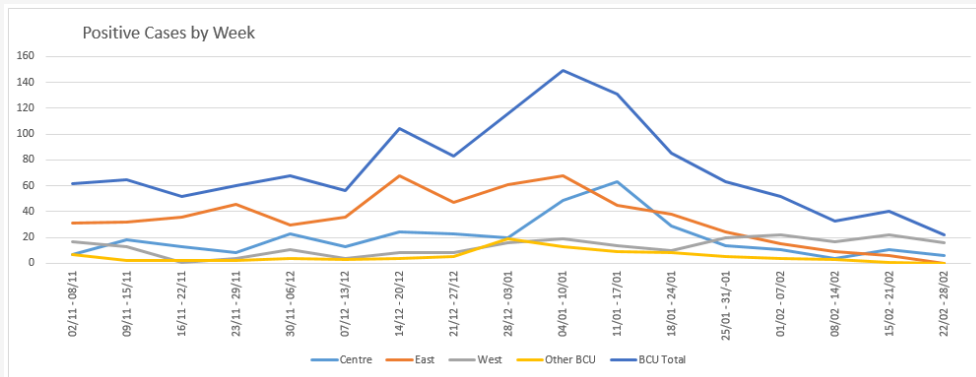
A 'human factors' approach is being adopted, with a extensive review to ensure that best practice continues to be followed on-site and on our other sites.

An external review is being arranged and regular reporting to Board.

# Effaith ar y gweithlu

Mae coronafeirws hefyd yn effeithio ar weithwyr gofal iechyd y rheng flaen.

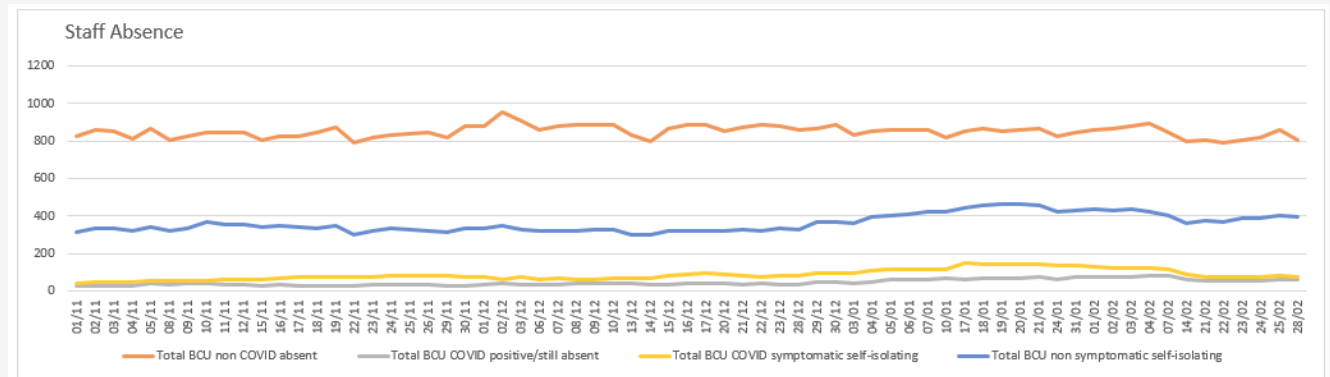
Yn gyffredinol, mae lefelau ymhlith staff yn lleihau yn unol â lefelau yn y gymuned.



# Workforce impact

Coronavirus also affects front-line healthcare workers.

Overall levels amongst staff reducing in line with reducing community levels.



## Goblygiadau gweithredol

Mae'r gostyngiad mewn derbyniadau covid-19 yn y Dwyrain wedi caniatáu i ni gynyddu gofal wedi'i gynllunio ar safle Ysbyty Maelor Wrecsam, a oedd wedi lleihau dros dro yn flaenorol.

Mae rhywfaint o weithgarwch wedi'i gynllunio ar safle Ysbyty Gwynedd yn cael ei frysennu, tra bydd gweithgarwch achosion yn lleihau.

## Operational implications

The decreasing covid-19 admissions in the East have allowed us to increase planned care on the Wrexham Maelor site, which was previously temporarily reduced.

Some planned activity on the Ysbyty Gwynedd site is presently being triaged, whilst the outbreak activity subsides.

## Gofal Critigol

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Yn unol â derbyniadau is yn y gymuned oherwydd covid-19, mae pwysau ar gyfleusterau gofal critigol wedi gostwng ryw fymryn, ond mae'n dal i fod yn brysur iawn.

Ar hyn o bryd, mae gennym 12 o gleifion ar draws y tair uned gofal critigol, sy'n derbyn gofal critigol ychwanegol oherwydd covid-19

## Critical Care

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In line with the decreasing community admissions due to covid-19, pressure upon critical care facilities has decreased slightly, although still very busy.

We currently have 12 patients, across the three critical care units, receiving enhanced critical care due to covid-19



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TTP

## TTP (Profi, Olrhain, Diogelu)

- Mae capasiti profion cymunedol digonol yn parhau i fod ar waith
- Mae rhaglen profion llif unffordd staff GIG yn parhau
- Olrhain cysylltiadau – mae cyfanswm cysylltiadau wedi gostwng, ond cysylltiadau i bob achos wedi cynnyddu
- Defnyddio olrhain cysylltiadau yn ôl ac ymlaen

## TTP (Test, Trace, Protect)

- Adequate community testing capacity continues in place
- NHS Staff lateral flow testing programme continuing
- Tracing of contacts – total number of contacts has fallen, but contacts per case have increased
- Backwards, as well as forwards, contact tracing in use



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# Rhaglen Frechu Vaccination Programme



## Brechlynnau

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Hyd at 7/3/21, roeddwn wedi rhoi dros 270,000 o frechlynnau covid-19 yng ngogledd Cymru, gan ddefnyddio'r brechlyn Pfizer a'r brechlyn AstraZeneca.

Mae hyn yn cynnwys 43,000 o ail ddosau o'r brechlyn.

Mae'r gostyngiad wedi'i drefnu yng nghyflenwad y brechlyn yng nghanol mis Chwefror wedi'i gymhwyso, a bydd nifer y brechlynnau yn parhau i gynyddu.

## Vaccinations

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As of 7/3/21 we had given over 270,000 covid-19 vaccines in north Wales, using both Pfizer vaccine and AstraZeneca vaccine.

This includes 43,000 2<sup>nd</sup> dose vaccines.

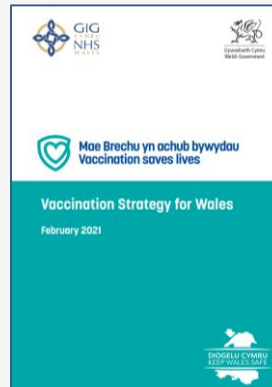
Planned vaccine supply reductions in mid February have been accommodated, and supply quantity is set to continue to increase.

# Amserlenni Brechu

Rydym wedi bodloni'r garreg filltir gyntaf o'r cynllun brechu cenedlaethol ym mis Chwefror yn ôl y disgwyl.

Rydym bellach yn gweithio ar:

- Yr ail garreg filltir (grwpiau blaenoriaeth 5 i 9) erbyn canol mis Ebrill
- Rhoi'r ail ddos o'r brechlyn i'r rheiny yn y garreg filltir gyntaf
- Strategaeth 'neb yn cael ei adael ar ôl'



# Vaccination Timescales

We achieved milestone 1 of the national vaccination plan in February as expected.

We are now working on:

- Milestone 2 (priority groups 5 to 9) by mid April
- 2<sup>nd</sup> dose vaccination for those in milestone 1
- 'No one left behind' strategy

# Yr Ail Garreg Filltir (Grwpiau 5-9)

## Milestone 2 (Groups 5-9)

Cynnig y dos cyntaf i::

1<sup>st</sup> dose offered to:

Preswylwyr cartrefi gofal pobl hŷn a'u gofalwyr	1	Older adult care home residents and their carers
Pawb sy'n 80 oed a hŷn a staff rheng flaen iechyd a gofal cymdeithasol	2	All those 80 years of age and over and Frontline health and social care workers
75 oed a hŷn	3	75 years of age and over
70 oed a hŷn	4	70 years of age and over
65 oed a hŷn	5	65 years of age and over
16-64 oed gyda chyflyrau iechyd gwaelodol a gofalwyr di-dâl cymwys	6	16-64 years with underlying health conditions and eligible unpaid carers
Gweddill y rhai 60 oed a hŷn	7	Remaining 60 years of age and over
Gweddill y rhai 55 oed a hŷn	8	Remaining 55 years of age and over
Gweddill y rhai 50 oed a hŷn	9	Remaining 50 years of age and over
Gweddill yr oedolion dan 50 oed	10	Remaining adults aged under 50

## Brechlynnau – symud ymlaen

### ‘Neb yn cael ei adael ar ôl’:

Peidiwch â phoeni os ydych yn meddwl ein bod wedi anghofio amdano. Byddwn bob amser yn brechu unrhyw un sy’n perthyn i grŵp blaenoriaeth yr ydym wedi galw amdano ond, am ba reswm bynnag, nad yw wedi cael gwahoddiad neu heb allu mynd am apwyntiad.

Cysylltwch â ni ar 03000 840004.

Ochr yn ochr, mae gennym broses chwilio rhagweithiol yr ydym yn ei dilyn i dargedu poblogaethau anodd eu cyrraedd neu’r rheiny efallai nad ydym yn ymwybodol ohonynt.

## Vaccinations – going forwards

### ‘No one left behind’:

Do not worry if you think you have been missed. We will always vaccinate anyone whose priority group has been called but for whatever reason they have not received an invitation or could not attend.

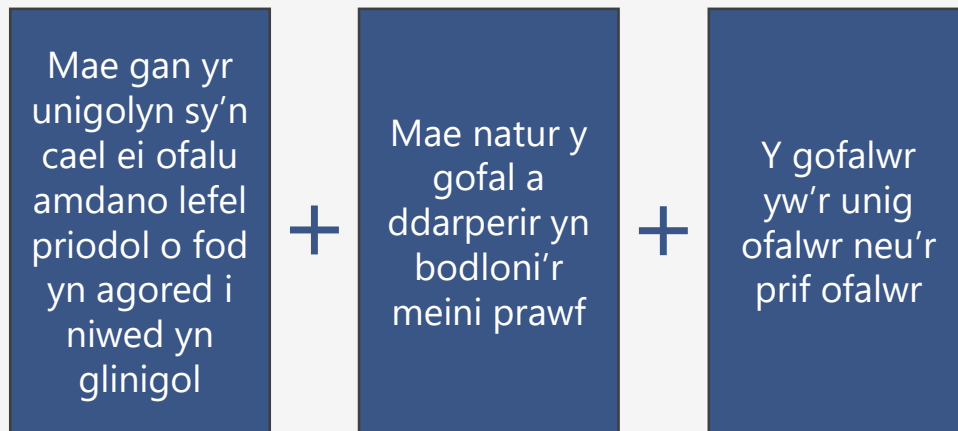
Simply contact us on 03000 840004.

Alongside, we have a proactive search process being followed to target hard-to-reach populations or those we may not know about.

## Brechlynnau – symud ymlaen

### Gofalwyr Di-dâl:

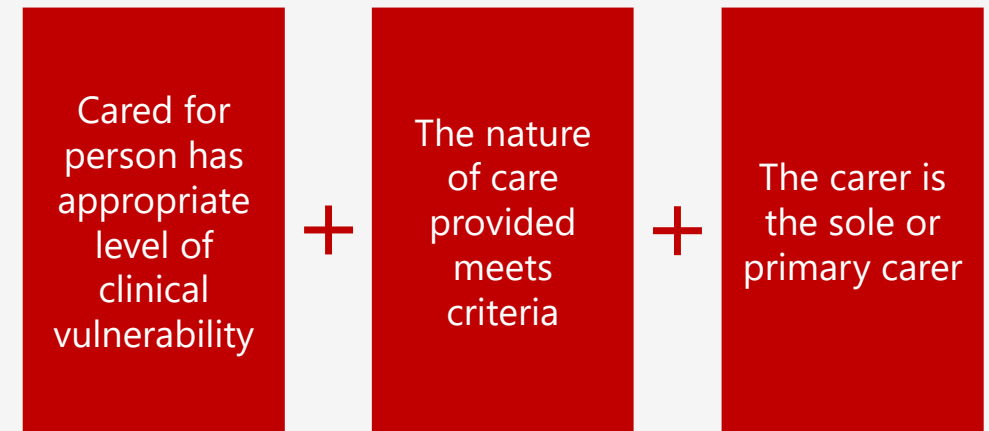
Rydym yn dilyn arweiniad Llywodraeth Cymru i frechu gofalwyr di-dâl cymwys sydd heb gael eu brechu eto.



## Vaccinations – going forwards

### Unpaid carers:

We are following WG guidance to vaccinate eligible unpaid carers not already vaccinated.



<https://gov.wales/covid-19-vaccination-unpaid-carers-html>



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# Adrodd ar Brif Benderfyniadau a wneir Reporting of Key Decisions made

# EIMT

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Mae papur ar wahân a ddarperir i'r Bwrdd heddiw sy'n amlinellu unrhyw benderfyniadau allweddol diweddar a wnaed gan EIMT.

Mae'r holl gynigion i wneud newid sylweddol wedi'u cefnogi gan:

- Asesiad risg,
- Gwneud penderfyniadau clinigol,
- Cynnwys Atal a Rheoli Heintiau fel bo angen.

# EIMT

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There is a separate paper provided to Board today outlining any recent key decisions made by EIMT.

All proposals to make significant change are supported by

- risk assessment,
- clinical decision-making,
- involvement of Infection Prevention and Control and Safeguarding as required.



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<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	BCUHB – Targeted Intervention Improvement Framework						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Gill Harris Executive Director of Nursing and Midwifery, Deputy Chief Executive						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Simon Evans-Evans Interim of Director of Governance						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	None						
<b>Atodiadau</b> <b>Appendices:</b>	1. Targeted Intervention Improvement Framework (TIIF)						
<b>Argymhelliaid / Recommendation:</b>							
<p>The Board are asked to note:</p> <ol style="list-style-type: none"> <li>1. the Targeted Intervention Improvement Framework for BCUHB;</li> <li>2. the progress to date in developing Maturity Matrices against each of the Domains;</li> <li>3. the progress in development of the governance and assurance processes; and</li> <li>4. the timeline.</li> </ol>							
Please tick as appropriate							
<b>Ar gyfer</b> <b>penderfyniad</b> <b>/cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>		<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>		<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>	✓
<b>Sefyllfa / Situation:</b>							
<p>The Health Board are developing the approach to Targeted Intervention which will enable the Board to monitor progress of the transformation program and provide robust assurances against the commitments made to, and expectations of, the Minister for Health and Social Care as detailed within the Targeted Intervention Improvement Framework.</p>							
<b>Cefndir / Background:</b>							
<p>The Welsh Government placed the Health Board into Special Measures on 8 June 2015 with the intention that we would be able to demonstrate progress and move down through the four 'escalation' levels:</p> <ul style="list-style-type: none"> <li>• Special measures</li> <li>• Targeted intervention</li> <li>• Enhanced monitoring</li> <li>• Routine arrangements</li> </ul>							

In May 2019, maternity services and GP out-of-hours were taken out of Special Measures and on 24 November 2020, following advice and recommendation from the tripartite meeting of NHS Wales, Audit Wales and Healthcare Inspectorate Wales the Welsh Government stepped the Health Board down from 'Special Measures' to 'Targeted Intervention'.

The attached Targeted Intervention Improvement Framework uses a Maturity Matrix approach to evidence progress in the areas of concern. A maturity matrix is in tabular form and describes key elements of good practice along the y-axis, and graduations of 'maturity' along the x-axis; they are used to provide consistent and common language for a transformation programme and to highlight what 'good looks like' in a simple evidence-based road map of improvement. Benefits to the maturity matrix approach include providing a focus on priorities and highlighting:

- common themes across transformation programmes;
- key success factors;
- areas that are in need of more attention.

Whilst the Welsh Government has provided the areas of concern (domains) and expected outcomes the Health Board needs to develop and own the details within the matrices, which the Health Board will then need to agree with the Welsh Government. The tripartite identified four areas of concern that the TIIF will measure, the Board and Welsh Government will monitor the improvement in each of these four areas:

- Mental Health Service Management (adults and children)
- Strategy, Planning and Performance
- Leadership (including Governance, Transformation, and Culture)
- Engagement

### Progress so far

The Board is the nominated owner of the programme; the Chief Executive has identified the Executive Director of Nursing and Midwifery and Deputy Chief Executive as the Programme Senior Responsible Officer (SRO) and an Executive Director as SRO for each Domain:

Domain	SRO
Programme and Board Matrix	Executive Director of Nursing and Midwifery and Deputy Chief Executive
Mental Health (adults and children)	Executive Director of Public Health
Strategy, Planning & Performance	Executive Director of Planning and Performance
Leadership (including governance, transformation and culture)	Executive Director of Workforce and Organisational Development
Engagement (patient, public, staff and partners)	Executive Director of Nursing and Midwifery and Deputy Chief Executive

The SROs are currently developing the detailed Matrices for each domain and the fifth matrix linked to Board development as discussed at the Board Workshop on 4 February 2021. Guidance and central support has been offered to each SRO to develop the matrices.

The Executive Director of Nursing and Midwifery and Deputy Chief Executive has convened a Targeted Intervention Steering Group to act as a Programme Board, the first meeting of which was 5th March 2021. An update will be given at the Board meeting. At the meeting the TIIF Steering Group considered draft proposals:

- Terms of Reference
- Progress in developing each Maturity Matrix
- Streamlining the interplay between this transformation program, its associated action plans and broader BCUHB transformation programmes, operational plans and reporting.
- The evidence sharing portal/process with Welsh Government
- The self-assessment process
- The assurance process, based on level 2 assurances of evidence of action and evidence of impact
- The program of engagement with staff and partners in developing the matrices

## Timeline

Milestone	Date	Indicative confirmatory BCU Meeting
The Health Board to develop the details of each maturity matrix in conjunction with staff, the Board, stakeholders, partners and the public	April 2021	Board workshop 27 April
An agreed framework for the additional financial investment	end of March 2021	
The health board to establish dashboard and systems for gathering and tracking evidence	April 2021	Board workshop 27 April
The health board to conduct its baseline assessment	May 2021	Board workshop 27 April : Public Board 20 May
The board to agree priorities for the next six months	May 2021	Board workshop 27 April : Public Board 20 May
Areas for support and development to be identified and submitted to Welsh Government following the baseline assessment	May 2021	
Progress updates from Steering Group		Each Board
Self-assessment to be undertaken on a regular basis in line with Board meetings.		6-monthly

## Asesiad / Assessment & Analysis

**Strategy Implications**

*Use of this Matrix aligns to the stated aim of the Health Board to improve its governance and performance.*

**Options considered**

N/A

**Financial Implications**

N/A

**Risk Analysis**

N/A

**Legal and Compliance**

N/A

**Impact Assessment**

N/A



## **Targeted Intervention Framework Betsi Cadwaladr University Health Board**

Following de-escalation from Special Measures, Betsi Cadwaladr University Health Board have been placed in Targeted Intervention. This document sets out the key areas for Targeted Intervention and the expectations for improvement moving forward.

Improvement is required in a number of key areas, particularly in relation to:

- mental health services;
- the ability to prepare an approvable medium term plan;
- development and implementation of an underpinning clinical strategy; and
- the establishment of a stable and resilient senior leadership and management cross site team with strong clinical leadership with less reliance on interim posts.

This aligns with the recommendations from the Healthcare Inspectorate Wales and Audit Wales work over the last 12 months.

The approach to Targeted Intervention will be underpinned by a maturity matrix approach, to track and evidence improvement.

The Targeted Intervention comprises of a financial investment package announced on 27 October 2020 totalling £297m up to the end of 2023/24, supplemented by particular aspects of support as identified following the baseline assessment.

There will be an agreed framework alongside this TI covering the financial investment to demonstrate how this is being used to support transformation and innovation across mental health, planned and unscheduled care.

### **1.0 The Focus for Targeted Intervention**

The health board is in Targeted Intervention in the following four areas:

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

### **2.0 The Targeted Intervention Framework**

Betsi Cadwaladr University Health Board (BCU) has been in Special Measures for the past five years and over this period has developed responses and solutions to the many structural challenges it faced. As the Health Board moves into targeted intervention, transformation and innovation is essential and they need to build upon the successes of the past five years. Complex transformation comes with significant organisational and cultural change; the need to operate in new ways and find new



operational, clinical, digital and technological solutions. These need to be developed in partnership with service users, staff and stakeholders.

The period of time in Special Measures helped the health board to focus upon the core aspects of leadership and governance, putting in place the building blocks. Targeted Intervention is the process through which they need to make sustainable changes and improvements

The Targeted Intervention framework will be based upon a maturity matrix for each of the four areas listed above.

A maturity matrix approach has been proven to be effective in supporting innovative and transformational change, enabling an organisational focus on improvement. The maturity matrix allows for common themes along a transformation journey to be highlighted and concisely highlights the 'must do's' for success, provides reassurance that the focus is on the right priorities, and brings to light areas that are in need of more attention.

Future models of health care will require many different ways of working for the benefit of local populations and will raise many difficult issues that will need to be addressed. Finding the right approach that serves the needs of local populations requires real engagement from all system partners, time to collaborate to agree a system vision and set a course for getting there. The maturity matrix can help with some of these discussions around the system form and functions, internal governance and decision making, new and innovative ways of working, and finances.

Maturity matrices provide a system health check at any single point and can be repeated at agreed intervals to assess progress. They support an organisation to be self-reflective, whilst engaging the whole organisation and gaining a joined up commitment to the next steps needed. They help to provide a consistent and common language and showcase what good looks like in a simple evidence-based road map to maturity format.

The four matrices to be developed within Targeted Intervention by BCU will outline the key elements that underpin the successful development of the organisation for each of the areas of improvement. They set out a progression model that evolves from the initial steps and actions to manage and support the improvements needed.

The maturity matrices are not simple checklist. They are designed to support health board leaders, working in collaboration with others to work together to understand the development required.

There are six levels within the maturity matrices. These show the development journey over time from the basic level to an exemplar organisation. The criteria for the six levels are as follows:



Level		Criteria
0 No Progress		Principle not accepted or if accepted no plans to develop plans.
1 Basic Level	Principle accepted and commitment to action	Health Board is aware of the requirement but is unable to demonstrate meeting it and/or cannot evidence clear plans or approaches to meet the criteria
2 Early Progress	Early Progress in development	The Health Board recognises what is required for the criteria. The Health Board is able to evidence being able to meet <i>some</i> of the criteria but cannot evidence being able to meet all aspects in full. The Health Board plans to meet all the criteria in full
3 Results	Initial achievements realised	The Health Board meets most of the criteria, in line with its agreed milestones, it has clear and credible plans to continually and sustainably improve service provision.
4 Maturity	Results consistently achieved	The Health Board meets all the criteria to a high standard, can evidence many examples of good practice against the criteria which are routinely shared and adopted by others
5 Exemplar	Others learning from our consistent achievements	The Health Board's excels at all criteria, service provision and patient experience is excellent. The Health Board is leading the strategic agenda through the implementation of innovative practice that is shared with other Health Boards and beyond the organisation to others, enabling realisation of long term sustainability

The Health Board will need to develop a robust and effective programme to embed this approach across the organisation.

It is recommended that an Executive Director is appointed as overall SRO for Targeted Intervention. Executive Directors are appointed to lead each area of Targeted Intervention and an IM is nominated to support the SRO for each area of Targeted Intervention. Their role is to develop, agree and implement the matrix for their area and to ensure that a system to record and capture the evidence is in place.



### **3.0 Self-Assessment**

The self-assessment is a critical aspect of the maturity model, its process needs to be self-reflective, consider progress and areas requiring more work, and consider different views and perspectives.

The following principles for self-assessment should be integrated into the assessment:

- Be aware of the need to be as objective as possible when self-assessing, triangulating sources of evidence
- Avoid the risk of over or under scoring
- Be honest and critical
- Be proud
- Continuously strive for growth
- Provide evidence and track accomplishments

The self-assessment process will need to be agreed locally but ideally should consist of the following stages:

- Local self-assessments undertaken.
- Bi-monthly self-assessment score made by the relevant SRO, in conjunction with the relevant IM, taking account of local feedback.
- Self-assessment score presented/agreed by the Targeted Intervention steering group.
- Self-assessment scores and evidence quality assured and constructively challenged at BCU Executive level. Final self-assessment scores agreed for presentation to the Board.
- Self-assessment scores presented to the Board – approved and owned by the Board.
- Self-assessment scores and evidence submitted to Welsh Government for discussion at WG TI Escalation Meeting.

### **4.0 Implementation**

- The Health Board to develop the details of each maturity matrix in conjunction with staff, the Board, stakeholders, partners and the public – April 2021
- An agreed framework for the additional financial investment – end of March 2021
- The health board to establish dashboard and systems for gathering and tracking evidence – April 2021
- The Health Board to conduct its baseline assessment – May 2021
- The board to agree priorities for the next six months – May 2021
- Areas for support and development to be identified and submitted to Welsh Government following the baseline assessment – May 2021
- Self-assessment to be undertaken on a regular basis in line with Board meetings.





Welsh Government will work closely with the health board throughout the process of Targeted Intervention ensuring that progress is being made and agreeing appropriate interventions where necessary. These will initially be agreed following the baseline assessment in May and added to this framework.

Normal performance management arrangements will continue through the Quality and Deliver Boards and Joint Executive Team meetings. These will be supplemented by bi-monthly TI meetings during the first few months of the TI implementation. The frequency of the TI arrangements will be reviewed 6 months after the baseline assessment.

## **5.0 Developing the Maturity Matrices**

The Health Board will need to agree its own approaches to the development and implementation of the matrices, however as a guide the following section sets out the themes and challenges that the Welsh Government expects to be addressed.

The overriding expectation of the Targeted Intervention framework is to ensure that:

- Ongoing transformation, improvement and innovation leads to improved trajectory of outcomes, patient experience and financial performance year on year.
- A revised accountability and performance framework delivers improvements in performance and patient safety.
- The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.
- A sustainable vision for the future is agreed and communicated to the public, staff, trade unions and partners.
- The development of a medium term plan, incorporating a robust three-year financial plan to meet its financial duties.
- The development and implementation of a long term integrated clinical services strategy
- Strengthen leadership capacity and enhanced governance supports organisational development, decision making and resilience
- Improvements will be celebrated, leading to de-escalation, as assessed by the maturity matrix approach.

Within each matrix there is a need to consider what steps need to be taken to meet the following challenges. Please note that these are not an exhaustive list and that they are not simply to be ticked off as completed. They are indicative of the building blocks that need to be reflected in the transformation journey.



## **Mental Health (Adult and Children)**

- Embedding an organisational development approach to enable the service to effectively deliver service transformation, improved quality and outcomes.
- Enhanced staff engagement and communication mechanisms with feedback being used to inform service change.
- Strengthening leadership capacity within the mental health divisions for children and adults, Executive Team and Board to enhance stability and resilience.
- Increased pace of service transformation in line with the Board's strategy, reflecting upon learning from the pandemic and current practice with partners.
- Continued evidence of an effective strategic partnership for Mental Health overseeing the realisation of benefits from service transformation. Strategic direction for the service developed and refreshed in line with patients and staff through co-production and engagement.
- Strengthening quality metrics and feedback from service users demonstrating the positive impact of service changes.
- Good governance arrangements embedded within the Division.
- Performance consistently meeting the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult and children's services.
- Improve appropriate access to psychology therapies within reasonable waiting times.
- The Health Board to demonstrate that it is responding to the recommendations from external reviews and implementing new ways of working in response to these recommendations.

## **Strategy, planning and performance**

- Development of a long term integrated clinical services strategy, with evidence of strong clinical, stakeholder and public involvement engagement throughout its development
- Delivering transformation and new models of primary and community services in partnership with Local Authorities and other partners
- Development of a robust annual plan (for 2021/22), which builds assurance as a key step towards submission of an approvable Integrated Medium Term Plan (2022 onwards).
- Approvable Integrated Medium Term Plan, reflecting the clinical services strategy priorities and providing a significant step forward from the current annual planning focus. Including the development of a robust 3 year financial plan to meet its financial duties, as part of the IMTP.
- Improved access to planned care with reduced waiting times in line with national requirements
- Sustained improvement in performance, quality and patient experience in unscheduled care
- Delivery against the financial plan in year, including managing in year pressures



## **Leadership (including governance, transformation and culture)**

- Develop and embed a compelling vision for the health board which is understood, recognised and accepted throughout the organisation.
- Demonstrate visible clinical leadership engaging patients, partners and staff.
- An effective, integrated Board setting a clear strategic direction for the organisation.
- An open and transparent culture and willingness to learn.
- Consolidation of executive leadership supported by a development programme for the Executive Team.
- Collective responsibility for quality and patient safety across the executive team and clearly defined roles for professional leads
- A revised accountability and performance framework, underpinned by a robust governance structure.
- Visibility and oversight of clinical audit and improvement activities across divisions/groups/directorates and at corporate level.
- A strong approach to organisational learning supported by a culture of high quality care.

## **Engagement**

- There is sufficient focus and resources given to gathering, analysing, monitoring and learning from user/patient experience across the organisation. This must include use of real-time user/ patient feedback.
- A vision and strategy developed with the active engagement of staff, partners and organisations and service users.
- Effective public involvement and engagement, measured through CHC and partner surveys
- External stakeholders describe relationships with the health board as positive and there is evidence of improved joint working and ownership across the whole system including the Regional Partnership Board and Public Services Boards.
- Evidence of improved engagement with staff measured through surveys and feedback from trades unions.
- Develop and implement a Values and Behaviours Framework that has been developed with staff, is regularly reviewed, and has a clear engagement programme for its implementation.

### **6.0 De-escalation from Targeted Intervention**

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board and NHS trust in respect of quality, service performance and financial management. A wide range of information and intelligence is considered to identify any issues and inform the assessment.



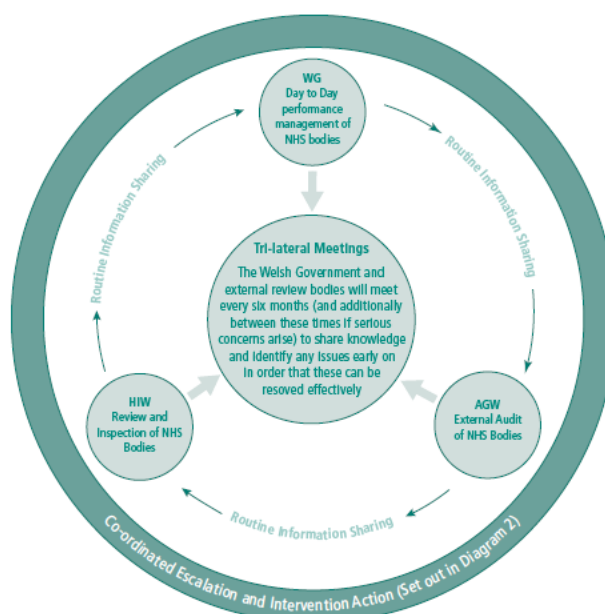
The Tripartite meeting will consider the escalation status of the health board at these meetings and will review the self-assessments undertaken by the Board, alongside other appropriate intelligence and make recommendations to the Minister about the appropriate escalation for the health board.

De-escalation will be considered when the health board reaches level 3 (results) and 4 (maturity). It may be appropriate to de-escalate some areas from TI at a different time to other areas depending on the progress made.

## 7.0 Addressing other areas of concerns

The health board are in TI for the four areas outlined in section one. If during the period of TI other areas of concern are raised, these must be addressed through the standard escalation framework as shown in diagram one:

Diagram 1: NHS Wales Escalation and Intervention Arrangements – Overview



From time to time, the routine arrangements outlined above may flag up a potentially serious concern with the service delivery, quality and safety of care and/or organisational effectiveness of a NHS body. These will be taken through the agreed escalation approach within Welsh Government via Quality and Delivery meetings and Joint Executive meetings

If a serious concern to service delivery, quality and safety of care and/or organisational effectiveness arises that cannot be resolved through routine arrangements, the Welsh Government and external review bodies, as appropriate, may decide that a short, focussed piece of work is undertaken in liaison with the NHS body to explore the concern further.



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Welsh Government

Once an exploration of the concerns has been completed, the Welsh Government and external review bodies will share knowledge and potential action plans so they are each better able to determine the action that is most appropriate for them to take. The NHS body will be informed in writing of the outcome by the Welsh Government and/or the external review bodies stating the grounds and confirming any action.

If it is established that there is an issue that requires action (with a service and/or organisational effectiveness) then the Welsh Government and external review bodies, as appropriate, will consider the seriousness of the issue(s), their apparent causes and the capability and capacity of the NHS body to resolve them before making decisions on the form and extent of the action required.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>TH</sup> March 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Quarters 3 and 4 Operational Plan Monitoring Report to 31 <sup>st</sup> January 2021						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mark Wilkinson, Executive Director of Planning & Performance						
<b>Awdur yr Adroddiad Report Author:</b>	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance						
<b>Craffu blaenorol: Prior Scrutiny:</b>	This paper has been scrutinised and approved by the Executive Director of Planning and Performance.						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliaid / Recommendation:</b>							
The Health Board is asked to note the report.							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input checked="" type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
This report provides a self-assessment by the executive leads of the progress being made in delivering the key actions contained in the 2020/21 Operational Plan for Quarters 3 & 4.							
<b>Cefndir / Background:</b>							
The operational plan has a number of key actions required to be delivered during Quarters 3 & 4 of 2020/21. The Executive lead reviews on a monthly basis progress against their areas for action and RAG-rates progress. Where an action is complete this is RAG rated purple. Amber and red ratings are used for actions where there are risks to manage to secure delivery or where delivery was not achieved. For Red rated actions a short narrative is provided.							
<b>Asesiad / Assessment &amp; Analysis</b>							

**Strategy Implications**

Delivery of the operational plan actions is key to implementation of the Board's strategy

**Options considered**

N/A

**Financial Implications**

Delivery of the operational plan within the budget set by the Health Board is part of ensuring resources are well-managed and care effectively provided within the allocated resources.

**Risk Analysis**

The RAG-rating reflects the risk to delivery of key actions

**Legal and Compliance**

This report will be available to the public once published for the Health Board

**Impact Assessment**

The operational plan has been Equality Impact Assessed.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

Cyfarwyddiaeth Cynllunio & Perfformiad  
Planning & Performance Directorate

# Plan Monitoring Report Quarters 3 and 4 2020/21

## Position as at 31 January 2021

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



## About this Report

- The Quarter 3 and 4 Plan has been agreed by the Health Board
- The Plan recognises that the disruptive nature of the pandemic has shortened planning horizons
- The Quarter 3 and 4 plan relates to the need to maintain essential non COVID-19 services to minimise risk of harm for life-saving or life-impacting treatments, whilst meeting the additional demands of winter pressures
- This report details the assessment by the Executive Director responsible for each of the work streams to have delivered the actions set out in the plan by the 31 March 2021, with supporting narrative where delivery has not been achieved. This report provides an update from each Executive Director for the position as at 31 January 2021. The complete report has been reviewed and approved by the Executive Team.
- Work is underway in developing the plan for 2021/22 which will reflect the shift in phasing of response to the pandemic, from mobilisation towards parallel running of the pandemic, and re-activation of some business as usual activities where it is safe to do so. This reflects transition to sustainable service delivery phase of the plan.

RAG	Every month end	by expected delivery date	Actions depending on RAG rating given
<b>Red</b>	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
<b>Amber</b>	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Action within the agreed timescale is provided.
<b>Green</b>	On track, no real concerns	Not Applicable	Where RAG is Green: A concise narrative explaining the level of risk to successful delivery of the Action within the agreed timescale is provided.
<b>Purple</b>	Achieved	Achieved	Where RAG is Purple: Evidence that the Action has been achieved may be requested

# Table of Contents

<b>Front Cover</b>	1	<b>Chapter 7: Mental Health &amp; Learning Disabilities</b>	19 & 20
<b>About this Report</b>	2	<b>Chapter 8: COVID-19 Oversight</b>	21
<b>Table of Contents</b>	3	<b>Chapter 9: Digital Health</b>	22 & 23
<b>Chapter 1: Test, Trace &amp; Protect</b>	4	<b>Chapter 10: Estates/ Capital</b>	24 & 25
<b>Chapter 2: Promoting Health &amp; Well-being</b>	4	<b>Chapter 11: Workforce &amp; Organisational Development</b>	26 to 28
<b>Chapter 3: Planned Care</b>	5 to 11	<b>Chapter 12: Performance &amp; Accountability</b>	29
<b>Chapter 4: Unscheduled Care</b>	12 & 13	<b>Chapter 13: Finance</b>	29 & 30
<b>Chapter 5: Primary &amp; Community Care</b>	14 & 15	<b>Further Information</b>	31
<b>Chapter 6: Children's Services (inc CAMHS)</b>	16 to 18		

## Chapter 1: Test, Trace and Protect

Test, Trace, Protect									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
1.00	safe, secure and healthy environment for our people	SPPH	Test, Trace, Protect (TTP) service established across North Wales to minimise the spread	Executive Director of Public Health	30/11/20	P			
1.20	safe, secure and healthy environment for our people	SPPH	Antigen Testing service established with ability to effectively respond to surges		31/10/20	P			
1.30	safe, secure and healthy environment for our people	SPPH	Tracing service established and key performance indicators achieved		30/11/20	P			
1.40	safe, secure and healthy environment for our people	SPPH	Protect plan established		20/12/20	A	G	P	

## Chapter 2: Promoting Health & Wellbeing

Promoting Health & Well-being									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
1.60	safe, secure and healthy environment for our people	SPPH	Lead cross-sector North Wales COVID-19 Vaccination Tactical Delivery Group to plan and oversee the implementation of the COVID-19 vaccination programme for North Wales	Executive Director of Public Health	In line with national policy and guidance	P			

### Continuation of Restart

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.3	Essential services & safe planned care	F&P	Deliver monthly planned care re-start activity plan	Chief Operating Officer	30/11/20	G	P		

### DEMAND AND CAPACITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.4	Essential services & safe planned care	F&P	Develop and implement a 'Once for North Wales' solution to address specialties where local resource do not meet needs for P1 and P2 demand and where significant variance in waiting times between sites exists.	Chief Operating Officer	31/10/20	P			
2.5	Essential services & safe planned care	F&P	Identify specialities where the 'Once for North Wales' approach is not able to provide the required level of access to services.			P			
2.6	Essential services & safe planned care	F&P	Review of external capacity for key providers			R	R	P	
2.7	Essential services & safe planned care	F&P	Develop and implement plans to support patients to actively manage symptoms/ optimise their health whilst waiting for treatment.		31/12/20	A	A	R	R

### RISK STRATIFICATION

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
2.8	Essential services & safe planned care	F&P	Introduce specialty specific risk stratification using P1- P4 categorisation as per Essential Services Framework.	Chief Operating Officer	19/10/20	P			
2.9	Essential services & safe planned care	F&P	Create specialty MDTs to review cases and ensure clinical handover if surgical team listing the patients is not able to operate.			R	R	P	

### OUTPATIENTS

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
3.00	Essential services & safe planned care	F&P	Provide virtual outpatient appointments wherever possible.	Chief Operating Officer	31/03/21	A	A	G	G
3.10	Essential services & safe planned care	F&P	Identify community facilities where face to face consultations could be delivered and appointments and treatments offered to improve local/equity of access.		31/12/20	A	A	P	
3.20	Essential services & safe planned care	F&P	Develop and implement plans to address backlog of overdue follow up patients			G	G	P	

### PROTECTING ELECTIVE CAPACITY - DIAGNOSTIC TREATMENT CENTRE

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
3.40	Essential services & safe planned care	F&P	Undertake feasibility study into a Diagnostic and Treatment Centre to reduce long waiters in the health economy	Chief Operating Officer	31/10/20	G	P		

PATHWAY DEVELOPMENT										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
4.10	Essential services & safe planned care	QSE	Clinical Advisory Group to co-ordinate a programme and timetable for pathway development and review in line with clinical strategy	Executive Medical Director	31/12/20	A	A	P		
4.20	Essential services & safe planned care	QSE	Ensure PREMs are included in the development of pathways where feasible and appropriate.		31/03/21	A	A	A	A	
4.30	Essential services & safe planned care	SPPH	Develop the process to arrive at a Digitally Enabled Clinical Services Strategy			A	A	A	A	

PLANNED CARE SPECIALTY SPECIFIC PLANS										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
4.4	Essential services & safe planned care	F&P	Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists	Chief Operating Officer	30/11/20	A	R	R	R	
4.5	Essential services & safe planned care	F&P	Undertake a total review of the orthopaedic case for North Wales, in light of the COVID-19 pandemic	Executive Director of Planning & Performance	30/11/20	A	P			
4.6	Essential services & safe planned care	F&P	Review of Orthopaedic business case in light of DTC feasibility work.	Chief Operating Officer	31/12/20	G	G	R	P	
4.9	Essential services & safe planned care	F&P	Insourcing Diagnostic Capacity. (Subject to market availability)		31/12/20	G	G	P		
5.10	Essential services & safe planned care	F&P	Implementation of insourcing solutions for CT, MRI and ultrasound to reduce backlog of routine referrals.		31/12/20	G	G	P		
5.20	Essential services & safe planned care	F&P	Implementation of insourcing solutions for neurophysiology to reduce backlog of routine referrals.		31/10/20	R	R	P		
5.30	Essential services & safe planned care	F&P	Review of phlebotomy service model in light of covid-19		31/10/20	P				
5.40	Essential services & safe planned care	F&P	Implement year one (2020/21) plans for Endoscopy		30/11/20	G	G	P		



### SERVICE SUSTAINABILITY

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.10	Essential services & safe planned care	F&P	Systematic review and development of plans to address service sustainability for planned care specialties, in order of highest risk.	Chief Operating Officer	30/11/20	A	R	R	P
6.20	Essential services & safe planned care	F&P	Review and refresh priority business cases relating to service sustainability		31/03/21	G	G	G	G

### MANAGING CAPACITY – WINTER/COVID

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.60	Essential services & safe planned care	F&P	Ensure surge and escalation plans are aligned to Planned Care activity needs	Chief Operating Officer	02/11/20	G	P		



### **Action 2.6: Review of external capacity for key providers**

- This has moved from red to purple as we have now implemented fortnightly “ring around” to assess if external capacity is available. This is undertaken by contracting and reported into the operational planned care meeting

### **Action 2.7: Develop and implement plans to support patients to actively manage symptoms/optimize their health whilst waiting for treatment.**

- Proposals for digital applications in (initially orthopaedics) are being delayed due to IT capacity, discussions are on-going on how this can be taken forward with IT and clinical leads are to agree and implement plans for their respective specialties
- This work aligns to the 6 point plan for planned care which focusses on effective clinical risk stratification, care pathway development and the interface with value based healthcare
- Work on the overall planning for planned care is progressing and it is expected that this specific action will be completed by 31 March 2021

### **Action 2.9: Risk Stratification - Create specialty MDT to review cases and ensure clinical handover**

- The risk stratification “once for north wales” has a multi-disciplinary team approach where each patient is assessed for their suitability to be transferred, most of the specialties tag these patients onto their normal MDT for the backlog patients and then going forward at the end of the MDT will earmark the patients as been able to transfer.
- This approach is specifically for the key specialties identified at risk due to COVID-19
- On a more general note we have risk stratified patients P1-4 and are now migrating those onto the patient administration systems (PAS) for East and Centre, it is still a free text for the West PAS.

### **Action 4.20: Ensure PREMs are included in the development of pathways where feasible and appropriate.**

- Patient reported experience measures (PREMS) work is fully aligned with Value Based Health Care (VBHC), which has been slow to start due to COVID-19. The anticipated resources of recruitment of personnel with Value Based Healthcare Commissioning expertise has not progressed as previously planned. However, the work is now being considered as an integral part of the overall improvement and transformation strategy
- Negotiations with Welsh Government (WG) have now resulted in agreement where central VBHC resources will be made available for a number of sessions per week. The anticipated start date for a senior colleague to join BCU is March 2021. This will enable us to start the process for some selected and key pathways
- The Executive Director of Finance and Executive Medical Director are working jointly as Executive leads to take this work forward. Geoff Lang has been identified as the Programme Lead (Finance) and we anticipate that the feasible and appropriate pathways will include PREMS by 31 March 2021

### **Action 4.30: Develop the process to arrive at a Digitally Enabled Clinical Services Strategy**

- Following discussions with the Chair and Independent Members, a fresh approach is being discussed at Board after which progress will be made. A clearer way forward is forming after a recent Board workshop, and the Executive Team will be discussing next steps with an aim to provide internal alignment of thoughts and then to agree a process
- The above approach will be based on a refresh of the Living Healthier Staying Well (LHSW) and The Executive Director of Planning and Performance and the Executive Medical Director are working together on a plan to present to Executive Team
- The Executive Medical Director is the Executive lead for action with very close working with Executive Director of Planning and Performance and progress was reviewed by the Executive Team in February 2021

### **Action 4.40: Transform eye care pathway to deliver more care closer to home delivered in partnership with local optometrists**

- The business case to support the delivery of this action has been reviewed internally and feedback provided (engaging the relevant leads and clinical support)
- The case will be presented to the Executive Team in March 2021
- Progress to date has been delayed due to the pressures on the services
- Action to date was reviewed at the Planned Care Performance Review Meeting held on 23 February 2021

### **Action 4.6: Review of orthopaedic business case in light of DTC feasibility work**

- The orthopaedic business case has had several reviews and has now been incorporated as an option within the diagnostic and treatment centre (DTC). The case will either continue on this path, or if the DTC is not taken forward the business case will need a further review.

### **Action 6.10: Systematic review and development of plans to address service sustainability for planned care specialties in order of highest risk**

- It is recognised that the highest risk specialties are general surgery, orthopaedics, urology and maxillofacial. The systematic review was completed via through the planning 2020/2021
- The 2021/2022 plans are focussing on insourcing, Once for North Wales and moving of service e.g. ophthalmology collaboration. However, the Board will recognise that further work may need to be in done in light of the clinical strategy.

### Unscheduled Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
6.70	Safe unscheduled care	F&P	Develop Winter Resilience Plans for each local Health and Social Care Community as well as a pan BCUIB overarching Winter Resilience Plan for 2020-21	Chief Operating Officer	31/10/20	G	P		

### Surge Plans

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
7.40	Safe unscheduled care	F&P	Develop surge plans for secondary care, community and primary care services, including the development of specific schemes	Chief Operating Officer	31/10/20	G	P		
7.50	Safe unscheduled care	F&P	Surge plans are based on data, which describes COVID and non-COVID (USC) predicted demand for Q3&4.			G	P		
7.60	Safe unscheduled care	F&P	Site specific plans to include community based actions that will support Acute sites to maintain flow, avoid admissions wherever safe to do so and link community services designed to facilitate timely discharge e.g. Home First schemes.			G	P		
7.71	Safe unscheduled care	F&P	Temporary hospitals incorporated into the surge plans where triggers indicate the system is close to being overwhelmed.			G	P		

Phone First										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
9.00	Safe unscheduled care	F&P	Develop and implement a 'Phone First' service building on the learning from the Cardiff & Vale pathfinder model – CAV 24/7. This will incorporate GP OOH call handling, SICAT, NHS Direct/ 111, primary care triage	Chief Operating Officer	31/12/20	A	A	P		
9.20	Safe unscheduled care	F&P	Phone First discussion paper drafted		01/10/20	G	P			

Emergency Department Quality Delivery Framework (EDQDF)										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
9.70	Safe unscheduled care	F&P	Implementation of the Emergency Department Quality Delivery Framework (EDQDF) programme to agree care standards, a uniform approach to measuring activity and a nationally agreed model of care for Emergency Departments and which will be informed by the Welsh Access Model (WAM)	Chief Operating Officer	31/03/21	G	G	P		

### Primary Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
9.90	safe, secure and healthy environment for our people	SPPH	Review the requirements of the all Wales Primary Care Operating Framework (not yet published), including the delivery of the WHO framework for essential healthcare services.	Executive Director Primary & Community Care	31/03/21	G	G	G	G

### Capture and embed proven technologies in primary care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
10.40	safe, secure and healthy environment for our people	SPPH	Reflecting on the good practice and learning collated in Q2, support more primary care providers to implement e-Consult and video consultation platforms including the coordination of:	Executive Director Primary & Community Care	31/03/21	P			
10.50	safe, secure and healthy environment for our people	SPPH	Implementation of the on line platforms			P			
10.60	safe, secure and healthy environment for our people	SPPH	Roll out of New Technology Training /support			P			
10.70	safe, secure and healthy environment for our people	SPPH	Undertake patient satisfaction surveys			P			

### Implement General Medical Services Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
11.70	Essential services & safe planned care	SPPH	Implement Welsh Government GMS Recovery Plan	Executive Director Primary & Community Care	31/10/20	P			

### Implement Dental Services Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
12.30	Essential services & safe planned care	SPPH	Implement Welsh Government Dental Recovery Plan	Executive Director Primary & Community Care	31/03/21	G	G	G	G

### Implement Community Optometry Recovery Plan

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
12.90	Essential services & safe planned care	SPPH	Implement Welsh Government Optometry Recovery Plan	Executive Director Primary & Community Care	31/10/20	G	P		

### Community Health & Social Care

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
13.70	Safe unscheduled care	F&P	Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation	Executive Medical Director	31/01/21	A	A	A	R

### Support Care Homes and reintroduce CHC

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
13.90	Safe unscheduled care	RPB/ SPPH	Regional Care Home Action Plan developed. (Building from good practice introduced in Q2 and legacy actions.)	Executive Director Primary & Community Care	31/12/20	G	G	P	
14.00	Safe unscheduled care	SPPH	BCU wide Continuing Health Care (CHC) Recovery Plan in operation			A	A	R	R

### **Action 13.70: Revisit the Stroke Business Case to prioritise early supported discharge and stroke rehabilitation**

- The previous stroke draft business case has been produced and is currently undergoing revision. Due to colleagues being heavily committed to the COVID response the 31 January 2021 deadline has not been met. However, a draft business case is being checked through for impact (week commencing 8 February 2021)
- The Programme Lead for the business case development has been identified as Rob Smith, Area Director
- The revised business case has now resubmitted to the Business case review group and will be considered on 2 March 2021

### **Action 14:00: BCU wide Continuing Health Care (CHC) Recovery Plan in operation**

- The Area Teams were initially unable to fully implement their recovery plans due to COVID pressures. However, Area Teams are now re-basing their recovery plans for the Audit Wales reporting in February 2021
- The care home resident and staff vaccination programme, alongside wider public measures and lockdown effectiveness, is anticipated to result in the realignment of wider care home plans in Quarter 2 of 2021/22
- All areas have been requested to provide an update on progress to date; and the rebased recovery plans will be reviewed by the CHC and Performance Team in early March 2021



### Deliver Safe & Effective CAMHS Services

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
15.40	Improvement of Mental Health Services	QSE	CAMHS – Continue to deliver remote consultations via Attend Anywhere	Executive Director Primary & Community Care	31/12/20	G	G	P	
15.50	Improvement of Mental Health Services	QSE	Restart face to face planned care assessment and intervention work in CAMHS (once approved to start)			G	G	P	

### Neuro-Development

Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
16.00	Improvement of Mental Health Services	QSE	Work towards providing Assessments and improve performance against the 26 week target	Executive Director Primary & Community Care	31/12/20	R	R	R	R



### 16.00: Work towards providing Assessments and improve performance against the 26 week target

- Lost activity/capacity during the pandemic has increased the waiting list as well as impacting on previous improvements. A new external supplier was appointed and commenced in January 2021 focussing work on the historical waiting list
- Planning submission, including cost of waiting list recovery, has also been submitted for consideration . In addition, there is a continuous recruitment drive to support the full establishment of the teams and an increase in external supplier through repeated tender once funding has been established and agreed. The lead for this action has been identified as Andrew Gralton, Assistant Area Director for Children's Services East Area
- A new supplier projection is for initial 600 cases in the first 12 months increasing to over 250 per quarter afterwards. The first review will take place at the end of February 2021 with aim to increase the growth of projection. Finance requests have now been submitted (January 2021). As indicated recruitment drives are ongoing. Direct contact is now being made with university career teams to establish and strengthen relationships (review July 2021) coupled with an increase in supplier via tender by June 2021

Mental Health & Learning Disabilities									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
16.40	Improvement of Mental Health Services	QSE	Develop stronger and consistent divisional management and clinical governance arrangements which align with those of the Health Board.	Executive Director of Public Health	31/03/21	G	G	G	G
16.80	Improvement of Mental Health Services	QSE	The Mental Health Division in partnership with the Primary Care and Community work stream seeks to implement a number of support mechanisms including investing in the roll out of the Mental Health practitioner model and community connector role to Clusters in order to improve Primary care resilience.			A	A	G	G
16.90	Improvement of Mental Health Services	QSE	The model is based on providing 14 mental health practitioners working within GP Clusters supported with 14 community connectors. The tier 0 model would provide additional support within the primary care setting releasing GP time.			A	A	G	G
17.00	Improvement of Mental Health Services	QSE	The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for Covid-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.			A	A	A	A
17.10	Improvement of Mental Health Services	QSE	Additional CPN support to care home sector to avoid admission to acute setting and support early discharge			A	A	A	A

**17.00: The Centre of Mental Health suggest there is an inherent risk of developing post-traumatic stress disorder (PTSD) after experiencing intensive care treatment for COVID-19 and therefore our plan will offer targeted; tailored mental health support to the families of people treated in ICU. Work is already underway to identify potential numbers affected.**

- The informatics team has produced initial data reporting the number of admissions to Intensive Care Units (ICUs). This data requires further analysis to explore the demand and capacity requirements going forward. The work is being led by the Divisional Medical Director, via a task & finish group (which has now met to explore, consider and plan for this work)
- The Divisional Medical Director will link with the Executive Director Of Therapies & Health Sciences to join a BCU wide group and the action will be reviewed in March 2021

**17.10: Additional Community Psychiatric Nurse (CPN) support to care home sector to avoid admission to acute setting and support early discharge**

- There has been delays in progressing this action due to COVID. However, funding has been secured and recruitment is progressing
- Anticipated recruitment Q1 2021/22 with a review taking place by June 2021

Covid 19 Oversight										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
17.20	Covid-19 prevention & readiness	QSE	Establish a Coronavirus Coordination Unit (CCU)	Executive Director Primary & Community Care	09/10/20	P				
17.30	Covid-19 prevention & readiness	QSE	Full operation of a Coronavirus Coordination Unit (CCU)		01/11/20	A	R	P		
17.40	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with increased analytics capacity and focus to establish a framework		09/10/20	P				
17.50	Covid-19 prevention & readiness	QSE	Business Intelligence Unit phase 1 established with revised dashboard and reporting schedule for board and partners regarding covid-19 activity		01/11/20	A	R	P		

Digital Health										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
17.70	Effective use of resources	D&IG	Phase 3 of Welsh Patient Administration System re-focus on West implementation	Executive Director Primary & Community Care	30/06/21	R	R	R	R	
17.80	Effective use of resources	D&IG	Pending approval of the business case – deploy WEDS		30/11/20	R	R	R	P	
17.90	Effective use of resources	D&IG	Development of the digital health record		31/03/21	G	G	G	G	
18.00	Effective use of resources	D&IG	Implementation of Baseline pan-BCU Health Records Project		31/12/20	G	G	R	P	
18.10	Effective use of resources	D&IG	Implementation of Digital dictation project		31/12/20	G	G	R	R	
18.20	Effective use of resources	D&IG	Development of priority business cases for sustainability of services		31/10/20	G	P			
18.30	Effective use of resources	D&IG	Produce a proposed implementation plan for the development of a strengthened business intelligence and analytics team.		31/12/20	G	G	P		

### **Action 17.70: Phase 3 of Welsh Patient Administration System (WPAS) re-focus on West implementation**

- There has been a delay in delivery as NHS Wales Informatics Service (NWIS) have had to prioritise their delivery of the Wales Patient Access Scheme (WPAS) at BCU due to a higher priority of having to move the Blaenavon Data Centre
- Option 1, provided by NWIS, is to restart fully in September 2021 with the approach of West into Central; this should be completed by May 2022
- Due to the change of approach, informatics are undertaking an integration impact assessment to pre-empt any issues
- The Senior Responsible officer (SRO) has been identified as Kate Clark, Deputy Medical Director, a Situation, Background, Assessment, Recommendation (SBAR) report has been taken to Finance & Performance Committee in January 2021

### **Action 17.80: Pending approval of the business case – deploy WEDS**

- The date indicated in the plan was for the approval of the Business Case and not delivery of WEDS. The Business Case has now been approved by the Finance & Performance Committee (28 October 2020). The Project delivery is on target.
- Rollout to the remaining areas in Phase 1 is planned for the end March 2021

### **Action 18.00: Implementation of Baseline pan-BCU Health Records Project**

- Appointment of health records roles to undertake a baseline review is now complete (This is the action was due for completion by 31 December 2020) The baseline exercise is expected to be completed by 31 March 2021

### **Action 18.10: Implementation of Digital dictation project**

- Upgrade is now complete
- Due to the complexity of the integration messaging from Patient Information Management System (PiMS) and its unexpected behaviour within electronic reported patient outcome (EPRO) the project is experiencing a delay in West Area
- Whilst these issues are being resolved we are taking the opportunity to accelerate the roll out in the Central Area. We have a plan in place with the supplier to have West roll out back on track for February 2021. A revised end date for West is now 31 March 2021 (West Area roll out)

Estates/ Capital									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
18.40	Effective use of resources	SPPH	Ablett Mental Health Unit Outline Business Case	Executive Director of Public Health	31/01/21	A	A	A	R
18.50	Effective use of resources	SPPH	Residencies: Outline Business Case	Executive Director of Planning & Performance	31/12/20	G	G	P	
18.60	Effective use of resources	SPPH	North Denbighshire Community Hospital		30/11/20	G	P		
18.70	Effective use of resources	SPPH	Ysbyty Gwynedd compliance		31/12/20	G	G	R	R
18.80	Effective use of resources	SPPH	Wrexham Maelor Hospital		31/03/21	G	G	R	R

### Action 18.40: Ablett Mental Health Unit Outline Business Case

- The outline planning decision was discussed on 12 December 2020,. It was agreed to pause to enable the Divisional Senior Leadership Team (DSLTL) to review the business case to ensure alignment with the divisional strategy. Jill Timmins, Programme Director is leading this work
- The supply chain partners are reviewing costings of an alternative Ysbyty Glan Clwyd site option
- A formal timeline is yet to be agreed, but the Programme Board will meet on 18 February 2021 to discuss next steps. Discussions also remain on-going with Welsh Government colleagues

### Action 18.70: Ysbyty Gwynedd Compliance

- The final draft business case was presented and noted by the Capital Investment Group in January 2021. It is now being finalised for presentation and support by the Executive Team and Finance and Performance Committee, subject to Executive Team support, it will reach the Finance and Performance Committee in March 2021

### Action 18.80: Wrexham Maelor Hospital

- The project team have reviewed timescales for an outline business case; the firm timescale is end of June 2021.
- Further delays have been encountered in appointing a supply chain partner, project manager and cost advisor; although all are now in place. COVID-19 has also created problems in undertaking the surveys due to access restrictions and operational imperatives; the surveys have now been completed.
- As progress has now been made means we remain confident in the delivery of the revised timescale (June 2021)



## Chapter 11: Workforce & Organisational Development - Page 1 of 3

Workforce and Organisational Development - Part 1									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
19.80	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure workforce optimisation plans are in place and ready to mobilise to support the delivery of safe care and mitigate the impact of COVID-19, the TTP programme and the Vaccination programme on staff and they support the Health Boards adjusted surge capacity plans for Q3 & Q4.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	P	
19.90	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure all key workforce indicators are in place, utilised and embedded robustly to support all surge and essential services delivery		31/12/20	G	G	P	
20.00	safe, secure and healthy environment for our people Effective Use of Resources	F&P	Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.		31/12/20	A	A	R	R
20.20	safe, secure and healthy environment for our people	QSE	Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with		31/03/21	A	A	A	A

## Chapter 11: Workforce & Organisational Development – Page 2 of 3

Workforce and Organisational Development - Part 2									
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21
20.30	safe, secure and healthy environment for our people	QSE	Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff	Executive Director of Workforce & Organisational Development	31/3/21	A	A	R	A
20.50	safe, secure and healthy environment for our people	QSE	Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose		31/03/21	A	A	A	G
20.70	safe, secure and healthy environment for our people	QSE	Review and improve mechanism for raising concerns to ensure concerns can be raised at all levels of the organisation with confidence they will be considered, acted upon and used to inform learning for improvement.		31/01/21	A	G	G	G
20.80	Effective use of resources	SPPH	Subject to approval from Welsh government develop a full business case for submission in support of the creation of a medical school for North Wales in association with Bangor University.	Executive Medical Director	31/03/21	A	A	G	G

**Action 20.00: Ensure agile and new ways of working deployed in order to maintain safety for staff and patients because of COVID-19 are optimised and embedded.**

- Agile working guidance has been now been produced along with self assessment and teams support for staff requiring an ergonomic assessment of their workplace
- A wider piece of work on the infrastructure Estates/Facilities strategy is required to develop longer term solutions to agile work practices
- This work will be reviewed in February/March 2021

**Action 20.20: Implement Year 2 of the Health & Safety Improvement Plan is implemented to staff are proactively protected, supported and safe, including BAME, older people, co-morbidities and pregnant workers and that all environmental and social impacts are monitored and complied with.**

- A review of the Health & Safety (H&S) Strategy has been undertaken in year 2 to further identify gaps in compliance and reduce risks
- Risks associated with COVID-19 are addressed by Health and Safety Team through investigation of incidents, Risk assessment support for vulnerable staff, social distancing reviews and Make is Safe (MIS) reviews
- Additional support is being utilised to review specific estates risks and escalation through internal audit and the Strategic Health and Safety Group to provides assurance of plans and actions being implemented to mitigate risks
- The significant risks, identified in the Board Assurance Framework, have a completion date of September 2021

**Action 20.30: Effective infrastructure in place to ensure wellbeing and psychological support is accessible to all staff**

- An external resource has been secured to support the development and implementation of the infrastructure in the medium term
- Funding has been secured to get an immediate short term solution in place and this is being worked up and being looked to be implemented by March 2021

**Action 20.50: Strategic organisational development programme in place to support and enable the health board to build upon work undertaken to date to ensure our plans and people are aligned to our purpose.**

- Support has been established, through an external partner working closely with the Organisational Development (OD) team, and additional internal strategic support to develop a procurement specification for securing an external partner to work with the organisation. The objective is to realise our ambition for sustainable improvement and strengthen our strategic organisational development infrastructure
- A draft specification has been discussed with the Chief Executive Officer, amendments have been made following feedback and is now ready for further review.
- The specification details a route map to support a strategic OD programme and sustainable improvement approach and identification of infrastructure required to support the programme to facilitate commencement in April 2021/22

## Chapter 13: Performance & Accountability – Integrated Governance

Performance & Accountability: Integrated Governance										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
20.90	Integrated governance structure	F&P	To develop a performance and accountability framework for 2021/22, demonstrably strengthening accountability at all levels of the organisation and underpinned by improved performance reporting against agreed and quantified plans.	Executive Director of Workforce & Organisational Development	31/12/20	G	G	P		

## Chapter 14: Finance: Effective Use of Resources

Finance: Effective use of resources										
Plan Ref	Board Themes	Board Committee	Action	Lead Director	Target Date	Oct-20	Nov-20	Dec-20	Jan-21	
22.01	Effective use of resources	F&P	Budget Setting Process 2021/2022	Executive Director of Finance	31/03/21	G	G	G	G	
22.02	Effective use of resources	F&P	Financial plan using sustainability funding to support IMTP		31/03/21	G	G	G	G	
22.03	Effective use of resources	F&P	VBHC implementation		31/03/21	G	A	A	R	

### Action 22.03: Value Based Healthcare Commissioning (VBHC) implementation

- Work on the Value Based Healthcare Plan has been delayed whilst arrangements for the Health Board's overall transformation and improvement programme are finalised. This work is to ensure that VBHC is fully aligned with this approach.
- Implementation will now progress in Quarter 1 of 2021/22

## Further Information

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website [www.pbc.cymru.nhs.uk](http://www.pbc.cymru.nhs.uk)
- Stats Wales [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)  
[www.statswales.wales.gov.uk](http://www.statswales.wales.gov.uk)

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021					
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public					
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Quality & Performance Report					
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Mr Mark Wilkinson, Executive Director of Planning & Performance					
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Jonathan Lloyd, Interim Director of Performance Edward Williams, Head of Performance Assurance					
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	The data and information in this report has been scrutinised by the Quality, Safety & Experience Committee and the Finance & Performance Committee February 2021.					
<b>Atodiadau</b> <b>Appendices:</b>	1. Quality and Performance Report as at January 2021					
<b>Argymhellid / Recommendation:</b>						
The Health Board is asked to scrutinise the report and to consider whether any area needs further escalation to be considered.						
Please tick as appropriate						
<b>Ar gyfer</b> <b>penderfyniad</b> <b>/cymeradwyaeth</b> <b>For Decision/</b> <b>Approval</b>		<b>Ar gyfer</b> <b>Trafodaeth</b> <b>For</b> <b>Discussion</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer</b> <b>sicrwydd</b> <b>For</b> <b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Er</b> <b>gwybodaeth</b> <b>For</b> <b>Information</b>
<b>Sefyllfa / Situation:</b>						
It is important to note that, due to the continued COVID-19 pandemic, whilst Welsh Government will not be performance managing Health Boards based on the performance measures included in this report, they have recommenced the monitoring and publishing of the data.						
The Report now includes RAG rated trend arrows that identify the direction of travel of performance over the previous 6 months.						
This report includes available indicators from the National Delivery Framework, together with a section on COVID-19 and Essential Services Delivery.						
<b>Cefndir / Background:</b>						
Our report outlines the key performance and quality issues that are of priority for the Health Board. The summary of the report is now included within the Executive Summary pages of the QAP and demonstrates the work related to COVID-19, essential service delivery as well as the key measures contained within the 2020-21 National Delivery Framework. This framework has been revised to provide performance measures under the Quadruple Aims set out in A Healthier Wales.						
<b>Asesiad / Assessment &amp; Analysis</b>						

**Strategy Implications**

The performance measures within the report are aligned with the National Delivery Framework.

**Options considered**

Not Applicable

**Financial Implications**

The delivery of the performance indicators contained within our annual plan will have direct and indirect impact on the financial recovery plan of the Board.

**Risk Analysis**

The present pandemic has produced a number of risks to the delivery of care across the healthcare system. The paper highlights the risks arising directly from COVID-19 and the need to maintain essential non-COVID-19 services. The impact of COVID-19 on non-COVID-19 planned care is reported together with the interdependencies between ensuring safe re-start of elective care and balancing the risk of covid-19 for patients, staff and system capacity.

**Legal and Compliance**

This report will be available to the public once published for the Health Board

**Impact Assessment**

The Report has not been Equality Impact Assessed



# Quality and Performance Report



# Health Board

# January 2021

## COVID-19 Pandemic

It should be noted that all services have been impacted by the COVID-19 Pandemic, and/or the measures put in place to combat the spread of COVID-19. Although it is important that we continue to monitor and manage performance, it is recommended that the performance reported is not compared as 'like-for-like' to previous months/ years performance.

### Report Structure

The format of the report reflects the published National Delivery Framework for 2020-21. This aligns to the Quadruple aims contained within the statutory framework of A Healthier Wales.

Additional sections are added to reflect COVID-19 key performance indicators and the work on maintaining essential services.

The report is structured so that measures complementary to one another are grouped together. Narratives on the 'group' of measures are provided as opposed to looking at measures in isolation.

This report contains data showing the impact of the pandemic on referrals, planned care activity and waiting lists.

### Performance Monitoring

This report uses the Key Performance Indicators agreed by executives as the key indicators of performance aligned to the Board's operational plan and risks reportable to Welsh Government under the NHS Wales Delivery Framework and have been scrutinised by the Finance & Performance Committee and the Quality, Safety & Experience Committee.

Performance is measured via the **trend over the previous 6 months** and is represented by RAG arrows as shown below.


 Performance has improved over the last 6 months


 Performance has got worse over the last 6 months


 Performance remains the same

### Operational Plan Monitoring

The operational planning for 2020-21 has been impacted by the pandemic with planning cycles re-defined into quarterly plans.

The Quarter 3&4 operational plan has been approved by the Board and submitted to Welsh Government. The likelihood of delivery of the actions contained within this plan are reported in the accompanying Q3&4 Operational Plan monitoring report.

As a consequence of the changes in the planning cycle for 2020-21 and the uncertainty around the future levels of COVID-19 the ability to produce month on month profiles to monitor performance against is severely limited.

### Ongoing development of the Report

The intention for future reports is to continue to align the reporting of COVID-19 related pandemic indicators with the essential services service status and the National Delivery Framework while developing the reporting against the actions in the operational plans.

As patient and staff safety permit, we will recommence the development of profiles for delivery for activity taking place in short-term cycles, reporting on referrals, new ways of working, emergency and elective activity and waiting lists.

**This report reflects the end of January 2021 position**



# Highlights and Table of Contents

## Key Messages

Second wave of the COVID-19 pandemic continues with increased number of confirmed new variant infections reported across North Wales

Increase admissions of COVID-19 positive patients impacting on acute sites and pressure at the Emergency Department front doors

Essential services are largely maintained. However, activity has reduced and capacity challenges are emerging

Table of Contents	Page	Page
Cover	1	Quadruple Aim 2: Mental Health 24 to 26
About this Report	2	Quadruple Aim 3: Workforce 27 to 31
Key Points and Table of Contents	3	Quadruple Aim 4: Mortality & Sepsis 32 to 34
Executive Summary	4 & 5	Additional Information 35
COVID-19	6 & 7	Quadruple Aim 2: Infection Prevention 36
Essential Services	8	Quadruple Aim 2: Unscheduled Care 27 & 38
Quadruple Aim 1: Prevention	9	Quadruple Aim 2: Planned Care 39 to 45
Quadruple Aim 2: Key Messages	10	Quadruple Aim 2: Mental Health 46 & 47
Quadruple Aim 2: Infection Prevention	11 & 12	Quadruple Aim 3: Workforce 48
Quadruple Aim 2: Unscheduled Care	13 to 16	Quadruple Aim 4: Agency Spend 49
Quadruple Aim 2: Planned Care	17 to 23	Further Information 50

The committee are asked to note the following:

## COVID-19 Update

At the time of writing, to date over six hundred and forty thousand tests have been carried out, of which over thirty-five thousand were positive for COVID-19. The turnaround from Test to Result is now averaging at 99% completed within 24 Hours. With an average test to result taking 3 hours.

The COVID-19 vaccination programme continues at pace, with North Wales being the first area in the world to vaccinate at least 20% of its population. To date, over two hundred thousand vaccinations have been given.

## Essential Services

Whilst routine referrals remain relatively low in comparison to pre-Covid-19 rates, urgent, suspected cancer referrals have recovered. There have been improvements across areas of planned care however as the prevalence of Covid-19 infections rises, there is increasing pressure on maintaining essential services.

## Quadruple Aim 1: Prevention

Despite the impact of the COVID-19 pandemic on most planned care services, it is encouraging to see that our immunisation of children programmes have continued to deliver throughout Quarter 2, 2020/21 at 96.5% of eligible children receiving 6 in 1 Hexavalent and 93.4% of eligible children receiving 2 doses of MMR vaccinations by age 5.

Our seasonal flu campaign began in late September 2020 and by the end of January 2021 we have already exceeded the 75% target for over 65's at 78%. The 60% target rate for staff was surpassed in November 2020 at 69.96%.

## Quadruple Aim 2: Infection Prevention

In comparison to the same period of 2019/20, there has been a fall in the number of most infection types across Wales and the Health Board. However, there has been a rise in the rate of C.difficile infections across Wales. The Health Board is one of the best performing in Wales in terms of infection prevention and control

## Quadruple Aim 2: Unscheduled Care

Pressures upon the unscheduled care system continues in light of the COVID-19 pandemic.

Performance has been in decline since April 2020. However, there was an improvement in performance between December 2020 and January 2021 with 65.80% of patients being seen within 4 hours compared to 64.28% in December 2020. In January 2021, over 1,510 patients waited over 12 hours to be seen in our Emergency Departments (1,520 in December 2020) The number of patients experiencing ambulance handover delays of an hour or more fell from 1,332 in December to 1,028 in January 2021.

There was a reduction in the number of non-mental health patients experiencing Delayed Transfers of Care (DToC) in January at 2021. Consequently, the number of bed days lost to DToCs also fell in January 2021 to 835.

Performance against the stroke care measures deteriorated in January 2021 with 23.4% of patients being admitted to a Stroke Assessment Unit within 4 Hours.

The rate of patients being reviewed by a Stroke Consultant within 24 hours also fell to 70.5%.

## Quadruple Aim 2: Planned Care

As in the rest of the UK, COVID-19 continues to severely impact upon our capacity to deliver planned care services result, waiting times are increasing.

However, the Health Board has seen the number of people waiting over 36 weeks fall for the third time in January 2021 at 51,595 (the six month trend remains as increased until a 4<sup>th</sup> consecutive fall in numbers). Although the number waiting over 52 weeks has risen to 33,498 the number of patients waiting over 8 weeks for diagnostic tests at 11,937, and the number waiting for therapy, 1,379 continued to fall in January 2021.

Performance against the 31 day cancer target remains strong at 98.1%. However, capacity issues in both radiology and endoscopy are continuing to impact upon performance against the 62 day measure, performance was 71.8% in December 2020. From January 2021 onwards, cancer performance will be measured via the Single Cancer Pathway.

## Quadruple Aim 2: Planned Care continued

For December 2020, 71.1% of patients started treatment within 62 days of suspicion. This was the best performance in Wales against this measure.

At 180,878, the total number of patients waiting on the 'Follow Up' waiting list, together with the number of those patients that are more than 100% overdue their follow up date at 57,269, continued to fall in January 2021.

Performance against the eye care measure continues to deteriorate at 41.5%. However, this performance is also reflected across the other Health Boards in Wales.

## Quadruple Aim 2: Mental Health

Adult Mental Health services continue to recover as services have been re-established after the initial outbreak of the COVID-19 Pandemic.

The number of patients experiencing delayed transfer of care (DToC) within our mental health and the length of stays has increased since November 2021.

The service is working to resolve issues that lead to DToC and it is expected that the number and length of DToC's will start to fall over the coming months.

## Quadruple Aim 3: Quality & Safety

One new never event, concerning an overdose of medication was reported in Quarter 3.

Incident closure rates increased in January 2021 to 63.72% reflecting the learning from incidents and focus upon timely responses.

## Quadruple Aim 3: Workforce

The staff sickness rate rose slightly in January 2021 at 5.54%, but remained lower than at the same period in 2020. COVID-19 related sickness continued to increase, but is now lower than during the peak of the first wave in May 2020.

## Quadruple Aim 4: Mortality and Timely Interventions

Crude mortality (under 75 years old has increased 0.5% to 1.02%. The mortality rate for BCU is lower than the Wales average of 1.08%.

At 55%, the rate of patients receiving orthogeriatrician reviews within 72 hours of a hip fracture is lower than the Wales average of 60%. However, there is a wide disparity across North Wales with Ysbyty Glan Clwyd at 94% and Ysbyty Gwynedd at 39% and Ysbyty Wrecsam Maelor at 33%. Further work led by the Medical Director is underway to review this.

There is concern with regards the recording and monitoring of provision of Sepsis Six bundles, both for our Inpatients and within our Emergency Departments and the Office of the Medical Director is currently reviewing this.

## Quadruple Aim 4: Agency /Locum Spend

Reducing the spend on agency and locum staff continues to be a priority for the Health Board and this month remains at 7.5% of our staffing budget being spent on agency and locum staff

## Performance management

Further work is ongoing to strengthen the triangulation of quality and performance (soft and hard intelligence).

A Quality Surveillance Group (incorporating, performance, corporate, medical and nursing services) has been established (meeting to be held on 8 March 2021) to review quality and identify hotspots and risks.

Executive Accountability Performance Reviews that took place on 26 February 2021 also has a quality theme specifically reviewing patient safety (current) and potential risks over the next 6 months.



# COVID-19

## Key Messages

North Wales first  
in the world to  
reach 20% of  
population  
vaccinated for  
COVID-19

National  
Lockdown  
continues to  
help prevent  
spread of  
COVID-19

Surge plan  
implemented to  
increase  
hospital  
capacity

### Measure

at 22<sup>nd</sup> February 2021

Total number COVID-19 Vaccinations given BCU HB	202,332
Total number of tests for COVID-19 (cumulative since January 2020)	643,151
% Tests turned around within 24 Hours (Last 7 days)	99%
Average turnaround time (Last 7 days)	3 Hours
Number of results: Positive (cumulative since January 2020)	35,447
% Prevalence of Positive Tests (cumulative since 30 <sup>th</sup> January 2020)	7.2%
Rate of positive cases per 100,000*	4,612.6
Number of (PHW) Deaths - Confirmed COVID-19*	861

## Community levels:

- Following an initial increase in population mobility, despite ongoing Tier 4 restrictions, COVID-19 rates overall appear to be stable. There has been a decrease in the COVID-19 incidence rates in four of the Local Authorities in North Wales in the last 7 days, compared to the prior 7 days; rates in Anglesey and Conwy have however increased. These numbers have been driven, in part, by significant outbreaks in large care homes in the areas
- Wrexham and Flintshire Unitary Authorities (UAs) have the highest and second incidence rates in Wales. However, their rates continue to decline. Anglesey has the third highest rate in Wales and has increased over the past 7 days (there is small population in Anglesey that therefore impacts on the overall rate). We have also placed a mobile testing unit on Anglesey and we have identified more asymptomatic patients
- Over the last 7 days, COVID-19 cases have largely been in 20-29 year olds on the Isle of Anglesey and Gwynedd; 40-49 year olds in Wrexham; and 50-59 year olds in Conwy, Denbighshire and Flintshire

## Admissions:

- Community onset admissions are reducing in all areas. However, occupancy remains a challenge particularly in Ysbyty Gwynedd (YG) where lack of flexibility due to red wards, contacts and suspected cases has been flagged
- Hospital outbreaks are contributing to COVID-19 inpatient numbers at all three acute sites and some community sites, although the position is improving in central area community hospitals
- All outbreaks are now defined as stable or improving. Critical care is under less pressure at all three sites and there has been some availability of beds albeit within surge capacity

## Care homes:

- Care home numbers closed to admissions remain high (currently 73 care homes are in their first 14 day quarantine and closed, we have 20 in the 15 to 20 day retest period (these may reopen)) and 46 in the 21 to 28 day period (these may reopen but under public health review) and we have 140 care homes COVID-19 free particularly in the east, and as noted above, there are a couple of larger scale outbreaks in the West and Centre. To note the number previously recorded as currently closed was 119 and this is now 73 (we are consistently having less homes in isolation)

## Primary Care:

- Overall GP consultations appear to be continuing to stabilise for suspected COVID-19

## Vaccination programme:

- Further increases in vaccine deployment and numbers vaccinated. Of care homes, only red care homes and/or COVID-19 positive or recovering remain outstanding.
- The Health Board is on plan to deliver all the vaccines targets and is successfully progressing through priority groups 3 and 4
- There are still issues with booking, call centres and scaling which are being actively addressed





# Essential Services

## Key Messages

Screening services restarted in January 2021

Seasonal flu vaccination almost complete and COVID-19 vaccinations continue at pace

See on Symptoms and Patient Initiated Follow Up implemented

Average Number comparison:	Pre COVID-19	Post COVID-19	% Diff
Referrals into Secondary Care (average per week) w/e 7th February	4,982	3,619	-27%
Referrals Urgent, suspected Cancer (average per week) w/e 7th February 2021	577	493	-15%
New Outpatient Attendances (Year to Date includes Virtual) April to January	220,011	140,256	-36%
Follow Up Outpatient Attendances (Year to Date includes Virtual) April to January	455,720	311,627	-32%
Diagnostic 8 Weeks Breaches (Per Month) - January 2021	2,583	11,923	462%
Elective Inpatient/ Daycase Procedures (Year to Date compared to same period 19/20) to 31st January 2021	39,652	21,091	-46%



## Quadruple Aim 1: People in Wales have improved health and well-being and better prevention and self management

People will take more responsibility, not only for their own health and well-being but also for their family and for the people they care for, perhaps even for their friends and neighbours. There will be a whole system approach to health and social care, in which services are only one element of supporting people to have better health and well-being throughout their whole lives. It will be a 'wellness' system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

## Key Messages

Despite the pandemic, uptake levels of childhood immunisations have remained high in North Wales

Successful flu Vaccination campaign with targets already achieved at end of November

1<sup>st</sup> doses of Covid-19 vaccinations commenced

## Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Q2 20/21	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	<b>&gt;= 95%</b>	96.50%	↑
QSE	Q2 20/21	Percentage of children who received 2 doses of the MMR vaccine by age 5	<b>&gt;= 95%</b>	93.40%	↓

On 8 September 2020, Welsh Government announced that the measure 'Percentage smokers CO-validated as quit' has been discontinued in light of safety concerns in carrying out the test due to COVID-19. Work is underway to develop a new, safer testing process.

**Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement.**

There will be an equitable system, which achieves equal health outcomes for everyone in Wales. It will improve the physical and mental well-being of all throughout their lives, from birth to a dignified end. Services will be seamless and delivered as close to home as possible. Hospital services will be designed to reduce the time spent in hospital, and to speed up recovery. The shift in resources to the community will mean that when hospital based care is needed, it can be accessed more quickly.

**Key Messages**

Planned care delivery developed a new approach to address clinical risk and service capacity

Bed occupancy on acute sites is high and COVID-19 positive admissions increasing

Significant challenges becoming evident with ambulance handovers delays and 12 hour waits

**Top 5 Measures** (based on movement up or down)

Period	Measure	Target	Actual	Trend
Jan 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>95%	23.40%	↓
Jan 21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	0	55.30%	↓
Jan 21	Number of Ambulance Handovers over 1 Hour	0	1,332	↓
Jan 21	Number of patients waiting more than 8 weeks for diagnostic test	0	11,937	↑

Quality & Performance Report  
Health Board

10

# Quadruple Aim 2 Measures: Infection Prevention

Committee	Period	Measure	Target	Actual
QSE	Jan 21	Cumulative numberof MRSA cases	0	5
QSE	Jan 21	Cumulative number of C.difficile cases	0	180

# Quadruple Aim 2 Narrative: Infection Prevention

## Key Drivers of Performance






- + Having a clear infection prevention plan with the ambitious aim of a zero tolerance approach to health care associated infections
- + Understanding the risks, existing and potential, that enable harm to happen in our clinical settings
- + Aligning the controls to mitigate eliminate the risk utilising behaviour science methodology
- - Unable to access primary care prescribing data is hampering our ability to support community with antimicrobial and proton pump inhibitors (PPI) prescribing practices
- - Lack of decant facilities to enable routine hydrogen peroxide vapour (HPV) cleaning across all inpatient sits means there is a potential bioburden in our ward areas
- - Clinical areas and rest areas not set up for infection prevention, transformations in how we deliver care is needed to design infection prevention models for the future

## Actions to reduce risk and close gaps in controls (not previously mentioned in the slides)

- Align COVID-19 improvement work-streams under three themes people, resources and environment (February 2021)
- Urinary catheter project group set up to strengthen controls e.g. audits, care bundles (February 2021)
- External review of infection prevention & control across the Health Board (March 2021)
- Restructuring the infection prevention plans under the improvement umbrella of 'Safe Clean Care' mobilisation (March 2021)
- Accountable areas infection prevention draft plans (April 2021)
- Aligned information and intelligence project around controls available for key governance meetings (April 2021)
- Clear programme of 'Safe Clean Care' improvement and transformation pilot projects in place to support achieving our ambitious aims e.g. locker review, safe breaks, portable sinks, technology enabled ward rounds, inpatient duvets etc. (April 2021)
- Align infection prevention report to the AAA methodology applying good governance principles (April 2021)
- Local care giving areas infection, prevention and control (IPC) champions programme including staff engagement champions to support staff stay safe (May 2021)
- Action plan to address non compliant ventilation to future proof our healthcare environments (June 2021)
- Key recruitment in IPC and antimicrobial pharmacists to support all accountable areas (July 2021)



# Quadruple Aim 2 Measures: Unscheduled Care

Committee	Period	Measure	Target	Actual	Trend
F&P	Jan-21	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	>= 65%	55.30%	
F&P	Jan-21	Number of Ambulance Handovers over 1 Hour	0	1028	
F&P	Jan-21	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	>95%	65.80%	
F&P	Jan-21	Number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	1510	
F&P	Jan 21	Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient's clock start time.	>= 59%	23.40%	

# Quadruple Aim 2: Narrative - Unscheduled Care (1)

## Emergency Departments (EDs) and Minor Injuries Units (MIUs)

### Key Drivers of performance

#### 1. Pre-hospital demand –

- High ambulance conveyance rates across North Wales (adjusted to per 100,000 population)
  - Disproportionate demand for patients arriving by ambulance
  - Protracted length and number of ambulances delayed at handover
  - Increased risk to our communities due to limited availability of ambulances to respond to calls.

#### 2. Demand and Capacity in ED –

- Variance in green v's red patients presenting to ED – challenge to sustain flow through both pathways which results in:
  - Delays in ambulance handover
  - Lengthy waits for patients in our EDs
  - Poor patient experience and outcomes

#### 3. Flow and discharge –

- Overcrowding in EDs due to upstream capacity challenges, impacted further by red v's green capacity. This results in:
  - Risk of nosocomial transmission
  - Increased stress and anxiety to staff
  - Long waiting times to be seen by an ED doctor
  - Poor patient experience and outcomes

### Actions being taken

**Key action** - Collaborative work is underway between the National Director of Unscheduled Care and clinical teams across the Health Board to develop a programme of improvement around a series of work streams. This includes options for the future structure and governance of urgent secondary care (USC).

#### 1. Pre-hospital demand –

- Increase the capacity in the Single Integrated Clinical Assessment and Treatment service (SICAT) to maximise all opportunities for conveyance and admission avoidance – this also supports the wider rollout of Phone First leading to 111 implementation.
- Pathways group established with speciality involvement to increase ambulatory pathways and rapid access to specialties.
- Whole system rollout of Same Day Emergency Care (SDEC) services and acute medical model of care
- Working in partnership with the Welsh Ambulance Services NHS Trust (WAST) and Emergency Ambulance Services Committee (EASC) to identify opportunities to safely reduce deployment and conveyance of ambulances to our EDs

# Quadruple Aim 2: Narrative - Unscheduled Care (2)

## Emergency Departments and Minor Injuries Units - continued

### 2. Demand and capacity –

- Forward planning introduced in early February with revised data based on the Swansea model. Projections adjusted to BCUHB with the support of an external analyst. Support is provided to sites to pre-plan the capacity needed for COVID-19 and non COVID-19 demand through our EDs
- Increased rapid swabbing capacity to 2 of the 3 sites and cross HB working which offers available swabbing capacity for sites with greatest demand.
- 'Focus on' approach to reduce ambulance handover delays (number and length of time)

### 3. Flow and discharge –

- Use of revised capacity and demand data from in-patient bed modelling linked to surge planning. Enhanced intelligence data designed to help teams to plan surge capacity days in advance (acute and community sites), and offer opportunity to better mitigate unexpected outbreaks or staffing challenges which results in reduced bed availability
- Work continues to deliver the recommendations in the Kendall Bluck staffing review of EDs. This will address, in part the current challenges in staffing number and skill mix across 2 of the 3 EDs
- Mobilising surge capacity across North Wales with criteria that meets the current clinical needs of patients 'waiting' to return to Care Homes or needing packages of care.
- Ongoing work with partners and Care Home sector to support key homes and services experiencing difficulty as a result of COVID-19

### Time lines to delivery of Improvements:

- Practical use of demand and capacity data and projections – February/March 2021
- Reduction in number and length of ambulance handover delays – April 2021
- Implementation of Kendall Bluck recommendations – June 2021
- Partnership working with the Welsh Ambulance Service NHS Trust (WAST), Local Authorities and Care Homes is ongoing
- Delivery of Phone First/111 – June 2021
- Implementation of enhanced pathways (inc. SDEC and acute care models) – April 2021

### Risks to delivery:

- Workforce – inability to recruit to implement the full recommendations of the Kendall Bluck ED Review
- Inability to recruit to deliver Phone First/111
- Financial – insufficient funding to deliver the 2021/22 Urgent Secondary Care (USC) plans
- Technology - inability to mobilise the digital technology to deliver Phone First/111; improvements to symphony and delivery of WPAS across all sites
- USC structure and governance - inability to deliver a USC structure and governance framework that is fit for purpose and in line with the work currently ongoing nationally

# Quadruple Aim 2: Narrative - Stroke Care

## Key Drivers of performance

- Access to stroke co-ordinators due to staff shortages, Stroke coordinators in the East have been included in the ward numbers recently and are unavailable to respond to the bleep
- Timeliness of referrals for computerised tomography (CT) scan – impacted by access to stroke co-ordinators, not a capacity issue
- Availability of beds on Acute Stroke Unit (ASU) – due to site pressures driving bed capacity and usage, protection is undermined (this is a problem due to site pressures for general medical beds and having to wait for COVID-19 results in Emergency Department if a side room on the Acute Stroke Unit is not available)
- Swabbing delays are creating further pressure

## Actions being taken

- Continue with pathway work with Emergency Department (ED) to raise awareness on targets which include timeliness to CT scan, thrombolysis, swallow assessments (ensuring all ED nursing staff are trained when stroke co-ordinators are not available)
- Work with site management regarding adherence to retaining beds on ASU which is a key element of daily safety Huddles
- Presenting business plan for funding to support service improvement and early supported discharge to support ASU
- Refresh of local Stroke Governance meeting and supported by BCU level meeting
- New stroke ward sister appointed in Ysbyty Glan Clwyd (YGC)
- Work on referral pathways, when stroke co-ordinators not available, continues with junior medical staff
- 'Progress Chaser' has been appointed to help with discharge planning and referrals
- Funding to support service improvement (SAFER) and Early Supported Discharge to support ASU/RSU is critically needed to mitigate 6 lost ASU/SRU inpatient beds
- Programme Lead for the Business Case development has been identified as Rob Smith, Area Director and a revised business case has now been submitted and is being reviewed

## Action to be completed by








- Work is underway to review the operational framework to restore reporting arrangements across the 3 sites
- Site leads for stroke care are supported by Medical, Nursing and Therapy teams and ex-Directorate General Manager appointed for stroke care for 3 months to manage revised business plan

## Risk

- Lack of stroke co-ordinators to cover in the week and weekends, impacted more so by sickness within the team and co-ordinators being allocated to ward numbers due to nursing staff shortages
- Stroke consultant support due to COVID-19 rota, reduced ASU/Stroke Rehabilitation Unit beds in YGC, no Early Supported Discharge service, COVID-19 pathways affecting flow, swabbing delays



# Quadruple Aim 2 Measures: Planned Care

Committee	Period	Measure	Target	Actual	Trend
F&P	Dec-20	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	95%	71.10%	
F&P	Jan-21	Number of patients waiting more than 8 weeks for a specified diagnostic	0	11,937	
F&P	Jan-21	Number of patients waiting more than 14 weeks for a specified therapy	0	1,379	
F&P	Jan 21	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	>= 95%	41.47%	
F&P	Jan-21	Number of patients waiting more than 36 weeks for treatment	0	51,595	
QSE	Jan 21	Percentage of children and young people waiting less than 26 weeks for neurodevelopment assessment	>= 80%	23.82%	
F&P	Jan-21	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	34,721*	57,269	

## Cancer Performance

### Key Drivers of performance

- The Single Cancer Pathway measure has replaced the 62 day USC (urgent suspected cancer) and 31 day non-USC targets. 75% of patients suspected of having cancer need to be treated within 62 days of suspicion of cancer. Other changes include the removal of suspensions for patient unavailability and the inclusion of patients referred by secondary care to England for treatment
- Current areas of pressure include waits for first appointment (breast cancer), waits for endoscopy and waits for major urology surgery

### Actions being taken

- Additional rapid access breast cancer clinics held on all three sites in order to reduce waits; business case for additional permanent funding for these clinics being prepared
- Insourced endoscopy capacity has been secured
- Outsourced robotic surgery capacity in London secured for urology cancer patients although currently some procedures suspended due to COVID-19 pandemic pressures in London

### Timelines

- Rapid access breast cancer clinic waits reduced to three weeks East and West implemented in February 2021 with the aim to reduce to three weeks for Central by March 2021
- All urology surgery cases reviewed and clinically prioritised to ensure appropriately treated despite loss of external capacity; external providers aim to treat deferred patients within four to six weeks of restart

### Risk

- GP urgent suspected cancer referrals are currently 4000 less (March 2020-January 2021) compared to 2019/20; referral levels have returned to pre-pandemic levels but may risk above pre-pandemic levels
- Cancer diagnoses currently 400 less (April 2020-January 2021) compared to 2019/20; half of these related to the temporary cessation of screening services although these have resumed
- Increase in patients still active on a cancer pathway over day 62 due to loss of planned care capacity due to COVID-19 pressures
- Increase in patients presenting at later stage may place pressure on oncology services; currently seeing expected numbers of stage four cancer presentations but reduction in stage one presentations

# Quadruple Aim 2: Narrative - Diagnostics

## Key Drivers of performance

- Lack of capacity to meet the demand, resulting in long waiting times for patients. Current waiting times show that 65% of diagnostics waits and 33.71% of our surveillance patients are overdue. This equated to 2,540 and 1,880 patients respectively. BCU has the longest wait for bowel screening Wales patients.
- Impact of COVID-19, reducing capacity to approximately 60%, resulting from downtime requirements through enhanced infection control policies. Procedures have been limited to Urgent Suspected Cancer (USC) and urgent patients due to available capacity
- Recruitment challenges resulting in vacancies and staff that do not have the required competencies
- Poor estate and IT infrastructure, resulting in inefficiencies. i.e. labour intensive processes due to poor IT, limitations in capacity, high risk processes e.g. decontamination

## Actions being taken

- Demand and capacity modelling has been undertaken and as a result a review of the estates with options to resolve capacity constraints have been submitted to the North Wales Endoscopy Group (NWE). Further work is required on this and a further paper is planned for March 2021
- Insourcing has been procured until March 2021. A business case is being prepared to extend this to include Quarter 2, 2021, which will see backlog issues resolved. The case will ask for the recruitment of substantive staffing to enable some of the additional insourcing capacity to be retained to balance the equation of capacity and demand. This should be presented to the NWE in March 2021
- A review of the endoscopy ventilation systems is being undertaken to establish if it is possible to increase air changes so that downtime can be reduced, resulting in a potential increase in productivity. There are central funds which BCU can claim against should this be a possibility.
- The Workforce work-stream is developing a recruitment strategy which will include a training and development and competency framework. This will be presented at the NWE in May 2021
- An digital IT system dedicated to endoscopy has been agreed by the planned care board and executive team, which will contribute to the resolution of some of the inefficiencies. Timelines are to be agreed

## Timelines

- Timelines are identified above
- Insourcing is showing positive results but will need to continue to include Quarter 2 and substantive recruitment will need to be agreed to enable backlog to be resolved by 31 October 2021

## Risk

- Issues with the pandemic
- IT capacity to support the implementation of an endoscopy IT system and the capital funding required (Capital funding for estate improvement for endoscopy and decontamination)

# Quadruple Aim 2: Narrative – Eye Care (1)

## Key Drivers:

- Glaucoma Pathway (Integrated delivery between Primary and Secondary Care):
- Diabetic Retinopathy Pathway (Integrated delivery between Primary and Secondary Care)
- Coronavirus Cataract Pathway (COVID-19 related pause of elective activity/surgery on two sites. (Key enabler is National Digital Electronic Record & E-Referral Programme)

## Benchmarking

- National/ BCU benchmarking/learning inbuilt into Multidisciplinary Team (MDT)/pan-organisation engagement/pathways/performance reports: via: Webinars/ ECCG/ Local Eye Groups (LEGs)
- Waiting times is main concern-trend (historic/ongoing) Pan BCU stratification has been established

## Actions:

- Identify delivery targets with clinicians/sites for high risk specialities (glaucoma/diabetic retinopathy/age related macular degeneration (AMD). Achieved April/September 2020.
- AMD to be set following release of National pathway) (Achieved April/September 2020)
- Coronavirus Cataract pathway to be implemented pan BCU from September 2020. (Partial achievement: significant improvement in Post-operative discharge to primary care.
- Sites to confirm/deliver local implementation plans
- Governance mechanism for Engagement/Implementation Planning/Actions agreement/Monitoring through ECCG

## Key Risks/Opportunities for change

- Engagement constraints/conflicting priorities in COVID-19 context (Clinical & Operational Senior Leadership) impacts on meetings re: implementation/monitoring/risk redress
  - Redress: Reset of governance/communication framework. Terms of Reference (ToR) of Eye Care Collaborative Group (ECCG) - (Achieved December 2020)
  - Reset of ECCG meetings achieved December 2020. LEGs reset by DGM/sites: Outstanding from September 2020 pan BCU.
- Significant KPI/KQI Data Quality and Dashboard/“live report” gaps: adversely impact on establishing Demand & Capacity/Trajectories/ recovery planning/KPI monitoring
  - Redress: Pan BCU Data input standard operating procedure (Achieved/distributed/West customising to PiMS). Review of progress/performance February 2021
- Delay in sites to formulating/delivering local implementation plans
  - Redress: Escalated to senior leaders and now progressing.
- Significant opportunities to reduce Inequity of wait times. Cataract PTL (Patient Treatment List) is sole pan BCU example, with reduced transfer of patients
  - Redress: Exploring with senior clinicians/operational leads (review February 2021)
- Significant under performance against High risk (R1 risk stratification) patient pathway targets.
  - Redress. Escalated to DGMs/senior clinicians: achieving performance improvement in 2:3 sites.

**Escalation:** Risks/opportunities and Monthly reports shared/escalated to Senior Managers/Clinical Lead

# Quadruple Aim 2: Narrative - Eye Care (2)

## Key Drivers

- Delivery of National Digital Programme (Key Enabler of National Pathways - (see previous slide)
- -Electronic patient Record (EPR) implementation
- -E-Referral Implementation

## Benchmarking

- National Programme: Multidisciplinary Teams (MDT)/Cross organisational engagement events held in September 2019/ ongoing webinars available to MDT/cross-organisation teams/colleagues

## Actions

- Deliver standardised supplier feedback to Welsh Government: via establishing BCU supplier/key requirement evaluation (Achieved September 2019)
- Scope/End of Life (EoL) equipment/network capability and report Welsh Government National team to maximise funding Achieved £1.3M Capital (February 2021)
  - Establish Electronic Patient Record (EPR)/E-Referral Implementation team/delivery plan (February 2021)
  - Deliver revised business case submission to Executives\* to resource BCU digital implementation/sustainability (February 2021)

## Key Risks/Opportunities for change

- Engagement constraints/conflicting priorities (Clinical & Operational Senior Leadership) impacts on implementation/monitoring/risk redress
  - Redress: Reset of Governance/communication framework. Digital Programme Sub-group of ECCG (Achieved January 2021)
- Delay in National/Welsh Government funding sign-off/transfer resulting in abbreviated delivery timescales (go live roll-out February 2021)
  - Redress: Funding now approved, recruitment to progress with support of BC for Programme Manager
- Delay in BCU sign-off of BCU Business Case: with staff resourcing impacts
  - Redress: Revised business case submission to Executive Team initially

## Key Barrier Trends

- Further Demand & Capacity work required to support appropriate resource in place
- Long term planning to incorporate Regional Cataract Centres (RCCs) and Diagnostic & Treatment Centres (DTCs)
- Recruitment of additional staff to support business case, but opportunities to utilise primary care to support transformation

## Escalation

- Escalation of risks/opportunities and monthly reports shared/escalated to Senior Managers/Clinical Lead (via monthly ECCG Meeting)

# Quadruple Aim 2: Narrative - Referral to Treatment

**Referral to Treatment (RTT) Performance** - Graphs on page 34 with Graph for Risk Stratified Waiting List on Page 35

## Key Drivers of performance

- Long waiters continue to be paused with 33,498 patients now waiting over 52 weeks from referral to treatment
- There is an urgency to reducing harm and improve patient satisfaction

## Actions being taken to manage risk and address the >52 week waits

- 6 point plan has been developed for planned care and outpatients
- Single Tender Waiver (STW) allocated on 5<sup>th</sup> February 2021 has commenced and is focused on treating long waiters
- Essential services continued to be maintained across all 3 sites despite COVID-19 surge
- Cataract surgery continues to be delivered via Insourcing over weekends at Centre and West
- We are continuing to explore additional capacity at Spire and Robert Jones & Agnes Hunt (RJAH)
- Backlog clearance capacity planning has commenced in February 2021
- A post COVID-19 plan is being developed to ensure that the Health Board is best placed to address elective activity post March 2021 – this plan is being discussed with Welsh Government
- Additional support has been acquired to support effective demand and capacity modelling – supporting surge planning
- Specification being undertaken for modular ward and theatres that will then focus on long wait specialties
- There is a high degree of clinical engagement and support across the planned care programme

## Timelines

- Mobilisation of STW from 14<sup>th</sup> February 2021 for key specialties focusing on bringing down the waits
- Impact upon performance should be visible from 31<sup>st</sup> March 2021
- Capacity plan should be available by early March 2021
- Specification for insourcing and modular theatres and wards by 28<sup>th</sup> February 2021

## Risk

- COVID-19 pandemic
- Escalation of surge areas meaning planned care is difficult to maintain or re-start
- Staffing due to sickness and/or vacancies
- Competition across the UK for access to modular ward and theatres

# Quadruple Aim 2: Narrative Follow Up Waiting List

## Key Drivers of performance

- Administration validation
- Clinical validation
- Virtual consultations

## Actions being taken

- Administration validation
- Clinical validation
- Virtual consultations
- Pathways (See on Symptoms (SOS/Patient Initiated Follow Up (PIFU)) current having 6,269 on this pathway with a mass move of historic patients being migrated before end March 2021
- Outpatients Efficiency Programme
- Overall there has been a reduction in the follow-up waiting list by 18.2% since October and this trend is continuing
- Escalation of follow up performance (at Area and speciality level) has taken place at the Planned Care Performance Review Group – actions to achieve the target backlog reduction are being implemented and reviewed every month (and weekly at Divisional level)

## Timelines







- Administration Validation – Ongoing
- Clinical Validation– Ongoing
- Virtual Consultations – Ongoing (rollout of Attend Anywhere)
- Pathways (SOS/PIFU) – Ongoing
- Outpatients Efficiency Programme – foundations set, re-advertising support needed for implementation

## Risk

- Data and reporting support/accuracy
- Securing resource for delivery of the Outpatient Efficiency Programme



# Quadruple Aim 2 Measures: Mental Health

Committee	Period	Measure	Target	Actual	Trend
QSE	Dec20	Percentage of mental health (Adult) assessments undertaken within 28 days of referral	<b>&gt;= 80%</b>	93.00%	
QSE	Dec 20	Percentage of therapeutic interventions (Adult) within 28 days of assessment	<b>&gt;= 80%</b>	92.20%	
QSE	Jan 21	Percentage of patients (Adult) waiting less than 26 weeks to start a psychological therapy	<b>&gt;= 80%</b>	58.20%	
QSE	Jan 21	Total Number of mental health delayed transfer of care (DToC) patients	<b>Reduction</b>	16	
QSE	Jan 21	Total Number of mental health delayed transfer of care (DToC) bed days	<b>Reduction</b>	2,913	
QSE	Dec 20	Percentage of health board residents in receipt of secondary mental health services who have a valid Care and Treatment Plan (aged 18 years & over)	<b>90%</b>	94.10%	



# Quadruple Aim 2: Narrative – Adult Psychology

## Key Drivers of performance

- Improved Access to Psychological Therapies for North Wales Adults
- Implementation of 'Matrics Cymru' (Welsh Government (WG) guidance on the stepped care model for provision of psychological therapies across NHS Wales services).
- WG Compliance Target for secondary care Adult Mental Health (AMH) specialist level interventions - % seen in 26 weeks.

## Actions being taken

- Out of 14 Community Mental Health Team (CMHT) localities, 4 have continued compliance. Factors supporting compliance are the stepped care model in place across Multidisciplinary Team (MDT) Primary Care mental Health Teams (PCMHTs) & CMHTs and supported management of the pathway.
- Factors affecting compliance are increasing demand, low budgeted specialist resource affecting all CMHT areas, and challenges within multidisciplinary teams (MDTs) to implementation of the stepped care model.
- Targeted work in areas of very low compliance has led to steady improvements in compliance over the last 3 years (see table 2) - actions taken include take over of the waiting list and management of pathway in Wrexham CMHT including the Wrexham Legacy list (Wrexham remains the BCUHB outlier with waiting times affecting Board average WG submissions), recruitment (2018 WG monies) and set up of Stepped Care Initiative (SCI), ongoing SCI support to MDTs across BCU PCMH & CMHTs, recruitment of 2 additional specialist staff for CMHTs (2018 WG monies), and proposed Wrexham Legacy Waiting List Initiatives utilising vacancy underspend and small amount of WG monies.
- Rolling training and supervision programme including set up of a small Psychological Therapy (PT) Training Team (2 part time staff, 2018 WG monies) to support lower level MDT PT provision (non specialist) to increase access lower stream provision in PCMH & CMHTs - supporting the promotion of a sustainable stepped care psychological therapies model across MDT services.
- More groups set up in PCMH and CMHTs, including a number developed for remote access throughout the pandemic – e.g.. 20 week DBT Skills Group, 8 week CFT Group, Coping Skills Group, Anxiety Management Group, OCD group. Although improvements slowed due to COVID restrictions work has continued throughout the pandemic, and compliance continued to steadily improve due to flexibility employed across settings and rapid set up of remote delivery of 1:1 and Groups in March 2020 onwards.

## Timelines

- Wrexham Legacy Waiting List initiative has completed two successful runs, another run can clear the legacy list by end of March 2021 further improving compliance.
- The Wrexham CMHT Psychologist will return from maternity leave April 2021. Recruitment to the Wrexham vacancy is ongoing.
- The stepped care model (Matrics Cymru) depends on systems-wide working and adoption by MDTs, not just specialist staff, so improvement work requires time and support for sustainable improvements to show.

## Risk

- Sickness, vacancy, and maternity leave continue to impact in Wrexham. Resources from elsewhere (Stepped Care Initiative and Arfon CMHT) have supported Wrexham in the last year.
- Sickness and vacancies are not a serious issue in CMHTs outside of Wrexham. However, the budgeted specialist resource for CMHTs remains low so any sickness and temporary vacancies impact. This can be mitigated by BCUHB support to increase the specialist resource (via WG bids) to build a sustainable workforce to meet demand and a supportive infrastructure and strategic support in the implementation of the MDT stepped care model across MDT services. This will also support retention of staff in hotspot areas.

# Quadruple Aim 2: Adult Mental Health Delayed Transfers of Care (DToC)

## Key Drivers of performance

- BCUHB staff commitment- strategic and operational to address process, policy and registration of Delayed Transfers of Care (DToC)
- Development of weekly, regional scrutiny panel- supported by finance and CHC
- Single database approach to ensure accuracy and reporting parity for BCUHB
- Divisional review of Choice Policy Application

## Actions being taken

- Policy and process reviewed to ensure accuracy and consistency across BCUHB
- Development DToC panels for each area for local scrutiny
- Training offered to ensure national database is accurate and complete
- Choice Policy application re-distributed for guidance to acute care staff

## Timelines

- National database updated for week ending 5 February 2021
- Scrutiny panel to review and update database weekly. Commenced 3 February 2021

## Risk

- All risks managed through weekly scrutiny panel review and reported to divisional leads with mitigation plans

## Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

New models of care will involve a broad multi-disciplinary team approach where well-trained people work effectively together to meet the needs and preferences of individuals. Joint workforce planning will be in place with an emphasis on staff expanding generalist skills and working across professional boundaries. Strategic partnerships will support this with education providers and learning academies focussed on professional capability and leadership.

## Key Messages

Staff health and well-being is a key priority for the health board

Staff have responded well to the demands placed upon them

Continued reduction in Agency/ locum spending in a challenging environment

## Measures

Committee	Period	Measure	Target	Actual	Trend
F&P	Jan 21	Percentage of sickness absence rate of staff	< 5%	5.54%	↓
F&P	Jan 21	Personal Appraisal and Development Review (PADR)	>= 85%	68.70%	↓
F&P	Jan 21	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework	>= 85%	83.80%	↑
F&P	Jan 21	Agency spend as a percentage of total pay bill	Reduce	7.50%	↓

## Personal Appraisal & Development Review (PADR)

### Key Drivers of performance

- An increase in COVID-19 related activity across the organisation together with the normal seasonal pressure has contributed towards a decrease in organisational PADR compliance to less than 70% for the first time since October 2020
- The majority of services have seen a small reduction in compliance which when set against the increase in pressure/activity and cases is to some extent expected

### Actions being taken

- Workforce & Organisational Development lined with services with offer of bespoke support depending on their specific needs

### Timelines

- Support and work ongoing and additional links completed by 19<sup>th</sup> February 2021

### Risk

- COVID-19 related activity continuing to put pressure on divisions leading to any work that is not 'COVID-19 essential' being cancelled

## Mandatory Training

### Key Drivers of performance

- Mandatory training compliance at level 1 has maintained at 83.81% even though the organisation has seen an increased activity regarding implementing short term contracts for COVID-19 essential work particularly around the recruitment of staff for the vaccination programme
- Mental capacity training although maintained this month remains 6% below its figure reported in September 2020

### Actions being taken

- A review of divisions compliance to identify areas where compliance is low.
- All divisions to be contacted again to communicate the requirement to increase compliance with Mental Capacity training.
- We continue developing virtual training opportunities for Subject matter experts. Review the need to look at workbooks for particular subject areas

### Timelines

- All measures above in place
- Further review of virtual training complete and revisions made by 31<sup>st</sup> March 2021

### Risk

- COVID-19 related work impacts upon training delivery
- Social distancing restrictions affects delivery of training within existing training facilities.

## Sickness Absence

### Key Drivers of performance

- COVID-19 related sickness absence has risen to 1% in January from 0.6% in December, the highest rate since June 2020 and reflects the increase in cases reported through the regular COVID -19 briefing and in the workforce briefing provided to the Committee in January
- Non COVID-19 related sickness absence rose slightly to 5.54% but is 0.5% lower than January 2020. Stress related absence is the biggest cause of absence, with approximately 3 times more days lost than the 2<sup>nd</sup> largest cause of absence (chest/respiratory problems) it is noticeable that chest /respiratory days lost are significantly lower than in a previous winters. Further analysis will be required to understand the detail of this, however, it does match the national picture of flu cases.
- The highest levels of sickness are in nursing and midwifery, additional clinical services and estates/facilities

### Actions being taken

- In addition to the IPC/biosecurity measures introduced previously, additional work is underway to strengthen/tighten control of transmission. These include ensuring changing and storage facilities on sites are fit for purpose, behavioural change sessions, reinforcing message re work for home/reduce footfall
- The vaccination programme for staff in priority groups 1 – 4 should be completed by mid March (2 doses)
- Work is underway to increase emotional health and wellbeing support to staff, building on the success of the Staff Support and Wellbeing Service (SSWS) which was in place for the 1<sup>st</sup> wave of COVID-19
- Workforce and OD continue to support hotspot areas

### Timelines

- 2<sup>nd</sup> dose vaccination for priority groups 1–4 to be completed by mid March 2021 in Hospital Vaccination Centres (HVCs) and Mass Vaccination Centres as appropriate
- SSWS in place from w/c 22 February 2021 (in the meantime counselling and support services available)

### Risk

- Prevalence of COVID-19 in community could result in future spikes in sickness
- Fatigue and burn out of staff across both clinical and non clinical areas both in the event the pressure continues and as pressure reduces
- Impact of Long COVID-19 on resilience of the workforce



# Quadruple Aim 4: Agency Spend

## Agency & Locum Spend Graphs on Page 40

### Key Drivers of performance

- Non core agency, bank and overtime pay spend reduced slightly in January from £8,748,000 to £8,610,000.
- Agency spend is up by £38k at £3,425,271 (4.8% of total pay); Locum spend is up by £27k at £1,905,579; WLI spend is static at £127,043. However, this is being validated as is likely to be a lag in claim process; Bank spend is now down by £78k at £2,069,505.
- Medical Agency spend is down from £1.8 to £1.6m with a small corresponding increase in locum and bank spend. Nursing agency is down slightly as is bank.

### Actions being taken

- Additional temporary support is in place to support proactive recruitment for Medical and Dental staff, freeing up resource for an increased focus on nursing recruitment.
- Recruitment of overseas nurses is underway
- Additional temporary support is in place to support increased scope and recruitment to the bank

### Timelines

- Refreshed clear medical and nursing recruitment plans in place with key performance indicators by 31 March 2021
- Enhanced temporary staffing service model in place by 31 March 2021

### Risk

- It is acknowledged that there is a UK shortage of nurses (band 5 in particular), therefore recruitment campaigns will reduce rather than eradicate the vacancy levels  
Quarantine rules for overseas travel may reduce the run rate of overseas nurses commencing employment

**Quadruple Aim 4:**  
**Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation enabled by data and focussed on outcomes.**

Delivering higher value in health and social care will focus on outcomes that matter to the individual and making our services safe, effective, people centred, timely, efficient and equitable. This will bring individuals to the fore and consider the relative value of different care and treatment options, in line with Prudent Health. Research, innovation and improvement activity will be brought together across regions - working with RPBs, universities, industries and other partners. Alignment of funding streams and integrated performance management and accountability across the whole system will be in place to accelerate transformation through a combination of national support, incentives, regulation, benchmarking and transparency.

## Key Messages

0.5% Increase in Mortality Rate, from 0.97% to 1.02%

Increased system working to link Health and Social Care Data

North Wales COVID -19 Protection and Response Plan Produced

## Measures

Committee	Period	Measure	Target	Actual	Trend
QSE	Jan 21	Crude hospital mortality rate (74 years of age or less)	Reduction	1.02%	↓
QSE	Jan 21	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	Improve	56.52%	↓



# Quadruple Aim 4: Narrative - Mortality

The crude mortality in age 75 years and under is better than the All Wales peer rate. (1.02% v 1.08% (All Wales)). When reviewing the cases (April 2020 to Nov 2020) there were 138 where COVID-19 was mentioned in the clinical coding, this created a rate of 1.09% mortality. When adjusting cases to remove COVID-19 from the crude (138 patients were taken out) which created a rate of 0.89%. Within BCU, when looking at the age distribution for all sites the spread is in the higher age bracket (60-75 years, 76.5%). The conditions that feature as main condition treated are pneumonia, sepsis, stroke, heart failure and COPD (46.4%). This case spread in the 60-75 years of age is on par with the rest of Wales.

## Key Drivers of performance

- Crude mortality- overall (2.24% v 2.44% (All Wales))
- Mortality- sepsis (17.9% v 18.3% (All Wales))
- 30 day mortality- stroke (12.5% v 12.5% (All Wales))

## Actions being taken

- Implementation of DATIX mortality to support learning from deaths- this is monitored through Reducing Avoidable Mortality Steering Group (RAMSG)
- Acute site teams to establish improvement plans for sepsis which are to be presented for secondary care Quality and Safety (Q&S)
- Learning from COVID Hospital acquired cases- this forms part of mortality reviews

## Timelines

- DATIX- All acute sites are projected to be on the system by December 2021. Community sites will be phased in over the same time but will look to complete no later than April 2022. YGC is fully electronic, YG set for move by May 2021 and dates for Wrexham to be agreed. Time frames on being fully operational on all acute sites are currently being discussed and will be finalised within the next two weeks.
- Develop sepsis improvement plans- this has been escalated to secondary care Quality and Safety (Q&S) Group, Q&S for Secondary care will look to complete with site teams by 1st April 2021 and monitor the progress moving forward.
- Learning from COVID cases- this is in place and work is on-going in reviewing COVID cases and also those acquiring COVID-19 as a result of hospital stay for potential lessons learned. Furthermore, we review a sample of cases of community acquired COVID-19 and all health care associated infection (HCAI) outbreaks are reviewed via post infection reviews (PIR) process, serious incident reviews (SIR), RIDDOR or stage 2 mortality reviews.

## Risk

- Implementation of mortality reviews and lack of progress to electronic system- COVID-19 has hampered further the roll out due to staff being redeployed and clinical focus being on patient care, if another wave occurs this will potentially hamper the system roll out further and slippage on date of implementation will occur. Access to training also has recently created a risk due to staff sickness. This risk is currently rated as 8 risk rating with adequate controls.
- To make access to queries and training easier on DATIX Mortality the BCUQI team have developed user guides for the system and will be by the end of February 2021 recording training videos for all doctors to access the training more flexibly.
- Progress for the DATIX mortality implementation sits on the OMD risk register which is linked to secondary care. Progress is tracked by teams in BCUQI and feedback is given on progress to RAMSG.

# Quadruple Aim 4: Narrative - Sepsis

## Sepsis Six in Emergency Departments

There is no variation in department and numbers along with compliance remain low and there are no outliers across BCU emergency departments. Compliance remains similar and the volume of cases identified remains low. Reasons for the low compliance have been looked into with teams who have been involved at varying stages of the sepsis collaborative issues within consistency in the teams have altered with clinical leads change, staff sickness and maternity leave; in addition, demands in the emergency departments have altered due to COVID-19.

## Key Drivers of performance

- % compliance with sepsis 6 inpatients excluding the Intensive Therapy Unit (ITU) - no data
- % compliance with sepsis 6 emergency departments- 45.8% (December 2020)

## Actions being taken

- Acute hospital sites have been requested through secondary care Q&S (Nov 2020 meeting) to produce operational plans to target sepsis improvements in both ED and inpatient care settings. A further meeting on this is scheduled for 24 February 2021 where firm timelines on operational plans will be sought
- BCUQI team have applied for a psychology graduate (focus being psychology of change) to work with a sepsis team with particular focus on early antibiotic delivery. The programme will run from 1<sup>st</sup> April 2021 and will run for a full year. We are awaiting Bangor University to approve and assign graduate if we have been successful from our bid
- Trial of a new sepsis bundle has now commenced in the emergency department YGC to look at making improvements further in management and treatment of sepsis, trial data will then be shared by 30<sup>th</sup> August 2021 with other emergency departments and sepsis leads pan BCU with the view of adopt and spread if the results of the trial are evidencing improvements in sepsis management
- Acute site plans are to be drafted by teams and operationalised. With progress to be reported then to BCUQI teams. All acute hospitals have agreed to recommence data collection on 1 April 2021

## Timelines

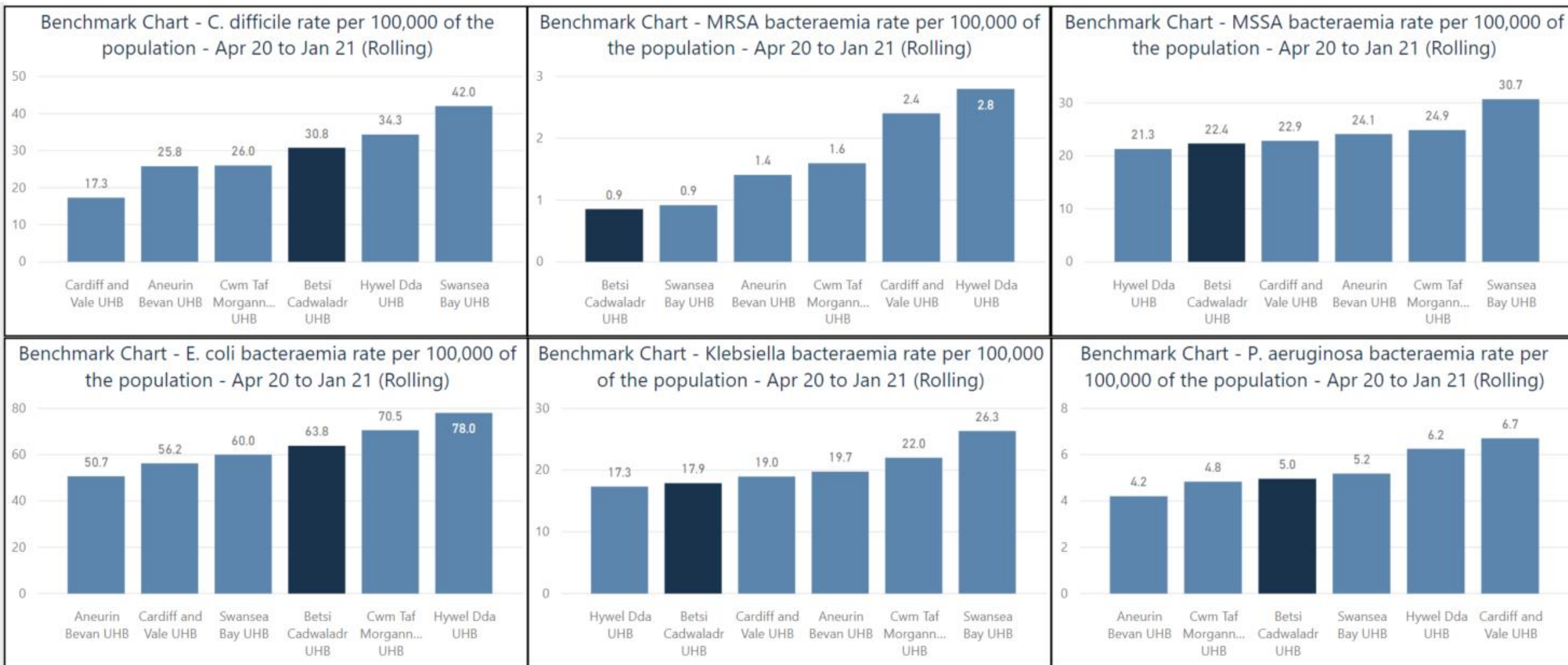
- Acute hospital sites- all acute hospital sites have agreed to recommence reporting in Sepsis 6 compliance from 1 April 2021
- Psychology graduate application- awaiting decision through Bangor University as to whether bid has been successful

## Risk

- COVID-19 has hindered plans to deliver reporting on sepsis 6 compliance, with noted drops visible in reporting around the time of wave one. This has been escalated to sites and also secondary care Q&S meetings. All acute hospital sites have agreed to recommence reporting in Sepsis 6 compliance from 1 April 2021

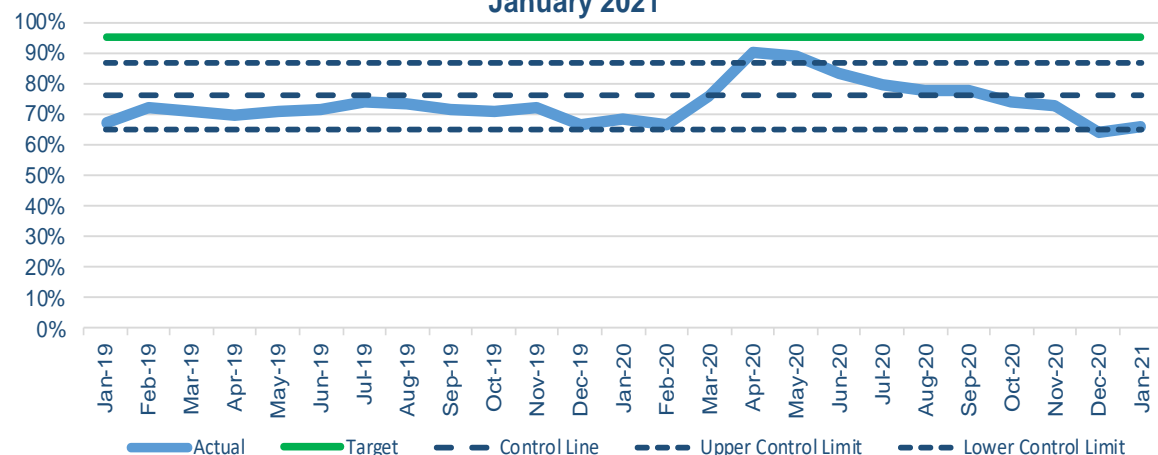
# Additional Information

# Quadruple Aim 2: Charts Infection Control page 1

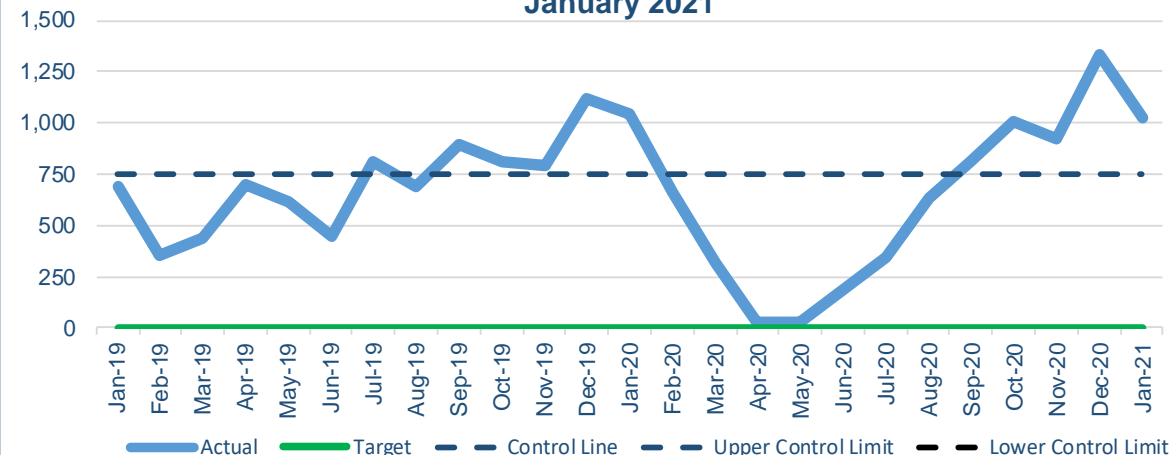


# Quadruple Aim 2: Charts Unscheduled Care

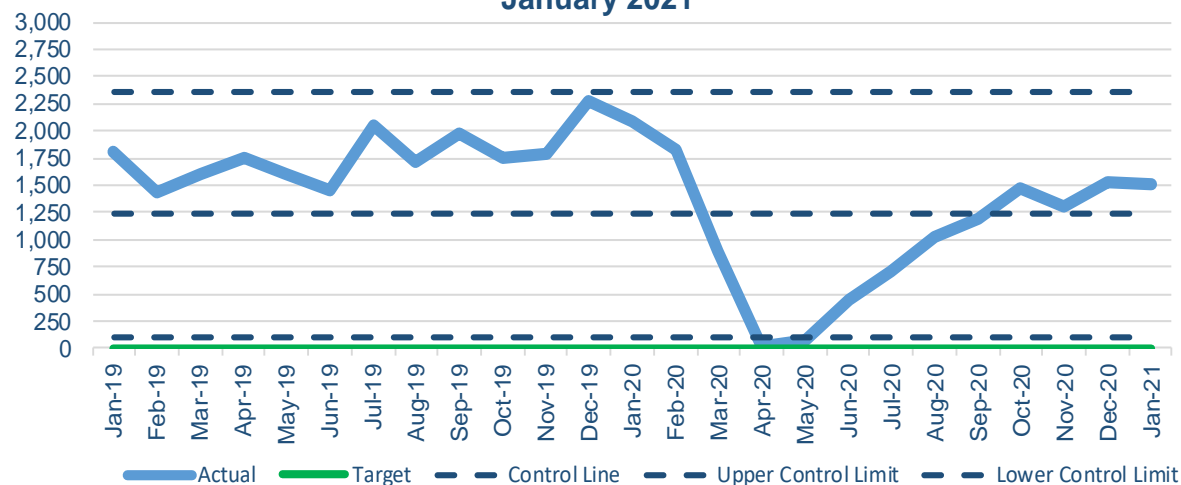
**BCU Level - Emergency Department (inc MIU) 4 Hour Waits:**  
 January 2021



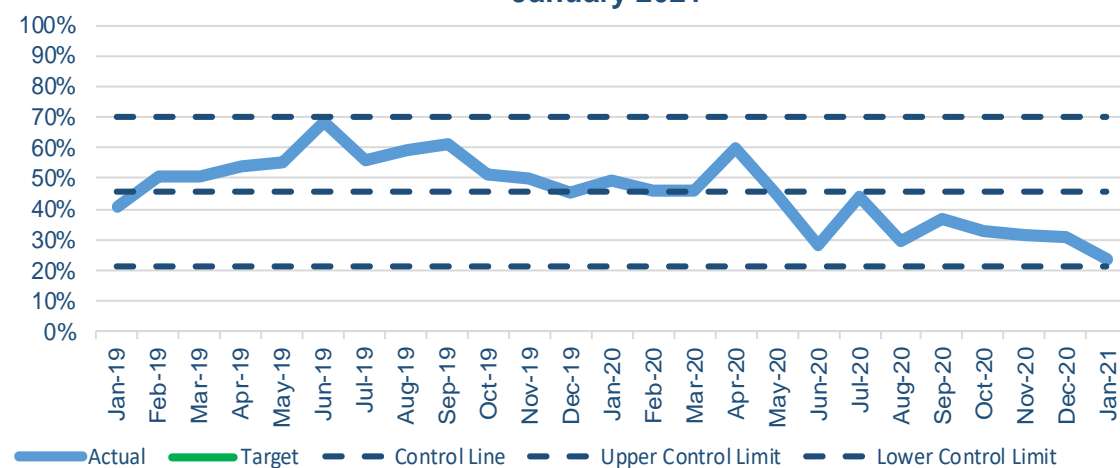
**BCU Level - Ambulance Handovers over 1 Hour:**  
 January 2021



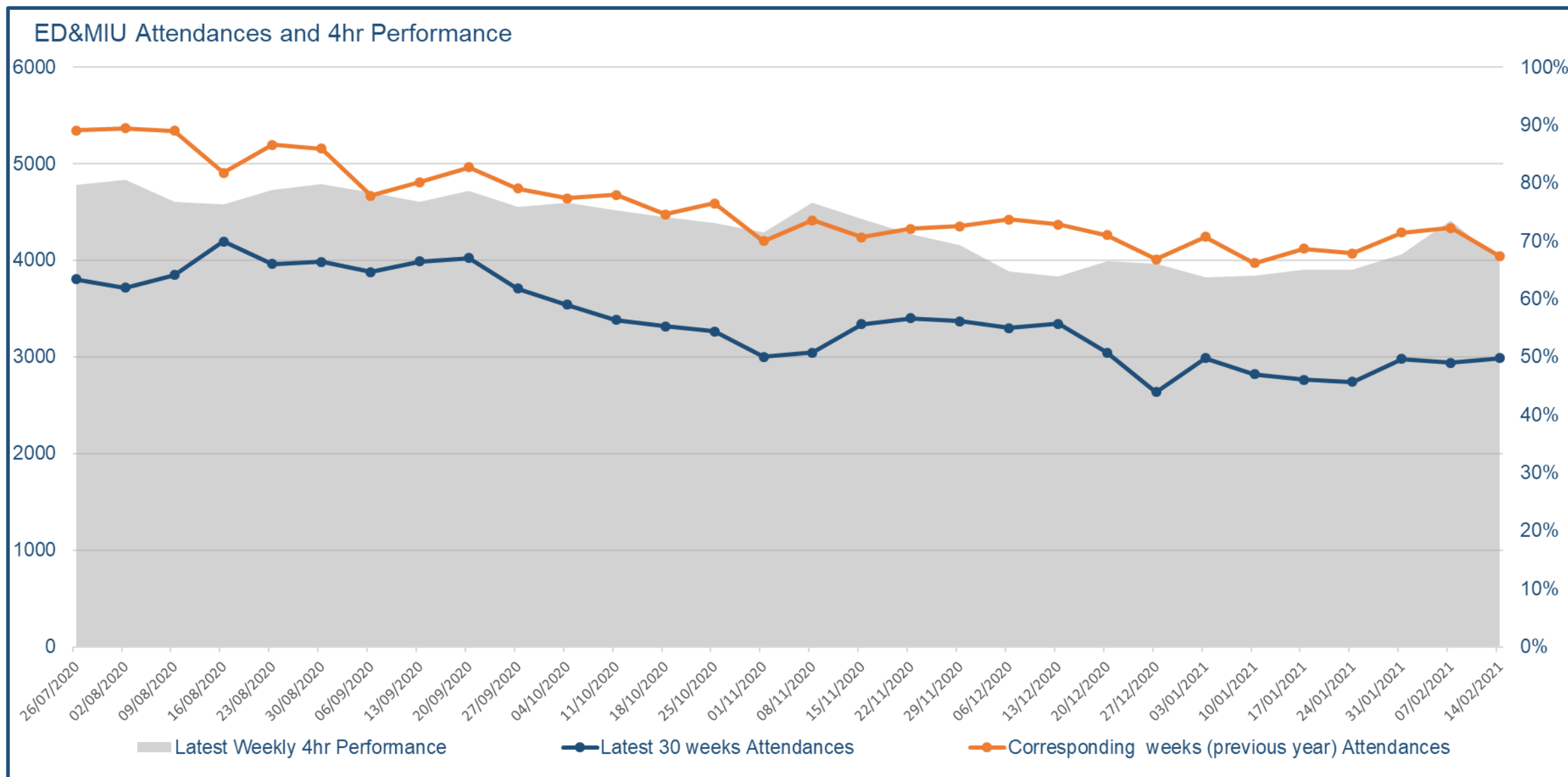
**BCU Level - Emergency Department 12 Hour Waits:**  
 January 2021



**BCU Level - Stroke Care - Admissions within 4 Hours:**  
 January 2021



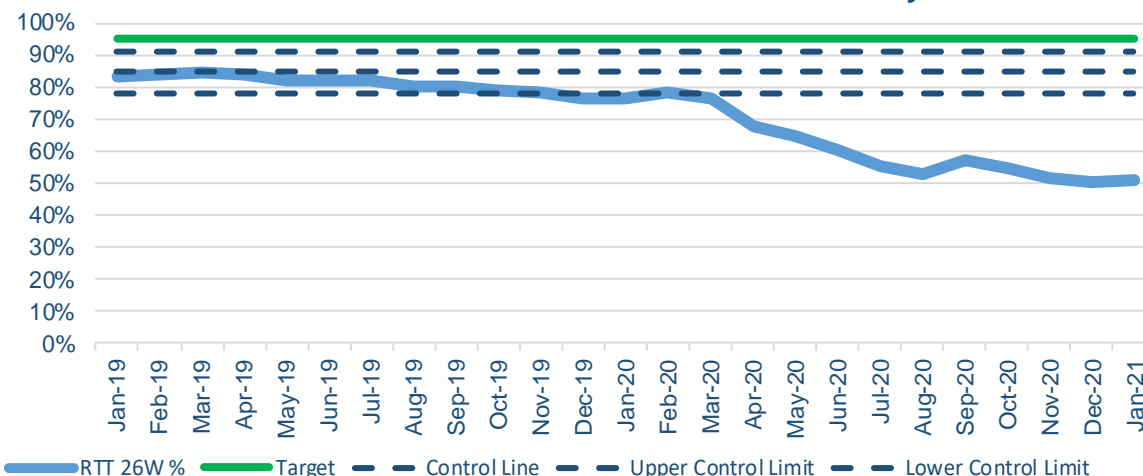
# Quadruple Aim 2: Unscheduled Care: Attendances



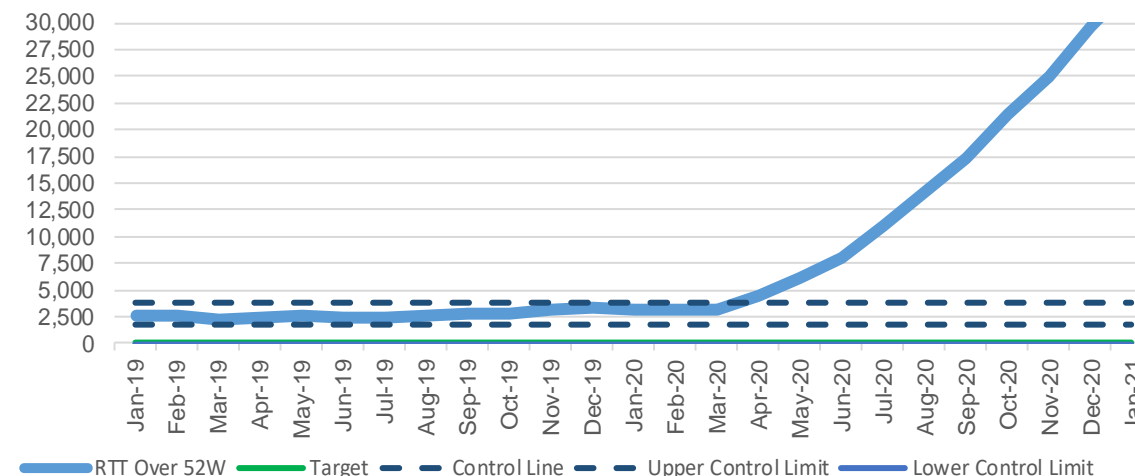


# Quadruple Aim 2: Charts Planned Care page 1

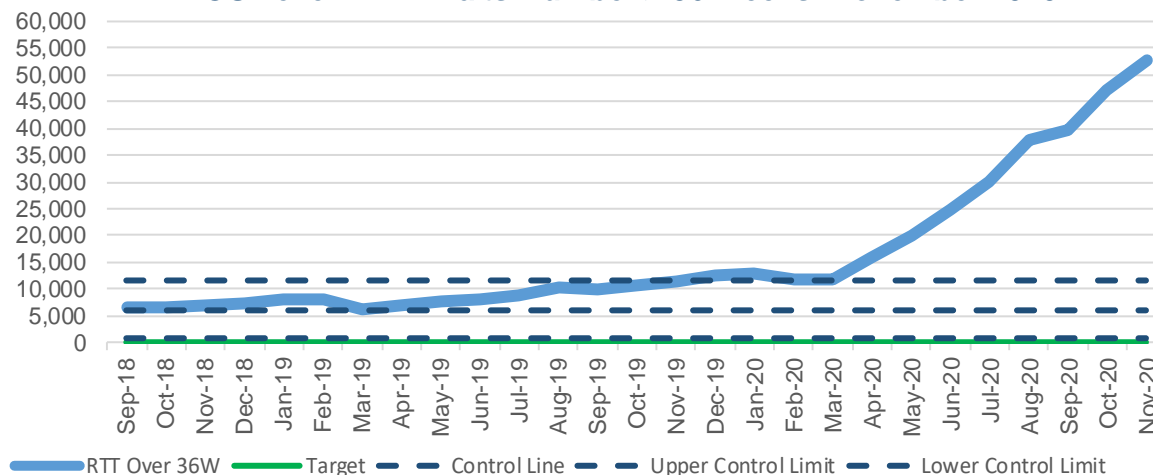
BCU Level - RTT Waits % <= 26 Weeks: January 2021



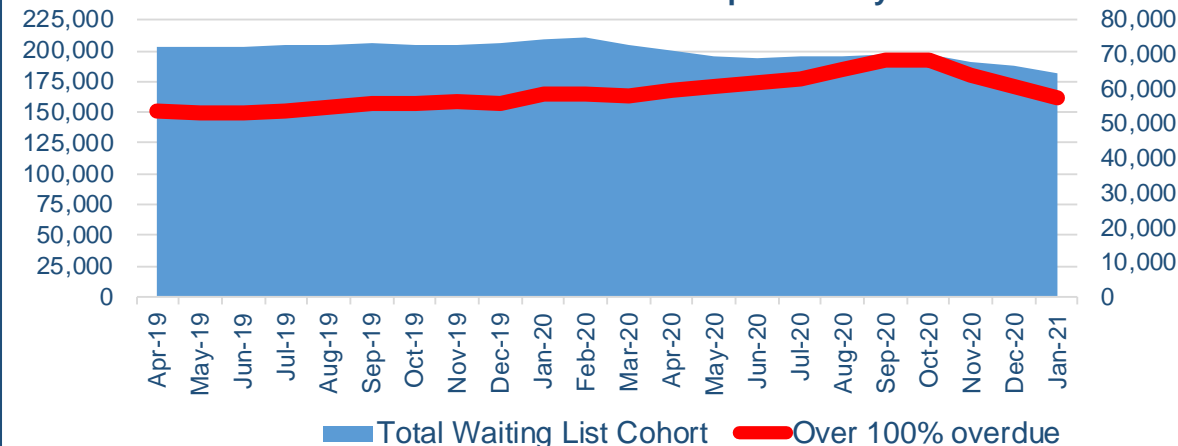
BCU Level - RTT Waits Number > 52 Weeks: January 2021



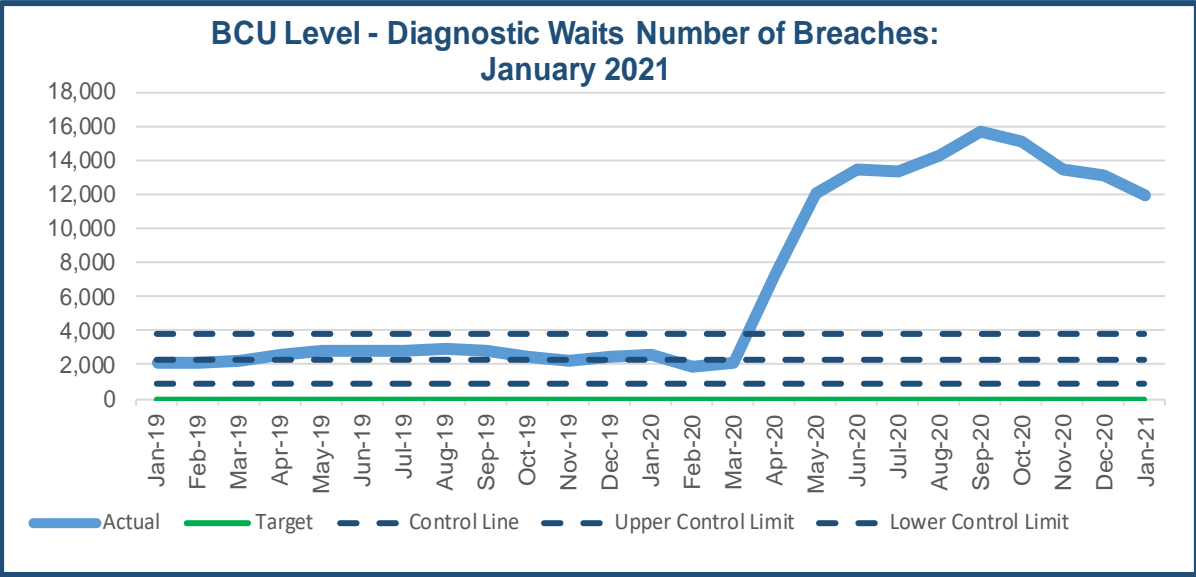
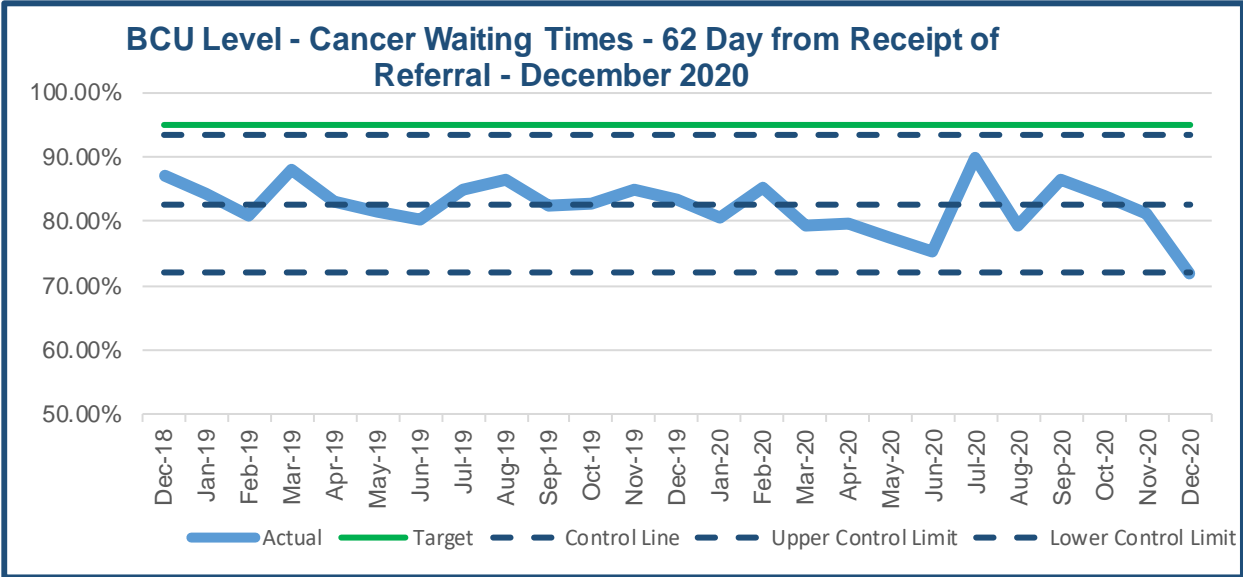
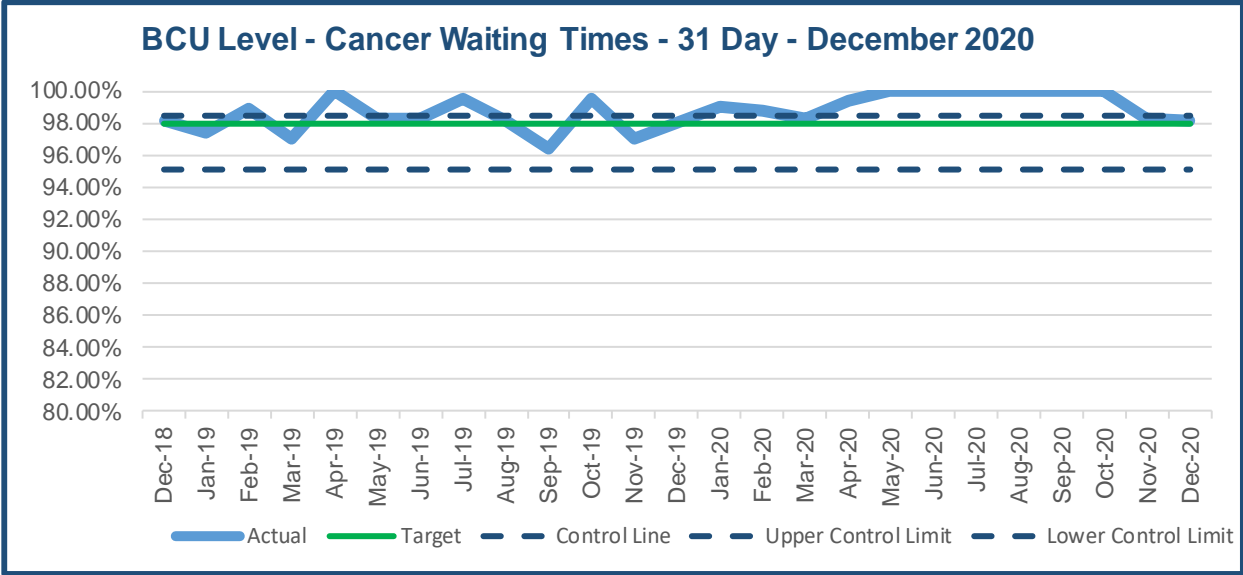
BCU Level - RTT Waits Number > 36 Weeks: November 2020



BCU Level - Total Waiting List cohort with Number of patients over 100% overdue their follow up - January 2021



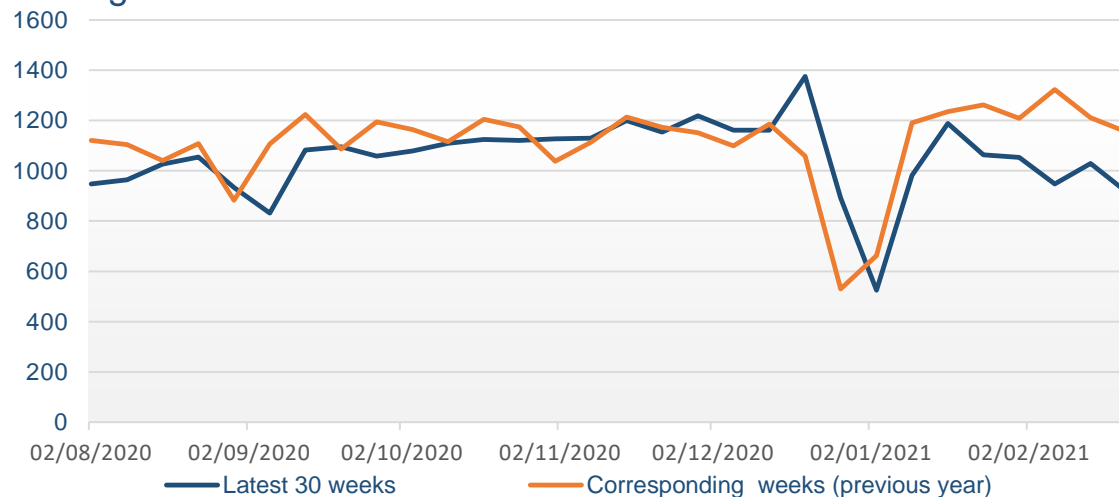
# Quadruple Aim 2: Charts Planned Care page 2



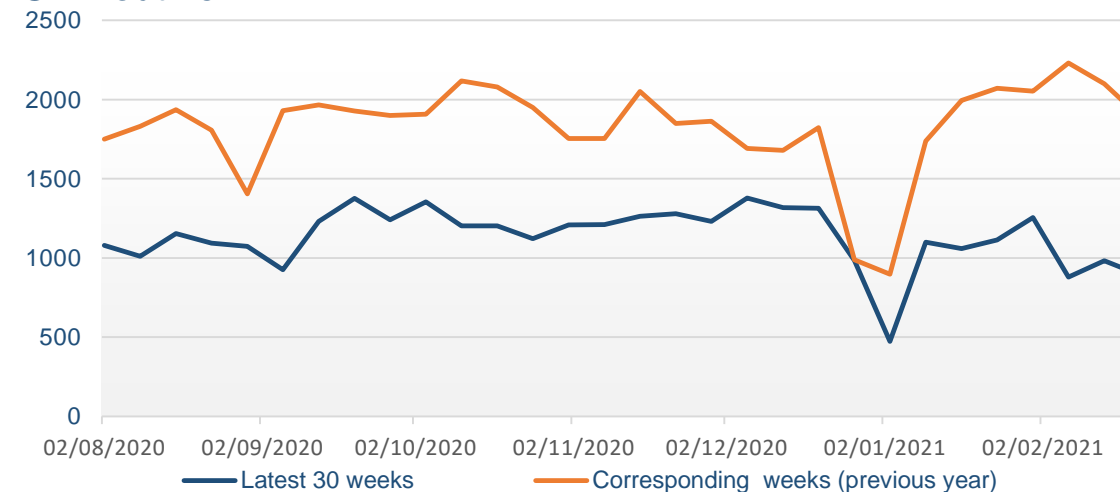


# Covid-19 Impact on Planned Care Referrals and Out Patient Activity

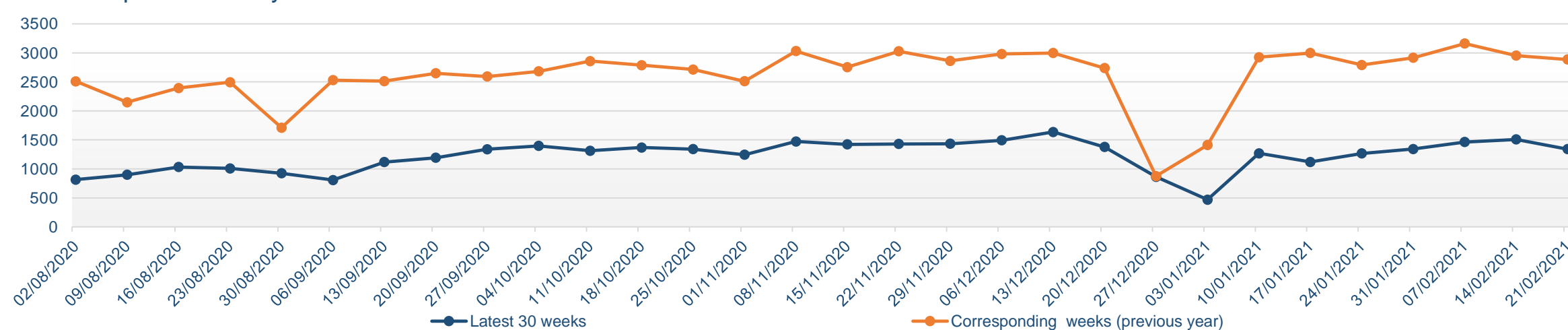
## GP Urgent



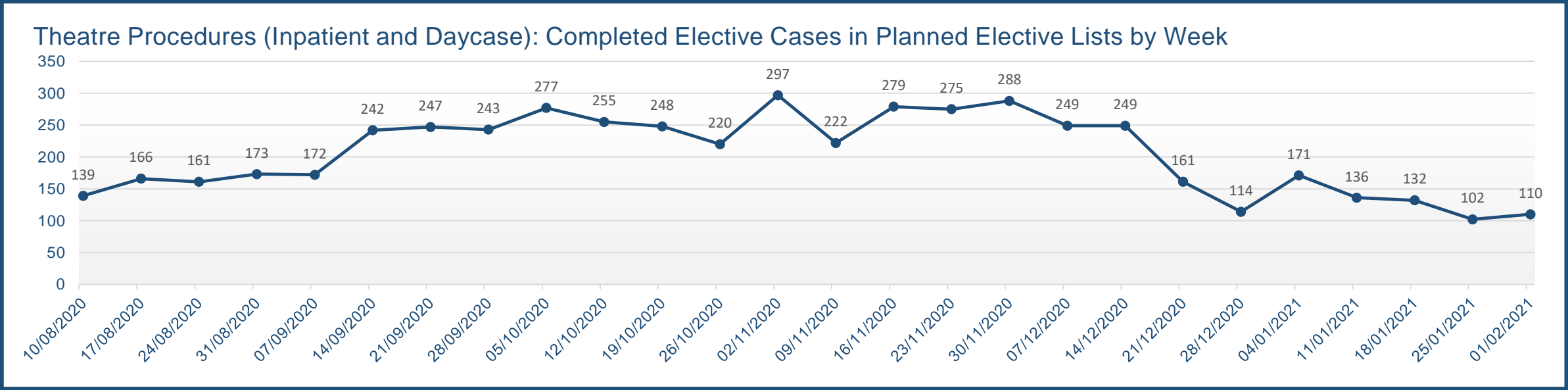
## GP Routine



## Core Outpatient Activity

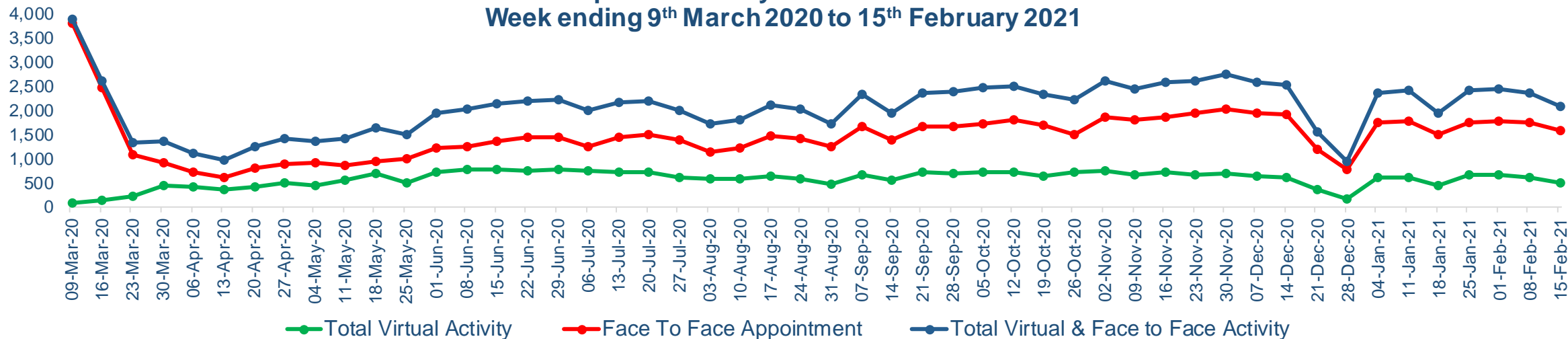


# Covid-19 Impact on Planned Activity

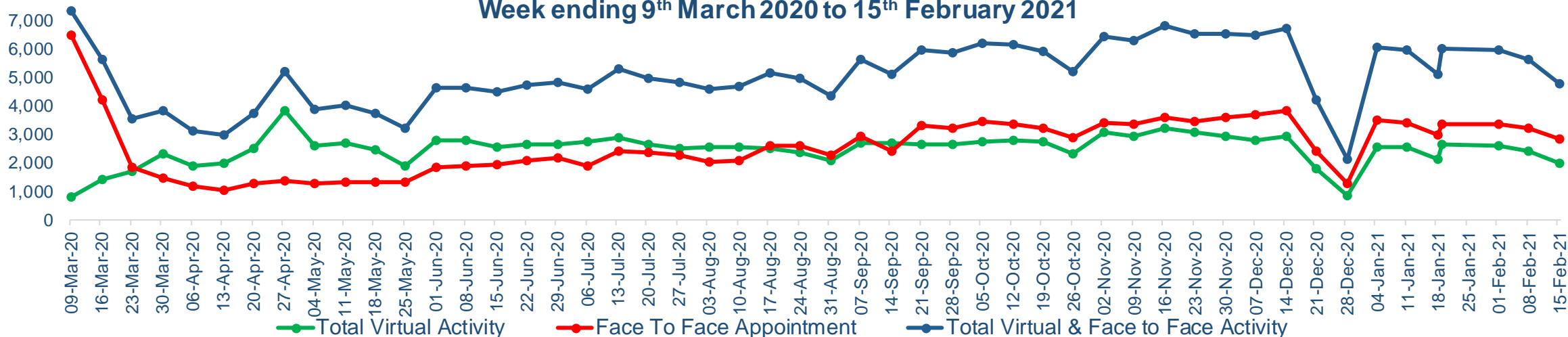


# Covid-19 Impact on Planned Activity

**New Outpatient Activity: Virtual and Face to Face**  
 Week ending 9<sup>th</sup> March 2020 to 15<sup>th</sup> February 2021

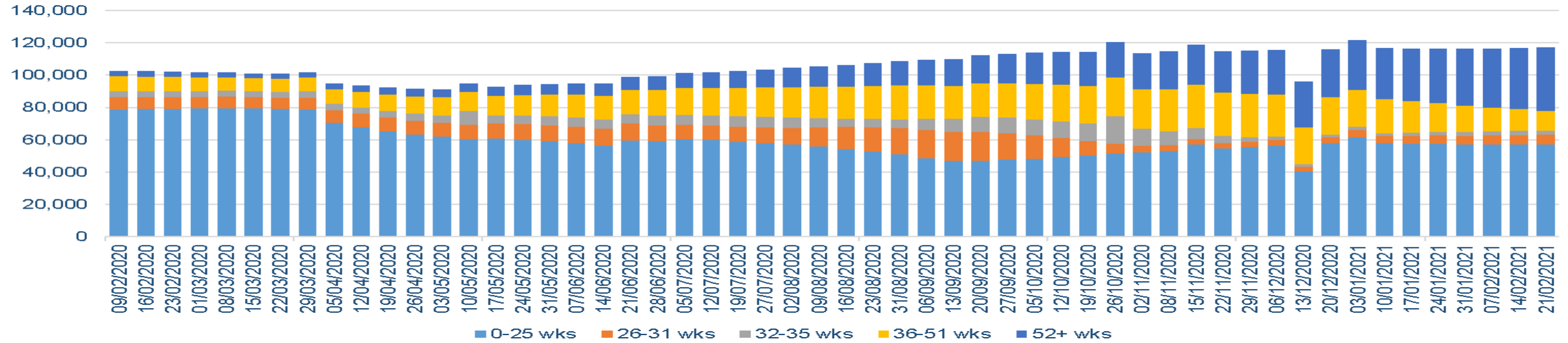


**Follow-up Outpatient Activity: Virtual and Face to Face**  
 Week ending 9<sup>th</sup> March 2020 to 15<sup>th</sup> February 2021

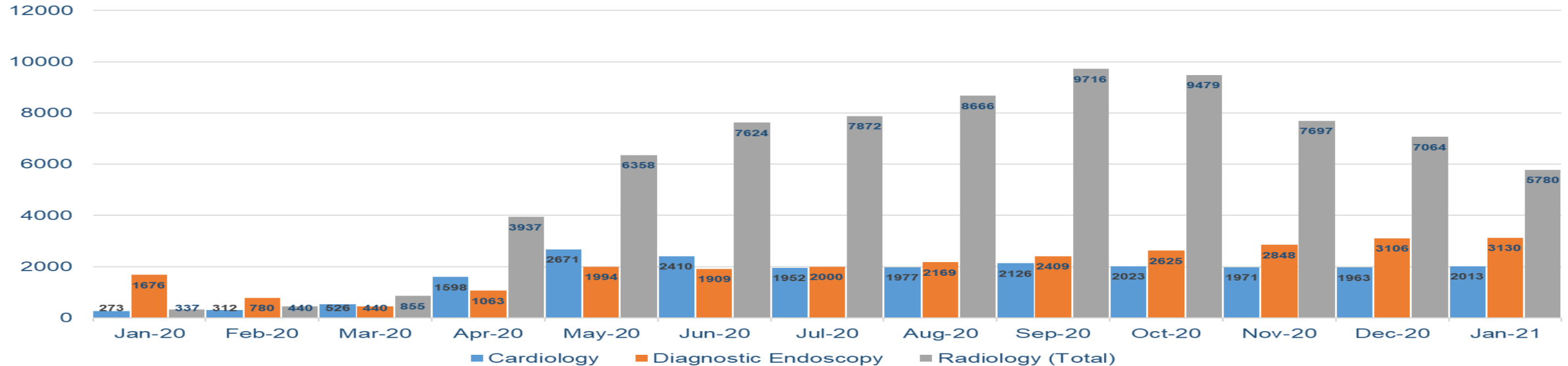


# COVID-19 Impact on Waiting Lists and Diagnostic Waits

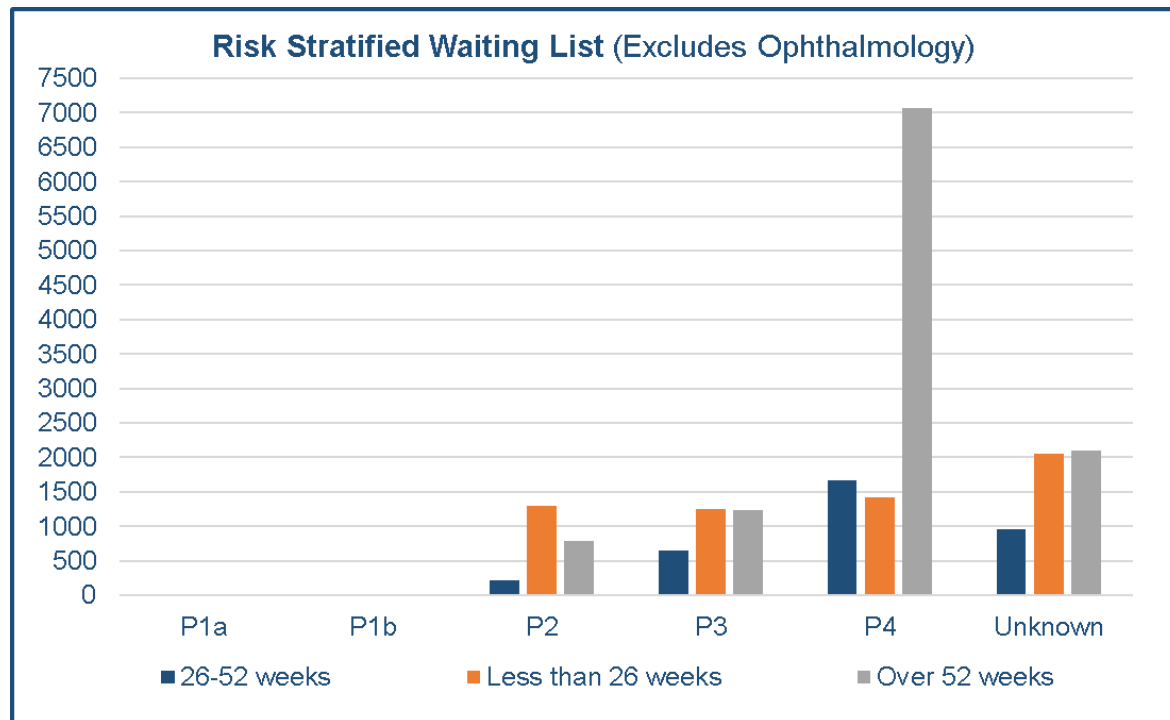
## BCU Waiting List



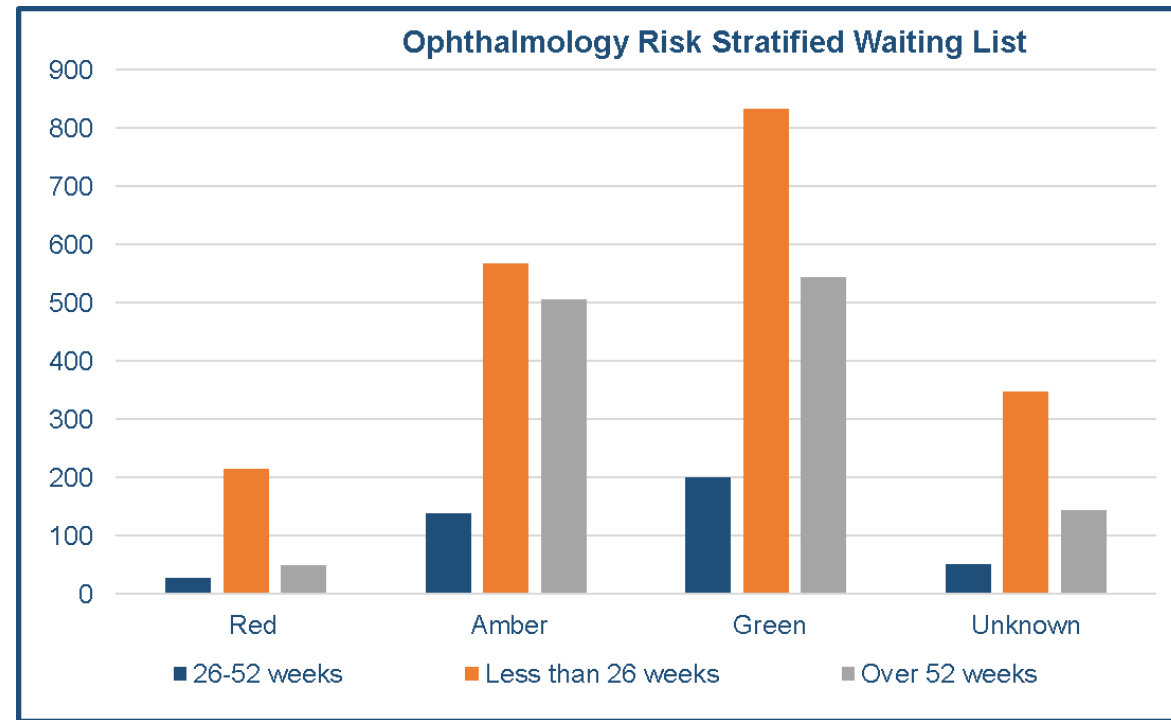
## Diagnostics: 8+ Week Waiters for Cardiology, Endoscopy and Radiology



# Waiting List by Risk Stratification



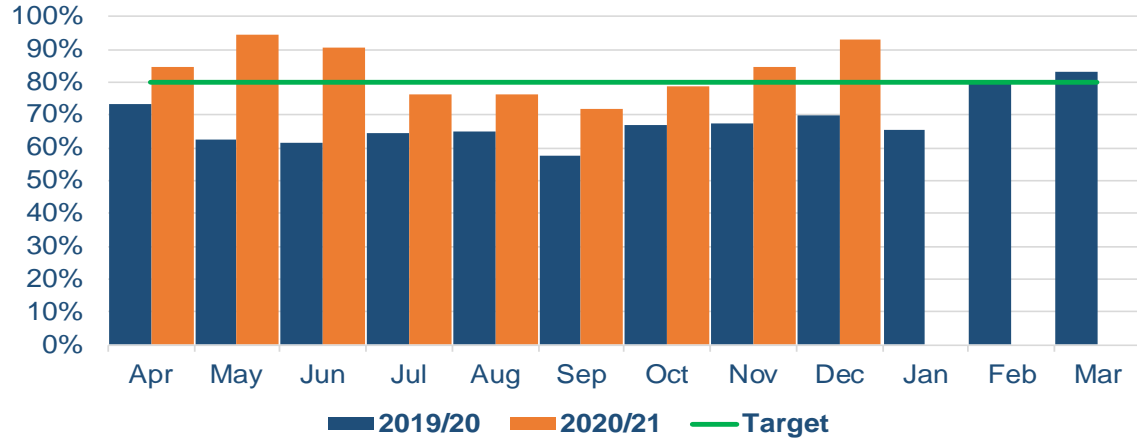
Source BCU HB IRIS : Accessed 15:46pm 22<sup>nd</sup> February 2021  
 Data includes Admissions Waiting List for all specialties and excludes Endoscopy



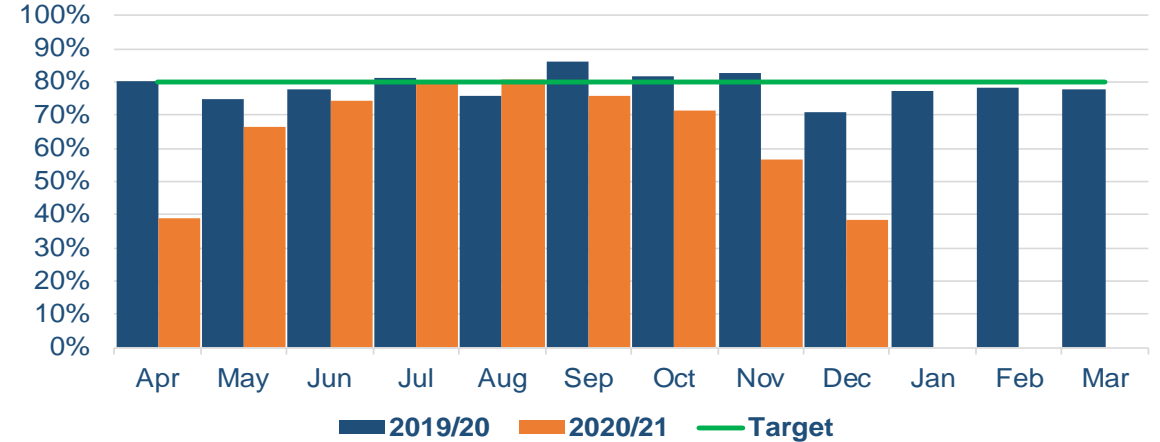
Source BCU HB IRIS : Accessed 15:46pm 22<sup>nd</sup> February 2021  
 Data includes Waiting List for Ophthalmology Only

# Quadruple Aim 2: Charts Mental Health

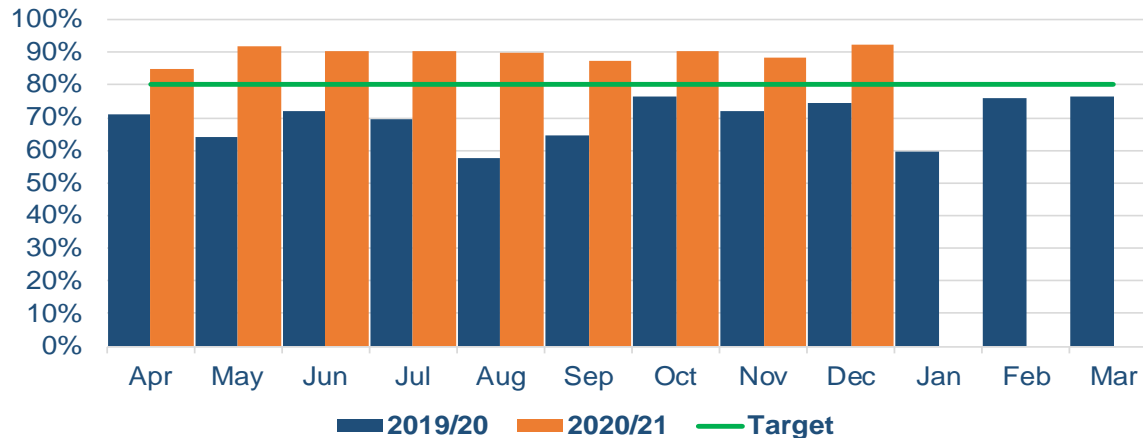
**Percentage Mental Health Assessments (Adult) within 28 days of Referral**  
 2019/20 vs 2020/21 (December)



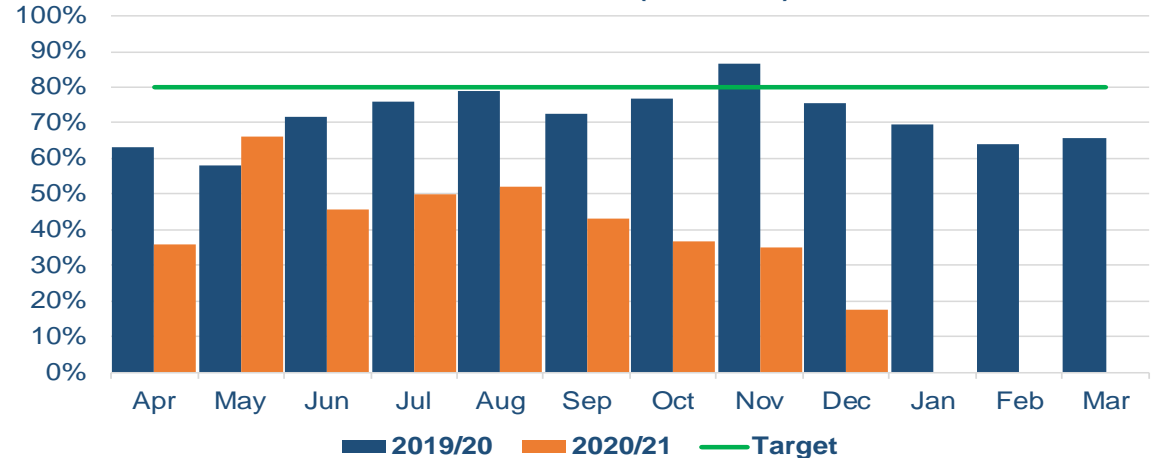
**Percentage Mental Health Assessments (CAMHS) within 28 days of Referral**  
 2019/20 vs 2020/21 (December)



**Percentage Mental Health Therapeutic Interventions (Adult) within 28 days of Assessment**  
 2019/20 vs 2020/21 (December)



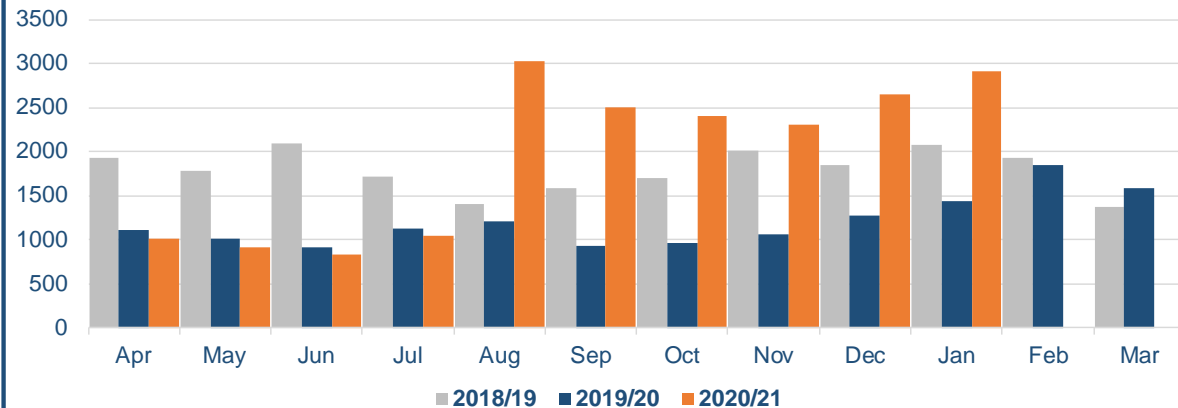
**Percentage Mental Health Therapeutic Interventions (CAMHS) within 28 days of Assessment**  
 2019/20 vs 2020/21 (December)



Mental Health Measures are reported 1 month in arrears

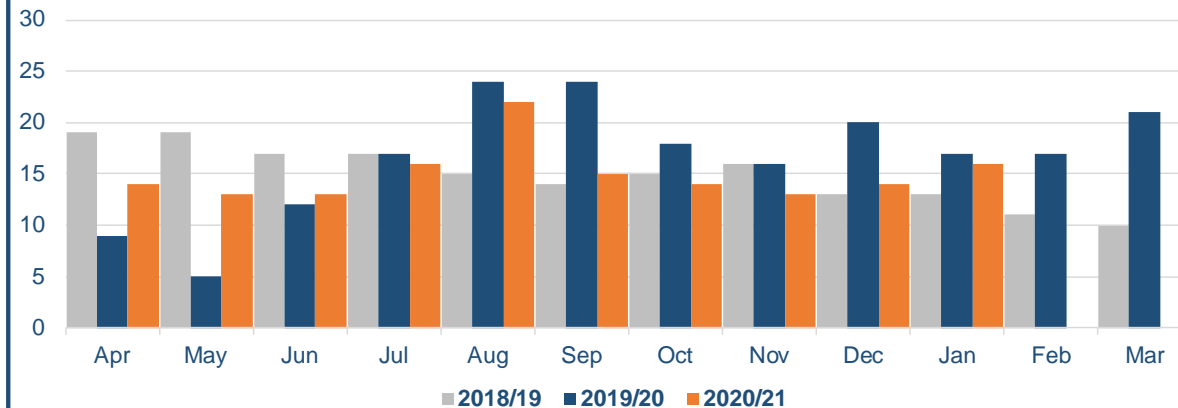
# Quadruple Aim 2: Charts Mental Health and CAMHS

**Number of Delayed Bed Days (BCU Mental Health)**  
 2020/21 comparison to 2018/19 and 2019/20  
 January 2021



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	1926	1780	2093	1715	1407	1584	1704	2008	1843	2083	1932	1365
2019/20	1110	1004	917	1121	1210	927	958	1064	1275	1445	1840	1578
2020/21	1015	921	837	1042	3025	2501	2400	2312	2649	2913		

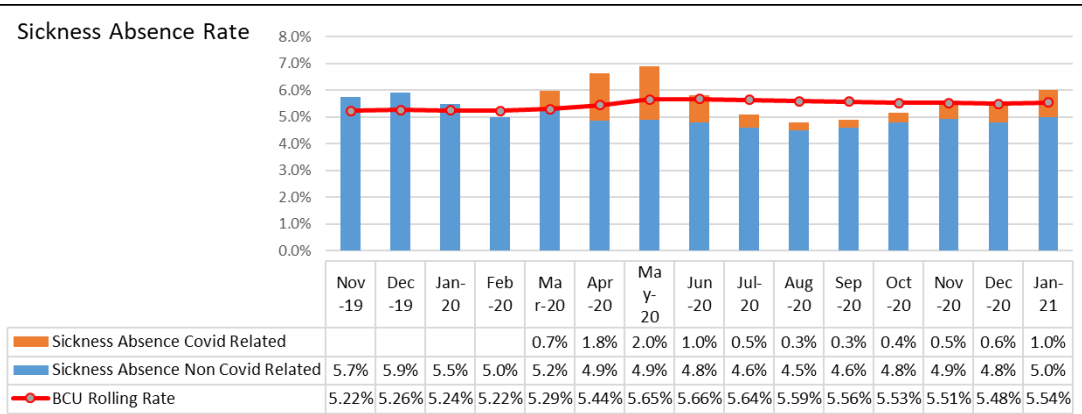
**Number of Delayed Patients (BCU Mental Health)**  
 2020/21 comparison to 2018/19 and 2019/20  
 January 2021



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	19	19	17	17	15	14	15	16	13	13	11	10
2019/20	9	5	12	17	24	24	18	16	20	17	17	21
2020/21	14	13	13	16	22	15	14	13	14	16		

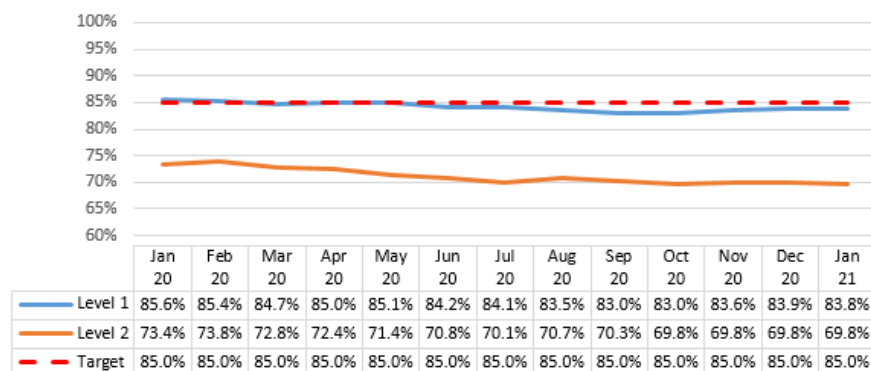
# Quadruple Aim 3: Charts Workforce

## Sickness absence Rates

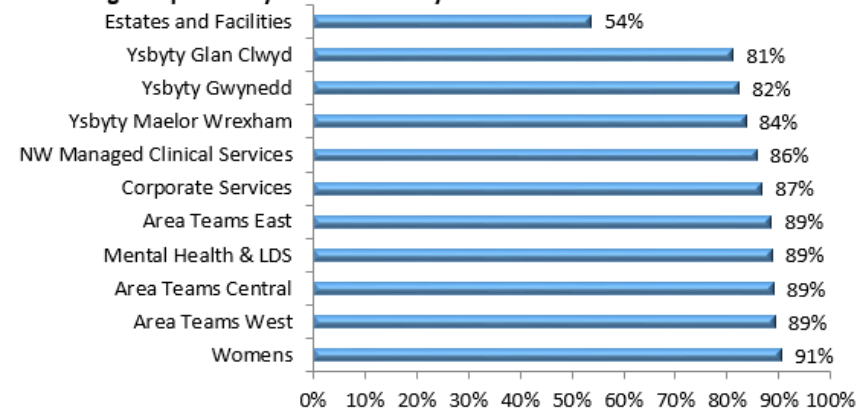


## Core Mandatory Training Rate

### Training Compliance January 2021

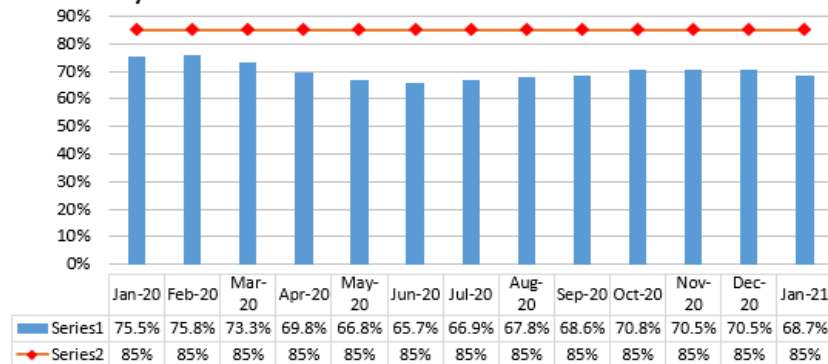


### Level 1 Training Compliance by Division January 2021

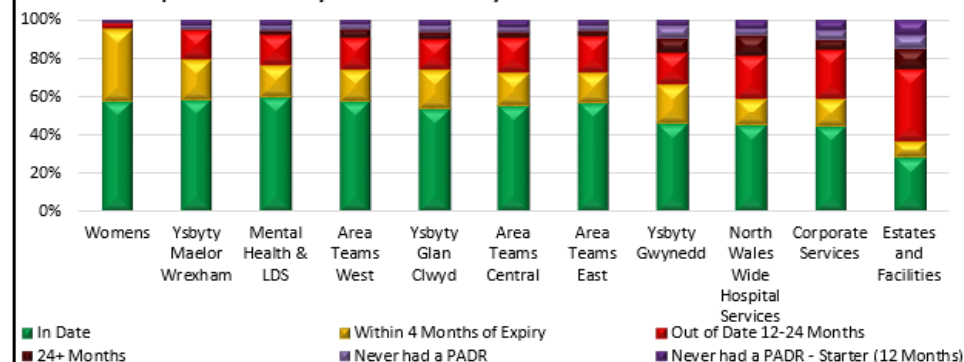


## PADR

### PADR % 31 January 2021



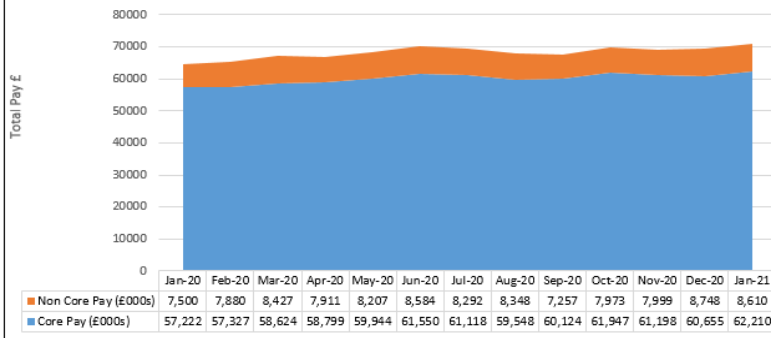
### PADR % Compliance 1 February 2020 to 31 January 2021



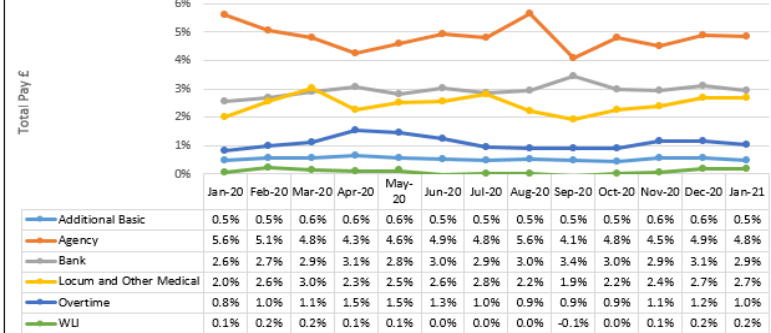


# Quadruple Aim 4: Charts Agency and Locum Spend

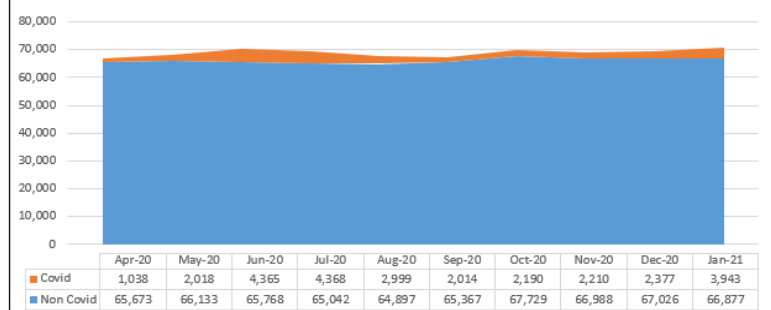
BCU Pay Core vs Non Core (£000s)



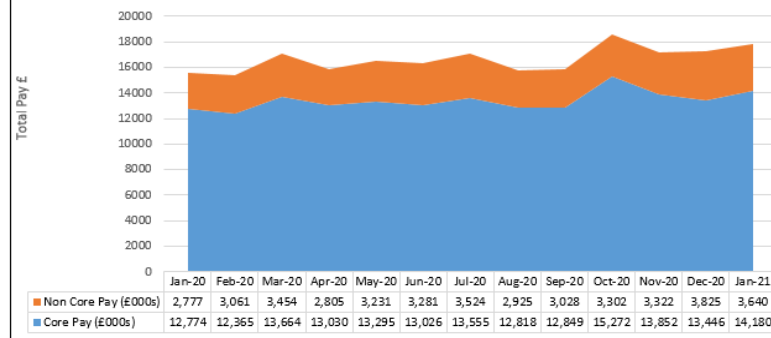
BCU Non Core Pay % of Total Spend



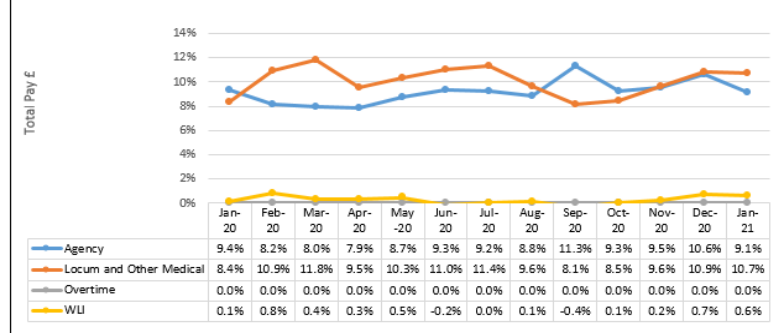
BCU Covid v Non Covid Spend (£000s)



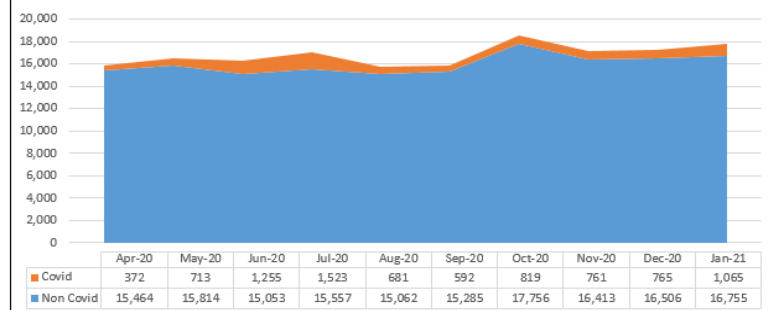
M&D Pay Core vs Non Core (£000s)



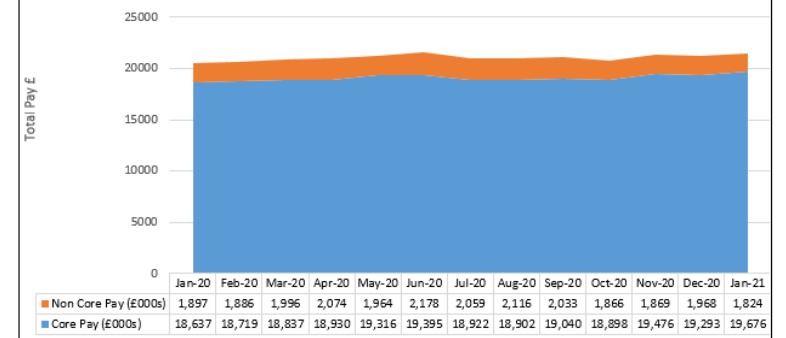
M&D Non Core Pay % of Total Spend



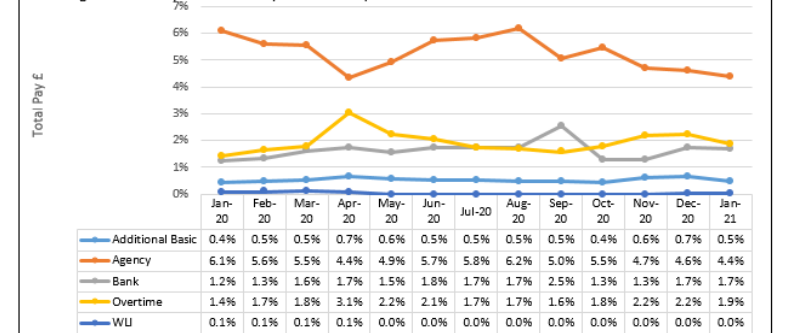
M&D Covid v Non Covid Spend (£000s)



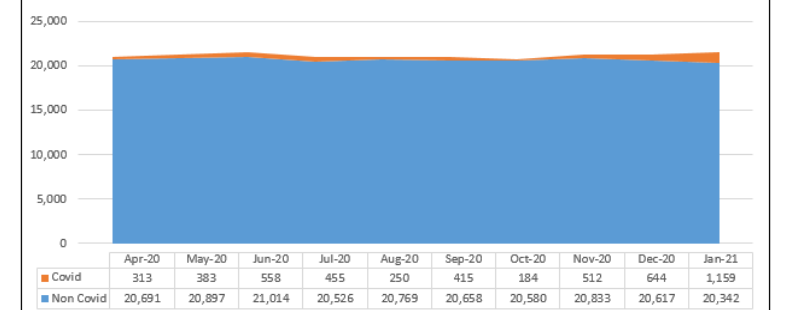
Nursing & Midwifery Pay Core vs Non Core (£000s)



Nursing & Midwifery Non Core Pay % of Total Spend



Nursing & Midwifery Covid v Non Covid Spend (£000s)



Further information is available from the office of the Director of Performance which includes:

- performance reference tables
- tolerances for red, amber and green
- the Welsh benchmark information which we have presented

Further information on our performance can be found online at:

- Our website [www.pbc.cymru.nhs.uk](http://www.pbc.cymru.nhs.uk)  
[www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk)
- Stats Wales [www.statswales.wales.gov.uk](http://www.statswales.wales.gov.uk)

We also post regular updates on what we are doing to improve healthcare services for patients on social media:

 follow @bcuhb

 <http://www.facebook.com/bcuhealthboard>

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Finance Report Month 8 2020/21						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Eric Gardiner, Finance Director - Provider Services						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director of Finance Finance & Performance Committee						
<b>Atodiadau</b> <b>Appendices:</b>							
<b>Argymhelliad / Recommendation:</b>							
It is asked that the report is noted.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth</b> <b>For Information</b>	<input type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at 30 <sup>th</sup> November 2020 and reflects the financial impact of the continuing response to the COVID-19 pandemic.							
<b>Cefndir / Background:</b>							
<p>The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m, based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance.</p> <p>The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into this return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans. However, we anticipate that fluctuations in COVID-19 infection rates across our population over the winter months may impact on delivery of the plan, potentially reducing activity and increasing costs.</p>							
<b>Asesiad / Assessment:</b>							
<b>1.0 Strategy Implications</b>							
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.							
<b>2.0 Options considered</b>							
Not applicable – report is for assurance only.							

### **3.0 Financial Implications**

	<b>Month 8</b>	<b>Cumulative</b>
	<b>£m</b>	<b>£m</b>
Actual Position	0.0	(0.2)
Planned Position	3.3	26.7
Variance	3.3	26.9

The Month 8 position is an underspend of £3.3m against the plan with income and expenditure in balance. The cumulative year to date position is a £0.2m surplus, which is £26.9m less than the planned deficit of £26.7m.

Forecasts for COVID-19 have been reviewed during November, in line with the revised and evolving plans for managing the pandemic, resulting in a reduction of £14.2m in the overall cost. There have been movements in several of the funding streams and it has been determined that not all of the £83.1m additional COVID-19 support is now required and has therefore been reduced by £6.9m to £76.2m. An Accountable Officer letter has been submitted to Welsh Government confirming the reduced COVID-19 funding requirements.

The plan for 2020/21 was that the Health Board would end the year with a £40.0m deficit. However, during the year Welsh Government provided an additional £40.0m of funding to cover this planned deficit. Therefore, the forecast financial position is that the Health Board will now have a nil deficit at the end of the year.

### **4.0 Risk Analysis**

There are opportunities to improve the financial position by £2.4m, which relate to the savings schemes that are in the pipeline and are anticipated will move into green or amber this year. In addition, there is a potential opportunity arising from the changes in the current block contract arrangement with NHS England, although a value cannot yet be determined. There are three risks to the financial position, but the value of these cannot be currently quantified.

### **5.0 Legal And Compliance**

Not applicable.

### **6.0 Impact Assessment**

Not applicable.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021				
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public				
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Finance Report Month 9 2020/21				
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill, Executive Director of Finance				
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Eric Gardiner, Finance Director - Provider Services				
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director of Finance Finance & Performance Committee				
<b>Atodiadau</b> <b>Appendices:</b>					
<b>Argymhelliad / Recommendation:</b>					
It is asked that the report is noted.					
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)					
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	✓
				<b>Er gwybodaeth For Information</b>	
<b>Sefyllfa / Situation:</b>					
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at 31 <sup>st</sup> December 2020 and reflects the financial impact of the continuing response to the COVID-19 pandemic.					
<b>Cefndir / Background:</b>					
The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m, based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance.					
The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into this return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans. However, the substantial increase in COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs.					
<b>Asesiad / Assessment:</b>					
<b>1.0 Strategy Implications</b>					
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.					
<b>2.0 Options considered</b>					
Not applicable – report is for assurance only.					

### **3.0 Financial Implications**

	Month 9 £m	Cumulative £m
Actual Position	0.0	(0.2)
Planned Position	3.4	30.0
Variance	3.4	30.2

The Month 9 position is an underspend of £3.4m against the plan with income and expenditure in balance. The cumulative year to date position is a £0.2m surplus, which is £30.2m less than the planned deficit of £30.0m.

There is a continual review of COVID-19 costs and the ability to undertake developments given the high and rising number of cases in North Wales. Forecasts have been amended in line with this review, resulting in an increase of £4.4m in the overall cost. This consists of a £10.1m increase in the annual leave accrual, which Welsh Government have agreed to fully fund, offset by a reduction of £5.7m in the other elements of COVID-19 costs.

The plan for 2020/21 was that the Health Board would end the year with a £40.0m deficit. However, during the year Welsh Government provided an additional £40.0m of funding to cover this planned deficit. Therefore, the forecast financial position is that the Health Board will now have a nil deficit at the end of the year.

### **4.0 Risk Analysis**

There is a potential opportunity arising from the changes in the current block contract arrangement with NHS England, although a value cannot yet be determined. There are three risks to the financial position, but the value of these cannot be currently quantified.

### **5.0 Legal And Compliance**

Not applicable.

### **6.0 Impact Assessment**

Not applicable.



<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Finance Report Month 10 2020/21						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Sue Hill, Executive Director of Finance						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Eric Gardiner, Finance Director - Provider Services						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Executive Director of Finance Finance & Performance Committee						
<b>Atodiadau</b> <b>Appendices:</b>							
<b>Argymhelliad / Recommendation:</b>							
It is asked that the report is noted.							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad /cymeradwyaeth</b> <b>For Decision/ Approval</b>	<input type="checkbox"/>	<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>	<input checked="" type="checkbox"/>	<b>Er gwybodaeth</b> <b>For Information</b>	<input type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
The purpose of this report is to provide a briefing on the financial performance of the Health Board as at 31 <sup>st</sup> January 2021 and reflects the financial impact of the continuing response to the COVID-19 pandemic.							
<b>Cefndir / Background:</b>							
The financial plan for 2020/21, approved by the Board, is to deliver a deficit of £40m, based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19, and therefore has been refined throughout the year, in line with Welsh Government guidance.							
The Health Board's consolidated plan for the second half of the financial year was submitted in October and the expected clinical activity has been incorporated into this return. The Quarter 3 / 4 plan focuses on increasing planned care and dealing with winter escalation plans.							
However, the sustained high level of COVID-19 infection rates across our population over the winter months is affecting delivery of the plan, with associated impact on activity and costs. The impact on planned care in January has been particularly significant, due to the immense pressure arising from the highest numbers of COVID-19 patients in our hospitals for the pandemic so far.							
<b>Asesiad / Assessment:</b>							
<b>1.0 Strategy Implications</b>							
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.							
<b>2.0 Options considered</b>							

Not applicable – report is for assurance only.

### **3.0 Financial Implications**

	<b>Month 10</b>	<b>Cumulative</b>
	<b>£m</b>	<b>£m</b>
Actual Position	0.0	(0.2)
Planned Position	3.3	33.3
Variance	3.3	33.5

The Month 10 position is an underspend of £3.3m against the plan with income and expenditure in balance. The cumulative year to date position is a £0.2m surplus, which is £33.5m less than the planned deficit of £33.3m.

There is a continual review of COVID-19 costs and the ability to undertake developments given the sustained high number of cases in North Wales. This has had a material impact on the level of elective activity which the Health Board has been able to undertake in recent months impacting on the expenditure plans. Forecasts have been amended in line with this review, resulting in an increase of £5.5m in the overall cost. However, £3.1m of COVID-19 funding and £6.0m of Planned Care and Diagnostic Performance Funding no longer have agreed plans in place.

The plan for 2020/21 was that the Health Board would end the year with a £40.0m deficit. However, during the year Welsh Government provided an additional £40.0m of funding to cover this planned deficit. Therefore, the forecast financial position is that the Health Board will have a nil deficit at the end of the year.

### **4.0 Risk Analysis**

There is a potential opportunity arising from the changes in the current block contract arrangement with NHS England, although a value cannot yet be determined. There are three risks to the financial position, but the value of these cannot be currently quantified.

### **5.0 Legal And Compliance**

Not applicable.

### **6.0 Impact Assessment**

Not applicable.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021				
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public				
<b>Teitl yr Adroddiad Report Title:</b>	Medicines Management Annual Report 2021				
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Professor Arpan Guha, Acting Executive Medical Director				
<b>Awdur yr Adroddiad Report Author:</b>	Dr Berwyn Owen, Chief Pharmacist Louise Howard-Baker Assistant Area Director Pharmacy & Medicines Management (East)				
<b>Craffu blaenorol: Prior Scrutiny:</b>	Acting Executive Medical Director				
<b>Atodiadau Appendices:</b>	1. Update on performance of the AWMSG Prescribing Report February 2020				
<b>Argymhelliad / Recommendation:</b>					
<p>The Board is asked to note:</p> <ul style="list-style-type: none"> <li>• The steps to improve BCUHB's performance and progress with the All Wales Medicines Strategy Group (AWMSG) Prescribing Indicators.</li> <li>• Secondary care prescribing trend</li> <li>• Actions taken by Pharmacy &amp; Medicines Management to support the response to the COVID pandemic and vaccination programme.</li> </ul>					
Please tick as appropriate					
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>	
				<b>Er gwybodaeth For Information</b>	✓
<b>Sefyllfa / Situation:</b>					
<p>A report on primary and secondary care prescribing was requested by the Chief Executive following receipt of a letter in January 2021 from the Chief Pharmaceutical Officer for Wales, the Deputy Chief Medical Officer for Wales and the Chairman of the All Wales Medicines Strategy Group highlighting the 2019-20 Health Board Annual Prescribing Report. The Pharmacy and Medicines Management annual report was also due to be tabled in March 2021.</p>					
<b>Cefndir / Background:</b>					
<p>The <a href="#">2019-20 Annual Prescribing Report</a> gives an individual summary of BCUHB's performance against eleven measures in the four priority areas of:</p> <ol style="list-style-type: none"> <li>1. Safe Prescribing</li> <li>2. Antimicrobial stewardship</li> <li>3. Efficiency</li> <li>4. Access to Medicines</li> </ol>					

In addition, the Welsh Audit Office Report “Managing Medicines in primary and secondary care “ published in December 2016, made a recommendation that Health Boards should have an annual agenda item at the Board to discuss an annual report covering pharmacy services, medicines management, primary care prescribing, homecare medicines services and progress in addressing issues identified in “Trusted to Care”.

### **Asesiad / Assessment & Analysis**

The COVID pandemic has impacted greatly on the way the pharmacy team has been able to work throughout 2020, particularly in primary care. Where they were previously embedded in GP practices, social distancing has resulted in pharmacists and pharmacy technicians having to work remotely to support prescribing, which in some areas was hampered by recruitment or information technology (IT) issues.

The local enhanced service for medicines management was suspended along with several safety programmes that had been included in the GP Quality and Improvement Framework (QAIF). One of these modules focused on the AWMSG patient safety indicators, which are included in the 2019-20 Annual Prescribing Report. The indicator performance, normally published down to practice level, has not been available for health boards to view and download throughout 2020. This loss of focus on primary care prescribing may have longer term consequences on overall prescribing quality and costs. The prescribing indicators performance will be monitored by the Clinical Effectiveness Group.

This report reflects the performance outlined in the 2019-20 Annual Prescribing report, trends in secondary care prescribing and Homecare delivery and some of the ways that the pharmacy and medicines management teams in primary and secondary care have met the challenges to support the BCUHB COVID pandemic and vaccination programme. It also highlights an outstanding action from the Welsh Audit Office report on the ongoing need for an electronic prescribing system.

### **Strategy Implications**

The annual report demonstrates the strategic and business plans of BCUHB and Welsh Government:

- Care closer to home
- Unscheduled care
- A Healthier Wales

### **Financial Implications**

Financial implications from cost-effective and safe prescribing relating to prescribing indicators.

### **Risk Analysis**

The medicines governance focuses on the safety and risk management issues concerned with medicines and importantly, systems risks that can lead to error and resultant adverse incidents.

### **Legal and Compliance**

The Pharmacy & Medicines Management annual report 2021 provides assurance that vaccine supply and administration is in accordance with legislation and MHRA best practice.

### **Impact Assessment**

None.

## Update on performance of the AWMSG Prescribing Report February 2020

### Celebrating Success

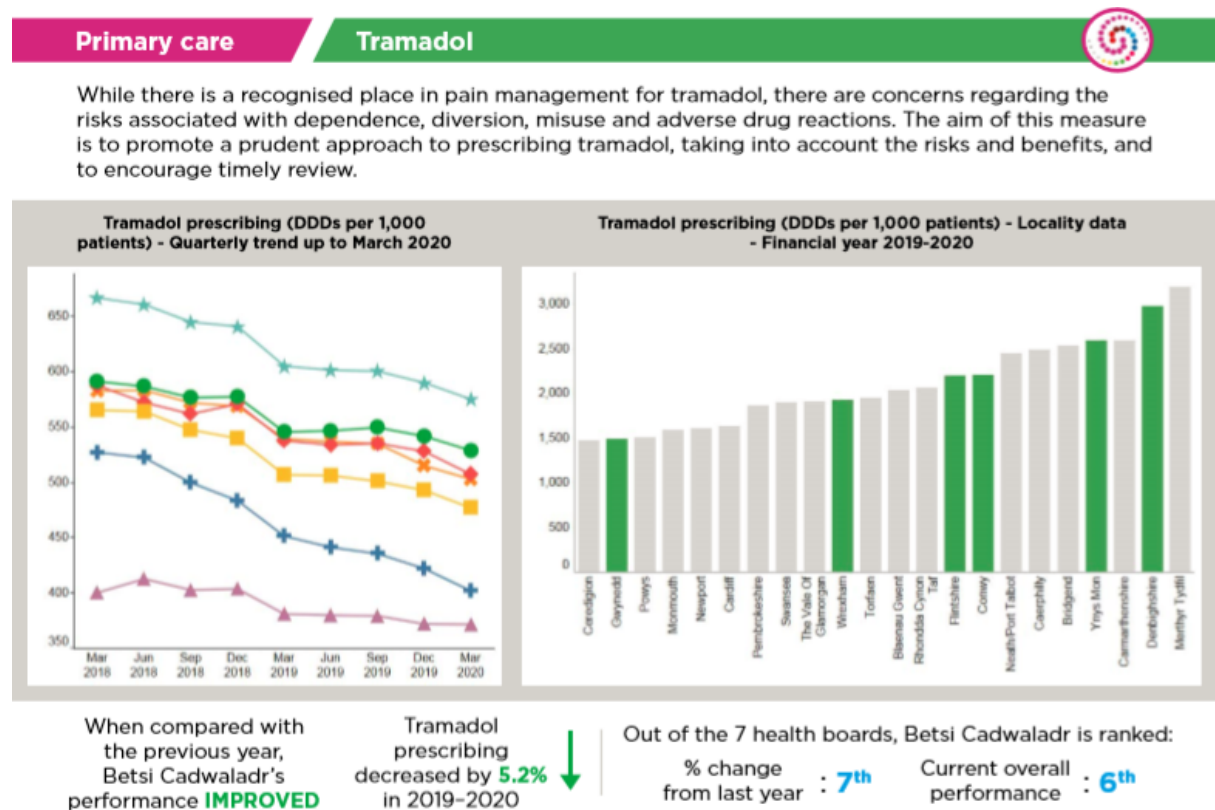
- Pharmacy procurement worked Wales-wide to secure critical care and end of life medicines as the pandemic took hold. Despite international and national competition for these drugs, the concerns that patients in Wales would be disadvantaged due to shortages were not realised.
- BCUHB signed up to a mutual aid agreement in Wales so that supplies of these critical medicines could be moved to areas of greatest need, utilising Health Courier Services or the armed forces to transport at short notice or out of hours.
- Preserving palliative care medicines was a priority so BCUHB participated in the Wales scheme to stock 'Just in time Emergency Medicines Packs' (JEMP). This permitted Welsh ambulance paramedics to collect a box from Glan Clwyd Hospital, prescribed by a GP, and deliver it to a patient's home, where everything would be to hand to set up a syringe driver for end of life care.
- Recognising the value of critical care nurse time spent at the bedside and not preparing medicines, pharmacy commissioned the first syringe filler in Wales to manufacture ready-to use medicines such as noradrenaline, fentanyl and insulin. This in turn released capacity for the sterile production unit to focus on the production of more short-dates products e.g. antibiotics.
- The medicines management nurses ran back to the floor training to support nurses redeployed onto acute wards; they ran intravenous administration sessions for community hospitals and Ysbyty Enfys practice development nurses; they developed more training videos and self-directed learning through nurse education.
- A temporary hub was set up in Ysbyty Gwynedd to make up intravenous antibiotics for patients using nursing staff who could not be redeployed onto acute wards. Pharmacy put the procedures in place to ensure that they could be drawn up safely and in line with regulations. This model was explored on the other sites, but the moment had passed by the time a suitable location had been found.
- When COVID-19 and personal protection equipment introduced difficulties with maintaining medicines management standards, changes were made to the Medicines Policy to support alternative safe practice, such as the ordering and supply of controlled drugs (CD) and storage of the keys to the CD cupboard.
- The pharmacy team have been key to implementing, including the training, competence and oversight of the procedures and maintenance of the cold chain in the mass (MVC), hospital (HVC) and local (LVC) vaccination centres. They have been responsible for the deployment of vaccines to GP practices and pop-up LVC sites.
- A dedicated Medicines Safety Officer (MSO) post has been put in place to support the investigation and learning from incidents as well as supporting the

organisational governance around medicines management by overseeing the medicines policies and procedures agenda.

## Primary Care Prescribing

**Guide:** The narrative of the purpose of the indicator is above the graphs and BCUHB is the green line.

### 1. Tramadol DDDs per 1000 patients



A join plan between the primary and secondary care pharmacy teams was devised to target mainly secondary care clinicians who routinely initiated tramadol e.g. following orthopaedic surgery and then discharged patients continued to ask their GPs for an ongoing supply when it was no longer indicated. The primary care medicines management team worked with GP practices to audit their prescribing of tramadol using the AWMMSG resource pack.

Several other factors impact on the prescribing of tramadol such as access to chronic pain services and waiting lists for orthopaedic surgery. This is because once simple analgesics and non-steroidal anti-inflammatory drugs have been tried and pain remains unmanageable, the alternatives are opioids, including tramadol.

## 2. Gabapentin and Pregabalin DDDs per 1000 patients

Gabapentin and pregabalin are antiepileptic medicines, more commonly used now for the management of neuropathic pain. Most health boards are showing an upwards trend and as with tramadol, the prescribing in primary care is also influenced by availability of chronic pain services.

Many patients with neuropathic pain will have tried amitriptyline and if this is not tolerated, the GP, following NICE guidance, will prescribe either pregabalin or gabapentin.

The prescribing of gabapentin and pregabalin will continue to rise unless patients can access timely orthopaedic services, chronic pain services or alternatives such as cognitive behavioural therapy (CBT) or electronic CBT. There may also be a component of anxiolytic action with pregabalin, and increased prescribing may be linked to factors external to health or the complex cycle of pain being linked to mental health conditions or other 'life' factors.

There are concerns about diversion of these medicines due to this anxiolytic action so these medicines also have a street value. In 2019, they were reclassified as schedule 3 controlled drugs to endeavour to control their supply.

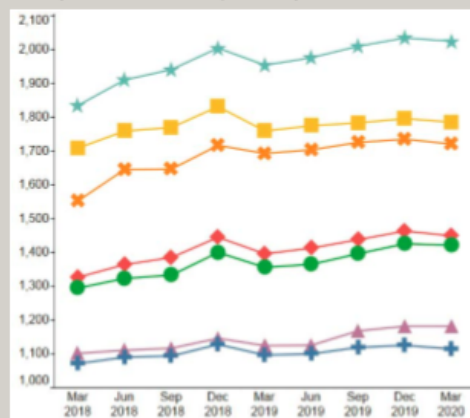
### Primary care

### Gabapentin and pregabalin

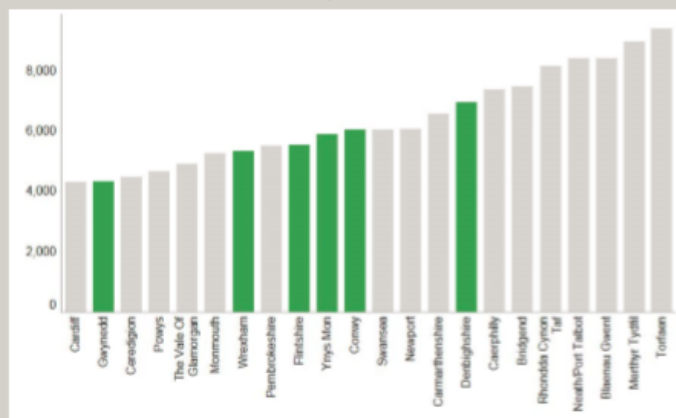


Both gabapentin and pregabalin have the propensity to cause depression of the central nervous system, and when used in combination with other depressants they can cause drowsiness, sedation, respiratory failure and death. The aim of this measure is to encourage the appropriate use and review of gabapentin and pregabalin in primary care, minimising the potential for dependence, diversion, misuse and adverse drug reactions.

Gabapentin and pregabalin (DDDs per 1,000 patients) - Quarterly trend up to March 2020



Gabapentin and pregabalin (DDDs per 1,000 patients) - Locality data - Financial year 2019-2020



When compared with the previous year, Betsi Cadwaladr's performance **DETERIORATED**

Gabapentin and pregabalin prescribing increased by **3.6%** in 2019-2020



Out of the 7 health boards, Betsi Cadwaladr is ranked:

% change from last year : **7<sup>th</sup>**

Current overall performance : **3<sup>rd</sup>**

### 3. Antibacterial items per 1000 Star PU

Antimicrobial resistance and the harm from healthcare acquired infections (HCAI) make decreasing antimicrobial prescribing, particularly broad spectrum antibiotics a national and international priority. A substantial amount of work has been carried out across BCUHB working with GPs to reduce the antibiotic items prescribed over recent years and the five year reduction target was achieved in the first year of being set. Some of the initiatives included:

- A project involving C-reactive Protein (CRP) point of care machines testing following NICE guidelines demonstrated reductions in the region of 23-39% in prescribing rates in various historically high prescribing outlier practices. This data was published, including the economic analysis, with Bangor University and presented at the All Wales Antimicrobial Steering Group. The use of the CRP devices are mainstream practice for those GP practices now and a direction around the commissioning of CRP machines across Wales is awaited. BCUHB experience indicates that CRP machines are not beneficial in every practice, it requires full GP engagement. The focus was on outlier practices to give confidence to the clinician whether or not it is clinically appropriate to issue prescriptions. There is a cost implication as each CRP test cassette costs £3.50, and the machines costs £1,500.
- Working with care homes to raise awareness of hydration and to reduce dip-sticking for urinalysis reaped benefits in many ways including reduced episodes of urinary tract infections, and consequently inappropriate antibiotic prescriptions; reduced admissions for acute kidney injury.
- Primary Care Antibiotic Pharmacists have been providing educational sessions to outlier GP practices.

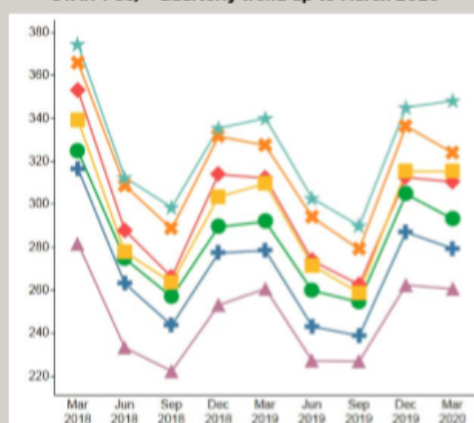
#### Primary care

#### Total antibiotic prescribing

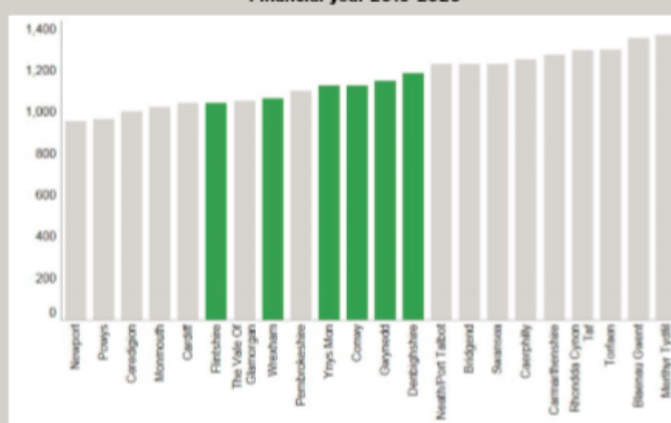


The widespread and often excessive use of antimicrobials is one of the main factors contributing to the increasing emergence of antimicrobial resistance. The aim of this measure is to encourage the appropriate prescribing of all antibiotics in primary care.

Total antibiotic prescribing (Items per 1,000 STAR-PU's) - Quarterly trend up to March 2020



Total antibiotic prescribing (Items per 1,000 STAR-PU's) - Locality data - Financial year 2019-2020



When compared with the previous year, Betsi Cadwaladr's performance **IMPROVED**

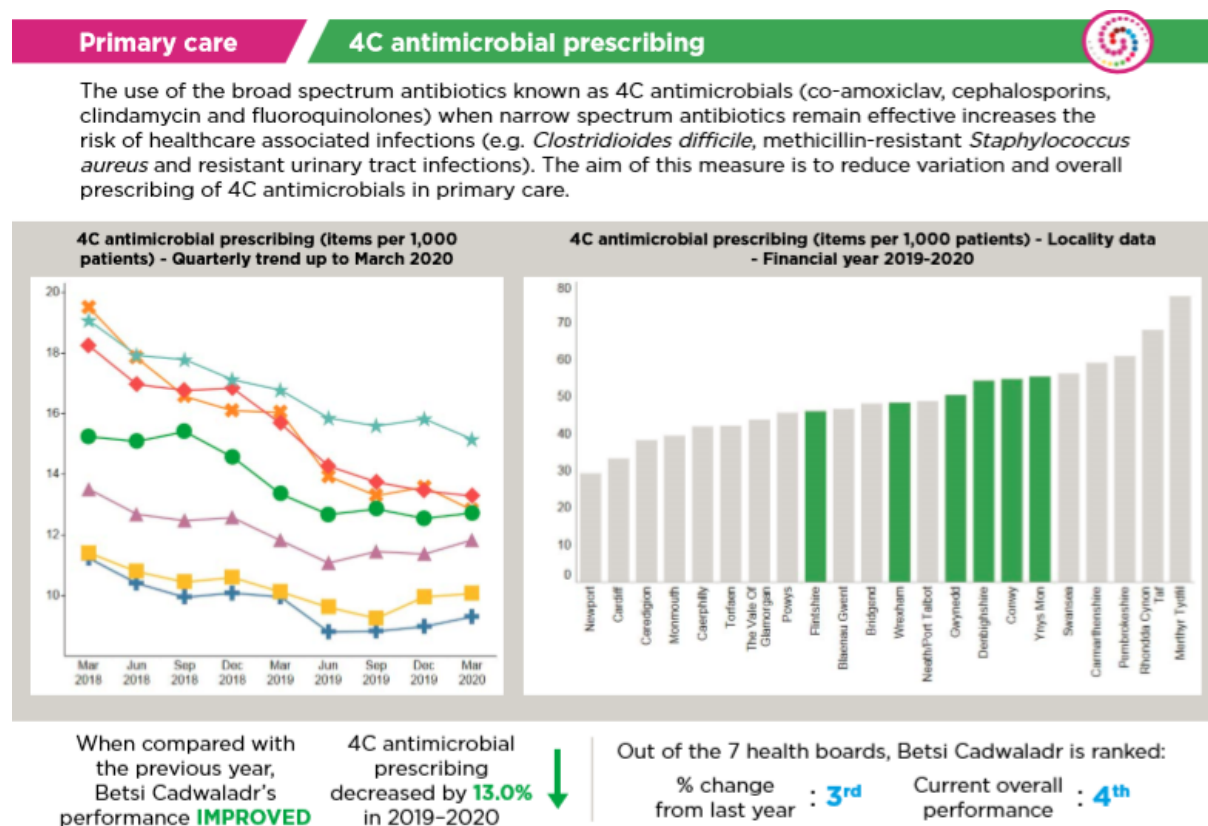
Total antibiotic prescribing decreased by **0.08%** in 2019-2020

Out of the 7 health boards, Betsi Cadwaladr is ranked:  
 % change from last year : **4<sup>th</sup>**  
 Current overall performance : **3<sup>rd</sup>**



Much of this work will be picked up again in 2021, with new antimicrobial pharmacists in post in primary care.

#### 4. 4C antibiotics items per 1000 patients



The 4C antimicrobials: cephalosporins, quinolones, co-amoxiclav and clindamycin are only indicated for a limited number of clinical presentations. The formulary app, Microguide, which is accessible on smartphones, provides the guidance for all clinicians across primary and secondary care. Historically, in 2015, cephalosporins were used for urinary tract infections (UTI) as second line to trimethoprim. This guidance was amended and nitrofurantoin is now used instead. However, resistance to trimethoprim is becoming a significant issue, which may become a cost pressure, because the alternative agents, nitrofurantoin and fosfomycin are much more expensive and UTI is a very common condition. Judicious use of the antimicrobials, combined with appropriate diagnostic testing is essential.

#### 5. Items of low clinical value

The Primary care team has worked with prescribers and patients to implement the recommendations of the AWMMSG and commit to reducing the expenditure and volume of treatments deemed 'less suitable for prescribing'. The criteria for medicines included in this basket, will be because of a lack of evidence, or perhaps safety concerns.

The decision-making systems 'ScriptSwitch' and 'Optimise', used by BCUHB, interface with GP clinical systems to ensure the appropriate prompts appear before a prescription is generated. In some cases, if they are available to buy from as

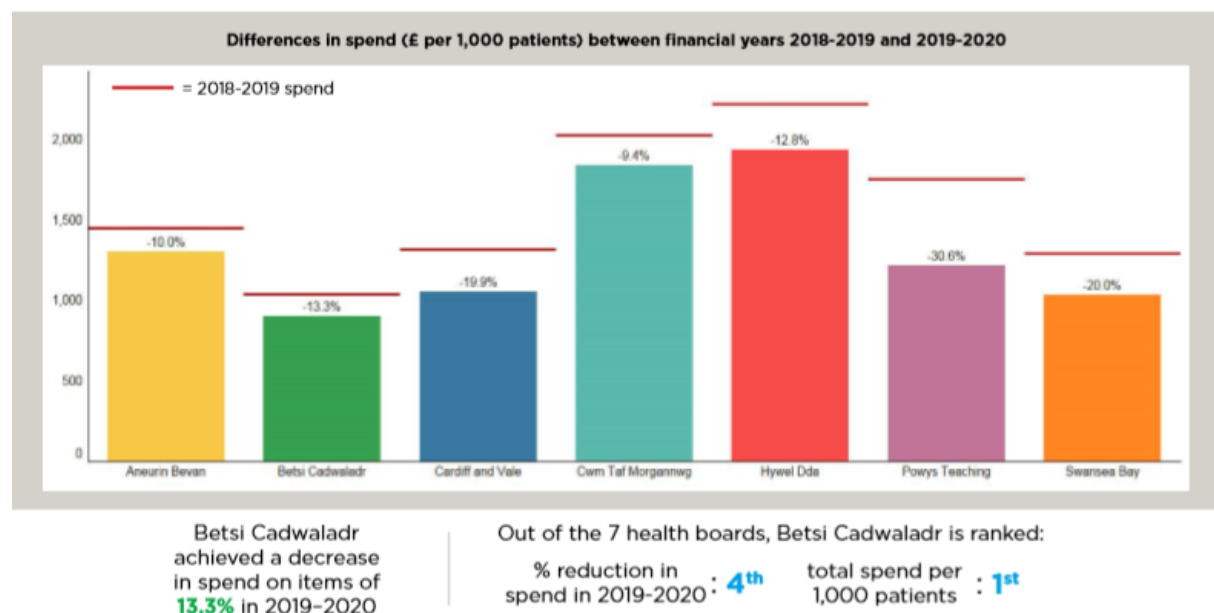
pharmacy or supermarket, this may mean that patients have been directed to purchase products themselves. There is considerable patient resistance (and in some cases clinician resistance) to cease both the request and prescribing of these treatments respectively. If alternatives are prescribed these will of course be deducted from the overall prescribing budget. Often items here are 'legacy' items and willingness to stop a treatment that appears to be beneficial or doing no harm can be a robust and challenging conversation, particularly where endorsed or commenced by a therapeutic expert. Although the BCUHB formulary is critical for managing such products and it is promoted at every opportunity, there remain ways to circumvent the controls, such as via clinic letters and patients place much more value on the opinion of a 'specialist', which can be difficult for GPs to challenge.

## Primary care

## Low value for prescribing



A series of 'Low value for prescribing' papers endorsed by the All Wales Medicines Strategy Group recommend decreased prescribing of a range of items considered as not suitable for routine prescribing; whether they are items of low clinical effectiveness or items where more cost-effective alternatives are available. The data below displays the difference in spend (per 1,000 patients) on items listed within Paper 1 and Paper 2 of this series.



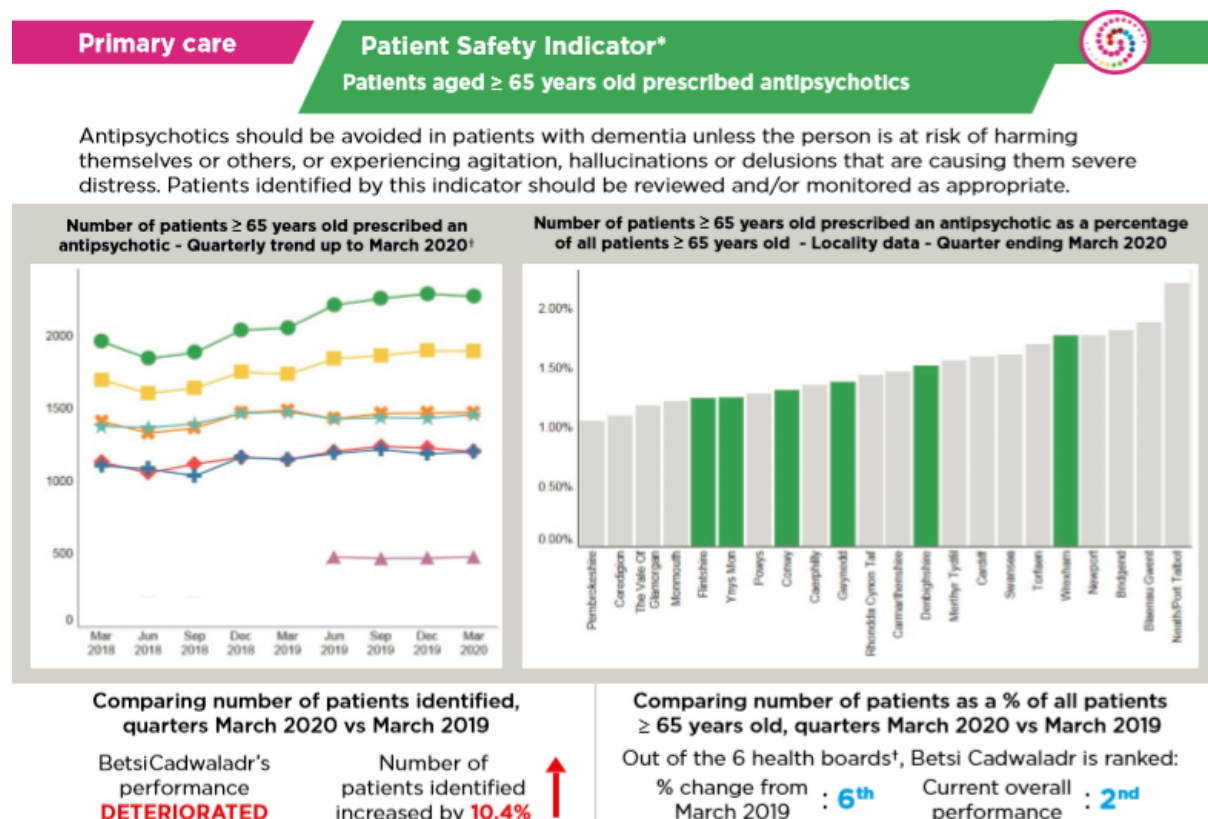
## 6. Patient Safety Indicator – Antipsychotics in over 65's

Following the Banerjee<sup>1</sup> report, there has been a UK drive to decrease the numbers of antipsychotics prescribed for dementia patients as these treatments are associated with an increased risk of stroke and other negative outcomes. Often non-prescription approaches can alleviate these symptoms, but can be time and resource intensive. The primary care prescribing support team has worked closely with the Mental Health teams to develop a plan to tackle this indicator. An audit in primary care revealed that the vast majority of antipsychotics are commenced by mental health clinicians and often used to combat agitation or other symptoms of dementia and other neurodegenerative disorders.

<sup>1</sup> [The Use Of Antipsychotic Medication For People With Dementia Time For Action \(jcpmh.info\)](https://www.jcpmh.info/)



They are often prescribed as a last resort when no formal care is available for patients with agitation or aggressive symptoms, but do need regular review for ongoing benefit. GPs are often reluctant to make changes to the prescribing without input from mental health. Some monitoring review documentation has been produced to guide and prompt decision making. Whilst BCUHB has higher numbers of patients on this treatment the overall percentage of those treated has reduced compared to other LHBs. It should be noted that Wrexham have Denbighshire have a significant population of dementia patients in elderly mentally ill (EMI) care.



## 7. Patient Safety Indicator – Patients with asthma prescribed a beta blocker

Asthma is often coded as a clinical condition on the patient record and can remain as an 'active' condition for life, even if the patient is no longer receiving treatment. These patients have been reviewed, and although the health board position has deteriorated, it is clinically appropriate for these patients to be taking beta-blockers.

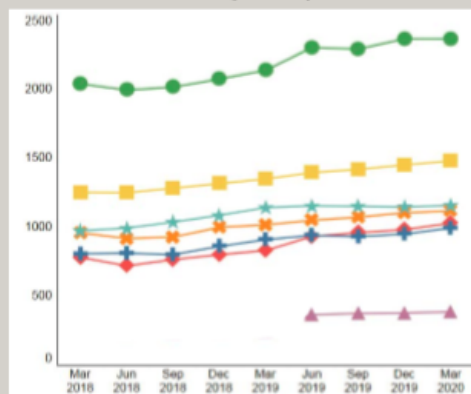
Beta-blockers are commonly used for cardiac conditions and are recommended by NICE for conditions such as heart failure and post myocardial infarction as well as having a role in the management of other conditions such as anxiety or migraine.

Where it is clinically indicated, a small dose will be tried to see if it can be tolerated and then titrated up to the required dosage. Because there is no way to exception report these patients as the data is pulled from the GP system, via Audit+ the health board position continues to deteriorate and will do so as the north Wales population ages. This problem has been reported by all health boards to the All Wales Prescribing Advisory Group, which sets the indicators.

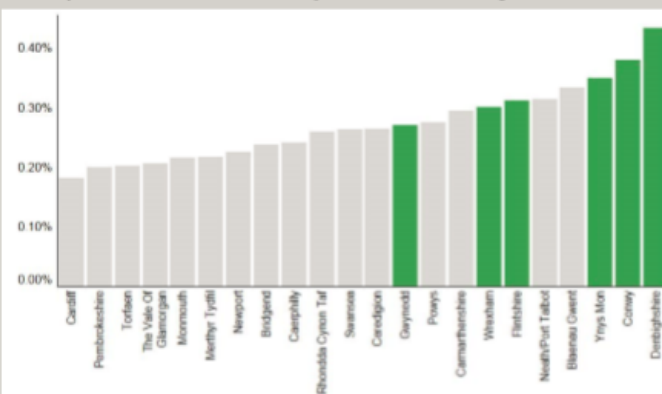


Beta-blockers should be avoided in patients with asthma due to the potential to precipitate bronchospasm. Patients identified by this indicator should be reviewed and/or monitored as appropriate.

Number of patients with asthma prescribed a beta-blocker - Quarterly trend up to March 2020<sup>†</sup>



Number of patients with asthma prescribed a beta-blocker as a percentage of patients with asthma - Locality data - Quarter ending March 2020



Comparing number of patients identified, quarters March 2020 vs March 2019

BetsiCadwaladr's  
performance  
**DETERIORATED**

Number of  
patients identified  
increased by **10.7%**



Comparing number of patients as a % of patients with asthma, quarters March 2020 vs March 2019

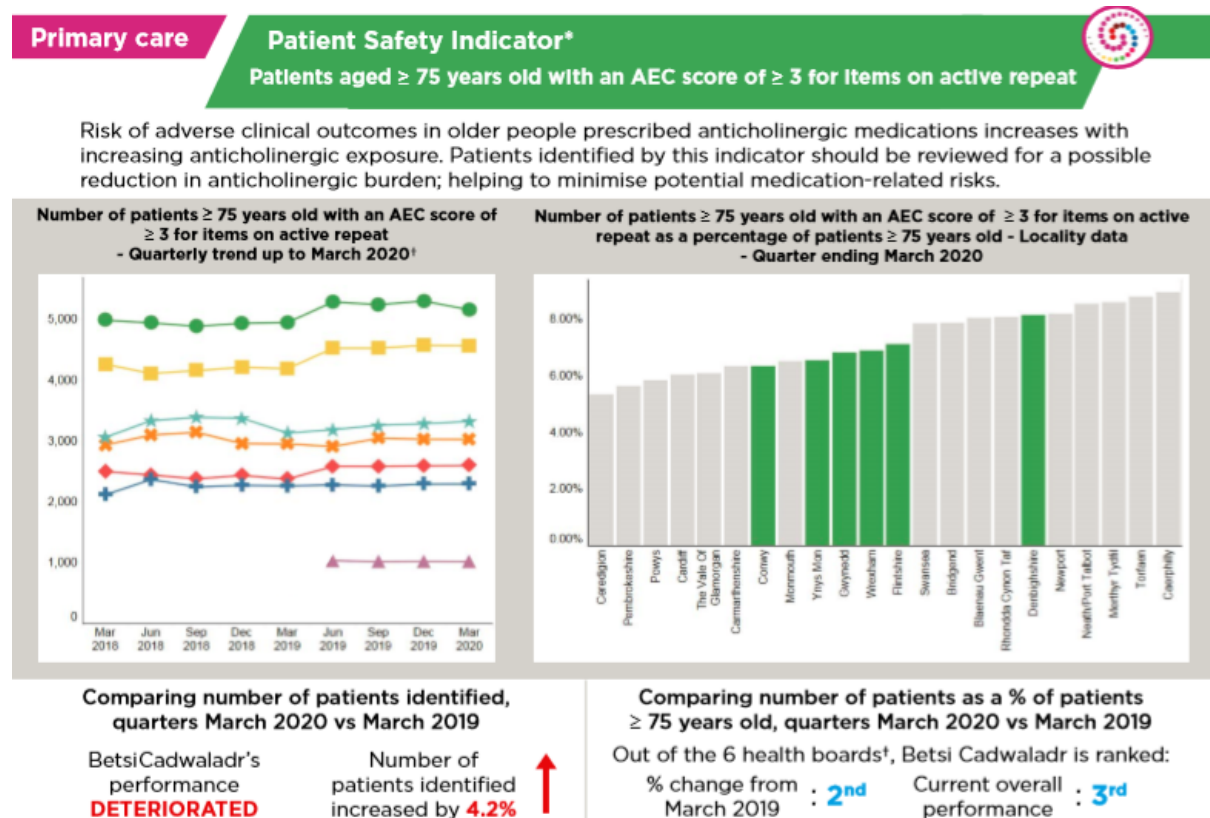
Out of the 6 health boards<sup>†</sup>, Betsi Cadwaladr is ranked:

% change from March 2019 : **3<sup>rd</sup>** Current overall performance : **6<sup>th</sup>**

\* Patient Safety Indicators will not pick up instances where a patient has been reviewed and prescribing has been found to be appropriate.

<sup>†</sup> 2018-2019 Powys reporting has been omitted due to technical difficulties with data extraction from one GP practice. For this reason, Powys has been omitted from the health board rankings for this Patient Safety Indicator.

## 8. Patient Safety Indicator – Patients aged ≥75 years old with and AEC score of ≥3 for items on active repeat.



This wide basket of medicines is closely associated with patient harm such as falls particularly in a more elderly population. Symptoms commonly include dizziness, urinary retention and constipation which can require medical intervention. Polypharmacy and frailty reviews are undertaken by GPs and primary care pharmacists to reduce the number of concomitant treatments prescribed and intend to continue this into 2021/2022. There is a balance between the need to manage long-term conditions and the negative effects and potential iatrogenic disease caused when greater numbers of medicines are prescribed.

## 9. Patient Safety Indicator – female patients 14-45 with prescription for sodium valproate

Recently highlighted in the report by Baroness Cumberledge, the safety lead pharmacists and primary care support teams have worked alongside colleagues in mental health, paediatrics and neurology to address several national safety notices and this indicator. All GP practices were asked to review and return their patient data for those at risk. Paediatrics and mental health requested that all patients be referred to them for review and counselling and any others identified were to be invited into the practice for the same. The work has continued throughout 2020 and returns continue to be received highlighting those patients taking sodium valproate with no pregnancy prevention programme in place. Some patients may actively refuse

pregnancy prevention, so it is unlikely that 100% of females will ever be covered. Alternative treatments to sodium valproate are also discussed, but in complex neurological disorders such as epilepsy, stability and control of symptoms is critical and impacts on quality of life to a very significant degree.

## Primary care

### Patient Safety Indicator\*

Female patients aged 14–45 years old with a prescription for sodium valproate

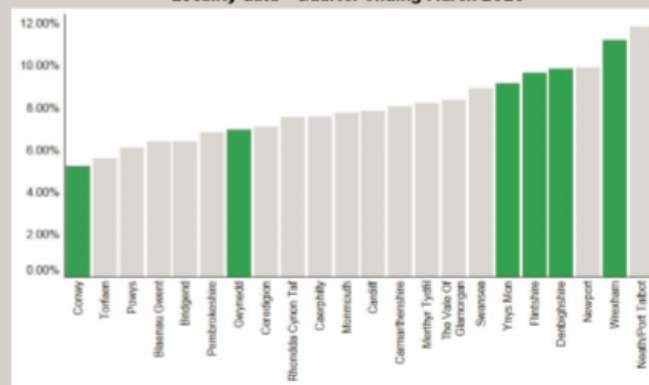


Due to the high risk of malformations and developmental problems associated with exposure of babies to valproate medicines, they must no longer be used in women or girls able to have children unless they have a Pregnancy Prevention Programme in place. Patients identified by this indicator should be reviewed.

Number of female patients aged 14–45 years old with a prescription for sodium valproate - Quarterly trend up to March 2020



Number of female patients aged 14–45 years old with a prescription for sodium valproate as a percentage of female patients aged 14–45 years old - Locality data - Quarter ending March 2020



Comparing number of patients identified, quarters March 2020 vs June 2019

Betsi Cadwaladr's performance  
**IMPROVED**

Number of patients identified decreased by **13.5%**

Comparing number of patients as a % of female patients aged 14–45 years old, quarters March 2020 vs June 2019

Out of the 7 health boards, Betsi Cadwaladr is ranked:  
% change from March 2019 : **3<sup>rd</sup>** Current overall performance : **6<sup>th</sup>**

\* Patient Safety Indicators will not pick up instances where a patient has been reviewed and prescribing has been found to be appropriate.  
† 2018-2019 Powys reporting has been omitted due to technical difficulties with data extraction from one GP practice. For this reason, Powys has been omitted from the health board rankings for this Patient Safety Indicator.

## Secondary Care Prescribing

The All Wales Therapeutic & Toxicology Centre compiles a monthly report, which it submits to Welsh Government highlighting each health board's performance in including new approved treatments, funded by the WG £16m New Treatment Fund, onto its formulary, and the time taken. The target is 60 days for health boards to demonstrate access to these treatments and the fund offsets the impact in year one and may be utilised to support infrastructural needs if necessary.

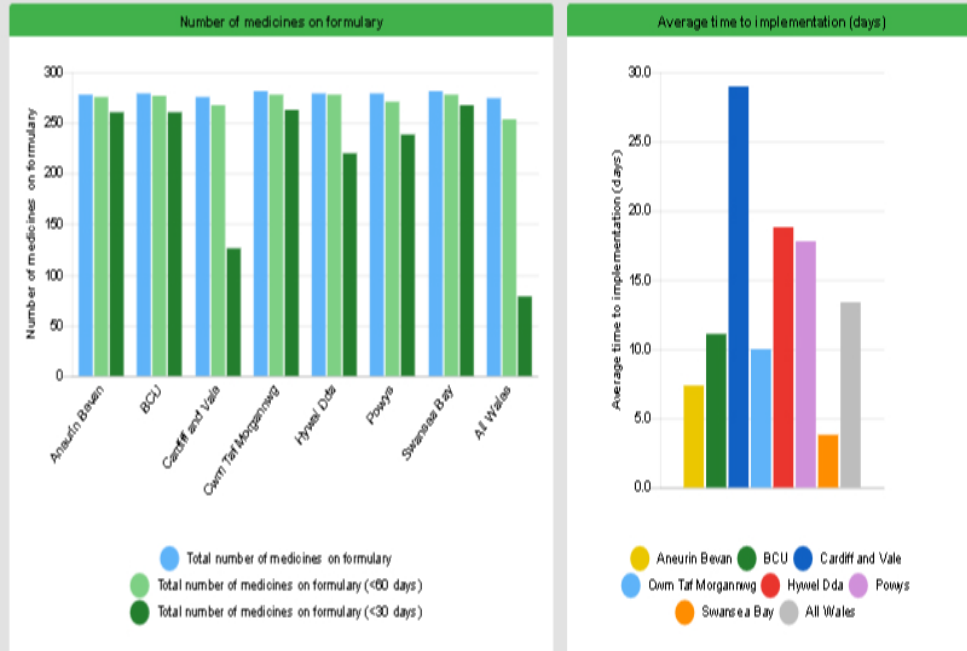
This demonstrates our assurance in making these new treatments available to our population. The table below is taken from the January 2021 submission, which demonstrates BCUHB full compliance.

## NTF Dashboard

01/02/21

Total potential medicines to be added to formulary

285



To facilitate the process a NICE & AWMSG impact assessment group was set up as a sub group of the Drugs and Therapeutics Group (DTG). The generated reports, which go to DTG identify the full potential financial and service intra-structural impact each newly approved medicine will have on the health board, based on the anticipated patient from year one to year five. Once approved, DTG agrees the most appropriate sector to be allowed to prescribe the treatment thereby assuring that the treatment will be given safely and the governance has been considered and any issues addressed beforehand.

What is not covered is the ongoing monitoring that NICE/AWMSG guidance is followed. DTG does not capture the actual number of patients initiated on each approved treatment and for each specific indication. The assurance that every time that a clinician initiates a high cost NICE/AWMSG approved drug, that he/she does so in line with the NICE/AWMSG recommendation, is not being measured thus BCUHB cannot be wholly assured of their compliance with NICE/AWMSG recommendations. For example a patient's condition may have gone past the threshold that NICE/AWMSG consider cost-effective for a particular treatment and the patient is no longer deriving the benefit. WHSSC has commissioned access to the software system Blueteq for all health boards to use. With the implementation of Blueteq, it will be possible to provide the assurance to the board that BCUHB is compliant with NICE recommendations for high cost drugs approved by NICE, the data will also be available to confirm the accuracy of the predicted patient numbers accessing treatment.

An additional complexity is that many approved drugs have a multitude of recommendations for a variety of very different clinical indications which may or may not all be managed by the same specialty, therefore it is impossible to confirm their use from finance data alone without access to a database i.e. Blueteq.

The impact of the new NICE or AWMMSG approved treatments may then become a cost pressure to the organisation in subsequent years as the number of patients on these treatments increases whilst the New Treatment Fund does not address this impact. Pharmacy has mitigated this cost pressure in a number of ways by working closely with clinicians and patients across BCUHB in a variety of specialties to deliver efficiencies in many areas.

### **Homecare and High Cost Drugs**

The Pharmacy procurement team continues to develop and increase the use of homecare delivery companies for all high cost oral treatments and some sub-cutaneous injection delivered medicines. Through Homecare delivery patient access to oncology maintenance injectable treatments has been improved, allowing patients to have these treatments delivered in their own homes by trained healthcare professionals

From 2013 to date the number of patients having treatment delivered to them through homecare in BCUHB has grown by 151%. By 2021, there are over 3,800 patients having specialist treatment delivered direct to their homes through one of the many homecare provider companies. The cost of this treatment was circa £11million, and VAT is exempt reducing the cost by of circa £2.2million per annum. An additional benefit in 2020 was that patients or their carers have not had to visit the hospital sites unnecessarily to access their highly specialist medicines during the COVID pandemic, thus minimising risk of infection in the vulnerable shielding cohort of patients. In addition, the homecare delivery is far more patient friendly as it covers the whole of our extensive geography.

#### **BCUHB Expenditure per annum on drugs procured via Homecare**

	<b>Total Patients</b>	<b>Total Expenditure</b>	<b>VAT exemption</b>
<b>2013 to 2014</b>	1537	£5,462,622	£1,092,524
<b>2014 to 2015</b>	1546	£6,795,992	£1,359,198
<b>2015 to 2016</b>	1889	£8,883,459	£1,776,692
<b>2016 to 2017</b>	2244	£11,589,284	£2,317,857
<b>2017 to 2018</b>	2418	£11,066,460	£2,213,292
<b>2018 to 2019</b>	3164	£10,403,491	£2,080,698
<b>2019 to 2020</b>	3887	£9,401,068	£1,880,214
<b>2020 to 2021</b>	3864	£11,131,640	£2,226,328

### **Biosimilars**

BCUHB was an early adopter of biosimilar high cost drug products as early as June 2016, Working jointly with BCUHB secondary care clinicians from gastroenterology, dermatology, rheumatology, oncology and renal, pharmacists implemented the use of biosimilar monoclonal antibody or tumour necrosis factor alpha inhibitors in

preference to the parent compound safely transferring patients following each launch onto the market and listing on the All Wales hospital contract.

This has delivered many millions of pounds of savings across the range of specialties. This saving continues to increase as the national contract for the biosimilar improves whilst the patient continues to gain the same clinical benefit from their treatment as they had from the parent compound.

## Pharmacy Response to COVID

### Critical Care

Each of three acute hospital offered a clinical service to critical care, but at the start of the first COVID wave, it quickly became clear that this would be inadequate to meet the demands, so a critical care pharmacy group was established. Additional pharmacists, pharmacy technicians and pharmacy assistants were upskilled so that cover could be provided seven days per week. The group has enabled a co-ordinated, rapid and agile response to:

- surges in demand for medicine procurement,
- aseptic products provision,
- oxygen capacity
- Pharmacy clinical support for critical care.

### Medicine Procurement

The supply chain for medicines has been extremely fragile due international and national competition for critical care medicines resulting in unprecedented demand. The purchasing of medicines, therefore has been extremely challenging during the pandemic to ensure the right medicine reaches the right patient at the right time and has resulted in a new collaborative way of working across Wales.

The investment in 2016 by BCUHB, demonstrated the value of having a dedicated procurement team. They endeavoured to ensure that BCU did not run out of any critical medicines during the pandemic through daily surveillance of the top 20 (T20) medicines by balancing actual stock holding and available wholesale supply against actual usage on the critical care units. They built on existing working relationships to work collaboratively at both regional and national levels to facilitate mutual aid e.g. remdesivir was transferred to Cardiff and Vale to enable ongoing patient treatment, early in the recent COVID surge, when BCUHB usage was low. This collaboration with Health Courier Service Wales (HCSW) and national pharmacy teams has transformed access to medicines across Wales utilising existing logistics to distribute critical medicines to the greater area of need. BCUHB has also worked closely with the Wales procurement lead pharmacist to balance national demand for certain medicines e.g. the increased local demand for tocilizumab versus adherence to national quotas.

An example of the T20 critical care SitRep is shown in the table below:



Row Labels	ICU - Beds Occupied	Total Stock	Total Stock Days	Stock Days - Occupied	Stock Days - Max ICU Beds
<b>Betsi Cadwaladr</b>					
<b>Neuromuscular Blockers</b>					
ATRACURIUM	46	939	77.8	1.7	1.1
CISATRACURIUM	46	162	37.9	0.8	0.5
ROCURONIUM	46	1100	611.1	13.3	8.6
SUXAMETHONIUM	46	420	690.0	15.0	9.7
<b>Sedation</b>					
KETAMINE	46	938	79.3	1.7	1.1
PROPOFOL	46	8801	1204.9	26.2	17.0
MIDAZOLAM	46	2043	181.7	3.9	2.6
<b>Vasopressor</b>					
METARAMINOL	46	303	851.0	18.5	12.0
NORADRENALINE	46	835	734.2	16.0	10.3
ARGIPRESSIN	46	81	405.0	8.8	5.7
<b>Opioid</b>					
FENTANYL	46	5058	686.2	14.9	9.7
MORPHINE	46	241	232.2	5.0	3.3
ALFENTANIL	46	5915	605.0	13.2	8.5
REMIFENTANIL	46	100	105.0	2.3	1.5
<b>In Production</b>					
NORADRENALINE [CIVAS]	46	0	0.0	0.0	0.0
MORPHINE [CIVAS]	46	113	565.0	12.3	8.0
MIDAZOLAM [CIVAS]	46	0	0.0	0.0	0.0
FENTANYL [CIVAS]	46	9	90.0	2.0	1.3

## Clinical pharmacy service

The critical care pharmacists helped to equip the rest of the pharmacy team with the basic knowledge and skills to look after critically ill COVID-19 patients utilising local and national resources, made available on a BCUHB pharmacy website, which all staff could access. Pharmacy technician and pharmacy assistant support was introduced to critical care areas to track critical medicines and carry out stock top-ups ensuring that procurement and medicine supply was responsive to the needs of patients. Some examples of critical care pharmacists supporting safe use of medicines in critical care during the pandemic are below. They:

- Produced IV infusion administration guides for unfamiliar/trial medicines e.g. rocuronium, anakinra, tocilizumab, etc.
- Contributed to the writing of BCU Critical Care Thrombo-prophylaxis in suspected/confirmed COVID-19 guideline;
- Prepared pro-forma stickers for key medicines for prescription charts to support quick and safe prescribing of critical medicines;
- Undertook daily stock management of critical medicines at ward level for the main units and escalation areas.
- Worked closely with clinical teams and procurement to source and switch to alternative treatments if stocks of particular medicines were running low.

The success of the collaborative approach of BCU critical care pharmacists in the first wave led to BCU helping to establish a National Pharmacy Critical Care Network for Wales so that pharmacists across the country could work together sharing information and ideas going into the second and any future waves of the pandemic. The work of the critical care pharmacists has been greatly appreciated by the nursing staff, with two Greatix nominations and compliments received from senior



nursing staff for the invaluable role the pharmacists have played during this difficult time:

*“They have gone above and beyond to help us prepare for the increase in patients and demand”; “So helpful and supportive of our unit.” “They made sure we were completely stocked up, they were so organised and reliable”; “Nothing is too much trouble for them”*

For all other clinical services, a contingency plan was drawn up in preparation for anticipated staff sickness, access to patients and infection prevention controls. This resulted in setting up teams of pharmacists and pharmacy technicians to cover red and green areas and prioritisation of patients seen.

## Technical Services

A significant amount of nursing time is spent preparing injectable medicines on critical care and escalation areas. Pharmacy technical services adapted early on in the pandemic to provide aseptically prepared products to meet new demand. The unit has provided key medicines to critical care such as noradrenaline, fentanyl, morphine and some IV antibiotics. The use of a new automated syringe-filling device, the first in Wales, has significantly helped to meet this demand.

As part of the COVID 19 response the service has prepared over 3000 doses of ready to administer injectable medicine doses across BCU, saving valuable nursing time. The service has been highly valued by front line nursing staff and they acknowledged this in the pandemic lessons learnt feedback after the first wave stating that it was a much appreciated service that they wanted to continue in any future waves. The aseptic service has reacted and adapted quickly to changes in demand and was in a position to be able to support other HB's across Wales with their COVID demand during the first wave and second wave.

Technical services also supported the COVID response to critical care with medical gas testing during the significant upgrades to the medical gas pipework to support critical care areas at Ysbyty Wrecsam Maelor, upgrade at Ysbyty Gwynedd and installation of piped oxygen at Ysbyty Enfys.

## Clinical Trials

When the COVID-19 virus emerged there was no evidence for either prevention or treatment of the infection. The UK Health and Care Research organisations worked in collaboration to prioritise public health research. These research studies included:

- COVID-19 vaccine studies (including the NOVOVAX study)
- Therapeutic ‘platform’ Clinical Trials of Investigational Medicinal Products (CTIMPs) such as RECOVERY, REMAP CAP (secondary care) and PRINCIPLE (primary care).

The therapeutic ‘platform’ clinical trials are run in multiple centres across the UK and allow for the evaluation of several interventions simultaneously. Once there is sufficient data to show whether a single intervention is, or is not effective, that arm of

the trial can be stopped allowing new ones to be added. During 2020/21, BCUHB patients were able to take part in these studies in all three acute hospitals.

The pharmacy team is responsible for ensuring the appropriate governance of the investigational medicinal products used in these studies in order to safeguard subjects, the Health Board and our Health Care Professionals. They have worked with the multidisciplinary teams within BCUHB and the national pharmacy trials networks so that these studies can be opened quickly, that patients selected for trial meet the criteria and making amendments and communicating with the teams as the treatment arms change within the studies.

The degree of multidisciplinary involvement to expedite these trials in such a timely manner and the pace at which they have been opened, revised and amended to include ever changing treatment arms has been unprecedented and exceptional.

Supporting these studies has enabled the north Wales population to access the most promising investigational medicines for the treatment of COVID-19 disease. Two key treatments have included dexamethasone and tocilizumab and pharmacy has paid a key role in implementing the national guidance for their use.

For prevention, initial data analysis from the Novavax COVID-19 Vaccine (NVX-CoV2373) study, which is being run for BCUHB from Wrexham shows it to be effective against both the original strain of the virus and the UK variant. If approved for use by the MHRA, we expect it to form part of the national COVID-19 vaccination programme in the second half of 2021.

In the first phase of the pandemic, non-COVID research was paused. It was reactivated in summer 2020, when the pharmacy team supported the prioritised CTIMP studies in the rest of the portfolio, which are predominantly for cancer treatment.

## **Governance**

During the COVID-19 pandemic there have been several challenges to conventional medicine prescribing, administration and supply processes, necessitating temporary review of BCU medicine policy and guidance. This has required careful assessment balancing patient safety, staffing capacity and patient access to medicine supply. Examples of temporary changes are:

- Non- medical prescribing (NMP) - temporary extension of what non-medical prescribers can prescribe within their area of competence
- Development of remote prescribing guidance
- Management of Controlled Drugs - storage and ordering in clinical areas where full personal protective equipment (PPE) is in use
- Standard operating procedures to allow registrants to delegate medicine administration to competent health care support workers in clinical areas where nursing capacity is reduced
- Development of COVID specific patient group directions to ensure antibiotics, antipyretics and salbutamol are supplied in a timely manner across BCU, where access to prescribers is limited.

- A dedicated Medicines Safety Officer (MSO) post has been put in place. One of the Assistant Area Directors nominally held this role, but as a BCUHB-wide responsibility it was too large to hold as an add-on to the substantive lead as area head of service. The MSO pharmacist will support the investigation and learning from incidents as well as supporting the organisational governance around medicines management by overseeing the medicines policies and procedures agenda.

## Community Pharmacy

Community pharmacies have adapted to the challenges of operating in the COVID-19 pandemic, including implanting new communication pathways between them and other service providers, as well as providing remote consultations to patients and launching services such as SMS messages to inform patients when their prescriptions are ready.

The seasonal influenza programme in community pharmacy grew significantly this year, with over 20,000 citizens being vaccinated (and increase of around 30% on the 2019/20 season). As part of this programme, 4 pharmacies in the Dwyfor cluster ran a successful pilot that used patient specific directions to enable pharmacy technicians and pre-registration pharmacists to act as vaccinators for the first time in Wales.

The roll out of the independent prescribing in acute conditions service has continued and there are now 10 pharmacies actively providing this service across the health board area, helping to reduce pressure on local GP practices and improving access to timely advice and treatment for patients.

## Vaccination

The COVID vaccines used in Wales to date have temporary licence authorisation from the Medicines and Healthcare Regulatory Authority (MHRA). They require cold storage to provide the optimal temperature to ensure their efficacy at the point of administration. In the case of the Pfizer vaccine this temperature is -70°C, until it is defrosted in a refrigerator (+2°C - +8°C) and then its shelf life is 120 hours. The Astra Zeneca vaccine can be stored in a normal fridge, making it more suitable for administration in primary care. In all cases, breaches of temperature requirements could reduce the potency of the vaccine, so that a patients could fail to attain a satisfactory level of immunity.

This has been a wide pharmacy team effort to support the vaccination programme in BCUHB involving the procurement team, antimicrobial pharmacists, technical services and quality assurance, hospital operations and primary care teams.

BCUHB Pharmacy Staff have:

- Worked at Welsh Government level to support the procurement and roll out of the COVID vaccination programme, including the logistics to secure the cold chain for the two vaccines in use in Wales, working with the Welsh Blood Service to supply the Pfizer vaccine across health boards.

- Provided professional advice and guidance on pharmaceutical handling of the vaccine in the context of the proposed clinical models to the Clinical Delivery Group of the COVID-19 vaccination programme; produced and maintained the BCUHB Patient Group Directions to allow the administration to take place in all vaccination settings.
- Developed the standard operating procedures and guidance documents to provide robust mechanisms for maintenance of the cold chain and ensure the security of the vaccine in a range of vaccination settings.
- Provided the governance and monitoring arrangements for maintenance of the cold chain in all settings, including the vaccination in a care home, which was the first, using the Pfizer vaccine in Wales.
- Trained Hospital, Mass and Local vaccination centre staff and assessed competence with the dilution of the multi-dose vials.
- Supervised the processes in all settings where the Pfizer vaccine is used until they were confident that they were robust enough to minimise waste, by ensuring that vials were not being diluted before starting new ones. That all vials were being used up at the end of the day.
- Coordinated the distribution, at both BCUHB and area level and working closely with Welsh Courier Services, to vaccination centres, hospitals and then onto GP practices. Splitting packs under MHRA licence where necessary to ensure equity across all areas.
- Supported primary care, providing verbal and written advice on vaccine safety, cold chain, temperature monitoring, and use of the WIS database.
- Been involved in developing the vaccination programme strategy at an area level; working with the cluster leads, undertaking modelling to ensure that the government deadlines are met.
- Supplied staff to vaccinate in the BCUHB vaccination centres, GP practices, hospital inpatients including a roving community hospital vaccination team to minimise waste.

To date (2<sup>nd</sup> March 2021) BCUHB has vaccinated more than 241,720 patients (first and second doses of the vaccine combined) and the wastage has amounted to 0.3%.

### **Electronic Prescribing and Medicines Administration (ePMA) System**

In 2015, the National Informatics Management Board (NIMB) chaired by the then Minister for Health Mark Drakeford (now Wales First Minister) stated that ePMA was the highest priority for health and care.

The Welsh Audit Office made a recommendation in its 2016 '*Managing medicines in primary and secondary care*' report that Welsh Government, NHS Wales Informatics Service (NWIS) and all health bodies should agree a detailed, time-bound plan for implementing electronic prescribing systems in secondary care. This action is held open by the BCUHB audit committee

The use of paper drug charts to handwrite prescriptions is associated with known risks to safe prescribing and administration of medicines. Serious events continue to occur in BCUHB, which would not have occurred using an ePMA system. The benefits include:

- Fewer prescribing errors leading to improved patient safety
- Improved operational effectiveness across acute and community hospitals, especially workflow.
- Improved formulary compliance
- Improved discharge process with better patient experiences
- Enhancing clinical decision support

A national business case led by the Chief Pharmacists group was prepared and approved by Welsh Government and a national Senior Responsible Officer (SRO) appointed to lead the programme. It included the two components of a replacement pharmacy system and EPMA. The project Board subsequently agreed to separate the two components for procurement and implementation. The Pharmacy System replacement is underway with two Health Boards now live with WellSky whilst ePMA has not progressed. BCUHB is due to install the WellSky system in April 2021.

In 2021 health boards find themselves collectively unable to progress their plans for ePMA. Cardiff and Vale UHB, for whom ePMA is a fundamental priority, are now proposing to move forwards. They have asked for expressions of interest from software suppliers.

It is the aim of pharmacy and medicines management in BCUHB to capitalise on this and engage with all stakeholders in 2021 to ensure that ePMA becomes a priority for the Health Board.

### **Non-Medical Prescribing (NMP)**

The governance arrangements around medicine use are reviewed on a rolling cycle to ensure appropriate assurance mechanisms are in place to minimise risks associated with medicine use. It has been identified that despite having a BCU Non-Medical Prescribing (NMP) Protocol (MM03) in place, there is currently limited assurance provided at a strategic level around the practice of NMP, whether it meets the service requirements, who is prescribing in which clinical areas and evidence of annual assessment of individual NMPs competence to prescribe. The policy is under review to address these gaps. The proposed governance and reporting structure will ensure heads of service and professional leads are cited on all non-medical prescriber course applications in addition to signing off qualified prescribers before they are entered onto the BCUHB NMP register. A reporting process for NMP activity is being developed to ensure a NMP status report is escalated on a regular basis to site and BCUHB-level Quality Safety and Patient Experience Committee subgroups.

### Challenges

Already identified in this annual report is pharmacy's commitment to make electronic prescribing and medicines administration a priority for BCUHB to safeguard patients in its care.

The Welsh Government sponsored project, Transforming Access to Medicines TrAMs, is currently waiting ministerial approval, but will involve the setting up of a regional hub in BCUHB, licensed by the Medicines and Healthcare Regulatory Authority (MHRA) to produce manufactured aseptic products e.g. parenteral nutrition, chemotherapy, pre-prepared syringes, for use across Wales.

Pharmacy resources are prioritised to support those patients at highest risk of harm, such as acute medicine. Identified risks have highlighted the need to align pharmacy and therapeutics with other specialties to ensure safe, cost-effective prescribing and better outcomes and these include specialities such as ophthalmology, mental health and learning disabilities, orthopaedics and the stroke pathway, where early identification, effective anticoagulation and lifestyle management are key factors for preventing strokes.

It will soon be business as usual in GP practices, although a lack of working space will mean that the primary care prescribing teams may have to continue to work remotely. This poses challenges for the teams, where working multidisciplinary relationships support sustainable changes in prescribing behaviour.

### Opportunities

In the last few years, the prescribing support teams have been occupied with reviewing those patients taking multiple medicines (polypharmacy). With co-morbidities and increasing age, these patients become more vulnerable to adverse effects and often it is beneficial to unpick their medication history to see why medicines were started and if they are still needed, stopping and restarting where appropriate. The benefits of this approach can have a massive impact on patients' quality of life and other outcome measures, such as falls and acute admissions.

Care homes have proved especially vulnerable during the COVID pandemic, so this provides a perfect opportunity to take these polypharmacy reviews into that environment. Fewer medicines can both improve the quality of life of the residents, but also result in fewer medicines to administer, so increasing the time for provision of personal or nursing care by staff. It also provides an opportunity for the primary care medicines management nurses to support the safe storage and administration processes for safe care.

To lead this work both in primary care, community and acute hospitals, it is the ambition of Pharmacy and Medicines Management to establish a Consultant Pharmacist post for a frailty pathway.

## Pharmacy Cuttings

### Broadcast coverage

- Dr Berwyn Owen interviewed for Newyddion on 24 February as part of coverage of how the vaccine rollout is progressing
- Dr Berwyn Owen interviewed for BBC Wales, BBC Radio Cymru and Newyddion on 7 January as part of coverage on how vaccine rollout is progressing and reassurance on BCU performance following initial teething problems with the rollout at MVC in Llandudno

### First pharmacy vaccine provided in Gwynedd

- Covered in broadcast by BBC, ITV and Heart Radio – included interviews with <https://www.bbc.co.uk/news/av/uk-wales-55680383>

<https://www.bbc.com/news/uk-wales-55673174>

<https://www.westerntelegraph.co.uk/news/19014711.covid-jab-welsh-roll-out-will-as-quickly-safe-do/>

<https://pharmaceutical-journal.com/article/opinion/how-our-pharmacy-became-the-first-in-north-wales-to-write-prescriptions-for-minor-illnesses>

<https://www.wales247.co.uk/pilot-for-pharmacies-to-vaccinate-against-covid-launches-today>

<https://www.leaderlive.co.uk/news/19014098.pilot-begins-north-wales-pharmacies-begin-administer-covid-vaccine/>

### Care home vaccination pilot (including quotes from pharmacy colleagues involved in rollout)

<https://www.dailypost.co.uk/news/north-wales-news/north-wales-care-home-becomes-19469131>

<http://www.deeside.com/north-wales-care-home-will-be-first-in-wales-to-receive-covid-19-vaccine/>

### Rollout of COVID vaccination programme more broadly into pharmacies

<https://www.chemistanddruggist.co.uk/news/covid-19-vax-welsh-health-boards-take-interest-pharmacists>

<https://www.chemistanddruggist.co.uk/news/covid-19-welsh-government-confirms-pharmacy-vax-participation>

<https://www.thepharmacist.co.uk/news/covid-19/more-welsh-health-boards-reach-out-to-pharmacies-to-assist-with-covid-19-vaccinations/>

<https://pharmaceutical-journal.com/article/news/health-boards-say-around-half-of-pharmacies-have-expressed-interest-in-providing-covid-19-vaccines>

Two pharmacists in our “Meet the Vaccinators” feature

<https://bcuhb.nhs.wales/covid-19/covid-19-vaccination-information/meet-our-vaccinators/helen-clift/>

<https://www.dailypost.co.uk/news/north-wales-news/meet-vaccinators-front-line-north-19680049>

General references to pharmacy among other vaccine related coverage

<http://www.deeside.com/over-200000-covid-vaccine-jabs-administered-in-north-wales-so-far-but-just-136-on-sunday/>

<https://www.itv.com/news/wales/2021-01-28/wales-covid-19-vaccine-programme-how-will-i-be-contacted-and-where-do-i-go>





<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Welsh Language Standards – further investment and improvements
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Miss Teresa Owen, Executive Director of Public Health
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Mrs Alaw Griffith, Welsh Language Standards Compliance Officer
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	No prior scrutiny at Committee level
<b>Atodiadau</b> <b>Appendices:</b>	0

**Argymhelliad / Recommendation:**

The Board is asked to note the Health Board's current position in relation to compliance with the Welsh Language Standards and the potential opportunities going forward.

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	✓
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**Sefyllfa / Situation:**

The purpose of this paper is to provide a briefing on the Health Board's position in relation to compliance with the Welsh Language Standards and whether there is a need for further improvements and investment.

This follows the Board discussion in its meeting on the 12<sup>th</sup> November 2020 on the Health Board's capacity to comply with Standard 37 in relation to the translation of Board Papers.

**Cefndir / Background:**

The Welsh Language Commissioner (the Commissioner) issued the Health Board with its Welsh Language Standards Compliance Notice on 30 November 2018. This places a legislative requirement on the Health Board to comply with the Welsh Language (Wales) Measure 2011 through the form of Welsh Language Standards. The legislation gives the Welsh language official status in Wales, with the Welsh language not being treated less favourably than the English language. 111 Welsh Language Standards came into force for the Health Board on the 30<sup>th</sup> May 2019, with a further 10 on the 30<sup>th</sup> November 2019.

Following the Health Board meeting in November 2020, and the discussions around the Health Board's capacity to deliver Standard 37, relating to translating Board papers, a question was raised regarding whether any further improvements or investments were required to ensure the Health Board was able to fully comply with the Welsh Language Standards.

## Asesiad / Assessment & Analysis

### Initial Assessment

A comprehensive assessment on the Health Board's capacity to comply with the Welsh Language Standards was undertaken in 2016. This enabled the Welsh Language Team to assess areas of prioritisation.

The assessment highlighted some Standards that were deemed to be challenging for the Health Board, with work commencing at pace to alleviate the main areas of concern.

The key issues identified were:

- Document Translation
- Simultaneous Translation
- Training Provision
- Assurance of compliance and monitoring

These included:

Standard 25 - Conducting Case Conferences through the medium of Welsh if that is the patient's wish.

Standard 37 - The translation of written documents, as previously discussed by the Board.

Standard 63 – The requirement to assess the need to offer courses through the medium of Welsh.

Standard 97 – The need to offer Orientation sessions and Health and Safety Courses through the medium of Welsh.

The Health Board undertook the decision to appeal against these Standards, deeming them unreasonable or disproportionate. Following the appeal process, additional time was given to comply with the Standards, but the wording of the Standards remained the same.

Following the initial analysis, a briefing paper was prepared for the Board in May 2016, providing an update on the Welsh Language Team's capacity in view of the developing legislation and subsequent increased requirements for the Health Board. The lack of capacity within the team was noted, along with projected cost of compliance. This rational led to the Health Board providing funding to directly address the areas of concern through the recruitment and successful appointment of a Welsh Language Standards Compliance Officer, a Senior Translator, a Translator and a Welsh Language Tutor.

This led the Welsh Language Service to take a strategic approach to the way services are planned, and provided a greater scope for developing the workforce and addressing gaps in services. The team now consists of four service areas that supports the organisation to both deliver statutory requirements and to provide better bilingual care for the population of north Wales.

#### 1. Legislative Compliance

Ensuring that we support the organisations to deliver its obligations under the Welsh Language (Wales) Measure 2011. The Welsh Language Standards Compliance Officer post has ensured a continuous cycle of governance and to ensure compliance with the Standards, and has provided directive and guidance to the Health Board on compliance. As a result, the Health Board has a clear plan of action on planning for the delivery of the Standards.

## 2. Promotion and Engagement

In line with the operational elements of delivering the Welsh Government's Strategic Framework for Welsh Language Services in Health, social Services and Social Care, *More than just words*, our Welsh Language Officers actively support services and initiate projects and schemes that will provide effective customer service and care.

## 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.

The Welsh Language Tutor post was a significant investment and the first of its kind within the health sector in Wales. This has provided ample opportunities for the workforce to access Welsh language training to improve their language skills, increasing the Health Board's capacity to deliver services bilingually, and ensuring compliance with Standards 97 to 101. The demand for Welsh language training has exceeded expectations and is increasingly surpassing capacity.

Since the appointment of the Tutor in early 2017, nearly 2,700 members of staff have taken advantage of the opportunity to learn Welsh, from beginners level to gaining confidence. This has also led to the Health Board working with a Welsh Government funded 'Work Welsh' training scheme through a 12-month agreement with the National Centre for Learning Welsh. A pilot agreement was established in 2017, with the 'Work Welsh' scheme providing Health Board staff with access to residential courses at Nant Gwrtheyrn, online taster courses and community based courses. Following successful evaluation of the pilot, a specific scheme was established for the Health Board in April 2018. This scheme also includes external funding for the appointment of a Welsh Language Training Support Officer to provide additional work-based assistance to members of staff completing Work Welsh courses. Between 2016 and 2020, we have seen an increase of 6.1 per cent in the number of staff accessing courses.

## 4. Translation Services

Our Senior Translator and five translators ensure that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Simultaneous translation equipment was purchased in anticipation of the increase in demand to fulfil specific Workforce Standards (providing simultaneous translation in interviews and disciplinary hearings) as well as other meetings with partner organisations. This element will also help to address gaps in capacity to offer courses through the medium of Welsh (Standard 63), and provide Orientation sessions and Health and Safety courses through the medium of Welsh (Standard 97) as well as providing support in meetings with patients (Case Conferences – Standard 25).

## **Current Position and Assessment Review**

The initial overall investment has enabled the Health Board to take significant strides to comply with the Welsh Language Standards; however, there is still further work to be undertaken.

## Welsh Language Training

The Health Board has greatly benefited from the 'Work Welsh' Scheme, which has strengthened the level of training support offered by the Health Board, in particular the funding of the Welsh Language Training Support Officer. However, there are specific targets set by the Scheme that the Support Officer is required to deliver, and therefore there is no flexibility in terms of the areas, services and

degree of training that is provided by virtue of the role. In addition, the agreement is fixed term, and at the time of publication of this paper, the Health Board is still awaiting formal confirmation that funding will be secured for the 2021-2022 reporting year. This does not offer robust support and suppresses the ability of future support planning and continuity of service. Due to working patterns and staff pressures, advance confirmation is essential to allow for amending working patterns and shifts if required. It also does not provide security on whether opportunities will continue so that staff are able to plan their skill development as part of their personal development reviews, and does not allow us to develop a long term vision and plan for training provision and delivery. It is also not known when this funding will cease.

### Operational support

The framework for delivering the Standards is well established following the initial investment in a Compliance Officer. We have also seen a cultural and behavioural change in normalising the consideration of the Welsh language in planning process, during recruitment procedures, developing of rotas, technology, service development and incorporating allowance for translation into the planning process.

However, these advances have progressed at pace, and actions now lie with services which are required to take ownership and deliver at local level. Following intense work with services, areas and divisions, it has become evident that further support is required at an operational level to deliver language appropriate and timely care. This is of particular significance amongst vulnerable patient groups who have greater need to receive care in their first language:

- Children and young people
- Older people
- People with learning disabilities
- Mental Health service users
- Dementia services
- Stroke services
- Speech and language therapy services

A 'Welsh Language and Mental Health Project' was piloted with the Hergest Unit in Ysbyty Gwynedd where all elements of care were considered, from scoping current provision to identifying language choice of patients. Following its success, the project is currently being discussed for roll out across inpatient and community mental health and learning disability services in Central and East. However, in order to successfully deliver the Project, it has become evident that services require direct support and Welsh Language Team resources are spread thinly. Taking into consideration the intense input and support required, it must also be noted that this support is only a fraction of what is required to embed Welsh Language standards delivery into all service areas.

### Translation

The recent discussions on translating Board papers has identified additional investment required to fulfil our obligations.

The paper presented to the Board in November 2020 discussed at length the capacity of the translation team to translate Board papers in order to comply with Standard 37, and the decision was taken to outsource as the team currently does not have the capacity to undertake this work. However, the team does have the capacity to deal with all other work submitted for translation but as with all other services, this is compromised during periods of annual leave or sickness absence.

Therefore, despite the additional investment in the translation team, we have seen an increase of 37.7 per cent in demand for translation during that period (from January 2016 to January 2021). At present the translation team is working at 40,000 words above capacity, not taking into account the increase in demand for simultaneous translation which will impact on the amount of work a translator is able to turnaround.

This paper outlines the significant improvement in Welsh language service delivery following initial assessment and investment, and it is reassuring that work has increased as a result as it reflects that the resources were appropriate and justified. The success of the Health Board in progressing the delivery of the Standards has led to the Welsh Language Commissioner highlighting the Health Board as an exemplar of good practice for the way it has planned its service to deliver the Standards.

However, this paper also outlines the Health Board's current position and areas of concern that may impede the Health Board's ability to actively deliver some aspects of the Standards.

### **Financial Implications**

If non-compliance is identified, the Commissioner will undertake an investigation, presenting the final conclusions in a written report. If adequate action is not taken to address shortfalls, the Commissioner will be able to impose a civil penalty of up to £5000 on the organisation.

### **Risk Analysis**

The main consideration is the Health Board's capacity to fully comply with the Welsh Language Standards. Due to the work and improvement already undertaken, the risk of failing to comply with the Standards is greatly reduced. However, complaints have been received during the last reporting year with regard to lack of services. Actions have been undertaken and monitoring controls have been reviewed and mitigated as part of the Welsh Language Services Risk Register.

### **Legal and Compliance**

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

### **Impact Assessment**

An impact assessment was not required in connection with the creation of this report. Indeed, the purpose of the report itself is to ensure and confirm that due regard is given to the delivery of Welsh language services and the promotion of equality within BCUHB.

<b>Cyfarfod a dyddiad:</b> <b>Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021						
<b>Cyhoeddus neu Breifat:</b> <b>Public or Private:</b>	Public						
<b>Teitl yr Adroddiad</b> <b>Report Title:</b>	Closure of HASCAS & Ockenden Improvement Group						
<b>Cyfarwyddwr Cyfrifol:</b> <b>Responsible Director:</b>	Gill Harris, Executive Director of Nursing and Midwifery / Deputy CEO						
<b>Awdur yr Adroddiad</b> <b>Report Author:</b>	Claire Brennan, Head of Office, Executive Director of Nursing						
<b>Craffu blaenorol:</b> <b>Prior Scrutiny:</b>	Review by Executive Director of Nursing & Midwifery / Deputy CEO						
<b>Atodiadau</b> <b>Appendices:</b>	Appendix 1 – status of recommendations						
<b>Argymhelliad / Recommendation:</b>							
The Health Board are asked to note; <ul style="list-style-type: none"><li>• Current status of the 35 HASCAS &amp; Ockenden recommendations</li><li>• confirmation of the governance arrangements through existing quality assurance routes following the closure of the HASCAS &amp; Ockenden Improvement Group</li><li>• stakeholder engagement plans across wider Mental Health &amp; Learning Disability (MHL) services across the Health Board</li></ul>							
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)							
<b>Ar gyfer penderfyniad</b> <b>/cymeradwyaeth</b> <b>For Decision / Approval</b>		<b>Ar gyfer Trafodaeth</b> <b>For Discussion</b>		<b>Ar gyfer sicrwydd</b> <b>For Assurance</b>		<b>Er gwybodaeth</b> <b>For Information</b>	X
<b>Sefyllfa / Situation:</b>							
The paper provides the current status of the 35 recommendations arising from the HASCAS Independent Investigation and the Ockenden Governance review. An update is also provided of a meeting held with the Stakeholder Group members and engagement plans with a wider group of stakeholders to review Mental Health & Learning Disability (MHL) services.							
<b>Cefndir / Background:</b>							
During the first phase of Covid-19 pandemic, the regular reporting arrangements through the Improvement Group and Stakeholder Group for the HASCAS & Ockenden recommendations were formally stood down to enable the organisation to prioritise on the immediate, urgent and emerging requirements in response to the pandemic.							
The Improvement Group meeting, which has overseen the progress of the recommendations for the past two and a half years, reconvened on 28 <sup>th</sup> July 2020, and the Chief Officer and Deputy Chief Officer of the NW Community Health Council (NWCHC) were invited to attend for overview and commentary on achievement of the recommendations. Subsequent feedback from the NWCHC							



following the meeting, proposed that wider extensive engagement with patients, families, carers and public be conducted.

The Stakeholder Group reconvened on 5<sup>th</sup> November 2020 and the meeting was chaired by the Acting Chief Executive / Executive Director of Nursing & Midwifery, and was also attended by the NWCHC and the senior management team of the Mental Health & Learning Disability (MHL) division. The senior management team assured the Stakeholder Group that whilst there had been an urgent need to reprioritise focus during the first wave of the pandemic, work had continued where possible to drive improvements and continue to progress the actions identified to address the requirements of the recommendations. The future ambition for MHL services was also set out to the members, following a review and refresh of the MHL division, which also took account of the actions arising from the HASCAS & Ockenden recommendations and the work done to date in response to these, alongside other reports including HIW Inspections and the Holden Report.

The Stakeholder group were also informed of the Health Board's commitment and intention to continue to engage with stakeholder group members, who wish to remain involved, and who have made significant and valuable contributions to progressing the work of the recommendations to date. Engagement with a wider group of stakeholders has already commenced which aims to listen to and understand the views, opinions and experiences from a wider group of patients, families and carers who have accessed mental health services across the Health Board more recently. This engagement work with wider stakeholders is taking place in the form of a series of 'safe space' events led by the NWCHC that focus on a range of services with the aim of enabling focused conversations to help move forward in the development of improvements to mental health services across the Health Board. These events are run in line with the 7Cs approach (compliments, concerns & complaints, care planning, care provision and communications) and provide an opportunity to listen to and hear individual's experiences, including where needs have not been met as well as positive stories, and to seek the opinions from service users, patients, families and carers on what they want from these services.

The following is the list of the key areas identified for the forthcoming events;

- Community Mental Health Services
- Older Persons Mental Health Care
- Substance Misuse Services
- Learning Disabilities
- Adults with Functional Mental Health Problems / Adult Psychiatric Services
- Child Adolescent Mental Health Services (CAMHS) & the Transition to Adult Services
- LGBTQ+ Service User experience
- Covid and Mental Health Care
- Mental Health Services in Agriculture / Rural Communities

An interim report has been drafted by the CHC on the initial engagement events held to date which have covered the following themes; Community Mental Health Services; Adult Psychiatric Inpatient Services; Older Persons Mental Health Services and Child and Adolescent Mental Health Services. The report provides the feedback from the events held which will inform improvements and developments within MHL services across the Health Board going forward.

## Asesiad / Assessment & Analysis

Significant work has progressed over the two and a half years since the establishment of both the HASCAS & Ockenden Improvement and Stakeholder Groups and 21 out of the 35 recommendations have now been signed off as fully implemented. Assurance has been provided that the work for these recommendations continues to be monitored through existing forums within the relevant divisions that are responsible for leading on the actions identified in response to the recommendations, this includes for example, the Strategic Palliative & End of Life Care Group and Workforce Improvement Group which then report into the relevant Health Board committee.

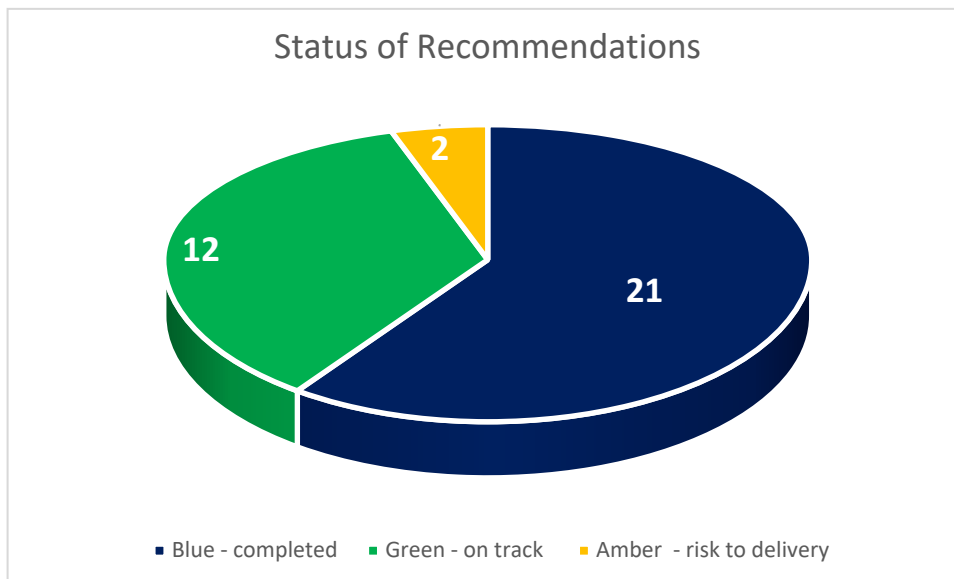
Work also continues to progress the remaining 14 open recommendations, some of which include longer term objectives and the actions have now been embedded as business as usual and are monitored within existing governance processes across the relevant corporate division. The Quality, Safety & Experience Committee meeting in January 2021 therefore approved that the HASCAS & Ockenden Improvement Group now be stood down following assurance that ongoing work to address the open recommendations is progressing as business as usual through relevant forums and is overseen and monitored through existing governance processes. As an example the actions identified for the recommendations pertaining to Safeguarding Structures and Deprivation of Liberties are routinely monitored through the BCUHB Safeguarding Governance & Performance Group which then reports into the Quality, Safety & Experience (QSE) Committee through the bi-annual report; Similarly, performance against identified actions for the Health Records recommendation are monitored through the Patient Records Group which reports into Information Governance Group via Chair's Assurance Report and also to the Digital Information Governance Committee in the quarterly update report from Informatics. These existing internal governance arrangements therefore provide robust governance and assurance arrangements and existing Terms of Reference will be updated to reflect these monitoring arrangements.

The Health Board's Internal auditors are also in the process of reviewing evidence for all recommendations which are noted as fully implemented and will continue to do so as the actions continue to progress to fully implemented. As mentioned previously the monitoring arrangements will continue for those recommendations that are signed off to ensure embedding of actions and sustainability. It should be noted that both engagement and Mental Health remain as part of the targeted intervention framework developed by Welsh Government and therefore further oversight of improvement will be provided via the maturity matrix reporting.

The MHLD division are also reviewing all actions identified within the Holden and Healthcare Inspectorate Wales (HIW) reports which reflect a number of similar themes, to ascertain status of actions undertaken and encompass into one single plan going forward to define and focus on the highest priorities.

The current status of the 35 recommendations for both HASCAS & Ockenden are detailed below;

- 12 are reporting green, as on track to achieve delivery;
- 2 are reporting amber, where work is progressing but some additional focus or support is required to address any challenges impacting on progress; it is acknowledged that Covid-19 pandemic has impacted on the ability to progress some actions within original timescales
- 21 recommendations are fully implemented (and continue to be monitored through local reporting arrangements within the relevant division as described above).



**Fig.1 status of recommendations**

The Board are asked to note that the Ockenden recommendation to appoint a second Dementia Consultant Nurse was initially completed in July 2019. However due to recent retirement of the two postholders, vacancies to these posts arose and following Health Board recruitment processes these 2 posts have now been successfully appointed to and will commence in the Spring 2021.

Further to the work undertaken to date it is also acknowledged that Stakeholder engagement has been instrumental in a number of areas.

The participation and engagement of the members of the Stakeholder Group, whom have worked with the operational leads for some of the recommendations and supported the progress made, is very much recognised and their contribution has been invaluable in progressing the work of the some of the recommendations. The following highlights some of the engagement work with stakeholders to progress the recommendations;

- Stakeholder members engaged with Level 3 MHLDT training event and participated within the process to provide constructive comments and feedback in relation to the event and training content. A feedback report was subsequently drafted by a Stakeholder member, setting out some key issues with regards to safeguarding training for both BCUHB staff and agency / bank staff that was presented and discussed with the stakeholder group.
- Engagement with the revision of the Deprivation of Liberty Safeguards (DoLS) structure.
- Stakeholder members participated as interview panel members which has been acknowledged as a positive step forward and will continue for future recruitment processes where Stakeholders are able to support this.
- Stakeholders visited Mental Health units and End of Life care facilities on Bryn Hesketh, Colwyn Bay and Ysbyty Cefni, Ynys Môn. Feedback from the stakeholders commended the improvements made to the end of life suite at Bryn Hesketh and in particular the photo wall within on the unit, which stakeholders felt had transformed the unit.
- Stakeholder member attended the first day of a 5-day aggression training course with the Positive Intervention and Clinical Support Services team and provided feedback.
- Another stakeholder member is involved in the Ablett Redevelopment programme.

**Strategy Implications**

The report is for administrative purposes in response to the findings of both the HASCAS Independent Investigation and the Ockenden Governance Review. In terms of impact the recommendations align to the overall improvement work that the Health Board is driving.

**Financial Implications**

There are no financial implications.

**Risk Analysis**

Additional resources required were identified to support 3 of recommendations in order to progress the work further to deliver improvements and fully address the recommendations

**Legal and Compliance**

There are no legal implications

**Impact Assessment**

Operational leads will undertake any necessary equality / quality impact assessments where applicable within the remit of the work for their respective recommendations

**HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021**

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<p><b>HASCAS 1 Integrated Care Pathways</b> An integrated service review is required to map the needs of the older adult and those with dementia across north Wales. This review needs to involve all stakeholders (from the statutory, independent and voluntary sectors) and those with performance responsibilities. The review should include all care and treatment settings (not just those) confined to mental health and older adult services in order to ensure that all interventions are integrated and that patients, service users and their families do not encounter service barriers that prevent them from receiving access to the care, treatment and support that they need</p> <p><b>Ockenden 1 Integrated service model for Older People &amp; dementia</b> The patient pathway for service users of older people's mental health was fragmented from the 'birth' of BCUHB in 2009 and remains fragmented today from the perspective of many service users, service user representatives and carers (as of the end of 2017). As of the end of 2017 there has been insufficient evidence seen by the Ockenden review team that the patient pathway and the systems, structures and processes of governance underpinning service provision for vulnerable older people at BCUHB is improving. The current service model remains fragmented with multiple service providers across health, social care, the voluntary sector and other independent sectors. There will be the need for extensive multi-agency working between BCUHB and a range of partners with continuing oversight by the BCUHB Board and Welsh Government as this work progresses</p> <p><b>Ockenden 12 Older Persons strategy</b> Develop a clear plan for the clinical services of older people to improve training across the workforce, set clinical standards and uniformity with a solid foundation of evidenced based policies and procedures</p>	Associate Director of Nursing														<p>BCUHB's response to the HASCAS and Ockenden recommendations and all clinical actions will support the wider strategic programmes for older persons such as the North Wales Regional Plan (Area Plan) and the Integrated Care Fund revenue plan. The HASCAS and Ockenden recommendations will therefore inform wider work streams under the Regional Partnership Board and the North Wales Social Care and Wellbeing Services Improvement Collaborative. They will particularly dovetail with both the North Wales Dementia Strategy and BCUHB Dementia Clinical Strategy. Integrated care pathways affect all aspects of service delivery, the work programme ahead is therefore interwoven into other recommendations such as HASCAS Recommendation 2 (Dementia Clinical Strategy) and HASCAS Recommendation 3 (Integrated Care Homes). In addition, the direction of travel for BCUHB is to request that the Integrated Pathways for Older People (IPOPS) framework be endorsed to inform the wider clinical strategy for the Health Board.</p> <p>Three logic models have been developed to demonstrate the outcomes, measurable outputs and a list of activities required to achieve the overall objectives of the (HASCAS 1, Ockenden 1 and Ockenden 12 recommendations). Former implementation plans have been translated into the logic models, and are now used as our baseline for delivery. There are eight specific actions identified to be achieved in this combined programme of work for the older person, 6 of which are completed. Monitoring of the completed actions are monitored via appropriate forums i.e. BCUHB Clinical Strategy Group; RPB Transformation work programme; Dementia Strategy Group; BCUHB Clinical Audit Programme as appropriate.</p> <p>Work continues to progress the 2 remaining open actions, which are two thirds complete. These are in relation to an integrated service gap analysis, which is acknowledged as a longer term action and care pathways for older persons and dementia that are under development.</p>

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<b>HASCAS 2 &amp; Ockenden 8 Dementia Strategy</b> BCUHB is required to develop a detailed and costed action plan to support the implementation of its Dementia Strategy; the plan should be developed in partnership with the Regional Partnership Board response to the Welsh Government's new Dementia Plan. This work should be undertaken in conjunction with (HASCAS) Recommendation 1. The action plan should incorporate the consequent implications and requirements for all clinical services (not just the mental health directorate) in all care and treatment settings (community, primary and secondary care). The dementia strategy should be developed to work across all relevant clinical services across BCUHB not just within the MH&LD division. The dementia strategy should incorporate care across home, primary care and secondary care.	Area Nurse Director (West)													<p>The logic model for HASCAS 2 has been refined with clearer outcomes, measurable outputs and a list of activities required to achieve the overall desired impact. The former implementation plan has therefore been translated into this logic model, and is now used as our baseline. There are 6 main outputs to be achieved within the programme of work, which have now been completed.</p> <p>The RPB integrated NW Dementia Strategy has now been completed following extensive consultation across all 6 counties and with a variety of stakeholders. No meetings have been held to progress this during COVID-19 phase 1 period. The BCUHB contribution is the development of the Dementia Clinical Strategy. The governance group had been established and started meeting to draft this but was stood down during phase 1 of the pandemic.</p>
<b>HASCAS 3 Care Homes &amp; Service Integration</b> The current Care Home work streams need to be incorporated into a single action plan, which in turn should dovetail into the pre-existing BCUHB mental health and dementia strategies.	Associate Director of Nursing													<p>The requirements of this recommendations have been fully implemented with the development of a BCUHB single care home action plan. However, WG have since issued a Single Care Home action plan and work has been undertaken to merge the local BCUHB one with the WG action plan to remove duplication and address any gaps. This now forms business as usual and is being progressed by the BCUHB Care Homes Operational Group and monitored through agreed reporting arrangements.</p>
<b>Ockenden 2d Consultant Nurse in Dementia</b> There is currently only one Consultant Nurse in Dementia for the whole of BCUHB. With the currently extensive work plan this single post-holder is already likely to be stretched very thinly. Going forward there will not be sufficient Consultant Nurse resource to even begin to get to grips with the recommendations arising from this review and the HASCAS investigation. BCUHB should take active steps to appoint a second Consultant Nurse in Dementia.	Area Nurse Director (West)													<p>The second Consultant Nurse for Dementia was successfully recruited to in July 2019. Recruitment process are now in place due to impending retirement of the existing 2 consultants in post currently.</p>
<b>HASCAS 4 Safeguarding Training</b> BCUHB will revise its safeguarding training programme to ensure it is up to date and fit for purpose. The updated training programme will incorporate all relevant legislation and national guidance BCUHB will engage with all prior safeguarding course attendees to ensure that they are in receipt of the correct and updated guidance. The responsibility for this will be overseen by the relevant BCUHB Executive Director with responsibility placed on all clinical service managers from all of the clinical divisions within the organisation BCUHB has not been able to ensure staff attend safeguarding training sessions in the numbers required. There are multiple factors involved which will require a detailed and timed action plan with external oversight.	Associate Director of Safeguarding													<p>The requirements of this recommendation have been fully implemented and now form business as usual which continues to embed safeguarding practice and is monitored via the Safeguarding reporting framework.</p>



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<b>HASCAS 5 Safeguarding Informatics and Documentation</b> BCUHB has conducted an audit on the compliance of filing safeguarding information in patients’ case notes. BCUHB will ensure that the consequent recommendations it set in relation to informatics in its BCUHB Corporate Safeguarding Team Safeguarding and Protections of People at Risk of Harm Annual Report 2017-18 are implemented namely;• The use of the dividers to be re-iterated in safeguarding training, briefings, and other communication activities and a key annual audit activity;• Process of secure storage of strategy minutes of strategy meetings and outcomes of referrals to be revisited at safeguarding forums with legislative guidance from Information Governance;• Team and ward managers to continue to include safeguarding documentation in team meetings and safety briefs.BCUHB will reconsider how clinical teams should record safeguarding information and the quality of the information provided.	Associate Director of Safeguarding														The requirements of this recommendation have been fully implemented and now form business as usual which continues to be monitored via the Safeguarding Governance & Performance Group.
<b>HASCAS 6 Safeguarding Policies &amp; Procedures</b> The BCUHB Corporate Safeguarding Team Safeguarding and Protection of People at Risk of Harm Annual Report 2017-2018 identified that there were priority actions required in relation to safeguarding policies and procedures. This investigation recommends that these priority actions are incorporated into the action plan consequent to the publication of this report. The actions are; • To identify those policies, procedures and SOPs that firmly sit within the Safeguarding remit and those that should be the responsibility with internal and external partners • Agree a priority list and activity timeframe to review documents within the parameters of corporate safeguarding • Provide safeguarding expert advice to internal and external partners in order that those documents are reviewed appropriately and in line with local and national policy and legislative safeguarding frameworks; • Agree a governance structure and reporting framework for all safeguarding policies, procedures and SOPs; • Update and maintain the Safeguarding Policy webpage; • Continue to actively participate in the Policy and Procedure sub group of the Regional Safeguarding Boards	Associate Director of Safeguarding														The requirements of this recommendation have been fully implemented and now form business as usual which continues to be monitored via the Safeguarding Governance & Performance Group.

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<b>HASCAS 7 Tracking of Adults at Risk across NW</b> BCUHB will work with multi-agency partners through the North Wales Adult Safeguarding Board, to determine and make recommendations regarding the development of local safeguarding systems to track an individual's safeguarding history as they move through health and social care services across North Wales in order to ensure ongoing continuity of protection for that individual.	Associate Director of Safeguarding														The requirements of this recommendation have been fully implemented and now forms business as usual which continues to be monitored via the NW Adult Safeguarding Board.
<b>HASCAS 8 Evaluation of Revised Safeguarding Structures / Ockenden 6 Safeguarding Structures</b> BCUHB will evaluate the effectiveness of its new safeguarding structure in the fourth quarter of 2018/2019. This will be overseen by Welsh Government	Associate Director of Safeguarding														<ul style="list-style-type: none"> <li>Following evaluation of the existing 2017 OCP Safeguarding Structure and following review at QSG, a business case is to be presented to the Executive Management Team to achieve approval for the proposed revised structure supported by the report findings and for financial approval from F&amp;P Committee.</li> <li>A 7-day on call / flexible working arrangement has been costed to support Safeguarding service delivery. JDs are being refreshed to reflect this for clinical staff. Implementation will take place following financial approval.</li> <li>Regional Adult at Risk/Dementia post remains vacant. Employment and recruitment activities are being progressed and are on target.</li> <li>The position of Business Manager is vacant, the JD has been reviewed and is currently awaiting Banding review prior to commencing employment and recruitment activities. The evaluation of the structure supports this amendment.</li> <li>The Named Doctor Adults at Risk Job Description, implementation and engagement requires further action to progress. The Business Case reflects and includes this position.</li> <li>As part of the organisational update, the third and final phase of the current Safeguarding JDs have been reviewed. As part of the structure review, the JD's will have to be updated. However, to ensure best practice, all JD's will be reviewed on an annual basis within a managerial governance and accountability framework.</li> <li>Corporate safeguarding have provided information to support an internal audit relating to governance and organisational accountability which confirmed substantial assurance as the audit outcome.</li> </ul>
<b>HASCAS 9 Clinical Records</b> BCUHB needs to undertake a detailed check of clinical records in the investigation cohort to evaluate and reorder all co-mingled case notes.  BCUHB needs to ensure that none of the commingling involving living patients could have led to any inappropriate acts or omissions on the part of clinical treatment teams during any episode of care (past and present)  BCUHB needs to restructure and redesign its hard copy clinical records archiving and retrieval systems. This	Chief Information Officer														<ul style="list-style-type: none"> <li>Actions have been progressed to ensure correction of the co-mingling of the cohort records. Good Record Keeping Training includes a section on filing safeguarding information. Communications cascade undertaken on the Health Boards internal corporate bulletin to remind staff of the importance of appropriately filing safeguarding information. Safeguarding divider for the case note folders are updated to include full list of documents provided by Safeguarding lead. Clinical Audit lead has also included checks for co-mingling within the annual clinical audit of case notes, this will be resource matched by support from within the Health Records service.</li> </ul>



HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021

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redesign needs to provide assurance in relation to the tracking of individual case notes across North Wales together with a set of service level agreements pinpointing the timeframes required for clinical record retrieval and access.															<ul style="list-style-type: none"><li>Health records policy (HR1) signed off by Patient Records Group and Information Governance Group and widely communicated. This will take account of transition to digital records.</li><li>Resources have been re-directed within the Health Records Service and work has commenced at pace with the aim to complete the baseline by the extended date of March 2021 and work within the Mental Health Services has been prioritised. Twelve tasks have been identified, 2 tasks have been fully completed within the last quarter; performance against the tasks is reported to the Patient Records Group then onto the Information Governance Group via a Chair's Assurance Report, and to the Digital Information Governance Committee in the quarterly update report from Informatics</li><li>The action to present the Business Case for the compliance against standards for all patient records is outstanding and is planned for Q2 of 2021/22.</li></ul>
<b>HASCAS 10 Prescribing &amp; monitoring of anti-psychotic medication</b> The updated BCUHB 2017 antipsychotic prescribing guidance will be kept under review and be subject to a full audit within a 12 month period of the publication of this report.BCUHB will continue to work with care homes across North Wales to provide practical clinical advice, guidance and training so that residents with behaviours that challenge can be supported and kept safe with the minimal amount of anti-psychotic medication possible. The effectiveness of this should be built into the antipsychotic prescribing guidance audit.	Chief Pharmacist														Anti-psychotic prescribing audits have been completed within primary care and secondary care presented to Older Persons Mental Health and Primary care pharmacy leads. Work is ongoing with pharmacy and the consultant nurse for dementia to audit in general hospitals and community hospital sites. Anti-psychotics also features within the single care home action plan developed for HASCAS recommendation 3. CAIR (checklist for antipsychotic initiation and review form) has been developed and distributed to all OPMH and Community Mental Health Teams (CMHT) across MH&LD division which has reported limited uptake to date. Actions identified to issue posters and reminders to wards to raise staff awareness with further audits undertaken to monitor completion of the forms. CAIR forms will be simplified and distributed to care homes where education and training in behaviours that challenge are in progress. Challenges to training as a result of pandemic have impacted on progress of this action being able to be completed and has reverted to amber status. Online training is being offered by various groups and outside companies. MDT Task and Finish group set up to deliver an improvement plan for care home staff which will also monitor training. The importance of building relationships with care home staff was identified
<b>HASCAS 11 Evidence Based Practice</b> BCUHB will conduct a review of all clinical policies to determine the ratification processes that were conducted together with an assessment of the appropriateness of content and currency; this will include all hard copy policy documentation still retained in clinical areas, and all electronic documentation held currently on the BCUHB intranet.	Acting Board Secretary														The requirements of this recommendation have been fully implemented and now forms business as usual which continues to be monitored through agreed reporting arrangements.

**HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021**

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<b>HASCAS 12 Deprivation of Liberties</b> BCUHB will conduct a formal audit and provide a progress report in relation to the 2017-2018 action plan. This will include a review of any barriers to implementation (such as office accommodation) together with a timed and resourced action plan to ensure full implementation can be taken forward in 2018-2019  <b>Ockenden 9 Deprivation of Liberties</b> BCUHB will complete and report to the BCUHB Board a review of the 2017-18 DoLS work plan as set out in the 2017-18 Annual Report. Any remaining actions are required to be SMART.	Associate Director of Safeguarding														<ul style="list-style-type: none"> <li>Internal Audit has been provided with evidence to support the implementation of the recommendations identified by the internal Safeguarding DoLS audit. The outcome of the audit was <u>Limited Assurance</u> and identified five key recommendations. All recommendations have been implemented with the exception of the appointment of the Best Interest Assessor (BIA) post. Progress has been made and the employment and recruitment processes is being followed. Interviews took place on the 23.9.20, no one was appointed to the post. The post is to be re-advertised</li> <li>The DoLS activity during the period of 2017-18 has been reviewed. Based upon the outcome of this activity and the evaluation of 2018-19 Safeguarding annual report action log.</li> <li>A discussion paper has previously been prepared for the proposed revised structure of the DoLS team. On agreement, this will enable full implementation of the actions, reduce risk and increase activity. The paper was to be presented at the Finance and Performance Group, which was on hold due to COVID 19. The Business Case will now be presented to the Executive Management Team and will become part of the wider safeguarding structure review.</li> <li>DoLS signatory activity. The role and responsibility of this role has previously been held by the Office of the Medical Director. Since the transfer of this responsibility to the OND and Corporate Safeguarding Team, the number of signatories has risen to approximately 40 an evaluation of the activity has taken place.</li> </ul>
<b>HASCAS 13 Restrictive Practice Guidance</b> BCUHB will provide assurance that all older adults and those with dementia are in receipt of lawful and safe interventions in relation to restrictive practice management across all care and treatment settings within the BCUHB provision	Director of Nursing (Mental Health)														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored by the Positive Interventions Clinical Support Services (PICSS) team through agreed reporting arrangements.
<b>HASCAS 14 Care Advance Directives</b> BCUHB will conduct an audit to establish how many patients and their families have advance directive documentation within their clinical records together with care plans in relation to choice and preference about end of life care	Senior Associate Medical Director														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through the Strategy Delivery Group for Palliative / End of Life Care
<b>HASCAS 15 End of Life Care Environments</b> Improve end of life environment on OPMH wards and associated guidance training	Senior Associate Medical Director														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through the Strategy Delivery Group for Palliative / End of Life Care
<b>Ockenden 2a Quality Impact Assessment</b> QIAs (where the clinical implication of financial savings plans are assessed by Executive members of the BCUHB board) were 'still in the process of refinement' (as of Spring 2017). Evidence is required of focussed Board attention going forward	Acting Board Secretary														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through quarterly review of the audit tracker undertaken by the Audit Committee.

**HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021**

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<b>Ockenden 2b Integrated reporting</b> There is a need for further urgent and sustained Board attention to full integration of the systems, structures and processes underpinning financial, corporate and clinical governance and the Board will need to assure itself that it has effective integration and timely oversight and scrutiny of workforce planning, financial planning, performance and quality going forward.	Acting Board Secretary														The requirements of this recommendation have been fully implemented and now form business as usual with robust reporting arrangements in place.
<b>Ockenden 14 Board Development</b> The work of Swaffer and the WHO/ United Nations should be introduced to the Board in a Board seminar/ Development day in the second quarter of 2018-19 and a programme of introduction to the whole of BCUHB should commence in the third quarter of 2018- 19 with reports to the Board on the introduction and utilisation of ‘Prescribed Dis-engagement’ every quarter.	Acting Board Secretary														This action was completed through the Health Board participating in a dementia friendly awareness session delivered on 10 <sup>th</sup> January 2019 and this training will form part of any future board members induction. A further dementia friendly awareness session was held for senior managers as members of the Executive Management Group on 3rd July.
<b>Ockenden 2c Workforce Development</b> BCUHB will need to provide significant amounts of targeted workforce and organisational development support in the form of extra team members to support the MH&LD and specifically OPMH with recruitment and retention expertise across medical, nursing and support services going forward. The MH&LD will need to utilise this support to creatively explore different ways of working and new and effective ways of recruiting and retaining staff. There will need to be efficient, timely and effective recruitment processes in place at all times to support MH&LD going forward	Executive Director of Workforce														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through the Workforce Improvement Group.
<b>Ockenden 3 Policy Review</b> Ensure a review of all clinical policies within all BCUHB divisions to include quality checks on how the policies and guidelines were ratified, their due date of review and a full understanding of those policies that are overdue for review. This review will need to be undertaken of all BCUHB policies held on the intranet and a BCUHB Board ‘amnesty’ announced for submission of all paper copies of policies and guidance held within individual clinical areas in hospitals and across the community. Once an appropriate archive of these policies are created they should be destroyed so that they cannot be returned to clinical practice as a ‘work around solution’ to lack of access to policies and guidance electronically. BCUHB should then undertake a comprehensive review of all existing BCUHB policies to ensure the needs of older adults are specifically considered within all relevant policies.	Acting Board Secretary														Ockenden recommendation 3 is linked to HASCAS recommendation 11 in terms of the policy work, which continues to upload revised policies onto the BCUHB new website. The requirements of the recommendations are fully implemented and now form business as usual with work ongoing to continue to upload the revised policies and agreed monitoring arrangements established.

**HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021**

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<b>Ockenden 4a Staff engagement</b> The BCUHB board and the MH&LD divisional senior management team is recommended first to ask front line staff ‘what does the term ‘staff engagement’ mean to you, ‘what would effective staff engagement look like for you?’ and then to develop a system of bespoke meaningful and sustained staff engagement first across mental health and specifically older persons mental health. The Board may then wish to consider how effective their engagement is with staff across BCUHB and decide whether a new Board approach is required to staff engagement across the whole of BCUHB	Executive Director of Workforce														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through the Workforce Improvement Group.
<b>Ockenden 4b &amp; 4c Staff surveys</b> The Ockenden review team was informed that the NHS staff survey across Wales is completed every 3 years and is next due in 2019. WG may wish to consider an annual staff survey in line with that carried out in England. Aside from any potential decision by WG, the BCUHB Board should commence a formal annual BCUHB staff survey starting with the all Wales staff survey at BCUHB on an annual basis from 2020.	Executive Director of Workforce														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through the Workforce Improvement Group.
<b>Ockenden 4d clinical engagement</b> BCUHB must take urgent and sustained steps to ensure the continued involvement of all clinical colleagues in the leadership and management of BCUHB	Executive Director of Workforce														The requirements of this recommendation have been fully implemented and now form business as usual which is monitored through the Workforce Improvement Group.
<b>Ockenden 5 Partnership working</b> BCUHB needs to work effectively at a strategic level with the voluntary sector and a wide range of multi-agency partners to develop, provide and sustain services to older people and older people with mental health needs and dementia across North Wales	Assistant Director Health Strategy														Proposal to devolve the centrally held Voluntary Organisation budget and establish a commissioning forum approved by the Executive Team and a paper on the refresh of third sector working was finalised in September 2019 and has also been shared with the Stakeholder Reference Group and Community Voluntary Councils. This will be taken forward as business as usual resumes. Third sector budgets are devolved to divisions for local management. This will support local ownership, management and decision-making in relation to these budgets and services and increase assurance and governance in relation to service expectation and outcomes for the relevant population across all such grants and contracts. Revised set of principles have been developed working with the Stakeholder Reference Group sitting alongside plan and a refresh of the strategy with the sector. Third sector contracts have been rolled forward in light of the pandemic. Confirmation of arrangements for review and management is being discussed with the contracts team.



HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021

Recommendation	Operational lead	Timeline												Progress Update	
		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	
<b>Ockenden 7 Concerns Management</b> Whilst it is acknowledged that on many occasions since 2009, BCUHB has made an effort to improve the timeliness of responses to concerns in line with the requirement of Putting Things Right (2011) this has not yet been sustained on an ongoing and long term basis. It is clear that the BCUHB Board have very little knowledge of the actual everyday experience of families, service users and service user representatives who try to make complaints to BCUHB as an organisation. Service user representatives also raised the reluctance of families and service users to complain and the fear they have of complaining	Associate Director of Quality Assurance														<ul style="list-style-type: none"> <li>Revised national targets are in place through the new National Delivery Framework. The Health Board reported 72% compliance in May against the national target of 75%, this is the highest the Health Board has achieved and the best position in Wales.</li> <li>Work on the complaints process redesign recommenced in June 2020 but was delayed due to COVID pandemic and a revised implementation date for the new process is planned for January 2021.</li> <li>COVID pandemic has delayed development of the Once for Wales Concerns Management System (the current BCUHB system is in use which has limited functionality) and a revised launch date of a new complaints module has been identified for 1<sup>st</sup> April 2021.</li> <li>Work progresses on an internal real time patient feedback option which will be considered alongside the national offer.</li> <li>Where possible patient stories and Care2Share clinics are being held virtually by the Patient Advice and Liaison Service (PALS) to capture patient feedback. Work is underway to implement digital patient story telling with learning being taken from best practice in South Wales.</li> <li>A new Letters to Loved Ones provision and PALS Bereavement Support Service is in place.</li> <li>A new virtual complaints contact centre is in place allowing incoming calls to be received resiliently by complaints staff across North Wales regardless of base. This allows for Welsh language requirements to be better met, for queries to be actioned more rapidly, and for complaints to be dealt with as Early Resolutions more effectively.</li> <li>The new Patient Experience Quarterly Report is now in place alongside the new Patient Safety Quarterly Report and bi-monthly Quality Report</li> <li>The Listening and Learning Group has begun its transition into the new Patient and Carer Experience Group. Complaints feedback is now part of the group terms of reference, and key learning from Ombudsman investigations are now shared via the group</li> </ul>
<b>Ockenden 10 Reviewing external reviews</b> BCUHB needs to undertake a review of all external reviews (including those by HIW, the NHS Delivery Unit and others) where any findings, recommendations and requirement may have concerned older people and specifically the care of older people with mental health concerns. The exercise needs to be completed across all Divisions and all sites by the end of the second quarter 2018/2019, (the end of September 2018) and reported to the BCUHB Board by November 2018.	Acting Board Secretary														The requirements of this recommendation are now fully implemented and considered business as usual with agreed monitoring arrangements in place.
<b>Ockenden 11 Estates OPMH</b> BCUHB should prepare a detailed estates inventory across the care settings for all of older people including but not limited to OPMH. Firstly this should include clarity and specificity of all outstanding estates issues including outstanding repairs and estates issues raised as concerns	Director of Estates & Facilities														<u>Work Stream (2) – 2019-20 / 2020-21</u> <ul style="list-style-type: none"> <li>To develop the Enhancing the Healing Environment (EHE) assessment across all wards within MH&amp;LD OPMH Facilities.</li> <li>To determine the scope of work and resources required at each facility.</li> </ul>

**HASCAS & Ockenden Recommendations progress update to Health Board 11<sup>th</sup> March 2021**

Recommendation	Operation al lead	Timeline												Progress Update
		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep- 20	Oct-20	Nov-20	Dec-20	Jan-21
with internal audits and external reviews and inspections. The estates inventory should be prepared for each ward, clinic, department, inpatient unit and hospital department where care is provided to older people and older people with mental health issues. This includes where care is provided to people with dementia. The estates inventory should include for each area an audit based on the work for Enhancing the Healing Environment.														<ul style="list-style-type: none"><li>Appoint additional Estates Craft operatives to be aligned with MH&amp;LD to undertake regular redecoration and minor repair work.</li></ul> <p><u>Action: - 2019-20 / 2020-21</u></p> <ul style="list-style-type: none"><li>Work Stream 2 commenced in April 2019/20 while still awaiting approval of additional resources as identified within Work Stream 1</li><li>Funding agreed to recruit project management support to undertake the ward assessment and undertake additional repairs and maintenance.</li><li>A presentation on recommendation 11 was made to the stakeholder group in July 2019. A copy is attached for information.</li><li>Action updates included within the next status report at the end of July 2020</li><li>Funding has been allocated to recruit additional Maintenance craft operatives to work directly with MH&amp;LD.</li><li>Outstanding repairs are reviewed on a monthly basis.</li><li>Actions placed on hold due to COVID-19 and access / lock down controls.</li></ul>
<b>Ockenden 13 Culture change</b> There will need to be sustained, visible (in clinical areas), stable leadership within MH&LD division over a longer period of time to ensure that the culture within mental health and specifically OPMH continues to develop in a positive way. The cultural change that is necessary towards dementia needs to happen across BCUHB and to happen from Board to Ward. This cultural change needs to happen not just within MH&LD but everywhere within BCUHB where care and treatment may be provided to persons with dementia, their families and friends.	Executive Director of Workforce													The requirements of this recommendation are now fully implemented and form business as usual which is monitored through the Workforce Improvement Group.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Socio-economic Duty Briefing paper						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Mrs Sue Green, Executive Director Workforce and Organisational Development (OD)						
<b>Awdur yr Adroddiad Report Author:</b>	Kamala Williams – Vice Chair Strategic Equality Forum Sally Thomas – Head of Equality and Human Rights						
<b>Craffu blaenorol: Prior Scrutiny:</b>	Socio- Economic Duty T&F Group Executive Leadership Team 17 February 2021 Strategy Partnerships and Population Health Committee 23 February 2021						
<b>Atodiadau Appendices:</b>	1. Briefing paper						
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to:							
1. Note the progress outlined in this report							
2. Approve the recommendation that the terms of reference of Board Committees are updated to reflect the requirements of the Equality Act 2010 including the Socio-economic Duty.							
Please tick as appropriate							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>	<input type="checkbox"/>
<b>Sefyllfa / Situation:</b>							
This report sets out the statutory requirement of the Socio - economic Duty. The Duty places a legal responsibility on relevant bodies when undertaking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.							
<b>Cefndir / Background:</b>							
Welsh Ministers have elected to commence Sections 1 to 3 of the Equality Act 2010 in Wales – the Socio-economic Duty, the Duty will come into force on 31 March 2021. Commencing the Duty will be a key mechanism in supporting the most vulnerable in society and something which will be extremely important in the health boards continued response to Covid-19.							
<b>Asesiad / Assessment &amp; Analysis</b>							

## **Strategy Implications**

### **The Duty applies to decisions of a strategic nature and includes:**

- Strategic directive and intent
- Strategies 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, Digital strategy)
- Changes to and development of public services
- Strategic financial planning
- Major procurement and commissioning decisions
- Strategic policy development.

A Socio-economic Duty Task and Finish Group has been convened to advise the Health Board in its preparations for the commencement of the Duty. Consideration has been given to how the Duty will be delivered via existing strategy and planning processes and a procedure for undertaking Socio-economic impact assessment (SEIA) developed. An intranet resource has been established to signpost authors to Welsh Government Guidance, videos and webinars, public health information and other sources of evidence to inform decision making. The procedure includes a template to guide the process and sets out the scope of strategic decisions as defined in the Act. The template has been further developed to help translate the Duty into practice and is illustrated with real life examples of socio-economic disadvantage to help build understanding. The Task and Finish Group and the governance review recommend that governance is strengthened and that the terms of reference (TOR) of Board Committees are updated to reflect the requirements of the Equality Act 2010 including the Socio-economic Duty. The requirement for SEIA has also been included explicitly in the cover sheet for Board and Committees and communicated.

## **Risk Analysis**

The risks associated with compliance have been registered on the planning risk register

## **Legal and Compliance**

The Board has a statutory duty to comply with the Equality Act 2010

## **Impact Assessment**

The Socio- economic Duty and Impact Assessment seek to advance equality.



## **Appendix 1**

### **Socio-economic Duty Briefing paper**

#### **Situation**

This paper sets out the statutory requirement of the Socio-economic Duty coming into force on 31 March 2021. The Duty places a legal responsibility on relevant bodies when undertaking taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. This paper provides an update of the Health Boards preparations for the commencement of the Duty.

#### **Background**

The Board has a statutory duty to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 which came into force on 5 April 2011. The Equality Act 2010 provides protection from unfair treatment for people who have 'protected characteristics'. The Well-being of Future Generations (Wales) Act 2015 and Social Services and Wellbeing (Wales) Act 2014 also provide opportunities to advance equality in a more integrated way. Despite the 2010 Act coming into force on 8 April 2010, Part 1 – the Duty, lay dormant on the statute book, as neither the UK Government, nor the devolved legislatures elected to commence it. Welsh Ministers have now elected to commence Sections 1 to 3 of the 2010 Act in Wales – the Socio-economic Duty, the Duty will come into force on 31 March 2021. Commencing the Duty will be a key mechanism in supporting the most vulnerable in society and something which will be extremely important in the Health Boards continued response to Covid-19.

#### **Socio-economic Duty**

The overall aim of the Duty is to deliver better outcomes for those who experience socio-economic disadvantage. The Duty will support this through ensuring that those taking strategic decisions:

- Take account of evidence and potential impact
- Undertake consultation and engagement
- Understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage
- Welcome challenge and scrutiny
- Drive a change in the way that decisions are made and the way that decision makers operate.

#### **The Duty applies to decisions of a strategic nature and includes:**

- Strategic directive and intent
- Strategies 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, Digital strategy)
- Changes to and development of public services

- Strategic financial planning
- Major procurement and commissioning decisions
- Strategic policy development.

**Integrating the Duty into existing processes includes:**

- Taking an integrated approach to impact assessment
- Taking a broader approach to engagement and involvement to include socio-economic disadvantage
- Developing scrutiny frameworks to include scrutiny of impact with respect to inequality of outcome that results from socio-economic disadvantage
- Taking an integrated approach to planning and reporting
- Developing integrated performance measures
- Considering prevention of inequalities of outcome caused by socio-economic disadvantage through application of the Well-being of Future Generations Act's sustainable development principle, supported by the five ways of working.

**Assessment**

A Socio-economic Duty Task and Finish Group has been convened to advise the Health Board in its preparations for the commencement of the Duty. Consideration has been given to how the Duty will be delivered via existing strategy and planning processes and a procedure for undertaking Socio-economic impact assessment (SEIA) developed. An intranet resource has been established to signpost authors to Welsh Government Guidance, videos and webinars, public health information and other sources of evidence to inform decision making. This includes signposting to support for engagement to ensure that the voices of people including those with lived experience of socio-economic disadvantage are heard. An all Wales e learning resource is also under development and is anticipated imminently.

The procedure includes a template to guide the process and sets out the scope of strategic decisions as defined in the Act. The template has been further developed to help translate the Duty into practice and is illustrated with a case study and examples of socio-economic disadvantage to help build understanding, enable and encourage authors to identify and optimise opportunities to improve inequality of outcome as part of their decision making.

The procedure and additional guidance have been communicated widely to Committees, the Executive Team and Management Teams to help ensure that those involved in the strategic decision-making process understand the statutory requirement of the Duty, particularly giving due regard and the requirements of their role in relation to this. The Task and Finish Group and the governance review recommend that governance is strengthened and that the terms of reference (TOR) of Board Committees are updated to reflect the requirements of the Equality Act 2010 including the Socio-economic Duty. The requirement for SEIA has also been included explicitly in the cover sheet for Board and Committees and communicated.

**Recommendations**

Board are asked to note progress and approve the recommendation that the TOR of Board Committees are updated to reflect the requirements of the Equality Act 2010 including the Socio-economic Duty.

Welsh Government Guidance, including a film on the Socio-economic Duty aimed at public sector leaders, can be accessed <https://gov.wales/more-equal-wales-socio-economic-duty> . A Board workshop is planned for 08.04.2021.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Sport North Wales (SNW) Business Case					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Teresa Owen, Executive Director of Public Health					
<b>Awdur yr Adroddiad Report Author:</b>	Rachel Lewis, Principal Public Health Practitioner					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Approved by Strategy, Partnerships and Population Health Committee 23/02/2021 Betsi Cadwaladr University Health Board has been an active member of the Interim Sport North Wales Partnership since 2019					
<b>Atodiadau Appendices:</b>	Appendix 1 Sport North Wales Business Case V7 Appendix 2 Sport North Wales Inter-Authority and member collaboration agreement					
<b>Argymhelliad / Recommendation:</b>						
The Health Board is asked to						
<ol style="list-style-type: none"> <li>1. Endorse the establishment of the Sport North Wales (SNW) Partnership.</li> <li>2. Agree that Betsi Cadwaladr University Health Board becomes a partner in the Sport North Wales (SNW) Partnership.</li> </ol>						
Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	<input checked="" type="checkbox"/>	<b>Ar gyfer Trafodaeth For Discussion</b>	<input type="checkbox"/>	<b>Ar gyfer sicrwydd For Assurance</b>	<input type="checkbox"/>	<b>Er gwybodaeth For Information</b>
<b>Sefyllfa / Situation:</b>						
<p>Sport Wales has committed to a new approach to the delivery of community sport and activity across Wales. This represents a move from the current programme-led approach to one that is driven by insight and learning, addressing the needs of the communities it serves. The delivery of this vision will be through the development of 4 regional partnership boards. North Wales is the first of these regions although there is progress towards three other Sport Wales Regional Boards.</p> <p>In practice this means that rather than allocating funds directly to Local Authorities to deliver prescribed activity, the Sport North Wales Partnership will receive the combined funding for North Wales. In this way physical activity and sport can be targeted to meet both health and sport needs and ensure a focus on outcomes rather than throughput.</p>						

Since 2019 the Interim SNW Partnership has worked with Sport Wales to develop the vision for sport and activity in North Wales, and the enabling governance and legal structures. The interim SNW Partnership comprised 13 organisations: Public Health Wales, Betsi Cadwaladr University Health Board, 6 Local Authorities, Glyndwr and Bangor University, GwE, Housing Associations, and Disability Sport Wales.

The Business Case was approved by the Sport Wales Board on Friday 27<sup>th</sup> November 2020 and the Interim SNW Board disbanded on the 28<sup>th</sup> January 2021, in favour of the new SNW Partnership and Governance Boards. As the new structures come into place, this gives us the opportunity to work together in new and innovative ways to improve population health and wellbeing.

Each of the SNW partner organisations has been asked to sign the Partnership Agreement and the Head of Terms as detailed in the attached Business Case. The business case was approved by the Strategy, Partnerships and Population Health Committee on the 23<sup>rd</sup> February 2021.

### **Cefndir / Background:**

The context behind the formation of SNW is the national Vision for Sport in Wales which seeks to transform Wales into an Active Nation (<https://visionforsport.wales/>) and also the Sport Wales Strategy which envisages a Wales where everyone is Active (<https://www.sport.wales/sport-wales-strategy/>). This was the starting point for the Sport Wales Partner Investment Strategy and the rationale for SNW.

The vision for SNW was developed through the new and exciting interim collaborative partnership. This was made up of a number of well-established organisations who operate across the region – organisations that share a collective ambition to work together and to make a significant change and impact which will benefit the people of North Wales.

**‘To empower our communities in North Wales to be more active, leading healthier and happier lives’**

Going forward the SNW partnership will be innovative in its approach, reach and vision. It will harness the collective power and reach of the region with a single purpose, supported by programme management (shared research/evaluation/insight) and will aim to realise significant economy of scale. In terms of delivery, SNW will draw on expertise from sectors other than physical activity and sport, and aim to be diverse in its approach and thinking. In this way the partnership aims to optimise its public sector strengths whilst developing its commercial potential for sustainability.

It is envisaged that SNW will be firmly established as an effective and robust regional body, within the initial five year funding period. It will be seen and recognised as providing clear leadership, insight and overview to effectively encourage and support innovation and challenge to those delivering physical activity across the region. SNW will add value and drive change in community commissioning and delivery by working more closely with, and within, those communities. As a result of SNW's collaborative approach, there will be evidence of real change and benefits to all communities across North Wales through a common output and outcome measurement system. This Performance Management Framework will be developed to support and benefit SNW's cross sector collaboration and will be based on learning and evidence and impact. Learning will be key in terms of future delivery

### **Asesiad / Assessment & Analysis**

## Strategy Implications

As part of the 'Living Healthier, Staying Well' strategy, and the Health Boards commitment to improving population health, this business case describes a large-scale change approach to support and encourage people to be more active, leading healthier and happier lives.

In addition all of the partner organisations listed are either committed by statute to delivering the Well-Being of Future Generations Act (WBoFGA) or have a part to play in achieving these goals. The organisations involved are already delivering services which permeate across all of the seven goals. This will be of significant benefit to SNW in that the experience and knowledge within the partnership will be an asset to the strategic outcome of Sport North Wales' contribution to the WBoFGA.

## Options considered

As part of the development activity leading to the business case, the Interim SNW Partnership has undertaken an Options Appraisal of the governance models best suited to meet the needs of the North Wales region and to deliver maximum input on health and activity outcomes.

To facilitate the transition to the new way of working SNW has already done an enormous amount of thinking about its future governance structure, its staffing resources and organogram, the back office support it will need and the budget to support this. It was recognised early on that the transition phase and the early years of SNW will require support from a hosting organisation. This is for three main reasons:

- It will enable SNW, through the Regional Director to focus on establishing the partnership and the outcomes to be delivered, as opposed to recruiting staff to deliver back office support
- It will enable learning about SNW as a partnership to develop internal learning about the nature and extent of resources it needs internally, and which it can source externally
- It will enable understanding from the outset about the budget for organisational operation as distinct from that which will be focussed on the collaborative working to deliver identified outcomes

The initial hosting of SNW will be the responsibility of Conwy County Borough Council (CCBC); this was agreed through a competitive process whereby interested parties were invited to bid to be the host organisation.

## Financial Implications

Sign up to the Sport North Wales Business Case requires no financial obligation for Betsi Cadwaladr University Health Board. Conversely as part of the SNW Partnership going forward, the Health Board has the opportunity to share in grant funded partnership projects that will improve health and wellbeing across the region.

## Risk Analysis

It has been estimated that physical inactivity kills more than smoking, obesity and diabetes combined<sup>1</sup>, and is responsible for a substantial proportion of the disease burden throughout the population and the consequent cost- pressures on health and other public services. Poverty is the biggest determinant for inactivity, with areas in North Wales showing significantly low activity, high obesity and high deprivation.

With regard to BCUHB's significant work force, physically inactive employees are more likely to suffer health problems, have an accident at work and to take increased sickness leave.

The UHB Corporate Risk Register (001) highlights the risk if population health issues such as this are not fully addressed.

## **Legal and Compliance**

The Heads of Terms (HoT) for the SNW Partnership is set out in full in Appendix 1 of the business case. It is anticipated that SNW Partners will sign up to the Partnership and the HoT for an initial term of five years from the date on which the Agreement is validly executed by the SNW Members.

## **Impact Assessment**

Sport North Wales is fully committed to ensuring that sport and physical activity is readily accessible, appropriate for the needs of, and diverse in its offer for all residents, communities and visitors to North Wales.

Sport North Wales will ensure the promotion of the Welsh language and that a vibrant Welsh Culture is at the heart of all policies, programmes and communications.

The Statement of Intent: Commitment to Equality and Diversity (Appendix 6 of the business case), acknowledges Sport North Wales legislative duties and recognises and endorses the Well Being of Future Generations (Wales) Act 2015 in its ambition to create a more equal Wales.

Y:\Board & Committees\Governance\Forms and Templates\Board and Committee Report Template V2.0 July 2020.docx

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<sup>1</sup> Blair SN. (2009) Physical inactivity: the biggest public health problem of the 21st century. British Journal of Sports Medicine; 43:1-2







Final v4

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **Contents**

<b>1. Introduction</b>	<b>1</b>
Introduction	1
Context	1
Confirmation of the SNW Partners and their commitment for change	2
The progress of SNW to date	3
Long terms Aims of SNW	4
<b>2. Transition Plan</b>	<b>6</b>
Managing the Transition Process - Overview	6
Governance	8
Staff Structure	10
Budgets	11
<b>3. Strategic Framework and Regional Delivery Action Plan</b>	<b>13</b>
Our Journey to develop the Strategic Framework and Regional Delivery Plan	13
Insight and Evidence collated by SNW to support the Strategic Framework	16
The SNW Strategic Framework and Regional Delivery Action Plan for the transition period	25
<b>4. Performance Management</b>	<b>27</b>
How will SNW capture learning to inform future delivery	27
How SNW will measure impact	28
How SNW will create an evidence base to inform future planning	30
How SNW will respond to Sport Wales approach to accountability as part of its reporting requirements	30
<b>5. Partner &amp; Stakeholder Collaboration</b>	<b>33</b>
Our plan for SNW's engagement, expansion, and work with its regional strategic and delivery partners/stakeholders	34
Our regional marketing and promotions plan	34
Our Plan for diversifying new income streams, commercial and other partnerships	35
<b>6. Governance and Legal Framework</b>	<b>36</b>
How SNW will meet the Essential Requirements of the Sport Wales Capability Framework in relation to aspects of governance and leadership framework?	37
Conwy County Borough Council's (CCBC) Obligations	38
SNW Members' Obligations	39
SNW Governance Board	40

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## ***Business Case to formally establish Sport North Wales (SNW)***

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SNW Partnership Board	41
SNW Regional Director	43
Project Approvals Process	44
Separate Account	46
Employees	46

## **Appendices**

Appendix 1: Heads of Terms (HoT) for SNW Governance

Appendix 2: Proposed SNW Budget

Appendix 3: SNW Board Skills Matrix

Appendix 4: SNW Regional Director Job Description (draft)

Appendix 5: SNW Safeguarding Statement of Intent

Appendix 6: SNW Statement of Intent – Equality and Diversity

Appendix 7: Physical Literacy Plan on a page

Appendix 8: Guidance and Background on Accountability

Appendix 9: Equality Impact Assessment

Appendix 10: Transition Plan

SNW partners would like to thank DWF and Strategic Leisure Limited (SLL) for their support on developing this business case

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **1. Introduction**

#### **Introduction**

**‘To empower our communities in North Wales to be more active, leading healthier and happier lives’**

- 1.1 The Sport North Wales (SNW) Vision has been developed through the collaborative partnership which comprises SNW, as a response to the health inequalities and physical activity challenges identified in North Wales. This Vision articulates SNW’s response to the new approach to delivery of community sport and activity set out by Sport Wales.
- 1.2 Sport Wales has committed to a new approach to the delivery of community sport and activity, representing a move from the current programme-led approach to one that is driven by insight and learning, addressing the needs of the communities it serves. It also aligns to the Wellbeing of Future Generations Act and the Sector led Vision for Sport in Wales, and the new Equality Policy.
- 1.3 Regional collaboration with partners below has enabled SNW thinking to crystallise; SNW now embraces a holistic approach to community sport and activity which will benefit a wider cross section of societal impacts including economic prosperity, health and well-being, equalities, community cohesion, cultural identity and diversity. These same benefits have also been developed into ‘people centred’ population outcomes. SNW’s approach is people-centric, meaning resources will be focussed where there is greatest need in relation to health and well-being, equalities and the tackling poverty agenda.

#### **Context**

- 1.4 The Welsh Government ‘Well Being of Future Generations (Wales) Act 2015’ (<https://futuregenerations.wales/about-us/future-generations-act/>) sets out a direction of travel for Wales and its communities in terms of health and well-being and is the key influencing policy for Sport Wales and its partners.
- 1.5 The context behind the formation of SNW is the national Vision for Sport in Wales which seeks to transform Wales into an Active Nation (<https://visionforsport.wales/>) and also the Sport Wales Strategy which envisages a Wales where everyone is Active (<https://www.sport.wales/sport-wales-strategy/>). This is the starting point for the Sport Wales Partner Investment Strategy, and the rationale for SNW.
- 1.6 The need for a regionally-focussed and agile delivery model supported by a broad partnership is driven by the recognition of several key statistics which need to be addressed.
- 1.7 These are:
  - **Poverty is the biggest determinant for inactivity in North Wales (53% of pupils in North Wales do not take part in 3 or more activities per week)**
  - **North Wales has one of the highest levels of childhood obesity in Wales at 29.5% (Wales has the highest levels in the UK)**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- Almost a third of expectant women are obese (26%)
- Time allocated to Physical Education has decreased across the region
- Regional variation in adult activity rates exist (Conwy 60%, Gwynedd 46%)
- 51% of adults take part in less than one activity a week
- There appears to be low levels of enjoyment in sport, low confidence levels, but high demand to do more (96%)
- Evidence suggests that within the region there are areas of significantly low activity, high obesity and high poverty

Source: *Getting Wales Moving; School Sport Survey 2018; Exploring the barriers: why don't people move more ; National Survey for Wales 2017-18; Child Measurement Programme for Wales (2013-2018); Acting today for an active tomorrow; North Wales Social Care and Well-being Services Collaborative; Maternal Obesity; Welsh Health Survey; Physical Activity of Children and Young People*, Representation of participation from those within specific communities.

1.8 Tackling these health and wellbeing inequalities is the shared priority of the SNW partnership.

### **Confirmation of the SNW Partners and their commitment for change**

1.9 The core SNW Partners are:

Name of Organisation	
Anglesey County Council	Flintshire County Council
Betsi Cadwaldr University Health Board	Gwynedd Council
Bangor University	GwE
Conwy County Borough Council	Public Health Wales
Denbighshire County Council	Regional Housing Associations (6 housing associations represented via one person)
Disability Sport Wales	Social Sector Representative
Glyndwr University	Wrexham CBC

1.10 The partnership organisations listed are co-terminus, covering the whole population of North Wales, delivering a diverse range of services to 724,826 people currently living in North Wales (mid-year estimates 2016, StatsWales).

1.11 All of the organisations listed are either committed by statute to delivering the Well-Being of Future Generations Act (WBoFGA) or have a part to play in achieving these goals and are committed to working towards the seven goals. The organisations involved are already delivering services which permeate across all of the seven goals. This will be of significant benefit to SNW in that the experience and knowledge within the partnership will be an asset to the strategic outcome of Sport North Wales' contribution to the WBoFGA.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 1.12 Given the Vision of SNW, and its collaborative approach, there is massive potential for even greater connectivity and engagement across the regional landscape with the wider traditional and non-traditional partners who could add value/support, and/or deliver alongside SNW. This includes the potential for commercial partnerships, which may enable diversification of income streams for the Regional Sport Partnership.
- 1.13 All organisations are committed to making a difference to participation in sport and reducing inequalities in North Wales.
- 1.14 Work is ongoing to gather insight on SNW Board partner organisations who deliver their programmes and other strategic organisations with whom it may be beneficial for SNW to have future engagement. This will include those with a specific expertise around each of the protected characteristics.
- 1.15 **The shared commitment of SNW is to significantly improve the health and well-being of all people in North Wales.**

### **The progress of SNW to date**

- 1.16 In responding to the new vision for regional working, SNW has been through a number of important developmental stages since the summer of 2018. In summary it has:
- i)** Obtained formal Local Authority permission to proceed with an Expression of Interest and subsequent Business Case.
  - ii)** Established the representative group and identified a project management lead and brief and recruited to strategic vacancies where expertise is required.
  - iii)** Facilitated discussion with key representative partners and Sport Wales to debate the key critical issues, review outcomes required, consolidation of partners involved, develop some fresh thinking around the solutions for the Region and to make the maximum impact on the delivery outcomes.
  - iv)** Undertaken an Options Appraisal of the governance models best suited e.g. Management Agreement with lead organisation, Cooperative structure from Legal and Technical advice together with the governance documents / memo and articles of associations.
  - v)** Developed consensus of the type of leadership needed for SNW and the governance framework for the commissioning function and process awarding and monitoring i.e. a host authority
  - vi)** Developed insight piece to identify key regional issues aligned to the outcomes and identify the delivery partners / projects who are able to provide the solutions and innovation.
  - vii)** On an ongoing basis, SNW will realise the greater ambition of the remit of the organisation to impact, influence, advocate and leverage additional funding into its remit to make a greater impact to all strategic and delivery outcomes

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **Long terms Aims of SNW**

**‘To empower our communities in North Wales to be more active, leading healthier and happier lives.’**

- 1.17 The Vision for SNW has been developed through our new and exciting collaborative partnership. This is made up of a number of well-established organisations who operate across the region – organisations that share a collective ambition to work together and to make a significant change and impact which will benefit the people of North Wales.
- 1.18 Our collaborative approach reflects the fact that no one organisation can achieve this ambition on its own and it is vital that we work in partnership with communities and other public sector organisations, private sector and third sector to make the improvements happen.
- 1.19 The **Sport North Wales** Vision responds to the ambition for North Wales:

**‘Getting Everyone in North Wales Active, for life’**

- **Everyone can fulfil their own potential**
- **Everyone has the opportunity to be active through sport and physical activity**
- **People in North Wales lead physically active lives**
- **People have the skills, confidence, and motivation to be active through sport**

- 1.20 The Sport North Wales Vision speaks to the **Vision for Sport** in Wales:

**‘An Active Nation Where Everyone Can have Lifelong Enjoyment of Sport’**

- **Work, invest, learn and succeed together**
- **Create experiences that are welcoming, fun and safe**
- **Develop opportunities that are local, visible and inspiring**
- **Ensure sport is accessible, inclusive and affordable, leaving no one behind**
- **Innovate, take risks and be bold**

- 1.21 The Sport North Wales Vision and the Vision for Sport respond to the requirements of the **Well Being of Future Generations (Wales) Act 2015** and the **5 Ways of Working**, and it also responds to the **SW Strategy**.



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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 1.22 SNW has undertaken an internal assessment of the SNW Vision against the **Well Being of Future Generations (Wales) Act 2015** and **Sport Wales Strategy priorities and outcomes**. It is recognised that an Equality Impact assessment of the SNW Business Case will also be needed.



- 1.23 The SNW partnership is innovative in its approach, reach and Vision. It harnesses the collective power and reach of the region with a single vision and shared purpose, supported by programme management (shared research/evaluation/insight) realising significant economy of scale. In terms of delivery, SNW will optimise its public sector strengths whilst seeking to exploit its commercial potential.
- 1.24 After 5 years it is envisaged that SNW will be firmly established as an effective and robust regional body. It will be held and recognised as providing clear leadership, insight and overview to effectively encouraging and supporting innovation and challenge to those delivering across the region. SNW will add value and drive change in community commissioning and delivery by working closer with and within those communities. As a result of SNW's work there will be evidence of real change and benefits to all communities across North Wales through a common output and outcome measurement system that has language that is useful across all partners and an insight and evidence base that is robust and provides clear evidence of impact, change and value for money. The learning from this will be key in terms of future delivery.



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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **2. Transition Plan**

2.1 This section of the Business Case focusses on how SNW is going to manage the transition process from the existing way of working to the new approach.

#### **Managing the Transition Process - Overview**

2.2 The existing delivery system in North Wales is based around a series of prescribed physical activity programmes; every programme is delivered in each local authority, albeit each works with different partners. The new way of working will be clearly informed by, and based on, local needs and priorities. To this end, SNW has already begun working collaboratively to identify and share the key insight and evidence relevant to the region.

2.3 SNW intend to make a clear step change during the Transition Phase; their approach will be to:

- **Make evidenced based decisions**
- **Provide accessible, sufficient, and appropriate local opportunities, with a focus on young people from deprived communities**
- **Work with cross-sector partners to improve health and wellbeing**
- **Develop skilled, diverse and connected people**
- **Leverage additional resources for sustainability**
- **Have excellent governance and leadership**
- **Develop a performance management framework based on relevant learning and evidence.**

2.4 SNW will focus on:

- **Giving everyone the skills, confidence and motivation to enable them to have a positive start to being active for life, with a focus on young people - Start Active**
- **Growing participation opportunities for those who are less active - Being Active**
- **Growing and sustaining participation for those who are already active - Staying Active**
- **Re-engaging people back into regular activity - Active Restart**

2.5 To facilitate the transition to the new way of working SNW has already done an enormous amount of thinking about its future governance structure, its staffing resources and organogram, the back office support it will need and the budget to support this. The approach to these as part of the overall transition process is set out below.

2.6 It is fundamental to SNW and for the new collaborative approach that the transition approach is both supported and bought into by all partners so that SNW, its Vision, Aims Objectives and the Outcomes from the Partnership are fully owned by all partners and stakeholders. The Transition Phase is therefore seen as being an inclusive phase, from which there will continued learning about the way forward.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 2.7 It was recognised early on that the transition phase and the early years of SNW will require support from a hosting organisation. This is for three main reasons:
- **It will enable SNW, through the Regional Director to focus on establishing the partnership and the outcomes to be delivered, as opposed to recruiting staff to deliver back office support**
  - **It will enable learning about SNW as a partnership to develop internal learning about the nature and extent of resources it needs internally, and which it can source externally**
  - **It will enable understanding from the outset about the budget for organisational operation as distinct from that which will be focussed on the collaborative working to deliver identified outcomes**
- 2.8 The initial hosting of SNW will be the responsibility of Conwy County Borough Council (CCBC); this was agreed through a competitive process whereby interested parties were invited to bid to be the host organisation.
- 2.9 The SNW Members agreed that CCBC will be the lead authority for the initial 5 years of the Partnership. The specific role of CCBC is to:
- **Be the lead and host authority and accountable body for the Sport North Wales Collaboration;**
  - **Be responsible for the appointment and employment of the Regional Director;**
  - **Be the lead and host authority, be allocated an agreed proportion of the Sport Wales Funding to contribute towards the Regional Director role and CCBC's role as the lead and host authority;**
  - **As the host authority of the Collaboration, be the principal contact for engagement with Sport Wales in relation to the Sport Wales Funding and adherence to the Sport Wales governance requirements on behalf of the Collaboration;**
  - **Manage the SNW Account and be responsible for the allocation of funding from the SNW Account as determined by the Governance Board;**
  - **Engage employees to roles related to the management and operation of the Collaboration;**
  - **Ensure that Partnership Board and Governance Board meetings are undertaken in accordance with the provisions for the board set out in Appendix 1**
  - **Manage the SNW Regional Director role in terms of employment Ts and Cs.**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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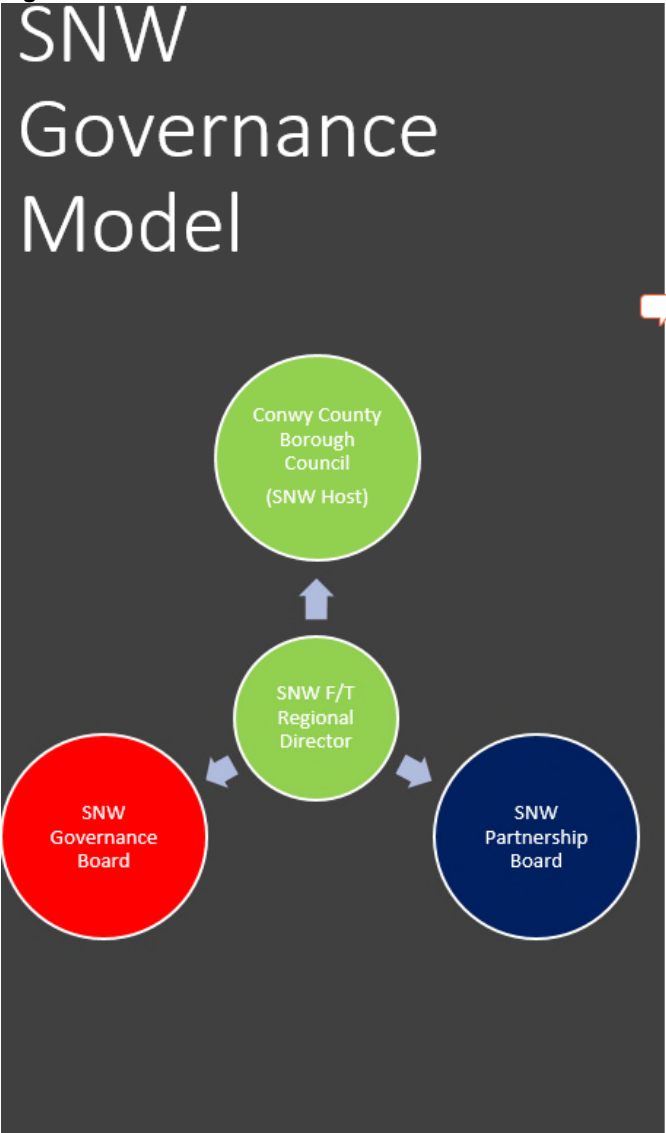
2.10 The governance of SNW sits around this hosting arrangement with CCBC.

### **Governance**

- 2.11 SNW's new Governance structure is set out in full in Section 6 and Appendix 1. It is recognised that there will a gradual move towards this through the transition phase of the Partnership. As part of this transition phase the broader diversity makeup of both the Governance and Partnership Boards will be kept under review.
- 2.12 The SNW Members understand that good governance is a key foundation for the success of Sport North Wales and is not only the management of day-to-day operations but rather the framework of strategy, risk management controls and processes and an organisational approach to ensure the culture, values and integrity are observed by all.
- 2.13 Currently, Sport Wales provides separate funding directly to the six local authorities, which are then responsible for spending in their respective regions. However, if Sport North Wales is approved, the Collaboration will receive funding from Sport Wales (estimated at c. £1.4 million per annum) and will decide on how this money is spent across the North Wales region.
- 2.14 It is envisaged that the creation of the Collaboration will facilitate spending across a wider platform and support Sport North Wales' vision "to empower our communities in North Wales to be more active, leading healthier, happier lives" which in turn aligns with the Sport Wales strategy and ultimately contributes to the sector-wide vision of "an active nation where everyone can have a lifelong enjoyment of sport".
- 2.15 In order to support its business case for the creation of Sport North Wales, the SNW members need to present a legal and governance framework with their business case, to demonstrate that a strong structure is in place which will ensure that the SNW members have representation and a decision-making process which is effective and will support achievement of the:
- **Objectives;**
  - **the Vision; and**
  - **the Sport Wales Governance and Leadership Framework; and**
  - **the Sport Wales Capability Framework.**
- 2.16 The overall vision for the proposed Governance Structure is:

Business Case to formally establish Sport North Wales (SNW)

Figure 2.1: SNW Governance Model



• **SNW Governance Board** (proposed)

(7 Members / 60 – 40 gender / Diversity)

- Conwy - Decision Making
- Anglesey - Decision Making
- Denbighshire - Decision Making
- Flintshire - Decision Making
- Gwynedd - Decision Making
- Wrexham - Decision Making
- Ind' Chair (Partnership Board) - Non Decision Making
- Sport Wales - Observer Status
- Regional Director - Reporting / Non Decision Making



• **SNW Partnership Board** (proposed)

(8-12 Members / 60-40 gender / Diversity)

- Ind' Chair ( \*Recruited)
- 2 x Local Authorities (SNW Appointed)
- 1 x Health Rep (SNW Appointed)
- 1 x Education (SNW Appointed)
- 1 x Housing (SNW Appointed)
- 1 x Equalities (Appointed/ \*Recruited)
- Up to 5 x Ind' Board Members ( \* Recruited)
- Sport Wales ( Observer)
- Regional Director (Reporting)

( \* Recruited based on required skill set: Chair, equalities, commercial, marketing, PR, legal, project management, performance management, young people etc )



2.17 Figure 2.1 illustrates that the envisaged governance structure comprises two boards.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 2.18 **The SNW Partnership Board reflects the wider collaborative nature of SNW, its regional partners, its connectivity and the agendas on which it will deliver to achieve the outcomes which constitute the rationale for SNW.** The Partnership Board is the heart of SNW with the key strategic, collaborative, connecting and influencing role. The Partnership Board will explore, discuss, agree and set the direction of travel in response to the key physical activity priorities for North Wales communities, based on SNW evidence and learning. This Board has representation from the wider SNW partners, but also includes cross sector representation, as well as independent Board members. Its role is to provide the 'soft' governance, to influence and direct funding priorities, as well as sign off funding applications (up to a value of £50k). The aim of this approach is to significantly widen the input to SNW and enable it as an organisation to draw on expertise from sectors other than physical activity and sport. This will result from the collaborative approach at both regional and local level. This approach also reflects the aim of SNW to be innovative, draw on wider expertise and to be diverse in its approach and thinking. It may also lead to greater capacity to leverage additional resources for sustainability. The SNW Partnership Board will comprise wider SNW partners reflecting cross sector representation, Independent Board Members and representatives of the SNW Governance Board, plus the SNW Regional Director. The SNW Regional Director will report to the SNW Partnership Board.
- 2.19 Appendix 3 sets out the level of experience, plus core competencies expected from the independent Board members who will sit on the Partnership Board. Draft Job descriptions for Independent Board Members are also included in Appendix 3. Sector representatives are anticipated to be able to represent their overall sector, not a specific body within the sector.
- 2.20 **The SNW Governance Board reflects the requirements of Section 2 of the Local Government Act 2000 and Section 111 of the Local Government Act 1972 Act. This Board's role is to fulfil the hard governance requirements of SNW, its role and remit.** The SNW Governance Board will comprise the public body partners of SNW and an Independent chair, plus the SNW Regional Director. The Independent Chair of the SNW Partnership Board will also have a seat on the SNW Governance Board.

### **Staff Structure**

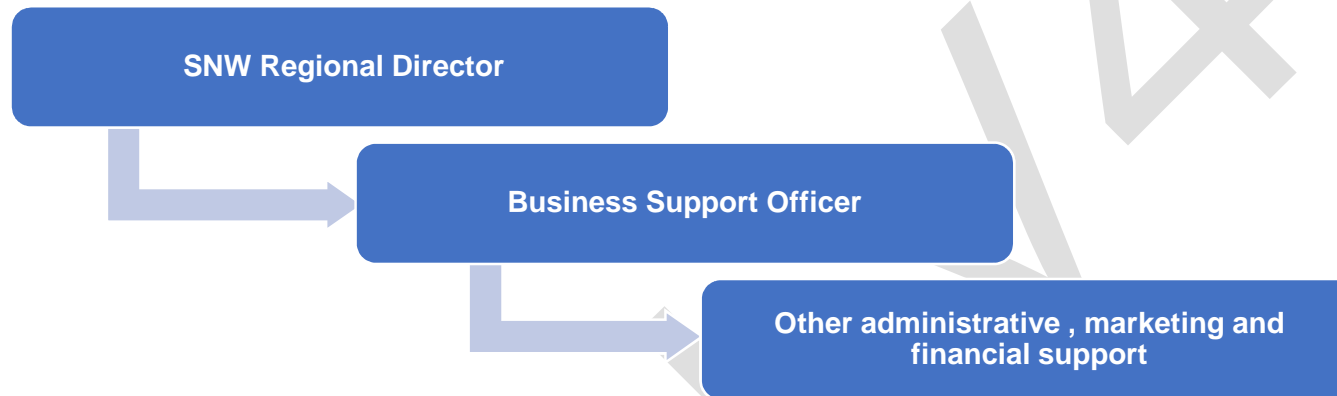
- 2.21 Sport in Wales is undergoing an unprecedented shift in culture with a Vision capable of inspiring the delivery of bigger, better outcomes for sport. For this reason, SNW will need strong and vibrant leadership. The SNW Regional Director will have the skills and passion to play a lead role in community sport in Wales to 'Create an Active Nation where everyone can have a lifelong enjoyment of sport' and deliver on the ambition for Sport North Wales 'to empower our communities in North Wales to be more active, leading healthier and happier lives'. This role is crucial for driving through the ambition of SNW and delivery of the SNW Business Case.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 2.22 In recognition of the need for this new approach, new partnerships and fresh thinking to achieve these ambitious goals the SNW lead and staff will use insight and learning more effectively to meet the future needs of society, capitalising on technology to enable SNW to plan and deliver in a different way. In the transition phase the following staff structure is envisaged:



- 2.23 The SNW Regional Director will be employed by the Host Authority i.e. Conwy but will work directly with the Sport North Wales Partnership Board (see Appendix 4).
- 2.24 Initially there will be one part-time Business Support Officer working to the SNW Regional Director. The SNW staff will be supported by administrative resources through an SLA with CCBC. As SNW develops as an organisation, and the partnership's collaborative approach becomes embedded in the region, it is anticipated that this initial staffing structure may change, and potentially extend. As this happens SLA arrangements with CCBC will also change, to reflect operational requirements.

### **Budgets**

- 2.25 SNW is clear that the indicative total 5 year funding for Sport North Wales from 2021-22 to 2025-26 is as follows

**Table 2.1:**

	<b>Sport North Wales</b>	<b>Description</b>
<b>WG Exchequer</b>	£4,540,307	A resource to give every young person a great start through providing person centred activities. (This currently funds community sport and is used to employ staff - AYP budget).

## ***Business Case to formally establish Sport North Wales (SNW)***

	<b>Sport North Wales</b>	<b>Description</b>
<b>Free Swim Investment</b>	£1,617,750	Hypothecated funding to deliver the requirements of the Free Swimming Initiative
<b>Lottery – local grant scheme_</b>	£4,608,937	Lottery budget: A commissioning budget to support local development opportunities with delivery aligned to the Vision for Sport in Wales. (This includes current Community Chest and an allocation of Development Grant budgets)
<b>Innovation Fund</b>	£2,187,500	Lottery Budget: A commissioning budget to develop new collaborative & innovative opportunities aligned to the Vision for Sport whilst delivering local / regional priorities. This resource is to be used as a tool to leverage match funding.
<b>Strategic Operating Support</b>	£619,119	To support the strategic function of the partnership through leadership, developing insight and support to operational running.
<b>Total over 5 years</b>	<b>£13,573,613</b>	

- 2.26 SNW has developed its own budget (See Appendix 2) on the basis that all funding apart from that identified under the Lottery and Innovation Funds, will be paid directly to SNW, via CCBC. The Lottery and Innovation Funds will be held by SW but will be available for SNW to draw against.
- 2.27 A draft budget for the initial 5 years of SNW is summarised in Appendix 2. This sets out the known income for SNW and additional funding through commercial or other sources which SNW has the ambition of raising and demonstrates the importance of additionality for SNW and that it is built into our thinking from the outset.
- 2.28 The anticipated expenditure is also detailed in Appendix 2 to illustrate the proportion of the funding required to be spent on SNW operation.
- 2.29 This budget will be the starting point for the Transition Phase of SNW but will be kept under review so it can change as the Partnership grows and develops beyond the Transition Phase.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **3. Strategic Framework and Regional Delivery Action Plan**

#### **Our Journey to develop the Strategic Framework and Regional Delivery Plan**

- 3.1 Sport North Wales (SNW) Partners have developed a Strategic Outcomes Framework and Year 1 (2020/21) Delivery and Commissioning Plan for SNW.
- 3.2 The Strategic Framework builds on the thinking that was led by the Partnership Board of SNW, resulting in the drafting of a high-level vision paper for the North Wales region which was submitted to Sport Wales in July 2019. It is envisaged that this will continue to develop and expand as the wider engagement and collaboration happens, and influences the direction of SNW through the SNW Partnership Board.

#### **Draft Vision for Sport North Wales (July 2018) 'Getting Everyone in North Wales Active for Life'**

Where:

- Everyone can fulfil their own potential
- Everyone has the opportunity to be active through sport and physical activity
- People in North Wales lead physically active lives
- People have the skills, confidence, and motivation to be active through sport

- 3.3 As a consequence of developing the then emerging vision, SNW highlighted social impact across North Wales, particularly focussing on where evidence identifies a lower level of participation by certain focus groups in sport and activity e.g. women and girls, BAME communities, those living in poverty, disability, rurality etc. SNW also reference the North Wales commissioning document which sets out the ambition for North Wales:

**'The key requirement for the partnership is to deliver the ambition for Community Sport in North Wales and contribute to the Vision for Sport in Wales'**

- 3.4 The Partnership established a clear and agreed line of thought between the original SNW 'Business Case for Change' (2016) and the subsequent EOI submission. It also identified common areas of thinking and ambition which the Partnership could focus on and pursue:

**"The partnership will aspire, through new and innovative approaches, to significantly improving the health and well-being of all the people in North Wales, using a variety of sports and physical activities as our proposed solution"**

- 3.5 The SNW Collaboration Partnership Board agreed in July 2019 that the then (draft) Vision aligned with the Vision for Sport in Wales, the ambition for North Wales as laid out in the Sport Wales commissioning documents and the essence of the Well-Being of Future Generations Act (2015).



**Business Case to formally establish Sport North Wales (SNW)**

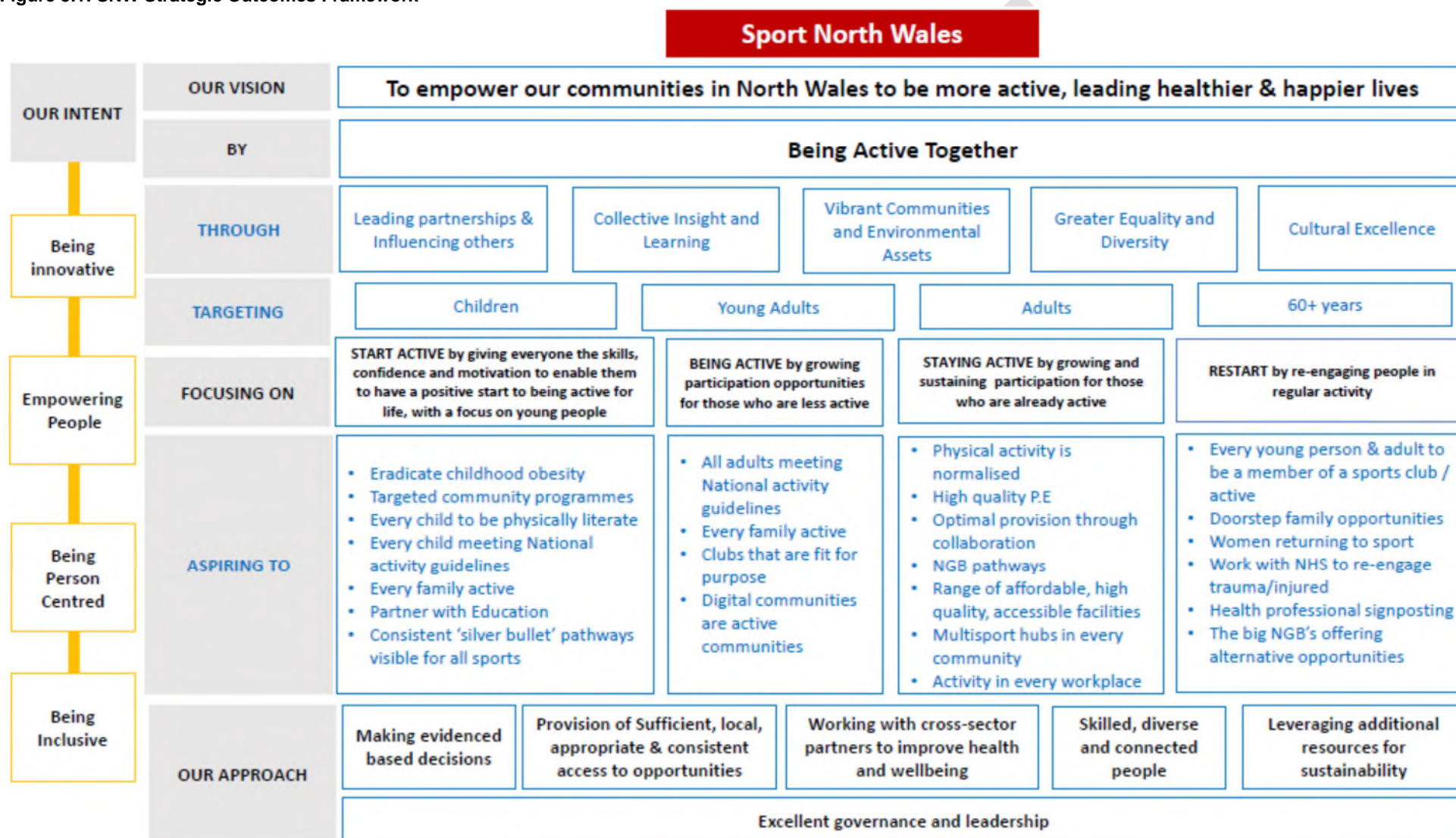
3.6 Keen to turn the provocation and ‘mission’ into a clear Vision statement, the SNW Partnership Board discussed the basis for a (draft) Vision:

<ul style="list-style-type: none"><li>• Creating</li><li>• Through Sport and Activity</li><li>• An active and healthier</li><li>• North Wales</li><li>• Where everyone is included / no-one is left behind</li></ul>	<ul style="list-style-type: none"><li>(the action)</li><li>(the vehicle)</li><li>(the outcomes)</li><li>(the place)</li><li>(the ambition, equality, person centred)</li></ul>
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- 3.7 The Board also recognised the importance of the vision being tested and ‘owned and valued by those who will effectively bring it to life’.
- 3.8 For this reason, the Board agreed that the thirteen lead organisations who make up the SNW partnership would be invited to engage in a review of the draft vision enabling them to contribute to its creation, thereby creating a sense of ownership.
- 3.9 As part of this review, it is important to highlight that the SNW LAs began collectively contributing and sharing, to ensure there is collaborative and coordinated approach, towards developing one regional plan across North Wales. It is in the context of Sport North Wales as a delivery partner that Local Authorities submitted an 18-month Free Swimming Plan to SW (September 2019).
- 3.10 The review and challenge of the original Vision was facilitated through a series of interactive workshops for the workforce of the thirteen SNW Partnership lead organisations who were invited. These workshops also provided the opportunity to develop strategic outcomes which will be meaningful and make a difference to North Wales and set the context for the creation of a Year 1 Delivery and Commissioning Plan for SNW.
- 3.11 This process resulted in the strategic outcomes framework in Figure 3.1:

## Business Case to formally establish Sport North Wales (SNW)

Figure 3.1: SNW Strategic Outcomes Framework



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## ***Business Case to formally establish Sport North Wales (SNW)***

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3.12 It also produced:

- **The (Refreshed) Vision for Sport North Wales**
  - To empower our communities in North Wales to be more active, leading healthier and happier lives
- **Sport North Wales' intent is to...**
  - Be Person-Centred,
  - Empower People,
  - Be Innovative and
  - Be Inclusive
- **Sport North Wales' approach will be to...**
  - Make evidenced based decisions
  - Provide accessible, sufficient, and appropriate local opportunities, with a focus on young people from deprived communities
  - Work with cross-sector partners to improve health and wellbeing
  - Develop skilled, diverse and connected people
  - Leverage additional resources for sustainability
  - Have excellent governance and leadership
- **Sport North Wales will focus on...**
  - Giving everyone the skills, confidence and motivation to enable them to have a positive start to being active for life, with a focus on young people
    - Start Active
  - Growing participation opportunities for those who are less active - Being Active
  - Growing and sustaining participation for those who are already active - Staying Active
  - Re-engaging people back into regular activity - Active Restart

**Insight and Evidence collated by SNW to support the Strategic Framework**

3.13 The initial insight and evidence collected by SNW, and reflected in the individual LA plans informing the Regional Plan identifies:

- 1. Poverty is the biggest determinant for inactivity in North Wales**
- 2. North Wales has one of the highest levels of childhood obesity in Wales (Wales highest UK)**
- 3. Almost a third of expectant women are obese**

## ***Business Case to formally establish Sport North Wales (SNW)***

- 4. Time allocated to Physical Education has decreased across the region**
- 5. Regional variation in adult activity rates exist (Conwy 60%, Gwynedd 46%)**
- 6. Feedback from children and adults in North Wales who hold any or multiple protected characteristics identifies the following key statistics:**

<b>Participation in Sport Three or More Times a Week (School Sport Survey 2018)</b>	<b>Participation in Sport Three or More Times a Week (National Survey for Wales 2020)</b>
Overall: 47.4% Male: 48.6% Female: 46.4% 'Other': 43.2%	Overall: 32.7% Male: 38.2% Female: 27.5%
No Disability or Impairment: 48.3% Disability: 44.9%	No Disability or Impairment: 38.4% Disability: 21.6%
Welsh Speaker: 52.8% Don't Speak Welsh: 35.9%	People Using Welsh Language in Everyday Life: 33.8% People <b>Not</b> Using Welsh Language in Everyday Life: 32.4%
FSM1 (least deprived): 53.2% FSM4 (most deprived): 37.9%	WIMD Most Deprived 20%: 22.9%
BME: 45.8%	BME: 26.2%
<b>Participation in Extracurricular School At Least Once a Week (School Sport Survey 2018)</b>	<b>Participation in Community Sport Outside of School At Least Once a Week (School Sport Survey 2018)</b>
Overall: 49.2% Male: 49.3% Female: 49.6% 'Other': 36.0%	Overall: 65.0% Male: 65.5% Female: 65.1% 'Other': 54.4%
No Disability or Impairment: 50.4% Disability: 44.9%	No Disability or Impairment: 66.4% Disability: 58.2%

## ***Business Case to formally establish Sport North Wales (SNW)***

<b>Participation in Extracurricular School At Least Once a Week (School Sport Survey 2018)</b>	<b>Participation in Community Sport Outside of School At Least Once a Week (School Sport Survey 2018)</b>
Welsh Speaker: 53.7% Don't Speak Welsh: 42.8%	Welsh Speaker: 69.9% Don't Speak Welsh: 57.9%
FSM1 (least deprived): 51.7% FSM4 (most deprived): 46.8%	FSM1 (least deprived): 70.5% FSM4 (most deprived): 55.6%
BME: 46.4%	BME: 59.3%
<b>% Who 'Always' Feel Comfortable Taking Part in PE Lessons and School Sport (School Sport Survey 2018)</b>	<b>% Who Think PE Lessons and School Sport Helps Them to Have a Healthy Lifestyle (School Sport Survey 2018)</b>
Overall: 60.4% Male: 67.7% Female: 53.5% 'Other': 46.5%	Overall: 58.4% Male: 60.8% Female: 56.8% 'Other': 28.4%
No Disability or Impairment: 62.4% Disability: 48.9%	No Disability or Impairment: 59.3% Disability: 52.1%
Welsh Speaker: 63.7% Don't Speak Welsh: 55.7%	Welsh Speaker: 60.7% Don't Speak Welsh: 55.0%
FSM1 (least deprived): 61.6% FSM4 (most deprived): 59.6%	FSM1 (least deprived): 55.4% FSM4 (most deprived): 65.1%
BME: 56.3%	BME: 54.2%

## ***Business Case to formally establish Sport North Wales (SNW)***

<b>% Enjoy of PE Lessons 'A Lot' (School Sport Survey 2018)</b>	<b>% Enjoy of Extracurricular Sport 'A Lot' (School Sport Survey 2018)</b>
Overall: 64.9% Male: 70.7% Female: 59.8% 'Other': 42.7%	Overall: 48.7% Male: 52.5% Female: 45.7% 'Other': 26.1%
No Disability or Impairment: 66.4% Disability: 53.4%	No Disability or Impairment: 49.9% Disability: 41.2%
Welsh Speaker: 67.6% Don't Speak Welsh: 60.8%	Welsh Speaker: 52.4% Don't Speak Welsh: 43.5%
FSM1 (least deprived): 63.0% FSM4 (most deprived): 70.3%	FSM1 (least deprived): 49.9% FSM4 (most deprived): 49.6%
BME: 59.7%	BME: 46.9%

<b>% Enjoy of Community Sport 'A Lot' (School Sport Survey 2018)</b>	<b>% Feel Ideas About PE and School Sport Listened to 'Always' (School Sport Survey 2018)</b>	<b>% 'Very Confident' to Try New Activities (School Sport Survey 2018)</b>
Overall: 65.1% Male: 66.5% Female: 64.0% 'Other': 61.5%	Overall: 27.5% Male: 31.6% Female: 23.7% 'Other': 19.4%	Overall: 37.0% Male: 42.5% Female: 31.5% 'Other': 37.7%
No Disability or Impairment: 66.2% Disability: 59.4%	No Disability or Impairment: 27.4% Disability: 30.2%	No Disability or Impairment: 37.3% Disability: 38.3%
Welsh Speaker: 68.8% Don't Speak Welsh: 59.7%	Welsh Speaker: 29.1% Don't Speak Welsh: 25.2%	Welsh Speaker: 40.2% Don't Speak Welsh: 32.6%
FSM1 (least deprived): 68.2% FSM4 (most deprived): 59.7%	FSM1 (least deprived): 24.9% FSM4 (most deprived): 31.6%	FSM1 (least deprived): 36.1% FSM4 (most deprived): 39.1%
BME: 59.3%	BME: 30.8%	BME: 38.5%

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 7. There appears to be low levels of enjoyment in sport, low confidence levels, but high demand to do more**
- 8. Evidence suggests that within the region there are areas of significantly low activity, high obesity and high poverty**

3.14 Data relevant to North Wales was reviewed using the following sources:

- **Getting Wales Moving**
- **School Sport Survey 2018**
- **Exploring the barriers: why do not people move more?**
- **National Survey for Wales 2017-18**
- **Child Measurement Programme for Wales (2013-2018)**
- **Acting today for an active tomorrow**
- **North Wales Social Care and Well-being Services Collaborative**
- **Maternal Obesity**
- **Welsh Health Survey**
- **Physical Activity of Children and Young People**
- **Representation of participation from those within specific communities.**



CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

## SPORT NORTH WALES

- 124,000 children in North Wales
- Increasing numbers of looked after children (1000+)
- Increase in disabled children with complex needs
- Increase in children's mental health (self harm and eating disorders)
- Over 1000 young carers in North Wales
- 150,000 aged 65 and over (210,000 by 2039 – 30% total population)
- Reducing loneliness and isolation a priority
- Whole demographic – 80% population say they are in good health
- People living in deprived areas have poorer health

**PROMOTE HEALTHIER LIFESTYLES AND REDUCE HEALTH INEQUALITIES**



## **SPORT WALES – National Survey**

**562,000 adults (16+) in North Wales**

### **PARTICIPATION**

- 30% participate in sport x 3 per week, 51% less than once
- 53% have a demand to do more sport
- 18% living in deprived communities participate in sport x 3 per week, 68% less than once
- Those that do not participate in sport x 3 per week = 48% want to do more sport

## SPORT WALES

Taking Part In  
**Sport**  
x3 a week

Cymryd rhan mewn  
**Chwaraeon**  
x3 yr wythnos

## SPORT NORTH WALES

### PARTICIPATION

- 47% pupils in NW participate in three or more activities per week
- FSM 1 = 53%, FSM4 = 40% (13% difference)

POVERTY

### MOTIVATION

Latent demand 96% in North Wales (swimming football and cycling)

### CONFIDENCE

21% would do more sport if 'they were more confident'

22% if 'they were better at sport'

20% if 'they were fitter'

PHYSICAL LITERACY

### THE EXPERIENCE

65% enjoy PE; 49% enjoy extra-curricular sport

28% felt their ideas about sport and PE were 'always listened to'

### OPPORTUNITY

Curricular PE – 8 minute decrease in secondary school provision



## SPORT NORTH WALES

### ADULTS (2016-018)

52% adults (16+) meeting physical activity guidelines

- 60% Conwy, 46% Gwynedd (14% difference)

- 56% Male, 48% Female (16% difference)

Most deprived 5<sup>th</sup> = 44%

Least deprived 5<sup>th</sup> = 61%

34% undertake less than 30 minutes per week

### CHILDREN AND YOUNG PEOPLE (11-16) 2013-14

16.5% meeting physical activity guidelines

21% Boys, 11% girls

**1. POVERTY**

**2. REGIONAL VARIATION**

**3. HIGH % UNDERTAKING  
NO ACTIVITY**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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3.15 The above insight and evidence informs the Regional Delivery Plan and what will be implemented in each partner LA area.

### **The SNW Strategic Framework and Regional Delivery Action Plan for the transition period**

3.16 The Strategic Outcomes Framework contributes to the Sport North Wales Year 1 Business Case 2020/21 Transition Phase.

3.17 Following the partner engagement workshops and the creation of the Strategic Outcomes Framework, the first North Wales Regional Plan was developed. This plan was developed and informed by the submission of six individual Local Authority based plans for 2020/21, detailing local commitment and approach to implementing the emerging Sport North Wales Strategic Framework. These LA plans align to the Strategic Outcomes Framework; they highlight the use of insight, data and information that informed the individual LA plans and priorities, in line with Sport North Wales' Intent, and approaches within the Strategic Framework.

3.18 The following key principles underpin the Strategic Outcomes Framework, the Regional Plan and LA plans:

- **Partners will commit to working with Sport North Wales (SNW) on the ongoing development of a shared understanding of what collaborative regional leadership, planning and delivery will look like going forward; in considering regional collaboration it will be fundamental to ensure that this happens at all levels and in all possible directions so that priorities, the thinking about how best to address these and the sharing of learning is embedded in and around the SNW Partnership**
- **Partners recognise that future decisions will be based on collective insight and learning, building on the successful aspects of the current delivery system across North Wales, as well as meeting their local needs;**
- **2021-22 will be a transition year where all partners will need to be proactively and collectively contributing during this period, to ensure we have truly collaborative and coordinated approach to North Wales; and**
- **Partners to continue to consider their Free Swim Plans, within the context of Sport North Wales, and will continue to commit to working with the Sport North Wales and Project Team, Sport Wales and Swim Wales.**

3.19 The Key Principles for funding North Wales LA's 2021/2022 as part of the transition phase will be:

- **LA Partners will commit to working with Sport North Wales (SNW) on the ongoing development of a shared understanding of what collaborative regional leadership, planning and delivery will look like going forward;**
- **LA Partners recognise that future decisions will be based on collective insight and learning, building on the successful aspects of the current delivery system across North Wales, as well as meeting their local needs; and**

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### ***Business Case to formally establish Sport North Wales (SNW)***

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- **2021-22 will be a transition into a new way of working. All LA partners will need to be proactively and collectively contributing during this period, to ensure we have truly collaborative and coordinated approach to North Wales.**

3.20 In response to the challenges faced by COVID-19, partners across N Wales have sought to utilise the resource awarded for 2020/21 in as collaborative way as possible, coming together to develop proposals for the additional funding received in line with the principles of Sport Wales Sport Resilience Approach (SRA). The focus has been to work differently and prepare sport and physical activity to be able to return safely and look to innovative solutions to thrive in the future.

### **4. Performance Management**

- 4.1 SNW's future approach to performance management is very much an emerging proposition. This is deliberate because part of our new approach, in line with SW's Accountability Framework, is about learning as we develop our new way of working and delivering, how we are best measuring the outcomes we achieve.
- 4.2 Some of this learning will be about how we best bring together 13 disparate organisations, through the collaborative partnership of SNW so that the outcomes we deliver can be measured in a way that enables everyone to identify with them, within their own organisational frameworks and priorities. We recognise at the outset of SNW that it will be challenging to develop one set of measures that covers the priorities of all our core and wider partners and stakeholders.
- 4.3 We also recognise that although the focus will be on the collection and learning from qualitative data, we will also need some quantitative, demographic and geographic data to set this in context, alongside.

#### **How will SNW capture learning to inform future delivery**

- 4.4 SNW will focus on the collection of meaningful evidence and insight to inform its future delivery approach. As set out in Section 3, SNW partners have already initiated data collection across North Wales to better understand local priorities and therefore where resources need to be targeted. Whilst this will be an ongoing process this work is already beginning to highlight key areas and issues to target.
- 4.5 As set out in Sections 5 and 6, it is envisaged that the SNW Partnership Board will set the direction for the organisation and its priorities; partners and stakeholders will then bid for resources to deliver specific activities addressing the locality priorities identified.
- 4.6 SNW intends to capture learning to inform future delivery from five main sources:
- **Reviewing existing relevant and up to date studies as referenced in Section 3**
  - **Partner Insight and on the ground knowledge**
  - **Ongoing collection of feedback from those engaged in the activities and initiatives delivered by SNW; this could be through completion of online or hard copy surveys, or through face to face participant feedback**
  - **Feedback from partners and stakeholders involved in the delivery of a specific intervention(s) with SNW**
  - **Review of agreed KPIs**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 4.7 Using these five sources SNW will be able to collect both quantitative and qualitative data; moving forwards the emphasis will be on the latter, as the most important measure will be the impact of intervention. The impact will be a consequence of a complex system working together.
- 4.8 SNW will take a real-world approach to performance management. It is recognised that to really make a difference and have sustainable impact, it is likely that significant resources may need to be targeted at very few people, or in a small geographical area. This approach will mark the real change in future delivery. SNW recognises that the collection of data to inform future delivery will need to combine:
- **a longitudinal approach to reflect the 'real' impact of intervention, given that the kind of change it seeks to achieve will not happen overnight,**
  - **the collection of more immediate data to reflect the planning and delivery of a specific activity/intervention**
  - **reviewing of national and sub regional demographic and social data as it is updated**
  - **balancing qualitative data with the quantitative information needed to give it context**
  - **cross-sector collaboration at regional and local level**
  - **use of KPIs developed as part of the bespoke SNW Performance Framework**
  - **the North Wales context and priorities as well as those at a more local level**

### **How SNW will measure impact**

- 4.9 The Transition Phase will see the initial steps towards the new measurement approach focussed on impact as opposed to outcomes. This will be underpinned by:
- **A move to collaborative working**
  - **Sharing data**
  - **Developing a Framework for SNW**
    - a suite of overarching measures for all SNW partners to work towards which align to the new Vision for Sport in Wales, the Sport Wales strategy and
    - demonstrate SNW's contribution to the WBFGA goals and the Vision for Sport in Wales
    - reflects the priorities identified through shared SNW Vision & Insight

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- Consideration as to how SNW will respond to the current Sport Wales Accountability Statements (See Appendix 8), aligned to its Strategic Intent and how these will develop in partnership over time to ensure that learning aligns to the key areas of delivery (See Appendix 8). Key for SNW is to develop its understanding of the type of evidence and data it needs to inform its approach, to remain flexible in how this is collected, and to prioritise the learning that will be developed from this.
- A key element of developing this learning is that data collection and evidence building is intrinsic to the work of SNW and its partners i.e. it comes from the inside out as part of everyday working to inform interventions, supported where necessary by external evaluation.

4.10 The above could be captured in a 'logic model' e.g.:



4.11 SNW recognise that whilst there is much we yet do not know about the impact of our investments and initiatives at local level, what we do know is that we will focus on directing our interventions where they will have most impact. Our delivery approach will be to be 'people and activity' centric i.e. doing what matters, and however we do it, our performance management will focus on:

- **What has changed as a result of our intervention?**
- **Why has it changed?**
- **How has it changed?**
- **Who has experienced the change?**
- **What is the impact of that change - individual and collective basis? (levels of physical activity/improved physical and mental health and wellbeing/acquisition of life skills/increased resilience etc)**

4.12 Impact will be measured through collection of qualitative data and feedback, maintaining the people-centric approach which drives delivery.

4.13 Measuring impact means that there will need to be ongoing conversations about what is being delivered, how, where etc, and the impact it is having, because there will be continuous learning about what is working and why, and how it can be further refined and improved for participants and partners.



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## ***Business Case to formally establish Sport North Wales (SNW)***

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4.14 The qualitative data collected will be defined by how SNW decides, on the basis of the ongoing learning, to evaluate impact. Although the focus will be on qualitative data it is important to stress that all elements of SNW interventions will be valued as part of evaluation. In some areas target participant numbers may not be achieved initially but this does not mean that activities are not impacting; it may just be that in some communities engaging in sport and physical activity is particularly challenging for a range of reasons which the intervention aims to address.

### **How SNW will create an evidence base to inform future planning**

4.15 SNW believes the evidence base it creates will constantly evolve, based on their continuous learning, and updating of data. The evidence base will be an online resource that can be easily shared and accessed by partners.

4.16 The evidence base will comprise several separate but inter-linked elements:

- **Demographic data for North Wales**
- **Existing Evaluation reports and key findings**
- **Impact Evaluation of SNW activities – short, medium and longer term qualitative data; relevant quantitative data; assessment against KPIs**
- **Partner and stakeholder feedback**

4.17 Longitudinal data collection will feed into the evidence base on a regular basis to update findings and learning. Overall SNW will prioritise collection of insight which is useful to help us and our partners learn and improve.

4.18 It is likely SNW will seek to work with a partner to develop the methodology behind collection of the data from activities and interventions to build the evidence base and inform on the ground delivery. The evidence base will be part of the overall Accountability Framework used by SNW.

### **How SNW will respond to Sport Wales approach to accountability as part of its reporting requirements**

4.19 The development of the SNW Accountability Framework will be an important stage of the overall journey to a new way of working at regional level. No-one should underestimate the magnitude of shift this journey will entail, nor the scale of impact it has the potential to deliver. The SNW Accountability Framework will be supported by a series of Accountability Statements which reflect SNW Purpose and Objectives.

4.20 The Accountability Framework will be developed as reflected in Fig 4.1:

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## Business Case to formally establish Sport North Wales (SNW)

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Figure 4.1: Progress towards the SNW Accountability Framework



4.21 SNW intends to develop its own Accountability Statements to guide us in this direction and encourage reflective practice as set out in Appendix 8. Put simply, the Accountability Statements are a series of questions which invites the respondent to consider what they are doing and learning in a particular area. The Accountability Statements that we will use in the first instance are structured around the six strategic intent statements from the Sport Wales Strategy:

- **To be person centred** - *How do you ensure that the needs and motivations of the individual are leading delivery, whether just starting out, aiming to progress or striving for excellence on the world stage?*
- **To give every young person a great start** - *What are you doing to ensure that young people are given skills, confidence and motivation to enable them to enjoy and progress through sport? Are you able to demonstrate how activity in this area gives participants the foundations to live a healthy, active and enriched life?*
- **Ensure everyone has the opportunity to be active through sport** - *To what extent are you able to offer inclusive opportunities and how do you know that these provide a great experience to those involved?*
- **Bring people together for the long term** - *In what ways have you used insight and learning to collaborate with others and to ensure that individuals' experiences of sport become more sustainable and more successful?*
- **Showcase the benefits of sport** - *Can you describe how you evidence, showcase and celebrate the benefits of sport?*
- **Be a highly valued organisation** - *How has (and how hasn't) Sport Wales acted with integrity, added value and encouraged innovation in its partnership with you?*
- **Free-flow question** - *What has been your biggest learning over the last period and why?*

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***Business Case to formally establish Sport North Wales (SNW)***

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- 4.22 SNW will report on the impact of its activities on a regular basis i.e. quarterly to the Governance Board. This will also be shared with the Partnership Board at the same frequency. The reporting will focus on impact and evaluation of this against the aims and objectives of SNW and SW and will be predominantly qualitative. The drivers for the impact evaluation are making a difference to participation in sport and reducing inequalities in North Wales.
- 4.23 Written reports will be shared with both Boards to discuss at a subsequent meeting; the quarterly evaluation findings will be added to the regional evidence base to benefit SNWE, partners and stakeholders.

5. Partner & Stakeholder Collaboration

5.1 This section focusses on how the collaboration, which is at the heart of SNW, will work in practice, and which partners will take leading roles in this. It also looks at the wider network of collaboration and how this can be linked into SNW for mutual benefit.

SNW is seeking to achieve:



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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **Our plan for SNW's engagement, expansion, and work with its regional strategic and delivery partners/stakeholders**

- 5.2 There is massive potential for even greater connectivity and engagement across the regional landscape with the wider traditional and non-traditional partners who could add value/support, and/or deliver alongside SNW. This includes the potential for wider public sector and commercial partnerships, which may enable diversification of income streams for the Regional Sport Partnership.
- 5.3 SNW will take an inclusive and expansive approach to partnership working across North Wales for the benefits of the communities it aims to support.
- 5.4 SNW will have two Boards as set out in Section 6; this will provide the governance and strategic direction for the partnership. Given the representation proposed across the two Boards there is opportunity for engagement with both core partners and those from the wider regional network.
- 5.5 Importantly SNW will also seek engagement with independent Board members who will be able to bring specific skills, experience and knowledge to the partnership from other industries and sectors. This will enable SNW to develop an innovative approach to development and delivery, and potentially funding.
- 5.6 SNW will make a point of engaging with all relevant regional organisations to explore opportunities for collaboration, partnership and potential funding. It will promote sport as a means of community engagement and a space where other organisations can get involved for wider benefit.
- 5.7 SNW is developing Insight on SNW Board partner organisations to better understand what they do and the programmes they deliver to be in a better position to optimise resources; it is also setting up other strategic conversations with those organisations with whom it may be beneficial for SNW to have future engagement.

### **Our regional marketing and promotions plan**

- 5.8 SNW's marketing and promotions plan will be developed as a draft in the Transition Phase, led by SNW's Regional Director. The plan will focus on collaborative usage of and access to sport to increase participation levels and reduce inequalities across North Wales.
- 5.9 The plan will promote SNW as the new regional partnership and explain its role, aims and purpose. It will raise awareness of SNW and its priorities for delivery in North Wales, as well as setting out how the new partnership will communicate with its partners (core and wider network) and critically, the communities within which it will work.
- 5.10 The plan will cover the initial 5 years of the partnership but focus in detail on Year 1. It will set out its focus and priorities in Year 1 based on the insight developed about the region and quantify type of projects it seeks to deliver. It will also set out the funding levels available for project delivery in North Wales and the criteria against which applications for funding should be made.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **Our Plan for diversifying new income streams, commercial and other partnerships**

- 5.11 SNW has a core budget as set out in Appendix 2. This is based on the income to be received from SW.
- 5.12 Looking forward in longer term, SNW's intention is to generate additional funding from alternative sources and will aim to engage with other organisations in North Wales who may be able to assist in achieving/accessing alternative funds. Commercial partnerships will be actively sought by SNW as will partnerships with other public and voluntary sector organisations.
- 5.13 Through its Transition Phase and beyond, SNW will be interested in securing additional sources of support to support its work in North Wales. At this stage SNW considers this may derive from:
- **Grants from other bodies apart from SW**
  - **Sponsorship for specific projects/geographical areas**
  - **Commissioning the delivery of specific activities/interventions**
  - **Donations**
- 5.14 All additional funding opportunities will need to align to SNW's aims and objectives.
- 5.15 SNW will also be interested in establishing commercial and other partnerships which will help to support, and sustain, it longer term. At this stage SNW recognises it has in place a core partnership represented through the Governance Board. It has also identified some wider public sector partnerships with which it wishes to work in the health, education, housing and education sectors. These are reflected in the Partnership Board. There is some flexibility in the composition of the Partnership Board to bring in other representatives as Independent Board Members, or partnerships can be established without there needing to be Board representation as an outcome.
- 5.16 As an example, Public Health Wales is already looking to work with SNW to deliver against their Strategy with continuous funding now available to support development of physical literacy across the region. The example approach is set out in Appendix 7.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **6. Governance and Legal Framework**

- 6.1 The draft Heads of Terms (HOT) for the SNW Partnership is set out in full in Appendix 1. Whilst still a draft, it has been to the SNW Board for discussion and approval of the emerging direction (23 September 2020). The draft now has to be taken back to each of the SNW Partners, for approval through their respective internal governance processes.
- 6.2 Under the brand/banner of "Sport North Wales", the SNW Members are in the process of preparing a business case, for submission to Sport Wales, in relation to the creation of a collaboration which will, via CCBC as the host authority of the collaboration, receive funding directly from Sport Wales for expenditure on sport and leisure activities and projects across North Wales .
- 6.3 The SNW Members understand that good governance is a key foundation for the success of Sport North Wales and is not only the management of day-to-day operations but rather the framework of strategy, risk management controls and processes and an organisational approach to ensure the culture, values and integrity are observed by all.
- 6.4 Currently, Sport Wales provides separate funding directly to the six local authorities, which are then responsible for spending in their respective regions. However, if SNW is approved, it will receive cumulative funding from Sport Wales (estimated at c. £2.7m million per annum for the region) and will decide on how this money is spent across the North Wales region.
- 6.5 It is envisaged that the creation of SNW will, over the period of the 5 year contract, facilitate spending across a wider platform and support Sport North Wales' vision "to empower our communities in North Wales to be more active, leading healthier, happier lives" (which in turn aligns with the Sport Wales strategy and ultimately contributes to the sector-wide vision of "an active nation where everyone can have a lifelong enjoyment of sport").
- 6.6 In order to support its business case for the creation of SNW, the SNW Members need to present a legal and governance framework with their business case, to demonstrate that a strong structure is in place which will ensure that the SNW Members have representation and a decision-making process which is effective and will support achievement of the:
- 1) Objectives;**
  - 2) the Vision;**
  - 3) the Sport Wales Governance and Leadership Framework; and**
  - 4) the Sport Wales Capability Framework.**
- 6.7 Pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972 the SNW Members enter into the Inter-Authority Governing Agreement to set out clearly their roles and responsibilities in relation to the governance and structure of SNW. This is the SNW Governance Board.
- 6.8 The parties agree that the provisions contained in the Heads of Terms would govern the relationship between the parties in the SNW collaboration, if approved by Sport Wales.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 6.9 SNW Partners will sign up to the Partnership and the HoT for an initial term of five years from the date on which the Agreement is validly executed by the SNW Members.

**How SNW will meet the Essential Requirements of the Sport Wales Capability Framework in relation to aspects of governance and leadership framework?**

- 6.10 Set out below is a summary of the HoT explaining how SNW will meet the Essential Requirements of the Sport Wales Capability Framework in relation to aspects of governance and leadership framework.

### **Sports North Wales' Objectives and Values**

- 6.11 Sport North Wales' Objectives, aligned with the Sport Wales Governance and Leadership and Capability Frameworks, are:

- 1. To modernise, improve and develop a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realise the Vision and set the strategic direction for North Wales through skills-based diverse Governance and Partnership Boards;**
- 2. Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritise working with people and communities;**
- 3. Increase participation in sport through:**
  - acting with integrity, accountability and transparency;
  - prioritising workloads and areas that can make the biggest difference;
  - focusing on behaviour and culture;
  - putting participants at the heart of decision-making and ensuring a participant-focused approach;
  - establishing a basis for conversations about how the SNW Members can improve as organisations; and
  - a focused outcomes framework which targets children, young adults, adults and over-60s.
- 4. Tackling the socio-economic challenges confronting those involved with community sport;**
- 5. Tackle inequality in sport and cater for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;**
- 6. Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;**
- 7. Ensuring that safeguarding standards are met in all areas of Sport North Wales (see Appendix 5);**



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## ***Business Case to formally establish Sport North Wales (SNW)***

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**8. Attracting investment from other sources of funding; and**

**9. Promote equality, diversity, sustainability and inclusivity in all actions (See Appendices 6 and 9).**

### **Conwy County Borough Council's (CCBC) Obligations**

6.12 The SNW Members agree that CCBC shall be the lead authority for the duration of the Term.

6.13 CCBC shall:

- 1) Be the lead and host authority and accountable body for SNW;**
- 2) Be responsible for the appointment and employment of the Regional Director;**
- 3) As lead and host authority, be allocated an agreed proportion of the Sport Wales Funding to contribute towards the Regional Director role and CCBC's role as the lead and host authority;**
- 4) As the host authority of SNW, be the principal contact for engagement with Sport Wales in relation to the Sport Wales Funding and adherence to the Sport Wales governance requirements on behalf of the Collaboration;**
- 5) Manage the SNW Account and be responsible for the allocation of funding from the SNW Account as determined by the Governance Board;**
- 6) Engage employees to roles related to the management and operation of the Collaboration;**
- 7) Ensure that Partnership Board and Governance Board meetings are undertaken in accordance with the provisions for the board and in line with CCBC specific obligations**
- 8) Ensure all applicable CCBC policies and strategies are implemented in respect of SNW's operation e.g. safeguarding, equality and diversity etc**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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### **SNW Members' Obligations**

6.14 The SNW Members shall:

- 1) contribute towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Partnership and Governance Boards and working collaboratively, in good faith and with integrity, accountability and transparency, for the benefit of North Wales;**
- 2) adhere to the Objectives which set out the principles, values, ethics and morals which apply to all aspects of SNW;**
- 3) develop a comprehensive customer service charter which ensures that customers are dealt with promptly, effectively and courteously at all times;**
- 4) ensure that the Collaboration performs in a way which promotes and enhances the reputation of both SNW and Sport Wales through a clear marketing plan which promotes usage of and access to sport;**
- 5) support CCBC with any requests for information which are required to support the Collaboration in relation to dealings with Sport Wales, Welsh Government and any other funders of SNW;**
- 6) agree that CCBC, as the host authority for SNW, has authority to accept payment of the award made by Sport Wales to SNW (which reflects what was previously a separate award by Sport Wales to each of the six local authority SNW Members);**
- 7) ensure that Applications proposed by other SNW Members, pursuant to the Project Approvals process, are given an equal and proportionate consideration;**
- 8) ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member that has submitted the Application;**
- 9) ensure that the number and scale of Applications they submit to the Partnership and Governance Boards are reasonable and proportionate;**
- 10) direct all press and publicity queries related to SNW to CCBC or a nominated press officer appointed by the Governance Board of SNW;**
- 11) where appropriate, be responsible for the delivery of Projects, once approved by the Governance Board, in accordance with the Project Delivery Plan, accepting that Sport North Wales' role is limited to the consideration and approval of Applications/Projects and the provision of funding rather than the actual delivery of the Projects;**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 12) provide any information required by the Governance Board and CCBC to:**
  - evidence that funding allocated to it for a Project has been spent on that Project;
  - evidence the progress of a Project which has been approved by the Governance Board;
  - report to Sport Wales in relation to the progress of Sport North Wales and the Projects approved by the Governance Board; and
  - enable CCBC to carry out its obligations under the Agreement.
- 13) reimburse Sport North Wales for any funding which is not spent in relation to the Project for which the funding was approved;**
- 14) enter into any agreements, as required, in relation to the delivery of a Project using funding distributed pursuant to the Collaboration;**
- 15) permit representatives of the Governance Board to carry out any inspections or audits to support evidence that:**
  - funding allocated is being spent in accordance with the Project Delivery Programme; and
  - a Project is progressing in accordance with the Project Delivery Plan approved by the Governance Board.
- 16) acknowledge Sport North Wales in any promotion of a Project which uses Sport North Wales funding and, as applicable, use any Sport North Wales branding;**
- 17) acknowledge Sport Wales and, if applicable, the support of the National Lottery (or any subsequent or other funders) in any promotion of a Project which uses funding from these organisations and, as applicable use their branding.**

### **SNW Governance Board**

- 6.15 The balanced, inclusive, diverse and skilled Governance Board comprises one representative from each of the six local authority SNW Members which are parties to the Collaboration.
- 6.16 Each of the six local authority SNW Members shall have the authority to appoint their senior officer representative on the Governance Board ensuring that their representative is appointed on the basis of the range of skills required to ensure a balanced, inclusive and skilled Governance Board.
- 6.17 The Governance Board shall appoint a chair to the Governance Board.
- 6.18 The Governance Board shall meet [quarterly] and shall:
  - 1) Review the progress of Sport North Wales against the Objectives and ensure that the objectives of Sport Wales are aligned with those of Sport North Wales through the Projects the Governance Board approves;**
  - 2) Review the progress of approved Projects;**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 3) Review and approve Applications for funding;**
- 4) Confirm arrangements for distribution of funding in respect of approved Projects;**
- 5) Provide transparent feedback to the Partnership Board in respect of any Applications which are rejected;**
- 6) Resolve any issues raised by the Partnership Board (both formally and pursuant to the Dispute Resolution Process);**
- 7) Make any decisions in respect of the customer service strategy and marketing plan which are raised by the Partnership Board;**
- 8) Invite representatives from Sport Wales to meetings, as required to observe and support;**
- 9) Assist with the appointment of the Regional Director, as requested by CCBC, in the event that the Regional Director has not already been appointed by CCBC, or assist with the appointment of a replacement Regional Director (again, as requested by CCBC);**
- 10) Be responsible for appointing the representatives to the Partnership Board, with the independent chair of the Partnership Board participating in these appointments.**
- 11) Ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration;**
- 12) Ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application; an**
- 13) If appropriate, approve any decisions made by the Partnership Board as required,**

### **SNW Partnership Board**

- 6.19 The balanced, inclusive, diverse and skilled Partnership Board comprises six representatives from the existing SNW Members which are part of Sport North Wales and could also include up to 5 independent board members who are externally recruited by the Governance Board based on their skills and represent the region of North Wales and shall work to ensure performance of the Sport North Wales' Objectives.
- 6.20 Local authority representatives on the Partnership Board shall be different to those local authority representatives on the Governance Board.
- 6.21 An independent chair shall be appointed to the Partnership Board.

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## ***Business Case to formally establish Sport North Wales (SNW)***

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6.22 In light of the parties overriding objective of promoting inclusion, SNW Members who have been active participants in developing the business plan for the Collaboration may also be permitted to attend the Partnership Board meetings as appointed 'Observers' with no voting rights or ability to otherwise directly influence the decisions of the Partnership Board.

6.23 The Partnership Board shall meet [monthly] and shall:

- 1) Ensure the strategic direction and Objectives of Sport North Wales are progressed successfully;**
- 2) Review and approve Applications:**
  - a. from Delivery Organisations/SNW Members for funding between £10,000 and £50,000; and**
  - b. from Delivery Organisations/SNW Members for funding below £10,000 where support is requested by the Regional Director;**
- 3) Ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration; and**
- 4) Ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application;**
- 5) Review and approve Applications from organisations (both SNW Members and other delivery organisations such as sports clubs in North Wales) for submission to the Governance Board; review, approve and sign off applications for up to £50k**
- 6) Discuss ideas for forthcoming projects which may be worked into Applications;**
- 7) Provide a forum for the SNW Members to advise and support each other on the completion of Applications ensuring compliance with the Sport North Wales Objectives;**
- 8) Agree approach, action plans and timelines for developing Applications considering any multi-party involvement in an Application;**
- 9) Discuss any issues or challenges in respect of Projects which are being delivered and how the SNW Members may work together to overcome/help the SNW Member which is delivering the Project to overcome these issues or challenges;**
- 10) Lead on stakeholder engagement which seeks the views, experiences, insights and suggestions from sports participants in North Wales;**
- 11) Monitor the progress and adherence of the customer service charter and provide updates to the Governance Board;**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 12) Monitor the progress of the marketing plan and provide updates to the Governance Board;**
- 13) Discuss feedback from the Governance Board in respect of any rejected Applications;**
- 14) Invite representatives from Sport Wales to meetings, as required to observe and support the Sport North Wales Collaboration;**
- 15) Be responsible for the appointment of an independent chair who:**
  - Shall act as the Partnership Board's liaison with the Governance Board and represent the Partnership Board in any discussions at the Governance Board level;
  - Is a non-executive director who is unpaid but brings experience which will facilitate and lead the Partnership Board's activities; and
  - Shall participate in the Governance Board's appointment of representatives to the Partnership Board.

### **SNW Regional Director**

6.24 The SNW Regional Director, appointed by CCBC shall:

- 1) Be responsible for the operation of Sport North Wales ensuring its activities contribute towards performance of the Objectives in accordance with this Agreement;**
- 2) Be responsible for liaising with the Partnership Board and presenting any issues raised by the Partnership Board to the Governance Board;**
- 3) Be the lead officer responsible for delivering the SNW Objectives and strategic plan;**
- 4) Be responsible for advising the Governance Board on any governance or risk issues of which the SNW Regional Director becomes aware through their role;**
- 5) Sit on both the Partnership and Governance Boards in a reporting capacity;**
- 6) Work with, and on behalf of, the Governance Board to lead the strategic direction, development and profile of Sport North Wales regionally in accordance with the Vision and strategic plan to facilitate achievement of Sports North Wales' Objectives and values for the benefit of North Wales;**
- 7) Represent the Governance Board on the Partnership Board;**
- 8) Represent Sport North Wales in discussions with Sport Wales and other stakeholders and partners, providing updates in relation to the activities and progress of Sport North Wales (as requested);**

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- 9) Promote the brand of Sport North Wales and create contacts throughout the UK to maximise Sport North Wales' visibility and profile;**
- 10) Be responsible for securing further funding for Sport North Wales in addition to that received from Sport Wales;**
- 11) Secure sponsorship (both corporate and non-corporate) for Sport North Wales Projects and activities.**

### **Project Approvals Process**

- **Value Levels**
  - If the level of funding requested is £10,000 or under, the Regional Director shall have the power to approve Applications from a Delivery Organisation or SNW Member.
  - If the level of funding requested is £50,000 or under, the Partnership Board shall have the power to approve Applications from a Delivery Organisation or SNW Member.
  - If the level of funding requested is above £50,000, the Partnership Board shall determine whether an Application from a Delivery Organisation or SNW Member is approved for consideration by the Governance Board; and the Governance Board shall have the power to approve the Application.
- **Applications – First Step and Content**
  - Applications to the Regional Director (if funding requested is below £10,000) or Partnership Board (if funding requested is above £10,000), whether from a Delivery Organisation or SNW Member, shall follow an approved template form and detail:
    - ❖ The name of the Delivery Organisation or SNW Member;
    - ❖ The nature and scope of the proposed project and financial values attributed to the main elements of the project;
    - ❖ the level of funding requested from Sport North Wales;
    - ❖ the level of funding which the Delivery Organisation/SNW Member will contribute to the project from its own (or other) resources;
    - ❖ A "**Project Delivery Plan**" which includes:
      - ❖ targets and outputs;
      - ❖ milestone dates for the key elements of the project;
      - ❖ deliverables;
    - ❖ an explanation of how the project aligns with Sport North Wales' Objectives and values;
    - ❖ an explanation of the benefits to the Delivery Organisation/SNW Member and North Wales as a region if the project is approved, together the "**Application**".

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## ***Business Case to formally establish Sport North Wales (SNW)***

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- **Consideration of Applications**

- The Regional Director shall consider Applications for funding below £10,000 as and when they are submitted to them. The Regional Director may request support from the Partnership Board when considering Applications for funding below £10,000.
- The Partnership Board shall consider Applications with a value exceeding £10,000 at the relevant monthly Partnership Board meeting.
- The Governance Board shall consider Applications approved by the Partnership Board at the next Governance Board quarterly meeting following the Partnership Board meeting in which approval was given to the Application.

- **Rejected Applications**

- If an Application is not approved by the Regional Director, the Partnership Board or the Governance Board, a summary of the reasons for rejecting the Application shall be provided to the Delivery Organisation/SNW Member that submitted the Application in addition to providing feedback on areas to develop if the Application is to be re-submitted in the future.
- A re-submitted Application shall be reviewed in the same way as an Application submitted for the first time and re-submission does not guarantee that an Application will be approved by the Regional Director/Partnership Board on its second, or future, submission.
- An Application may be re-submitted a maximum of 2 times. If an Application is rejected after its second submission, the Delivery Organisation/SNW Member shall not re-submit the Application a third time unless the Application is justified as being materially varied from the previously rejected Application.
- The Partnership Board / Regional Director shall report on all rejected applications and the reasons why they were rejected to the Governance Board.
- The Governance Board shall determine whether it reviews any rejected applications to ensure that Applications have been given equal and proportionate consideration and that the application process has been followed in full.
- In the event of a dispute between the Partnership Board / Regional Director and an applicant, the Governance Board shall be the final arbiter.

- **Application Approval Considerations**

- In determining whether an Application is approved by the Regional Director, Partnership Board or Governance Board, the following shall be considered:
  - ❖ the alignment of the Application with the Vision, Objectives and Values;
  - ❖ the Application's promotion of the principles of the customer service charter;
  - ❖ the Application's outputs and deliverables in relation to North Wales as a region;
  - ❖ the deliverability of the proposed project (including the applicant SNW Member's capacity to deliver and the relevant timeframe for delivery);
  - ❖ the level of funding required and the availability of funding to Sport North Wales.



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## ***Business Case to formally establish Sport North Wales (SNW)***

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- **Application Approval Requirements**

- To be approved by the Regional Director, the Application must satisfy the above considerations.
- To be approved by the Partnership Board, the Application requires more than 50% approval from the Partnership Board representatives in attendance. If the initial vote is a 50:50 split decision, the Application shall not be approved by the Partnership Board.
- To be approved by the Governance Board, an Application requires more than 50% approval from the Governance Board representatives. If the initial vote is a split 50:50 decision, the chair shall have the casting vote.

- **Approved Applications (Projects)**

- If an Application is approved, the Regional Director, Partnership Board or Governance Board shall confirm:
  - ❖ that the Application, once approved, is a "**Project**";
  - ❖ the level of funding awarded for delivery of the Project;
  - ❖ steps which the Delivery Organisation/SNW Member must confirm before the funding is committed to the Project;
  - ❖ any agreement that the Delivery Organisation/SNW Member must enter into with CCBC before it receives any funding in respect of the Project; and
  - ❖ the frequency of payment of instalments of funding (if not provided in full at the outset of a Project being approved).

6.25 Following approval of the Project, the Delivery Organisation/SNW Member must deliver the Project in accordance with the Project Delivery Plan and any agreement entered into by the Delivery Organisation/SNW Member and CCBC in respect of delivery of the Project.

### **Separate Account**

6.26 In order to ensure effective financial management controls and systems are maintained, CCBC shall maintain a separate account into which the Sport Wales award is paid. This account shall transparently show the transactions in relation to the Sport Wales award and shall be subject to open book accounting such that all parties have a clear understanding of:

- 1) The transactions into and out of the account; and**
- 2) The values of these transactions.**

6.27 Any queries in relation to the SNW Account may be discussed by the Partnership Board and Governance Board.

### **Employees**

6.28 As a contractual arrangement, employees of each SNW Member shall remain employed by the respective SNW Member and there is no intention that these employees TUPE-transfer to another SNW Member as a result of the Collaboration.

6.29 If posts become vacant for employees in a SNW Member, the SNW Member shall determine the most appropriate way to proceed in respect of this vacancy, with advice from the Partnership Board and SNW Regional Director, as requested (with all SNW Members aware of the obligation to contribute

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***Business Case to formally establish Sport North Wales (SNW)***

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towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Partnership and Governance Boards (see "SNW Members' Obligations")).

Final V4

## Appendix 1: Heads of Terms for Collaboration Agreement for Sport North Wales Collaboration

Number	Provision	Material Obligations
1.	Parties	<p><b>Conwy County Borough Council</b> of Bodlondeb, Conwy North Wales, LL32 8DU ("<b>CCBC</b>");</p> <p><b>Denbighshire County Council</b> of Wynnstay Road, Ruthin, LL15 1YN;</p> <p><b>Flintshire County Council</b> of County Hall, Mold, Flintshire CH7 6NB;</p> <p><b>Gwynedd Council</b> of Council Headquarters, Castle Street, Caernarfon, Gwynedd, LL55 1SE;</p> <p><b>Isle of Anglesey County Council</b> of Council Offices Llangefni, Anglesey LL77 7TW;</p> <p><b>Wrexham County Borough Council</b> of 16 Lord Street, Wrexham LL11 1LG;</p> <p><b>Betsi Cadwaladr University Health Board</b> of Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD;</p> <p><b>Bangor University</b> of College Road, Bangor, LL57 2DG</p> <p><b>Wrexham Glyndwr University</b> of Mold Road, Wrexham, LL11 2AH</p> <p><b>Disability Sport Wales</b> of Sport Wales National Centre, Cardiff, CF11 9SW</p> <p><b>GwE</b> of Bryn Eirias, Ffordd Abergele, Bae Colwyn, LL29 8BY</p> <p><b>Public Health Wales</b> of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ</p> <p><b>Adra</b> of Tŷ Coch, Llys y Dderwen, Parc Menai, Bangor, LL57 4BL</p> <p><b>North Wales Housing</b> of Plas Blodwel, Broad Street, Llandudno Junction, Conwy, LL31 9HL.</p> <p><b>Wales &amp; West Housing</b> of Tŷ Draig, St. David's Park, Ewloe, Deeside. CH5 3DT</p> <p><b>Grwp Cynefin</b> of Ty Silyn, Penygroes, Gwynedd.</p> <p><b>Cartrefi Conwy</b> of Morfa Gele, North Wales Business Park, Cae Eithin, Abergele, LL22 8LJ</p> <p><b>ClwydAllyn</b> of 72 Ffordd William Morgan, St Asaph Business Park, St Asaph, Denbighshire. LL17 0JD</p>

Number	Provision	Material Obligations
		each an " <b>SNW Member</b> " and together the " <b>SNW Members</b> " (except where individually defined).
2.	Background and Recitals	<p>Under the brand/banner of "Sport North Wales", the SNW Members are in the process of preparing a business case, for submission to Sport Wales and Welsh Government, in relation to the creation of a collaboration which will, via CCBC as the host authority of the collaboration, receive funding directly from Sport Wales for expenditure on sport and leisure activities and projects across North Wales ("<b>Sport North Wales</b>" or the "<b>Collaboration</b>").</p> <p>The SNW Members understand that good governance is a key foundation for the success of Sport North Wales and is not only the management of day-to-day operations but rather the framework of strategy, risk management controls and processes and an organisational approach to ensure the culture, values and integrity are observed by all.</p> <p>Currently, Sport Wales provides separate funding directly to the six local authorities detailed in paragraph 1 (Parties), which are then responsible for spending in their respective regions. However, if Sport North Wales is approved, the Collaboration will receive funding from Sport Wales (estimated at c. £13.14 million over the five year term) ("<b>Sport Wales Award</b>") and will decide on how this money is spent across the North Wales region.</p> <p>It is envisaged that the creation of the Collaboration will facilitate spending across a wider platform and support Sport North Wales' vision "to empower our communities in North Wales to be more active, leading healthier, happier lives" (the "<b>Vision</b>") which in turn aligns with the Sport Wales strategy and ultimately contributes to the sector-wide vision of "an active nation where everyone can have a lifelong enjoyment of sport".</p> <p>While parties to the Collaboration are set out in paragraph 1 of these Heads of Terms, the Collaboration Agreement ("<b>Agreement</b>") entered into by the SNW Members contains a Project Approvals Process (see paragraph 10) through which SNW Members and other delivery organisations, such as sports clubs in North Wales ("<b>Delivery Organisations</b>") are able to apply for funding from Sport North Wales to support local and regional sports projects across North Wales.</p> <p>In order to support its business case for the creation of Sport North Wales, the SNW Members need to present a legal and governance framework with their business case, to demonstrate that a strong structure is in place which will ensure that the SNW Members have representation and a decision-making process which is effective and will support achievement of the:</p>

Number	Provision	Material Obligations
		<ol style="list-style-type: none"> <li>1) Objectives;</li> <li>2) the Vision; and</li> <li>3) the Sport Wales Governance and Leadership Framework; and</li> <li>4) the Sport Wales Capability Framework.</li> </ol> <p>Pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972, if the business case for Sport North Wales is approved by Sport Wales, the SNW Members will enter into the Agreement which sets out clearly their roles and responsibilities in relation to the governance and structure of the Sport North Wales collaboration, as set out in these Heads of Terms.</p> <p>The parties agree that the provisions contained in these Heads of Terms would govern the relationship between the parties in the Sport North Wales collaboration, if approved by Sport Wales.</p> <p>Sport North Wales will comprise two boards:</p> <ol style="list-style-type: none"> <li>1) a Governance Board which has representatives from each of six local authorities in North Wales (and each local authority will delegate powers to its representative on the Governance Board); and</li> <li>2) a Partnership Board which has wider representation from the public sector in North Wales (local authorities, health, education, housing and equalities) in addition to independent members appointed on the basis of their skills.</li> </ol> <p>The Partnership Board sits under the Governance Board and has a more operational focus, (see section 8 below) with responsibility for implementing the strategic vision of Sport North Wales and ensuring Sport North Wales' Objectives are progressed successfully across the region, though with a local impact, whereas the Governance Board will oversee the governance of Sport North Wales and the activities of the Partnership Board (see section 7 below). Due to its composition, it will not exercise delegated powers but shall act in an advisory capacity as to its functions.</p> <p>The reason for having two boards is that SNW have agreed to adopt a local authority 'hosted model' approach pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972. Pursuant to these powers, the SNW Local Authority Members enter into this Inter-Authority Governing Agreement, which sets out clearly their roles and responsibilities in relation to the governance and structure of SNW. Rather than having one board with decision-making powers held centrally by the six Local Authorities it was agreed to introduce a second board (the Partnership Board) which</p>

Number	Provision	Material Obligations
		<p>would have authority to implement the vision for SNW and could engage wider representation of the regional partnership as well as independent skills based board members. The dual boards approach ensures sufficient scrutiny and accountability for both strategic and operational activities, with a clear delineation between the two.</p> <p>A Regional Director, employed by CCBC, will have responsibility for the performance and success of Sport North Wales and will act as a liaison between the Partnership and Governance Board (see section 9 below). The Regional Director will not have authority in respect of Governance Board functions but will implement the decisions made by the Governance Board.</p>
3.	Term	<p>An initial term of five years from the date on which the Agreement is validly executed by the SNW Members.</p> <p>Capable of extension by agreement of the SNW Members and Sport Wales with the length of the extension also to be agreed by the SNW Members.</p>
4.	Sports North Wales' Objectives and Values	<p>Sport North Wales' Objectives, aligned with the Sport Wales Governance and Leadership and Capability Frameworks, are:</p> <ol style="list-style-type: none"> <li>1. To modernise, improve and develop a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realise the Vision and set the strategic direction for North Wales through skills-based diverse Governance and Partnership Boards;</li> <li>2. Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritise working with people and communities;</li> <li>3. Increase participation in sport through: <ol style="list-style-type: none"> <li>a) acting with integrity, accountability and transparency;</li> <li>b) prioritising workloads and areas that can make the biggest difference;</li> <li>c) focusing on behaviour and culture;</li> <li>d) putting participants' interests at the heart of decision-making and ensuring a participant-focused approach;</li> <li>e) establishing a basis for conversations about how the SNW Members can improve as organisations; and</li> <li>f) a focused outcomes framework which targets children, young adults, adults and over-60s.</li> </ol> </li> <li>4. Tackling the socio-economic challenges confronting those involved with community sport;</li> </ol>

Number	Provision	Material Obligations
		<ul style="list-style-type: none"> <li>5. Tackle inequality in sport and cater for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;</li> <li>6. Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;</li> <li>7. Ensuring that safeguarding standards are met in all areas of Sport North Wales;</li> <li>8. Attracting investment from other sources of funding; and</li> <li>9. Promote equality, diversity, sustainability and inclusivity in all actions.</li> </ul>
5.	CCBC's Obligations	<p>The SNW Members agree that CCBC shall be the lead authority for the duration of the Term.</p> <p>CCBC shall, as the host authority:</p> <ul style="list-style-type: none"> <li>1) Be the lead and accountable body for the Sport North Wales Collaboration;</li> <li>2) Shall be responsible for the appointment and employment of the regional director ("<b>Regional Director</b>" see paragraph 9 below) and additional support staff dedicated to the Collaboration;</li> <li>3) be allocated an agreed proportion of the Sport Wales Award to contribute towards the Regional Director role and additional support staff pursuant to CCBC's role as the lead and host authority;</li> <li>4) be the principal contact for engagement with Sport Wales in relation to the Sport Wales Award and adherence to the Sport Wales governance requirements on behalf of the Collaboration;</li> <li>5) be the contractual party to an agreement with Sport Wales in respect of the Sport Wales Award on behalf of Sport North Wales ("<b>Sport Wales Award Agreement</b>");</li> <li>6) be the contractual party to any funding agreements with SNW Members or Delivery Organisations which are to receive funding in respect of Projects approved by either the Regional Director, Partnership Board or Governance Board;</li> <li>7) Manage the SNW Account (see paragraph 11 below) and be responsible for the allocation of funding from the SNW Account as determined by the Governance Board;</li> <li>8) Engage employees to roles related to the management and operation of the Collaboration;</li> </ul>

Number	Provision	Material Obligations
		9) Ensure that Partnership Board and Governance Board meetings are undertaken in accordance with the provisions for the boards set out in paragraphs 7 and 8.
6.	SNW Members' Obligations	<p>The SNW Members shall:</p> <ol style="list-style-type: none"> <li>1) contribute towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Partnership and Governance Boards and work collaboratively, in good faith and with integrity, accountability and transparency, for the benefit of North Wales;</li> <li>2) adhere to the Objectives which set out the principles, values, ethics and morals which apply to all aspects of the Sport North Wales Collaboration;</li> <li>3) develop a comprehensive customer service charter which ensures that customers are dealt with promptly, effectively and courteously at all times;</li> <li>4) ensure that fully-functioning and efficient IT systems are maintained during the term of the Agreement;</li> <li>5) ensure that the Collaboration performs in a way which promotes and enhances the reputation of both Sport North Wales and Sport Wales through a clear marketing plan which promotes usage of and access to sport;</li> <li>6) support CCBC with any requests for information which are required to support the Collaboration in relation to dealings with Sport Wales, Welsh Government and any other funders of Sport North Wales;</li> <li>7) agree that CCBC, as the host authority for Sport North Wales, has authority to accept payment of the Sport Wales Award on behalf of Sport North Wales (which reflects what was previously a separate award by Sport Wales to each of the six local authority SNW Members);</li> <li>8) ensure that the number and scale of Applications they submit to the Partnership and Governance Boards are reasonable and proportionate;</li> </ol>



Number	Provision	Material Obligations
		<p>9) direct all press and publicity queries related to Sport North Wales to CCBC or a nominated press officer appointed by the Governance Board of Sport North Wales;</p> <p>10) where appropriate, be responsible for the delivery of Projects, once approved by the Governance Board, in accordance with Project Delivery Plans, accepting that Sport North Wales' role is limited to the consideration and approval of Applications/Projects and the provision of funding rather than the actual delivery of the Projects;</p> <p>11) provide any information required by the Governance Board and CCBC to:</p> <ul style="list-style-type: none"> <li>a. evidence that funding allocated to it for a Project has been spent on that Project;</li> <li>b. evidence the progress of a Project which has been approved by the Governance Board;</li> <li>c. report to Sport Wales in relation to the progress of Sport North Wales and the Projects approved by the Governance Board;</li> <li>d. assist CCBC comply with, and demonstrate its compliance with, the Sport Wales Award Agreement;</li> <li>e. enable CCBC to carry out its obligations under the Agreement.</li> </ul> <p>12) support CCBC's compliance with the terms of the Sport Wales Award Agreement;</p> <p>13) Reimburse CCBC for any funding which is not spent in relation to the Project for which the funding was approved;</p> <p>14) Reimburse CCBC for any costs or expenses CCBC incurs as a result of a breach of the Sport Wales Award Agreement caused by the SNW Member;</p> <p>15) Enter into any agreements, as required, in relation to the delivery of a Project using funding distributed pursuant to the Collaboration;</p> <p>16) Permit representatives of the Governance Board to carry out any inspections or audits to support evidence that:</p> <ul style="list-style-type: none"> <li>a. funding allocated is being spent in accordance with the Project Delivery Programme; and</li> </ul>

Number	Provision	Material Obligations
		<p>b. a Project is progressing in accordance with the Project Delivery Plan approved by the Governance Board;</p> <p>17) acknowledge Sport North Wales in any promotion of a Project which uses Sport North Wales funding and, as applicable, use any Sport North Wales branding;</p> <p>18) acknowledge Sport Wales and, if applicable, the support of the National Lottery (or any subsequent or other funders) in any promotion of a Project which uses funding from these organisations and, as applicable use their branding.</p>
7.	Governance Board	<p>The balanced, inclusive, diverse and skilled Governance Board has a strategic and supervisory focus to ensure the continued success of Sport North Wales against the Objectives, overseeing the Partnership Board.</p> <p>The Governance Board comprises 1 representative appointed by each of the six local authority SNW Members which are parties to the Collaboration.</p> <p>Each of the six local authority SNW Members shall have the authority to appoint their officer representative on the Governance Board ensuring that their representative is appointed on the basis of the range of skills required to ensure a balanced, inclusive and skilled Governance Board. This representative shall be "fixed" to ensure consistency though temporary replacements may be required in certain circumstances.</p> <p>A chair shall be appointed by the Governance Board (one of the six local authority representatives).</p> <p>The Governance Board shall meet quarterly and shall:</p> <ol style="list-style-type: none"> <li>1) Review the progress of Sport North Wales, as a whole, against the Objectives and ensure that the objectives of Sport Wales are aligned with those of Sport North Wales through the Projects approved by Sport North Wales;</li> <li>2) Review the progress of approved Projects, as a whole (rather than individual Projects), unless the individual Project has a strategic regional impact;</li> <li>3) Review and approve Applications for funding with a funding value exceeding £50,000;</li> <li>4) Confirm arrangements for distribution of funding in respect of approved Projects;</li> <li>5) Provide transparent feedback to the Partnership Board in respect of any Applications which it rejects;</li> </ol>

Number	Provision	Material Obligations
		<p>6) Resolve any issues raised by the Partnership Board (both formally and pursuant to the Dispute Resolution Process);</p> <p>7) Make any decisions in respect of the customer service strategy and marketing plan which are raised by the Partnership Board;</p> <p>8) Assist with the appointment of the Regional Director, as requested by CCBC, in the event that the Regional Director has not already been appointed by CCBC, or assist with the appointment of a replacement Regional Director (again, as requested by CCBC);</p> <p>9) Assist CCBC's Director/Head of Service with their line management responsibilities in respect of the Regional Director, as requested by the CCBC Director/Head of Service (e.g. by providing feedback on the Regional Director's performance).</p> <p>10) Be responsible for monitoring the performance of the Partnership Board against Sport North Wales' Objectives and values;</p> <p>11) Be responsible for appointing the representatives to the Partnership Board, with the independent chair of the Partnership Board participating in these appointments;</p> <p>12) Invite the independent chair of the Partnership Board to meetings, as required, to participate and represent the Partnership Board; and</p> <p>13) Invite representatives from Sport Wales to meetings, as required to observe and support;</p> <p>14) ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration;</p> <p>15) ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application; and</p> <p>16) If appropriate, approve any decisions made by the Partnership Board as required,</p> <p>In advance of each meeting of the Governance Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).</p> <p>Following each meeting, minutes shall be circulated to representatives of each SNW Member.</p> <p>The Governance Board has decision-making power in respect of the Collaboration and, subject to the Dispute Resolution Process, its decisions are</p>

Number	Provision	Material Obligations
		<p>binding on the SNW Members in so far as the Sport Wales Award is concerned.</p> <p>The Governance Board shall be appointed for the five year term of the Agreement.</p> <p>Meetings of the Governance Board shall require a quorum of 4 SNW Members and may take place electronically.</p> <p>The Governance Board shall consider and review the governance of the Collaboration at least once per year of the term for the purpose of determining whether any improvements or variations required to the scope and remit of either the Partnership Board, Governance Board or Collaboration itself should be introduced for the benefit of the operation of the Collaboration. Any variations shall be processed through the change control procedure set out in paragraph 13 below.</p>
8.	Partnership Board	<p>The balanced, inclusive, diverse and skilled Partnership Board has a wider participation than the Governance Board and is focused on the operational, day-to-day activities of Sport North Wales.</p> <p>The Partnership Board comprises 6 representatives from the existing SNW Members which are part of Sport North Wales (2 from local authorities (one of which shall be allocated to the host authority (Conwy CBC), 1 from health, 1 from education, 1 from housing and 1 equalities).</p> <p>The Partnership Board shall also include up to 5 independent board members who are externally recruited by the Governance Board based on their skills and diversity and who represent the region of North Wales and shall work to ensure performance of the Sport North Wales' Objectives.</p> <p>Local authority representatives on the Partnership Board shall be different to those local authority representatives on the Governance Board.</p> <p>An independent chair shall also be appointed to the Partnership Board (i.e. 12 representatives in total when including the 6 SNW Member representatives and 5 independently-recruited representatives).</p> <p>In light of the parties overriding objective of promoting inclusion, SNW Members who have been active participants in developing the business plan for the Collaboration may also be permitted to attend the Partnership Board meetings as appointed 'Observers' with no voting rights or ability to otherwise directly influence the decisions of the Partnership Board.</p>

Number	Provision	Material Obligations
		<p>The Partnership Board shall initially meet monthly (and will review the frequency of these meetings following the initial six-month period from the date of the Agreement) and shall:</p> <ol style="list-style-type: none"> <li>1) Ensure the strategic direction and Objectives of Sport North Wales are progressed successfully;</li> <li>2) Review and approve Applications: <ol style="list-style-type: none"> <li>a. from Delivery Organisations/SNW Members for funding between £10,000 and £50,000; and</li> <li>b. from Delivery Organisations/SNW Members for funding below £10,000 where support is requested by the Regional Director;</li> </ol> </li> <li>3) Review Applications for submission to the Governance Board where the funding exceeds £50,000;</li> <li>4) Discuss ideas for forthcoming projects which may be worked into Applications;</li> <li>5) Provide a forum for the SNW Members' to advise and support each other (and Delivering Organisations) on the completion of Applications ensuring compliance with the Sport North Wales Objectives;</li> <li>6) Agree approach, action plans and timelines for developing Applications considering any multi-party involvement in an Application;</li> <li>7) Discuss any issues or challenges in respect of Projects which are being delivered and how the SNW Members may work together to overcome/help the Delivering Organisation/SNW Member which is delivering the Project to overcome these issues or challenges;</li> <li>8) Lead on stakeholder engagement which seeks the views, experiences, insights and suggestions from sports participants and Delivering Organisations in North Wales;</li> <li>9) Monitor the progress and adherence of the customer service charter and provide updates to the Governance Board;</li> <li>10) Monitor the progress of the marketing plan and provide updates to the Governance Board;</li> <li>11) Discuss feedback from the Governance Board in respect of any rejected Applications;</li> <li>12) Invite representatives from Sport Wales to meetings, as required to observe and support the Sport North Wales Collaboration;</li> <li>13) ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration; and</li> <li>14) ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and</li> </ol>

Number	Provision	Material Obligations
		<p>Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application;</p> <p>15) Be responsible for the appointment of an independent chair who:</p> <ol style="list-style-type: none"> <li>acts as the Partnership Board's lead;</li> <li>is an unpaid non-executive director who brings experience which will facilitate the Partnership Board's activities;</li> <li>represents the Partnership Board in any discussions at the Governance Board level;</li> <li>shall work closely with the Regional Director to contribute towards performance of the Objectives; and</li> <li>shall participate in the Governance Board's appointment of representatives to the Partnership Board.</li> </ol> <p>In advance of each meeting of the Partnership Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).</p> <p>Following each meeting, minutes shall be circulated to representatives of each SNW Member.</p> <p>The Partnership Board is an operational board which is integral to the success of Sport North Wales and the delivery of Projects which benefit North Wales but it does not have decision-making power in respect of the Collaboration or approval of Applications for delivery as Projects with a funding value above £50,000. It does, however, have the power to approve Applications for delivery as Projects with a funding value below £50,000.</p> <p>The Partnership Board shall be appointed for the five year term of the Agreement.</p> <p>Meetings of the Partnership Board shall require a quorum of 6 and may take place electronically.</p>
9.	Regional Director	<p>The Regional Director, appointed by CCBC shall:</p> <ol style="list-style-type: none"> <li>Be responsible for the operation of Sport North Wales ensuring its activities contribute towards performance of the Objectives in accordance with this Agreement;</li> <li>Be responsible for liaising with the Partnership Board and presenting any issues raised by the Partnership Board to the Governance Board;</li> <li>Be the lead officer responsible for delivering the SNW Objectives and strategic plan;</li> </ol>

Number	Provision	Material Obligations
		<p>4) Be responsible for advising the Governance Board on any governance or risk issues of which the Regional Director becomes aware through their role;</p> <p>5) Review and approve Applications for funding with a funding value up to £10,000, requesting support from the Partnership Board if required;</p> <p>6) Sit on both the Partnership and Governance Boards in a reporting capacity;</p> <p>7) Work with, and on behalf of, the Governance Board to lead the strategic direction, development and profile of Sport North Wales regionally in accordance with the Vision and strategic plan to facilitate achievement of Sports North Wales' Objectives and values for the benefit of North Wales;</p> <p>8) Represent the Governance Board on the Partnership Board;</p> <p>9) Work closely with the independent chair of the Partnership Board to contribute towards performance of the Objectives;</p> <p>10) Represent Sport North Wales in discussions with Sport Wales and other stakeholders and partners, providing updates in relation to the activities and progress of Sport North Wales (as requested);</p> <p>11) Promote the brand of Sport North Wales and create contacts throughout the UK to maximise Sport North Wales' visibility and profile;</p> <p>12) Be responsible for securing further funding for Sport North Wales in addition to that received from Sport Wales; and</p> <p>13) Secure sponsorship (both corporate and non-corporate) for Sport North Wales Projects and activities.</p>
10.	Project Approvals Process	<p><b><u>Value Levels</u></b></p> <p>If the level of funding requested is £10,000 or under, the Regional Director shall have the power to approve Applications from a Delivery Organisation or SNW Member.</p> <p>If the level of funding requested is £50,000 or under, the Partnership Board shall have the power to approve Applications from a Delivery Organisation or SNW Member.</p> <p>If the level of funding requested is above £50,000, the Partnership Board shall determine whether an Application from a Delivery Organisation or SNW Member is approved for consideration by the Governance Board; and the Governance Board shall have the power to approve the Application.</p>



Number	Provision	Material Obligations
		<p><b><u>Applications – First Step and Content</u></b></p> <p>Applications to the Regional Director (if funding requested is below £10,000) or Partnership Board (if funding requested is above £10,000), whether from a Delivery Organisation or SNW Member, shall follow an approved template form and detail:</p> <ol style="list-style-type: none"> <li>The name of the Delivery Organisation or SNW Member;</li> <li>The nature and scope of the proposed project and financial values attributed to the main elements of the project;</li> <li>the level of funding requested from Sport North Wales;</li> <li>the level of funding which the Delivery Organisation/SNW Member will contribute to the project from its own (or other) resources;</li> <li>A "<b>Project Delivery Plan</b>" which includes: <ol style="list-style-type: none"> <li>targets and outputs;</li> <li>milestone dates for the key elements of the project;</li> <li>deliverables;</li> <li>an explanation of how the project aligns with Sport North Wales' Objectives and values;</li> <li>an explanation of the benefits to the Delivery Organisation/SNW Member and North Wales as a region if the project is approved,</li> </ol> </li> </ol> <p>together the "<b>Application</b>".</p> <p><b><u>Consideration of Applications</u></b></p> <p>The Regional Director shall consider Applications for funding below £10,000 as and when they are submitted to them. The Regional Director may request support from the Partnership Board when considering Applications for funding below £10,000.</p> <p>The Partnership Board shall consider Applications with a value exceeding £10,000 at the relevant monthly Partnership Board meeting.</p> <p>The Governance Board shall consider Applications approved by the Partnership Board at the next Governance Board quarterly meeting following the Partnership Board meeting in which approval was given to the Application.</p> <p><b><u>Rejected Applications</u></b></p> <p>If an Application is not approved by the Regional Director, the Partnership Board or the Governance Board, a summary of the reasons for rejecting the</p>



Number	Provision	Material Obligations
		<p>Application shall be provided to the Delivery Organisation/SNW Member that submitted the Application in addition to providing feedback on areas to develop if the Application is to be re-submitted in the future.</p> <p>A re-submitted Application shall be reviewed in the same way as an Application submitted for the first time and re-submission does not guarantee that an Application will be approved by the Regional Director, the Partnership Board or the Governance Board on its second, or future, submission.</p> <p>An Application may be re-submitted a maximum of [2] times. If an Application is rejected after its second submission, the Delivery Organisation/SNW Member shall not re-submit the Application a third time unless the Application is justified as being materially varied from the previously rejected Application.</p> <p>The Partnership Board / Regional Director shall report on all rejected applications and the reasons why they were rejected to the Governance Board.</p> <p>The Governance Board shall determine whether it reviews any rejected applications to ensure that Applications have been given equal and proportionate consideration and that the application process has been followed in full.</p> <p>In the event of a dispute between the Partnership Board / Regional Director and an applicant, the Governance Board shall be the final arbiter.</p> <p><b><u>Application Approval Considerations</u></b></p> <p>In determining whether an Application is approved by the Regional Director, Partnership Board or Governance Board, the following shall be considered:</p> <ol style="list-style-type: none"> <li>the alignment of the Application with the Vision, Objectives and Values;</li> <li>the Application's promotion of the principles of the customer service charter;</li> <li>the Application's outputs and deliverables in relation to North Wales as a region;</li> <li>the deliverability of the proposed project (including the applicant SNW Member's capacity to deliver and the relevant timeframe for delivery);</li> <li>the level of funding required and the availability of funding to Sport North Wales.</li> </ol>

Number	Provision	Material Obligations
		<p><b><u>Application Approval Requirements</u></b></p> <p>To be approved by the Regional Director, the Application must satisfy the above considerations.</p> <p>To be approved by the Partnership Board, the Application requires more than 50% approval from the Partnership Board representatives in attendance. If the initial vote is a 50:50 split decision, the Application shall not be approved by the Partnership Board.</p> <p>To be approved by the Governance Board, an Application requires more than 50% approval from the Governance Board representatives. If the initial vote is a split 50:50 decision, the chair shall have the casting vote.</p> <p><b><u>Approved Applications (Projects)</u></b></p> <p>If an Application is approved, the Regional Director, Partnership Board or Governance Board shall confirm:</p> <ol style="list-style-type: none"> <li>that the Application, once approved, is a <b>"Project"</b>;</li> <li>the level of funding awarded for delivery of the Project;</li> <li>steps which the Delivery Organisation/SNW Member must confirm before the funding is committed to the Project;</li> <li>any agreement that the Delivery Organisation/SNW Member must enter into with CCBC before it receives any funding in respect of the Project; and</li> <li>the frequency of payment of instalments of funding (if not provided in full at the outset of a Project being approved).</li> </ol> <p>Following approval of the Project, the Delivery Organisation/SNW Member must deliver the Project in accordance with the Project Delivery Plan and any agreement entered into by the Delivery Organisation/SNW Member and CCBC in respect of delivery of the Project.</p>
11.	Separate Account	<p>In order to ensure effective financial management controls and systems are maintained, CCBC shall maintain a separate account into which the Sport Wales Award is paid ("<b>SNW Account</b>"). This account shall transparently show the transactions in relation to the Sport Wales award and shall be subject to open book accounting such that all parties have a clear understanding of:</p> <ol style="list-style-type: none"> <li>The transactions into and out of the account; and</li> <li>The values of these transactions.</li> </ol>

Number	Provision	Material Obligations
		Any queries in relation to the SNW Account may be discussed by the Partnership Board and Governance Board.
12.	Employees	<p>As a contractual arrangement, employees of each SNW Member shall remain employed by the respective SNW Member and there is no intention that these employees TUPE-transfer to another SNW Member as a result of the Collaboration.</p> <p>If employee posts at a SNW Member, funded from Sport Wales Award, become vacant for employees in a SNW Member, the Collaboration shall:</p> <ol style="list-style-type: none"> <li>1) Consider the role which has been vacated and whether there is a requirement, for the Collaboration as a whole, to replace the role; and</li> <li>2) Then consider the best approach to replace this role by consideration of the skills required to contribute towards success of the Collaboration; and</li> <li>3) Determine which SNW Member is best-placed to employ the replacement employee (which is not necessarily the SNW Member from which the employee departed).</li> </ol> <p>The Regional Director, Partnership Board and Regional Director shall advise in relation to replacement of departed employees.</p>
13.	Change Control Procedure	<p>Any of the SNW Members may request an amendment to the scope, nature, structure or operation of the Collaboration and/or any term of the Agreement (a "<b>Change</b>") in accordance with the process outlined below (the "<b>Change Control Procedure</b>"):</p> <ol style="list-style-type: none"> <li>1. Where an SNW Member requests a Change: <ol style="list-style-type: none"> <li>(a) the relevant SNW Member will submit a written request for a change (a "<b>Change Request Notice</b>") to the Governance Board setting out as much information as is necessary to enable the Governance Board to prepare a written record of the Change which may be approved by the parties pursuant to this Change Control Procedure (a "<b>Change Control Form</b>"); and</li> <li>(b) the Governance Board will, unless otherwise agreed, circulate a Change Control Form to all SNW Members after the next Governance Board meeting following dispatch of the Change Request Form by the relevant SNW Member.</li> </ol> </li> </ol>

Number	Provision	Material Obligations
		<p>2. The Change Control Form shall contain sufficient information to enable the all parties to assess the Change, including as a minimum:</p> <ul style="list-style-type: none"> <li>(a) the title of the Change;</li> <li>(b) the originator of the Change and date of request;</li> <li>(c) description of the Change;</li> <li>(d) details of the effect of the proposed Change on: <ul style="list-style-type: none"> <li>(i) the Collaboration;</li> <li>(ii) the Vision;</li> <li>(iii) any existing or future Projects; and</li> <li>(iv) any other term of the Agreement;</li> </ul> </li> <li>(e) the date of expiry of validity of the Change Control Form; and</li> <li>(f) provision for signature by the SNW Members and the chairman of the Partnership Board.</li> </ul> <p>3. If, following the circulation a Change Control Form pursuant to this Change Control Procedure:</p> <ul style="list-style-type: none"> <li>(a) all of SNW Members and the Governance Board agree to the terms of the relevant Change Control Form, they will each sign it and the signed Change Control Form will amend this Agreement; or</li> <li>(b) any of the SNW Members or the Governance Board do not agree to any term of the Change Control Form, then the party proposing the Change may refer the disagreement to be dealt with in accordance with the Dispute Resolution Procedure.</li> </ul> <p>4. No Change will come into effect until a Change Control Form has been signed by the authorised representatives of all SNW Members and the chair of the Governance Board.</p> <p>5. Each party will bear its own costs in relation to compliance with the Change Control Procedure.</p>
14.	Statutory Functions	All parties recognise that they must act in accordance with their statutory functions, constitutions and legal obligations and nothing in these Heads of

Number	Provision	Material Obligations
		<p>Terms may fetter, restrict or oblige the SNW Members to do, or omit to do, anything which:</p> <ol style="list-style-type: none"> <li>1) is incompatible with the lawful exercise of their powers;</li> <li>2) is incompatible with the lawful discharge of their functions;</li> <li>3) divests any SNW Members of their statutory powers; or</li> <li>4) obliges a SNW Member not to exercise any powers.</li> </ol>
15.	Dispute Resolution Procedure	The SNW Members agree to resolve any dispute or issue between themselves in accordance with the procedure set out at Schedule 1.
16.	Termination	<p>The Agreement shall terminate on expiry of the initial five-year term unless:</p> <ol style="list-style-type: none"> <li>a. terminated earlier by mutual agreement of SNW Members; or</li> <li>b. extended further by mutual agreement of SNW Members.</li> </ol> <p>For the avoidance of doubt, any extension or termination of the Agreement shall be agreed by all SNW Members and not simply members present at a particular Governance Board meeting.</p>
17.	Succession	<p>This Agreement shall be binding on and be to the benefit of, the parties to this Agreement and their respective Successors and permitted transferees and/or assignees. References to a party in this Agreement shall therefore include that party's Successors, permitted transferees and/or assignees.</p> <p><b>"Successor"</b> shall mean "any legal entity, organisation, charity, partnership, company or other legal personality which subsumes, merges with, acquires or otherwise replaces any of the SNW Members following a Change of Control, organisational restructure, act of Parliament, Change in Law, or act of Government.</p>
18.	Exit	<p>Without affecting any other right or remedy available to it, any SNW Member may unilaterally opt to become an <b>"Exited Party"</b> to this Agreement subject to the service of a written notice of not less than six months' (an <b>"Exit Notice"</b>) to the other parties.</p> <p>Notwithstanding the provisions of (1) above, the transition of an SNW Member to an Exited Party in accordance with the terms of this agreement, shall not, for the avoidance of doubt, discharge an Exited Party from any obligations or liabilities arising in connection with its obligations under this Agreement prior to the Exit Date.</p>

Number	Provision	Material Obligations
		<p>An "<b>Exited Party</b>" shall be "an SNW Member that ceases to be a party to this Agreement after the Exit Date"; and</p> <p>The "<b>Exit Date</b>" shall be "the date stated on a duly served Exit Notice as the date an SNW Member will become an Exited Party. For the avoidance of doubt, the Exit Date shall be a date not less than six months from the date of the Exit Notice.</p>
19.	Freedom of Information	The SNW Members acknowledge the disclosure obligations set out in the Freedom of Information Act 2000 and shall promptly assist any SNW Members subject to FOI requests with compiling information required to respond any request which relates to the Sport North Wales collaboration.
20.	Entire Agreement	<p>The SNW Members agree that this Agreement is the entire agreement and understanding between the parties in relation to the governance of the Sport North Wales collaboration.</p> <p>The parties cannot rely on other documents, oral agreements, representations as to the governance of the Sport North Wales collaboration unless such obligations are covered in the Agreement.</p>
21.	No Partnership	The Agreement is not establishing a formal partnership between the SNW Members and does not authorise any party to make commitments for the other, except to the extent that such commitments are set out in the Agreement.
22.	Governing Law and Jurisdiction	The Agreement is subject to English and Welsh law and the exclusive jurisdiction of the Courts of England and Wales.
23.	Third Party Rights	A person or entity other than the SNW Members does not have any rights under the Contracts (Rights of Third Parties Act) 1999 to enforce any term of the Agreement.
24.	Counterparts	The Agreement may be executed in counterpart and by electronic means.
25.	Additional Provisions	<p>Further provisions are to be confirmed in the Agreement relating to:</p> <ol style="list-style-type: none"> <li>1) severability;</li> <li>2) amendments; and</li> <li>3) <b>[ADDITIONAL BOILERPLATE CLAUSES]</b></li> </ol>

## **SCHEDULE 1**

### **Dispute Resolution Procedure**

If any dispute arises out of, or in connection with the Collaboration, the SNW Members shall follow the procedure set out below.

- 1) Through its representative on the Partnership Board, the SNW Member shall give written notice to the Partnership Board of its issue, setting out its nature and full particulars, together with relevant supporting documents in advance of a Partnership Board meeting ("**Issue Notice**").
- 2) At the next Partnership Board meeting following circulation of the Issue Notice, the Partnership Board shall attempt in good faith to resolve the issue, taking a holistic view to resolution of the issue considering the collaborative objectives of Sport North Wales.
- 3) If the Partnership Board is unable to resolve the issue at the Partnership Board meeting, it will escalate the issue for consideration at the next Governance Board meeting. The Governance Board shall attempt in good faith to resolve the issue and make any proposals to the SNW Member which raised the issue initially to resolve the issue.
- 4) If the SNW Member does not accept the resolution or proposals of the Governance Board, the parties shall attempt to settle the dispute by mediation in accordance with the Centre for Effective Dispute Resolution ("**CEDR**") Model Mediation Procedure. Unless otherwise agreed between the parties, the mediator will be nominated by CEDR. To initiate the mediation, a party must give notice in writing ("**ADR Notice**") to the other parties to the dispute requesting a mediation. A copy of the request should be sent to CEDR. The mediation will start no later than 14 days after the date of the ADR Notice.
- 5) If the mediation is not resolved within 28 days after service of the ADR Notice, the dispute shall be finally resolved by the courts of England and Wales.

## Appendix 2 (i) Draft 5 Year Budget for Sport North Wales

Income	2021-22	2022-23	2023-24	2024-25	2025-26
<b>Sport Wales</b>					
Active Young People	1,003,520	953,344	905,677	860,393	817,373
Free Swimming Initiative	323,550	323,550	323,550	323,550	323,550
Operational	159,119	115,000	115,000	115,000	115,000
	<b>1,486,189</b>	<b>1,391,894</b>	<b>1,344,227</b>	<b>1,298,943</b>	<b>1,255,923</b>
<b>Other Programme Grants</b> (SNW will apply for grants which will support programmes in the region)	0	0	0	0	0
<b>Additional Commercial Income</b> e.g. Events and Corporate Partners	0	50,000	60,000	70,000	100,000
<b>TOTAL INCOME</b>	<b>1,486,189</b>	<b>1,441,894</b>	<b>1,404,227</b>	<b>1,368,943</b>	<b>1,355,923</b>
<b>Operating Expenditure</b>					
<b>Staff costs</b>					
Regional Director - based on £60k salary	82,000	82,984	83,980	84,988	86,007
P/T Administrator	23,089	23,551	24,022	24,502	24,992
	<b>105,089</b>	<b>106,535</b>	<b>108,002</b>	<b>109,490</b>	<b>110,999</b>
<b>Host authority costs</b>	<b>14,300</b>	<b>14,300</b>	<b>14,300</b>	<b>14,300</b>	<b>14,300</b>
<b>Partnership costs</b>					
Office costs - stationery, phones etc	1,250	1,250	1,250	1,250	1,250
Office accommodation	6,000	6,000	6,000	6,000	6,000
Training	1,000	1,000	1,000	0	0
Translation	4,080	4,080	4,080	4,080	4,080
Marketing / publicity	7,200	7,200	7,200	7,200	7,200
Travelling	2,500	2,500	2,500	2,500	2,500
External Audit fee	1,500	1,500	1,500	1,500	1,500
Procurement	2,000	2,000	2,000	2,000	2,000
Monitoring and Evaluation	6,000	6,000	6,000	6,000	6,000
Contingency (10%)	3,200	3,200	3,200	3,000	3,000
	<b>34,730</b>	<b>34,730</b>	<b>34,730</b>	<b>33,530</b>	<b>33,530</b>
<b>Governance &amp; Partnership Boards</b>					
Meeting; travel	5,000	5,000	5,000	5,000	5,000
<b>SNW Ring Fenced Projects</b>					
SW Active Young People	1,003,520	953,344	905,677	860,393	817,373
SW Free Swimming Initiative	323,550	323,550	323,550	323,550	323,550
<b>SNW Projects</b>	0				
	<b>1,327,070</b>	<b>1,276,894</b>	<b>1,229,227</b>	<b>1,183,943</b>	<b>1,140,923</b>
<b>TOTAL EXPENDITURE</b>	<b>1,486,189</b>	<b>1,437,459</b>	<b>1,391,259</b>	<b>1,346,263</b>	<b>1,304,752</b>
<b>Profit + / Loss -</b>	<b>0</b>	<b>4,435</b>	<b>12,968</b>	<b>22,680</b>	<b>51,171</b>

### Public Service Contribution in kind

Line Management by host authority	15,000	1 day per week, line management of Regional Director by Head of Service
Governance Board	6,912	4 days per year, 6 LAs at Head of Service level
Partnership Board	17,280	12 meetings per annum for 5 SNW members at Head of Service level
<b>Total Contribution In Kind</b>	<b>39,192</b>	



## Appendix 2 (ii) Anticipated setup costs to March 2021

	£	
IT costs - purchase of laptops	2,000	
Purchase of Mobile phones	300	
Recruitment Cost	3,000	
Operational costs	1,250	
Legal costs	3,000	
Translation	4,080	
Marketing / publicity	2,000	
Project management	2,813	
Contingency/Flexibility	1,400	10% contingency
<b>Total</b>	<b>19,843</b>	

## Appendix 2 (iii) Sport North Wales Hosting costs

	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	
Central Support Cost (finance support, payr	10,000	10,000	10,000	10,000	10,000	Best estimate
Legal costs (DWF)	3,000	3,000	3,000	3,000	3,000	
Contingency/Flexibility	1,300	1,300	1,300	1,300	1,300	10% contingency
<b>Total</b>	<b>14,300</b>	<b>14,300</b>	<b>14,300</b>	<b>14,300</b>	<b>14,300</b>	

## Appendix 3: Independent Chair to Board/Board Competencies, Technical Skills, Knowledge, Experience and Competencies Audit

Please provide us with detail of degree of experience, evidence and any relevant qualifications (where appropriate) for how you meet the descriptors listed in the tables below. These are divided into two sections: Technical skills, knowledge and experience; and Competencies. *(Please use additional sheets if necessary).*

### Technical skills, knowledge and experience

Descriptor	Please provide evidence for how you meet this competency							
Experience of chairing Boards/meetings	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
General Governance/ Administration	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Business/Commercial	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Equality, Diversity and Inclusion	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Disability / Impairment	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			
Community sport & physical activity	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None			
	Evidence: •				Any relevant qualification: •			

## Sport North Wales

### A Business Case

Descriptor	Please provide evidence for how you meet this competency					
Pathway sport / Knowledge of NGBs	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Strategic planning and focus	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Strategic relationships: Education / Health / Local Authorities / Housing / Trusts etc	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Human Resources	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Financial (including internal control and audit)	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Risk assessment and Health and Safety	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Legal	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
Marketing, Strategic Communications and Advocacy	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
Insight, Research, Data, Learning	Evidence: •			Any relevant qualification: •		

## Sport North Wales

### A Business Case

#### Competencies:

Descriptor	Please provide evidence for how you meet this competency					
<b>Team working</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
<b>Communicating</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
<b>Public Speaking</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
<b>Engagement Skills</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
<b>Engagement with groups sharing protected characteristics</b> (i.e. impairment; EMC; LGB&T; women & girls; Religion, faith or belief; etc.)	Evidence: •			Any relevant qualification: •		
<b>Decision making and problem solving</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
<b>Developing self and others</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		
<b>Leadership</b>	<input type="checkbox"/> High level	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited	<input type="checkbox"/> None	
	Evidence: •			Any relevant qualification: •		

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## Sport North Wales

### *A Business Case*

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Descriptor	Please provide evidence for how you meet this competency				
Strategic management	<input type="checkbox"/> High level Evidence: •	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited Any relevant qualification: •	<input type="checkbox"/> None
Other (please identify): .....	<input type="checkbox"/> High level Evidence: •	<input type="checkbox"/> Strong	<input type="checkbox"/> Good	<input type="checkbox"/> Limited Any relevant qualification: •	<input type="checkbox"/> None

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**Sport North Wales Partnership Board**

**Board Member Role Descriptions**

**a) General Board Member Role Description**

- Providing efficient and effective strategic leadership of Sport North Wales (SNW).
- Upholding and working towards the vision, mission, values, behaviours, and objectives of SNW and ensuring the organisation continues to work towards these.
- Leveraging of networks to support fundraising, organisational and business development.
- Acting at in the interests of SNW at all time in relation to assets, property, statutory obligations and management requirements as outlined in the Board Handbook.
- Agreeing a schedule of matters specifically reserved for major decision-making by the Partnership Board.
- Ensuring SNW complies with relevant legal and governance requirements.
- Promoting prudent and effective management of organisational resources (financial and human).
- Ensuring there are strategies and policies in place that will support the objectives of SNW.
- Developing and monitoring effective risk management strategies for SNW.
- Developing and monitoring internal controls and systems that are transparent and accountable to stakeholders.
- Creating and maintaining positive and productive relationships with stakeholders
- At all times, acting with integrity and upholding the interests of SNW.
- Championing the work of SNW and acting as a spokesperson for SNW Wales where required.

**b) General Person Specifications**

- Evidence of success, within or outside of the sport sector, in a Regional or collaborative organisation, Charity, Corporate, Health, Housing, Education, Equalities or Professional Services environment.
- Evidence of the ability to act with professionalism and probity, and with a strong philosophy of equity, inclusion and diversity.
- Evidence of leading in a change environment.
- Experience on other Boards or management where strategic planning was part of the role.
- Credibility in and knowledge of the Welsh sporting sector.
- Awareness and understanding of Regional Sports Partnerships and their potential.
- Relevant qualifications and experience specific to the expectations outlined in the specific Board role descriptions.

#### **Chairperson**

##### **Role Purpose**

Working with the executive team, the role of the Chair is to provide effective leadership and strategic direction focusing on the vision, core values, and objectives of SNW.

##### **Role Description**

- The Chair is responsible for leadership of the SNW Regional Partnership Board and co-leadership of the executive team, ensuring its effectiveness in all aspects of its governance & operational roles.
- The Chair will represent the SNW Partnership Board at meetings of the SNW Governance Board.
- The Chair leads the Partnership Board and executive team in developing an ethical culture in line with the values of the organisation.
- The Chair is pivotal in creating the conditions for overall Partnership Board and individual Partnership Board members and executive team effectiveness and ensures constructive relations between Board members and staff.
- The Chair is bound by the SNW Heads of Terms, governance, policies, and decisions and thus has no individual authority to alter, amend or ignore these.
- The position of Chair does not create of itself a right to independent decision taking.
- The Chair may exercise those powers delegated to the position by the SNW Heads of Terms, Governance Board or Partnership Board.

#### **Chair Role Description**

##### **Manage Board Meetings**

- To chair up to 12 Board meetings a year. These board meetings are normally held in North Wales.

##### **Strategic Leadership and Governance**

- To enable the Board and staff to define the strategic direction and priorities and ensure there is appropriate resources available to deliver.
- To enable the Board to monitor and review risk associated with delivering the Strategy and likely impact on business while all times maintaining a high standard of governance.

##### **Liaise with the Executive Team**

- While Conwy County Borough Council has responsibility as employer of the executive team, the Board is usually represented through the Chair in managing the working relationship with the executive team.

##### **Develop and Encourage Board Members**

- Taking the lead in inducting and developing individual Partnership Board members, with a view to enhancing the Board's overall effectiveness as a team and assisting with succession planning.

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## **Sport North Wales**

### ***A Business Case***

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#### **Performance Assessment**

- Ensuring that peer and self-assessments of performance are undertaken regularly for all members of the Partnership Board, including the Chair, and executive team. The Chair may delegate certain aspects of his or her authority but remains accountable for the action of the delegate.

#### **Promote Equity and Equality**

- To enable equity in practice and strive for equality for all members, staff and Partnership board members. To ensure the Board has and takes responsibility for the organisation's Equality and Diversity Policy and implementation plan.

#### **Profile**

- Evidence of success, within or outside of the sport sector, in a Regional or collaborative organisation, Charity, Corporate, Health, Housing, Education, Equalities or Professional Services environment.
- Evidence of the ability to act with professionalism and probity, and with a strong philosophy of equity, inclusion and diversity.
- Evidence of leading in a change environment.
- Experience on other Boards or management where leadership and strategic planning was part of the role.
- Credibility in and knowledge of the Welsh sporting sector.
- Awareness and understanding of issues facing sports organisations at domestic and/or international level.
- Legal and Corporate Governance experience would be beneficial.
- Welsh language speaker desirable

#### **Board Member with Financial Expertise - Specific Responsibilities**

- Provide strategic financial direction to support the Partnership Board in meeting its strategic goals.
- Assist the Partnership Board in identifying, understanding, and managing its financial risks.
- In partnership with CCBC ensure SNW is financially robust and sustainable.
- Ensure the Partnership Board is fully compliant with any statutory and regulatory obligations.
- Ensure SNW achieves high standards of financial governance and transparent decision-making.
- To be an authorised signatory for the Partnership Board.
- Candidates to have at least 5 years financial management experience. It is desirable for candidates to have accountancy experience.
- Evidence of success, within or outside of the sport sector, in a Regional or Collaborative Agency, Charity, Corporate, Health, Housing, Education, Equalities or Professional Services environment.
- Evidence of the ability to act with professionalism and probity, and with a strong philosophy of equity, inclusion, and diversity.
- Evidence of leading in a change environment.
- Experience on other Boards or management where strategic planning was part of the role.
- Credibility in and knowledge of the Welsh sporting sector.
- Awareness and understanding of issues facing sports organisations at domestic and/or international level.



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## **Sport North Wales**

### ***A Business Case***

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- Corporate Governance experience would be beneficial.

#### **Board Member with Legal Expertise - Specific Responsibilities**

- Providing general expertise and advice on all legal matters, in particular, mitigating risk and surpassing charity governance code standards.
- Acting as a mentor and sounding board for Sport North Wales in relation to legal matters.
- Challenging Weightlifting Wales to develop and improve our operations in line with expected public policies, procedures and standard.

#### **Board Member with Marketing / Communication Expertise – Specific Responsibilities**

- Supporting and driving SNW marketing, and communications strategy.
- Supporting PR activities in preparation for and during events and regional activities.
- Providing input on commercial packages.
- Providing input press releases, and marketing campaigns

## Appendix 4 - Sport North Wales Regional Director Job Description

*Sport in Wales is undergoing an unprecedented shift in culture with a Vision capable of inspiring the delivery of bigger, better outcomes for sport.*

Strong, vibrant leadership will be vital.

We are therefore seeking a leader who has the skills and passion to play a lead role in community sport in Wales to 'Create an Active Nation where everyone can have a lifelong enjoyment of sport' and deliver on the ambition for Sport North Wales 'to empower our communities in North Wales to be more active, leading healthier and happier lives'- is this you?

Wales is leading the way in participation by young people.....but there is more to do - this will require a new approach, new partnerships and fresh thinking to achieve these ambitious goals. We need to use insight and learning more effectively to meet the future needs of society, capitalising on technology to enable us to plan and deliver in a different way.

The way sport is delivered and administered is changing in Wales. We need the Regional Director of Sport North Wales to seize this exciting opportunity and deliver these changes across the region.

### **Job Title**

Sport North Wales Regional Director

### **Reports to**

Head of Service, Conwy County Borough Council (employment aspects)

Chair of the Sport North Wales Partnership Board (performance)

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## **Sport North Wales**

### ***A Business Case***

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#### **Accountable to**

Sport North Wales Governance Board

#### **Purpose of the Role**

To work with and on behalf of the Sport North Wales (SNW) Board to lead and drive the strategic direction of the partnership to meet its vision and aspirations. You will be required to strategically engage regionally and nationally to further the aims of the partnership, manage the operational running of SNW and ensure that the partnership remains fit for purpose. This will require dynamic leadership to create a step change in approach and thinking and necessitate you to lead with passion and clarity of direction to effectively manage change and ultimately create, develop and lead a high performing organization to deliver this Vision across North Wales.

However, the role will also need to lead from the front and get involved at a more detailed level where the occasion demands in order to ensure that in this start-up phase the partnership is fully supported and that success measures are not missed.

#### **Key Responsibilities & Line Management**

Your key responsibilities will initially include line management of a Business Support Officer and over time may involve additional staff responsibilities as the partnership develops.

You will support the Governance Board and the Partnership Board to set the Strategic Direction of the partnership and ensure the delivery of the Business Plan.

#### **Main Duties and Responsibilities**

##### **Leading the Future**

- Work with both the Governance Board and the Partnership Board to develop and deliver the Vision & Strategy for Sport North Wales and ensure effective lines of reporting and accountability are in place.
- Seek out and engage new partnerships to deliver against its strategic framework

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## **Sport North Wales**

### ***A Business Case***

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- Be an advocate for Sport North Wales and represent the organisation and the needs of sport in North Wales on appropriate strategic groups aligned to delivery of investment outcomes, including but not exclusively (reducing crime and anti-social behaviour; tackling inequalities, health; social prescribing - 2025)
- Exploit opportunities to develop commercial partnerships and actively seek out sponsorship and income generating opportunities to drive forward the continued growth and development of sport across the region.
- Ensure the organisation develops its “insight” and uses it to inform the priorities for key partners and stakeholders in order to grow participation in sport and physical activity.
- Seek to change and evolve to meet future needs by regularly reviewing and seeking best practice;
- Regularly review and apply learning - learn to improve rather than prove
- Raise the profile of the sport in North Wales through the development of effective marketing and promotional opportunities. Sell the positive messages around sport and what it can do.
- Understand and Influence key political agendas for the benefit of sporting outcomes.
- Drive delivery against the Wellbeing of Future Generations Act

### **Leading with Others**

- Build and maintain an effective working relationship with the Chair and Partnership Board of Sport North Wales
- Provide inspirational leadership for SNW staff team as well as the wider partnership network of staff, instilling a dynamic way of working; develop a culture of learning and development in line with the sports sectors leadership framework
- Develop and manage effective relationships with key stakeholders to include, but not exclusive to Sport Wales, Local authority partners, NGBs, National Partners (Urdd, Streetgames etc), Regional partners (The Outdoor Partnership)
- Influence new partners, both voluntary and commercial to buy in and actively engage in the delivery of the Vision for Sport North Wales.
- Build effective networks to help sell key messages and leverage influence around the value of sport to the North Wales community, leading to delivery of enhanced outcomes.

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## **Sport North Wales**

### ***A Business Case***

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#### **Leading for Results**

- To lead on the implementation of Sport North Wales Strategy through an effective operational plan and the development of other future strategies, policies and business plans as relevant.
- Ensure effective Performance management systems are developed and implemented allowing regular reporting on progress against targets and outcomes to Board and funding partners.
- Ensure Sport North Wales has a commitment to continuous improvement and regular reviews are built in to ensure the organisation remains at the forefront of industry best practice.
- To manage all the resources (human, financial and physical) effectively and efficiently to ensure that as much resource as possible drives through to support delivery.
- Oversee the sound financial management of the organisations budget and develop broad based and varied income streams to sustain the medium to long-term future of the organisation
- Be agile to be able to respond and capitalise on external changes
- Support the Board to deliver against the Governance and Leadership Framework for Wales, meet the requirements of the Capability Framework and its legal requirements.
- Ensure that equality and diversity is embedded into the practices and principles of Sport North Wales. This should include demonstration that the impact of those who share a protected characteristic, and in addition Welsh Language and Socio Economic disadvantage is considered and understood.
- To ensure financial regulations are adhered to and it sets and achieves the highest standards of accountancy and financial probity.
- To ensure that SNW is compliant with all regulatory requirements in relation to health and safety, safeguarding, equality and diversity.

#### **Leading Myself**

- Leads by example, demonstrating authenticity, fairness and positive values
- Reflects and recognises how own behaviours affects others and adapts style accordingly to get the best out of others
- Accepts and adapts to constant change and commit to continual improvement
- Embraces new challenges and seeks regular feedback
- To attend training and development opportunities relevant to the post as well as ongoing personal development

# COMMITTED TO SAFEGUARDING

## Appendix 5: Safeguarding Statement of Intent Sport North Wales



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## Sport North Wales

### *A Business Case*

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Sport North Wales acknowledges the duty of care to safeguard and promote the welfare of children and adults at risk and is committed to ensuring safeguarding practice reflects statutory responsibilities, government guidance and complies with best practice and Sport Wales requirements.

This statement of intent recognises that the welfare and interests of children and adults at risk are paramount in all circumstances. Future policies will aim to ensure that regardless of age, ability or disability, gender reassignment, race, religion or belief, sex or sexual orientation, socio-economic background, all children and adults at risk

- have a positive and enjoyable experience of sport and activity in North Wales in a safe and where appropriate a child / adult at risk centred environment
- are protected from abuse whilst participating in Sport North Wales programmes or activities.

Sport North Wales acknowledges that some children, including disabled children, young people and adults at risk or those from ethnic minority communities, can be particularly vulnerable to a range of abuse and we accept the responsibility to take reasonable and appropriate steps to ensure their welfare.

As part of our safeguarding policy Sport North Wales will

- promote and prioritise the safety and wellbeing of children, young people and adults at risk.
- ensure that everyone associated with the activities of Sport North Wales understands their roles and responsibilities in respect of safeguarding and is provided with appropriate learning opportunities to recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns relating to children, young people and adults at risk.
- ensure appropriate action is taken and procedures are followed in the event of incidents/concerns of abuse and support provided to the individual/s who raise or disclose the concern
- ensure that confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored
- prevent the employment/deployment of unsuitable individuals
- ensure robust safeguarding arrangements and procedures are in operation.

The organisation will ensure that it has in place:

- DBS Checks
- Safeguarding policy and procedures.
- A safeguarding plan (dashboard) which is reviewed annually as part of the operational planning process.
- Commitment and progress towards the achievement of Sector led safeguarding standards will be reported in the annual performance report of Sport North Wales.

Sport North Wales will ensure that delivery partners (plus wider network.....) have in place the following minimum safeguarding standards.

- Safeguarding policy and implantation plan detailing:
- Procedures for reporting concerns about a child or adult at risk. (dashboard)
- Recording safeguarding incidents, concerns and referrals.
- Dealing with complaints by parents and young people
- Procedures for recruiting staff/volunteers, which includes guidance on those roles that require DBS checks
- A rolling programme of safeguarding awareness training for all roles that provide regular and/or significant responsibility for/contact with children and adults at risk.

Sport North Wales will ensure that there is a board member with responsibility for safeguarding  
Safeguarding will also feature on the organisations risk register

The policy and procedures will be widely promoted and are mandatory for everyone involved with Sport North Wales.

Failure to comply with the policy and procedures will be addressed without delay and may ultimately result in dismissal/exclusion/release from the organisation's activities.



### **Monitoring**

The agreed SNW Safeguarding policy will be reviewed a year after development and then every three years, or in the following circumstances:

- changes in legislation and/or government guidance
- as required by area Local Safeguarding Boards, and/or Sport Wales
- as a result of any other significant change or event.

DRAFT

# COMMITTED TO EQUALITY AND DIVERSITY

## Appendix 6: Draft Equality and Diversity Statement of Intent Sport North Wales



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## Sport North Wales

### *A Business Case*

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#### Equality and Diversity Statement of Intent

##### Equality Statement of Intent

Sport and Physical activity have the ability to inspire individuals and communities to build upon confidence, skills, health and wellbeing. It has the power to unite people in a way that little else does.

Sport North Wales is fully committed to ensuring that sport and physical activity is readily accessible, appropriate for the needs of, and diverse in its offer for all residents, communities and visitors to North Wales.

Sport North Wales will ensure the promotion of the Welsh language and that a vibrant Welsh Culture is at the heart of all policies, programmes and communications.

In developing this draft statement of intent Sport North Wales acknowledges its legislative duties and recognises and endorses the Well Being of Future Generations (Wales) Act 2015 in its ambition to create a more equal Wales.

The Sport North Wales Vision is:

**‘To empower our communities in North Wales to be more active, leading healthier and happier lives’**

Sport North Wales is fully committed to ensuring that no employee, volunteer, official, coach, tutor, member, athlete, participant, club or job applicant receives less favourable treatment on the grounds of disability or impairment; age; gender identity and assignment; sex; ethnic origin; nationality; parental, marital, or civil partner status; pregnancy; religious belief; class, social or financial background; sexual preference; Welsh language; or political belief.

Fair treatment, provision of opportunity and intent is regarded by Sport North Wales NOT as a privilege for some, but as a right for all.

Sport North Wales will develop a range of policies and resources that advocate and model an inclusive culture that will be shared by employees, partners and delivery and commissioned organisations to ensure that inclusion and fairness is at the heart of all planning, delivery and policy development.

Sport North Wales are fully committed to ensuring that an inclusive culture becomes a habitual approach for all who are engaged in the co-ordination, management, delivery or participation in physical activity (including sport) across North Wales.

To achieve this Sport North Wales commits to delivering against the following Equality Objectives. These are consistent with those identified by Welsh Government, Sport Wales, and are aligned to the Governance and Leadership Framework for Wales

SNW believes that there is a reciprocal relationship between Diversity and Equality. By focusing on the Objectives below, diversity is achieved through consciously taken actions (equity) which ensure equitable practice is valued and delivered. It is through this approach that SNW will work toward achieving both equality and diversity across all aspects of its service.

### **Equality Objectives**

#### **Equality Objective 1:**

To showcase and embed an inclusive culture through all SNW practice and behaviours

#### **Equality Objective 2:**

To proactively engage with Equality Organisations to ensure high value is reflected around diversity and equity within all SNW-led community profiling, data collection, collaboration, consultation and provision.

#### **Equality Objective 3:**

Ensure that the SNW workforce and leadership team ([*Board*] and Staff) are supported in the development of their awareness of diversity and equity through access to sector-leading training and Continuing Professional Learning.

#### **Equality Objective 4:**

Ensure that recruitment and review processes identify that diversity and equity is respected and valued; and positive action is taken to communicate with diverse communities regarding opportunities for employment and engagement.

## Implementation

### Equality Objective 1:

To showcase and embed an inclusive culture through all SNW practice and behaviours

Focus	Action	Measure of Success
Work towards achieving Objective 4 of The Governance and Leadership Framework in Wales	Governing board (legal entity to be determined) made up of individuals with the relevant balance of skills, knowledge and experience to meet the needs of Sport North Wales	
	A board, sub-committees, working and task and finish groups reflecting a 60/40 female/male ? gender balance. SNW will review and seek to reflect wider diversity demographics of Wales and take account of these when recruiting for its Governing Board and any other related sub-committees	
The Senior Leadership team and Board will take shared responsibility for equality and demonstrate 'inclusive' behaviours	Diversity Champion elected on the board	
	Achieve recognised equality standards	
	Regular engagement meetings with key partners who support the sport, leisure and recreation sectors in matters of diversity and equality	
Tackling inequalities is one of our Community Sport Investment Outcomes	Strategic objectives will contribute towards achieving a narrowing of the gap in sport and physical activity between the general population and identified focus groups as highlighted above	

## Sport North Wales

### A Business Case

#### Equality Objective 2:

To proactively engage with Equality Organisations to ensure high value is reflected around diversity and equity within all SNW-led community profiling, data collection, collaboration, consultation and provision.

Focus	Action		Measure of Success
Develop public measures/KPIs to assess the impact of equality and diversity in our work	Data profiling to better understand our participants and workforce		
	Outline local demographics and areas of under representation or inequalities, particularly, those living in poverty, women and girls, BME, Disabled people, older people, other inequalities and/or groups identified by specific local communities.		
Check equity and diversity is present within all planning and delivery	SNW Strategy, Annual, Operational plans, and Measures are Equality Impact Assessed prior to implementation		
	Equality Impact Assessments completed on all areas of programme provision during planning		
	Equality Impact Assessment of any partner organisations that we commission / or support our delivery		
	Support National Governing Bodies, Disability Sport Wales and other agencies in the development of accessible and equitable, athlete centred pathways		
Work with, listen to and value the advice and guidance of partners who currently support the sector in matters of diversity and equality in Wales	<ul style="list-style-type: none"> <li>• Disability Sport Wales</li> <li>• LGBT Sport Cymru</li> <li>• Stonewall Cymru</li> <li>• BAME Sport Cymru</li> <li>• Diverse Cymru</li> <li>• Street Games Wales</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Sports Association</li> <li>• Sport and Recreation Alliance</li> <li>• UK Coaching</li> <li>• CIMSPA</li> <li>• Disability Wales</li> <li>• Learning Disability Wales</li> </ul>	

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## Sport North Wales

### A Business Case

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#### Equality Objective 3:

Ensure that the SNW workforce and leadership team ([Board] and Staff) are supported in the development of their awareness of diversity and equity through access to sector-leading training and Continuing Professional Learning.

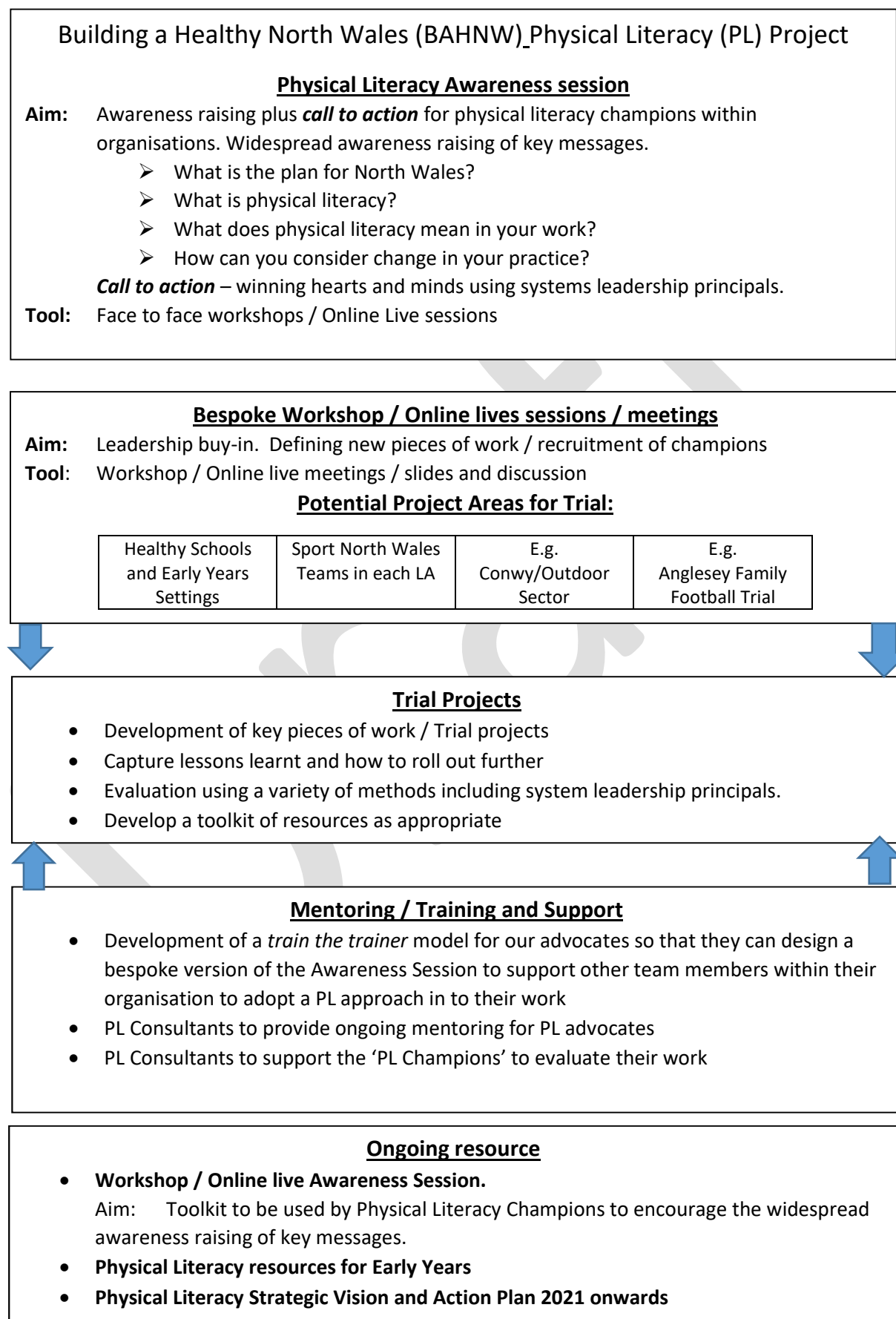
Focus	Action	Measure of Success
Diverse representation of experience, skills, knowledge and competencies throughout the workforce	Annual appraisal of board and staff need training needs	
	EIA Skills Matrix annually prior to administration	
	Provide appropriate diversity and equality training for the Sport North Wales Board, leadership team and if appropriate delivery partners	

#### Equality Objective 4:

Ensure that recruitment and review processes identify that diversity and equity is respected and valued; and positive action is taken to communicate with diverse communities regarding opportunities for employment and engagement.

Focus	Action	Measure of Success
All recruitment and human resource policies reflect best practise in relation to diversity and equality	Agree a Welsh language Policy	
	All Policy is Equality Impact Assessed on a rolling matrix of review	
All information in formats reflective of, and accessible to the diverse groups present within the region	Agree an Accessible Formats Policy	

## Appendix 7: Physical Literacy Plan on a Page





## Appendix 8: Guidance and Background on Accountability

### Sport Wales - Partnership Agreement

#### ACCOUNTABILITY

##### **A new approach to accountability**

Our new approach to Accountability moves us away from outcomes-based performance management to a focus on creating great partnerships and encouraging learning. We want to create a safe space where partners are encouraged and supported to give an honest account of their actions and to prioritise collection of insight which is useful to help them learn and improve (rather than to satisfy us as a funder).

##### **Using Accountability Statements**

In the first instance, we will be using a series of Accountability Statements to guide us in this direction and encourage reflective practice. Put simply, the Accountability Statements are a series of questions which invites the respondent to consider what they are doing and learning in a particular area. The Accountability Statements that we are using in the first instance are structured around the six strategic intent statements from the Sport Wales Strategy:

1. To be person centred - *How do you ensure that the needs and motivations of the individual are leading delivery, whether just starting out, aiming to progress or striving for excellence on the world stage?*
2. To give every young person a great start - *What are you doing to ensure that young people are given skills, confidence and motivation to enable them to enjoy and progress through sport? Are you able to demonstrate how activity in this area gives participants the foundations to live a healthy, active and enriched life?*
3. Ensure everyone has the opportunity to be active through sport - *To what extent are you able to offer inclusive opportunities and how do you know that these provide a great experience to those involved?*
4. Bring people together for the long term - *In what ways have you used insight and learning to collaborate with others and to ensure that individuals' experiences of sport become more sustainable and more successful?*
5. Showcase the benefits of sport - *Can you describe how you evidence, showcase and celebrate the benefits of sport?*
6. Be a highly valued organisation - *How has (and how hasn't) Sport Wales acted with integrity, added value and encouraged innovation in its partnership with you?*
7. Free-flow question - *What has been your biggest learning over the last period and why?*

Research shows that in developing and reflecting on statements like these, those using them are able to clarify what success looks like, what's getting in their way and what action should be taken - all in terms that are meaningful to them. They can provide a mechanism for shared sense-making that goes beyond the narrow view that specifications, targets and objectives offer, encouraging people to use their peripheral vision, to surface their uncertainties early and often and to offer each other constructive challenge along the way.

##### **In the long term...**

Our new approach to accountability is emerging. We aspire to learn as we go and work with partners to develop the approach. Over time we will look to develop a series of 'maturity ladders' aligned to the Accountability Statements to help us assess and monitor a partners progress in a standardised way. But we know we can't predict the future, so watch this space!

## Sport North Wales

### A Business Case

Sport Wales wants to agree a way of working with partners that generates discussion around and collects learning and evidence against the Accountability Statements. We envisage this approach evolving and adapting over time.

Sport Wales are keen to understand

- A partners preferred approach to working with Sport Wales around the Accountability Statements, including how the partner intends to embed the use of the statements within its organisational practice
- The support that they may require in adopting this new approach to Accountability

We are also looking for partners to pledge:

- A commitment to being learning led and using their own data and insights to improve current practice
- Their support for the collaborative development of a suite of maturity ladders against the Accountability Statements that will support sector wide progress and improvement.

## INVESTMENT PRIORITY AREAS



Name of Officer submitting the document/policy/programme/opportunity paperwork:	Name of document/policy/programme/opportunity being assessed:
Michelle Daltry	Sport North Wales Business Case V1

Date paperwork completed:	Date of renewal assessment:
29/9/2020	29/9/2021


Is this a new document/policy/programme/opportunity?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Briefly summarise the purpose of the document/policy/programme/opportunity, and its desired outcomes.**

<b>Purpose</b>	<p>The Sport North Wales (SNW) Vision has been developed through the collaborative partnership which comprises SNW, as a response to the health inequalities and physical activity challenges identified in North Wales. This Vision articulates SNW's response to the new approach to delivery of community sport and activity set out by Sport Wales.</p> <p>The Sport Wales vision for a new delivery model for community sport and activity represents a move from the current programme-led approach, to an outcome-led approach, aligned to the Wellbeing of Future Generations Act, Vision for Sport in Wales, (Welsh Government Strategy), and the new Equality Policy.</p>
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<b>Outcomes</b>	<p>'To empower our communities in North Wales to be more active, leading healthier and happier lives'</p> <p>Everyone can fulfil their own potential Everyone has the opportunity to be active through sport and physical activity People in North Wales lead physically active lives People have the skills, confidence, and motivation to be active through sport</p>
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**Who should benefit from the document/policy/programme/opportunity, and in what way?**

Beneficiaries	How?
<p><b>Population of North Wales – “Getting EVERYONE Active in North Wales, For Life”.</b></p> <p>Specific reference to children, young adults, adults and O60 population. Welsh Government, Sport Wales and key partners: 6 Local Authority Partners</p> <ul style="list-style-type: none"> <li>Conwy</li> <li>Denbighshire</li> <li>Flintshire</li> </ul>	<p><b>SNW is seeking to achieve:</b></p>  <p>1.To modernize, improve and develop a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realize the Vision and set the strategic direction for North</p>

## Appendix 9 - Initial Equality Impact Assessment (iEIA)

- Gwynedd
- Ynys Mon
- Wrexham

Public Health Wales

**Bangor University**

**Glyndwr University**

**Disability Sport Wales**

**Betsi Cadwaladr University Health Board**

**GWE**

**Regional Housing Associations (6 housing associations represented via one person)**

**Social Sector Representative**

Wales through skills-based diverse Governance and Partnership Boards;

2. Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritize working with people and communities;

3. Increase participation in sport through:

- acting with integrity, accountability and transparency;
- prioritizing workloads and areas that can make the biggest difference;
- focusing on behavior and culture;
- putting participants at the heart of decision-making and ensuring a participant-focused approach;
- establishing a basis for conversations about how the SNW Members can improve as organizations; and
- a focused outcomes framework which targets children, young adults, adults and over-60s.

4. Tackling the socio-economic challenges confronting those involved with community sport;

5. Tackle inequality in sport and cater for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;

6. Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;

7. Ensuring that safeguarding standards are met in all areas of Sport North Wales;

8. Attracting investment from other sources of funding; and

9. Promote equality, diversity, sustainability and inclusivity in all actions.

### How has equality been considered in the development/review of the document/policy/programme/opportunity?

Disability Sport Wales have engaged though out the process as support around the proactive inclusion of disabled people across programmes from strategy though delivery.

Disability Sport Wales have acted within a broader capacity as a regular check and challenge and sounding board around all areas of equality, diversity and inclusion.

## Appendix 9 - Initial Equality Impact Assessment (iEIA)

All commissioned partners have reflected local and regional priorities relevant to equality, diversity and inclusion.

Equality and Diversity has been embedded as a core value for the new operating model Sport North Wales has aligned to the Wellbeing of Future Generations Act which includes specific reference to “A More Equal Wales”.

Sport North Wales seeks to tackle health and wellbeing inequalities as a shared priority of the SNW partnership (section 1.8)

All organizations are committed to making a difference to participation in sport and reducing inequalities in North Wales (section 1.13)

**Does this document/policy/programme/opportunity meet DSWs Diversity Objectives (see Appendix 1)?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No (refer back to submitting Officer for review)	<input checked="" type="checkbox"/> Not applicable
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**If YES, please identify which Diversity Objectives it meets:**

<input type="checkbox"/> DO1	<input type="checkbox"/> DO2	<input type="checkbox"/> DO3	<input type="checkbox"/> DO4	<input type="checkbox"/> DO5	<input type="checkbox"/> DO6
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Does this document/policy/programme/opportunity form part of DSW's recruitment processes?

☐ Yes ☒ No

What is the extent of the impact of this document/policy/programme/opportunity?

	High	Low	Not Applicable
Numbers of participants involved/to be involved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff working practices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intent to influence diverse range of groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members quality of life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members access to work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of DSW's Mission and Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of DSW's Priorities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does this document/policy/programme/opportunity require a full Equality Impact Assessment group meeting?

☐ Yes ☒ No

Who else has been consulted in the completion of this iEIA?

Name/Source	Name/Source
Michelle Daltry	
Role - Partnership Manager	Role
Organisation – Disability Sport Wales	Organisation
Reason for consultation Ensuring disabled people are reflected within process, practice and procedures. Deployment of 6 Local Authority Based Disability Sport Wales Development Officers and 1 Get Out Get Active Officer (North)	Reason for consultation

## Recommendations

See Appendix 1: Tracked Changes suggested within the original document/policy/programme/opportunity. Each recommendation links to the identified comment alpha-numeric.

Recommendations for change	Reason for suggesting change	Beneficiaries <sup>1</sup> (by group)
<b>2.12 &amp; fig 2.1 – gender balance of 60/40 To be changed to a minimum of 40%</b>	<ul style="list-style-type: none"> <li>60/40 reflects a binary understanding of gender and excludes anyone who may identify as anything other than male or female.</li> <li>60/40 suggests an absolute of assumed 60 male and 40% female rather than a minimum requirement</li> </ul>	<ul style="list-style-type: none"> <li>Women</li> <li>Transgender individuals</li> </ul>
<b>2.12 &amp; fig 2.1 – consider broader diversity makeup of both Governance Board and Partnership Board – link to 3.3 and draw out specific data from within the SSS 2018</b>	<ul style="list-style-type: none"> <li>Assume gender diversity has been identified from the G&amp;L framework however this may lead to an assumption of priority re gender / sex vs other protected characteristics</li> </ul>	<ul style="list-style-type: none"> <li>All protected characteristics</li> </ul>
<b>1.7 – extend data streams to reflect representation of participation from those within specific communities. Append document or link in to 3.14 with high level data to reflect current engagement levels of specific protected characteristics</b>	<ul style="list-style-type: none"> <li>Higher level data reflected within the business case is sound however does not drill down into broader inequalities that may exist.</li> <li>MD to contact Sport Wales to look towards regional specific data for North Wales re specific equality strands.</li> </ul>	<ul style="list-style-type: none"> <li>All protected characteristics</li> </ul>
<b>1.14 – extend partner consultation to include those with a specific expertise around each of the protected characteristics</b>	<ul style="list-style-type: none"> <li>Equalities steering group would strengthen engagement with and trust from within specific community groups.</li> </ul>	<ul style="list-style-type: none"> <li>All protected characteristics</li> </ul>

<sup>1</sup> It is important to note that not all people from groups who share the identified protected characteristics will be beneficiaries of the change, but some may.

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**1.2 – Define which Equality strategy you are referring to**

- Clarity on frameworks being utilized.

- All partners

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**Sign off Section**

**This initial Equality Impact Assessment was completed by:**

<b>Name</b>	<b>Organisation</b>	Disability Sport Wales	<b>Job Title</b>
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<b>Signature</b>	<b>Date</b>
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**This initial Equality Impact Assessment was quality assured by the Lead Officer for Equality on the DSW Board:**

<b>Name</b>	<b>Experience</b>
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<b>Signature</b>	<b>Date</b>
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**Monitoring and Evaluation Process**

**Identify the review cycle for this programme/project/policy**

<b>Date of Initial Review:</b>	<b>Officer responsible for leading the review:</b>
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**Outcomes of initial review:**



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## Appendix 1: DSW Diversity Objectives

### Diversity objective 1:

Ensure a diverse representation of experience, skills, knowledge and competencies throughout the company workforce and DSW Board

### Diversity Objective 2:

Ensure that the DSW workforce, leadership team and membership are supported in the development of their awareness of diversity and equity through access to training and Continuing Professional Learning.

### Diversity Objective 3:

Ensure that recruitment and review processes value diversity and equity, and take positive action to make all communities who share protected characteristics aware of opportunities for employment, and when employed that diversity is respected and valued.

### Diversity Objective 4:

Ensure that all formal DSW business, events and information is accessible to diverse groups within Wales

### Diversity Objective 5:

Ensure that a high-value around diversity and equitable practice remains at the heart of all DSW provision, action, data collection, and consultation.

### Diversity Objective 6:

To proactively work with partners to influence and ensure that their diverse and equitable practice is supported and challenged so as to reflect best practice in a Proud Sporting Nation.

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## Appendix 10 - SNW Proposed Transition Plan up to 30 March 2021 (SPORT WALES BOARD MEETING 26/11/2020)

Workstream	Ref.	Step	Owner	Target Date for Completion	Nov 20					Dec 20				Jan 21				Feb 21				March 21				
					02-Tach	09-Tach	16-Tach	23-Tach	30-Tach	07-Rhag	14-Rhag	21-Rhag	28-Rhag	04-Ion	11-Ion	18-Ion	25-Ion	01-Chwef	08-Chwef	15-Chwef	22-Chwef	01-Maw	08-Maw	15-Maw	22-Maw	29-Maw
Governance Board		1 LAs to appoint representatives	All 6 LAs	December																						
		2 Appoint Chair	Governance Board	December																						
		3 Invitation to SW to join Governance Board	Conwy Council	December																						
		4 Induction	Conwy Council?	January																						
Appoint Partnership Board Independent Chair		5 Agree Independent Chair role spec	SNW Board	26/11/2020																						
		6 Advertise Independent Chair role	Conwy Council	30/11-18/12/20																						
		7 Agree short list of candidates	Governance Board, SNW (shadow) Partnership Board & SW	23/12/2020																						
		8 Conduct interviews		w/c 11/01/2021																						
		9 Appoint Independent Chair		15/01/2021																						
Regional Director		10 Agree job description and person spec	SNW Board	26/11/2020																						
		11 Advertise post	Conwy Council	01/12/2020 - 08/01/2021																						
		12 Agree short list of candidates	Governance Board, Independent Chair of Partnership Board & SW	w/c 18/01/2021																						
		13 Conduct assessment centre and interviews		w/c 25/01/21																						
		14 Appoint Regional Director		w/c 25/01/21																						
Partnership Board		15 Regional Director in post (estimated)		01/04/2021																						
		16 Agree SNW representatives to sit on the Board	SNW (shadow) Partnership Board & Governance Board	December																						
		17 Advertise Independent Board Member roles	Conwy Council	11/01/2021																						
		18 Agree short list of candidates	Governance Board, Independent Chair of Partnership Board & SW	w/c 08/02/2021																						
		19 Conduct interviews		w/c 22/02/2021																						
		20 Appoint Independent Board members		w/c 22/02/2021																						
		21 SNW Induction process	Conwy Council?	w/c 08/03/2021																						
	22 First Board meeting		April 2021																							
		23 SNW Regional Planning Session for 2021/22	Gerallt / Matt	November																						
		24 SNW Board - update	Marianne	November																						
		25 SNW Board Partners Briefing session - Lead Officers / Staff - BC submission		November																						
		26 NW regional wider partnership briefing sessions e.g. Yr Urdd, Outdoor Partnership etc		November																						
		27 SW Board meeting	Marianne	26/27 Nov																						
		28 SNW Regional Planning Session for 2021/22	Gerallt / Matt	December																						
		29 SNW Board - SW decision and next steps		December																						

Workstream	Ref.	Step	Owner	Target Date for Completion																													
					Nov 20					Dec 20				Jan 21				Feb 21				March 21											
					02-Tach	09-Tach	16-Tach	23-Tach	30-Tach	07-Rhag	14-Rhag	21-Rhag	28-Rhag	04-Ion	11-Ion	18-Ion	25-Ion	01-Chwef	08-Chwef	15-Chwef	22-Chwef	01-Maw	08-Maw	15-Maw	22-Maw	29-Maw							
Stakeholder engagement	30	Partnership Lead Officers / Staff briefings - SW decision		December																													
	31	Wider regional partnership briefings		December																													
	32	Regional Director role & Independent Chair - release details and timings		December																													
	33	SNW Board	Marianne / Meinir	January																													
	34	Lead Officers Group	Gerallt / Matt	January																													
	35	Submission to SW - Regional Delivery Plan 2021/22	Gerallt / Matt	January																													
	36	Announcement of Independent Chair	Conwy Council	January																													
	37	SNW Board	Marianne / Meinir	February																													
	38	Lead Officers Group	Gerallt / Matt	February																													
	39	Announcement of Regional Director	Conwy Council	February																													
	40	North Wales Stakeholder engagement meeting		February																													
	41	National Governing Bodies		February																													
	42	SNW Board	Marianne / Meinir	March																													
	43	Lead Officers Group	Gerallt / Matt	March																													



2021

- (1) CONWY COUNTY BOROUGH COUNCIL**  
**(2) DENBIGHSHIRE COUNTY COUNCIL**  
**(3) FLINTSHIRE COUNTY COUNCIL**  
**(4) GWYNEDD COUNCIL**  
**(5) ISLE OF ANGLESEY COUNTY COUNCIL**  
**(6) WREXHAM COUNTY BOROUGH COUNCIL**  
**(7) BETSI CADWALADR UNIVERSITY HEALTH BOARD**  
**(8) BANGOR UNIVERSITY**  
**(9) WREXHAM GLYNDWR UNIVERSITY**  
**(10) DISABILITY SPORT WALES**  
**(11) GWE**  
**(12) PUBLIC HEALTH WALES**  
**(13) ADRA**  
**(14) NORTH WALES HOUSING**  
**(15) WALES & WEST HOUSING**  
**(16) GRWP CYNEFIN**  
**(17) CARTREFI CONWY**  
**and**  
**(18) CLWYDALYN**

**DWF LLP**  
**1 Scott Place**  
**2 Hardman Street**  
**Manchester**  
**M3 3AA**

**SPORTS NORTH WALES INTER-AUTHORITY AND MEMBER COLLABORATION  
AGREEMENT**

**DWF LLP  
1 Scott Place  
2 Hardman Street  
Manchester  
M3 3AA**

## CONTENTS

1. INTERPRETATION .....	5
2. TERM .....	9
3. RELATIONSHIP OF GOOD FAITH.....	9
4. STATUTORY FUNCTIONS.....	9
5. SPORTS NORTH WALES OBJECTIVES AND VALUES .....	10
6. OBLIGATIONS OF THE LEAD AUTHORITY.....	11
7. OBLIGATIONS OF THE SNW MEMBERS .....	11
8. GOVERNANCE BOARD .....	13
9. GOVERNANCE BOARD MEETINGS AND FUNCTIONS.....	14
10. PARTNERSHIP BOARD .....	15
11. PARTNERSHIP BOARD MEETINGS AND FUNCTIONS.....	16
12. REGIONAL DIRECTOR.....	18
13. PROJECT APPROVALS PROCESS .....	19
14. FINANCIAL MANAGEMENT AND SPORT WALES AWARD.....	19
15. EMPLOYEES .....	20
16. CHANGE CONTROL PROCEDURE .....	20
17. DISPUTE RESOLUTION PROCEDURE .....	21
18. FREEDOM OF INFORMATION .....	21
19. DATA SHARING .....	22
20. TERMINATION.....	22
21. SUCCESSION.....	22
22. EXIT .....	23
23. LIMITATION OF LIABILITY.....	23
24. ASSIGNMENT AND SUB-CONTRACTING.....	24
25. NO PARTNERSHIP .....	25
26. ENTIRE AGREEMENT .....	25
27. THIRD PARTY RIGHTS.....	25
28. GOVERNING LAW AND JURISDICTION.....	25
29. COUNTERPARTS.....	25
29. WELSH LANGUAGE STANDARDS .....	25
SIGNATURE PAGE .....	26
Dispute Resolution Procedure .....	29
Project Approvals Process .....	30

THIS AGREEMENT is dated

2021

**BETWEEN**

- (1) **CONWY COUNTY BOROUGH COUNCIL** of Bodlondeb, Conwy North Wales, LL32 8DU;
- (2) **DENBIGHSHIRE COUNTY COUNCIL** of Wynnstay Road, Ruthin, LL15 1YN;
- (3) **FLINTSHIRE COUNTY COUNCIL** of County Hall, Mold, Flintshire CH7 6NB;
- (4) **GWYNEDD COUNCIL** of Council Headquarters, Castle Street, Caernarfon, Gwynedd, LL55 1SE;
- (5) **ISLE OF ANGLESEY COUNTY COUNCIL** of Council Offices Llangefni, Anglesey, LL77 7TW;
- (6) **WREXHAM COUNTY BOROUGH COUNCIL** of 16 Lord Street, Wrexham, LL11 1LG;
- (7) **BETSI CADWALADR UNIVERSITY HEALTH BOARD** of Wrexham Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD;
- (8) **BANGOR UNIVERSITY** of College Road, Bangor, LL57 2DG;
- (9) **WREXHAM GLYNDWR UNIVERSITY** of Mold Road, Wrexham, LL11 2AH;
- (10) **DISABILITY SPORT WALES** of Sport Wales National Centre, Cardiff, CF11 9SW;
- (11) **GWE** of Bryn Eirias, Ffordd Abergele, Bae Colwyn, LL29 8BY;
- (12) **PUBLIC HEALTH WALES** of 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ;
- (13) **ADRA** of Tŷ Coch, Llys y Dderwen, Parc Menai, Bangor, LL57 4BL;
- (14) **NORTH WALES HOUSING** of Plas Blodwel, Broad Street, Llandudno Junction, Conwy, LL31 9HL;
- (15) **WALES & WEST HOUSING** of Tŷ Draig, St. David's Park, Ewloe, Deeside, CH5 3DT;
- (16) **GRWP CYNEFIN** of Ty Silyn, Penygroes, Gwynedd;
- (17) **CARTREFI CONWY** of Morfa Gele, North Wales Business Park, Cae Eithin, Abergele, LL22 8LJ; and
- (18) **CLWYDALYN** of 72 Ffordd William Morgan, St Asaph Business Park, St Asaph, Denbighshire, LL17 0JD,

(each an **"SNW Member"** and together the **"SNW Members"** (except where individually defined)).

**BACKGROUND AND RECITALS**

- (A) Under the banner of "Sport North Wales", the SNW Members submitted a business case to Sport Wales and the Welsh Government regarding the creation of a collaboration with the purpose of receiving funding directly from Sport Wales for expenditure on sport and physical activities and projects across North Wales (hereinafter referred to as **"Sport North Wales"** or the **"Collaboration"**).

- (B) Following establishment of the Collaboration, Sports Wales will provide funding estimated at £13.14 million (the "**Sport Wales Award**") over the Term of this Agreement, which shall be used by the SNW Members for the promotion of sport and physical activities across the North Wales region.
- (C) The SNW Members acknowledge that for the duration of the Term, the Sport Wales Award shall replace any previous or existing funding arrangement they have with Sport Wales. The SNW Members have therefore agreed to enter into this Agreement to set out how the Sports Wales Award shall be allocated.
- (D) The SNW Members understand that good governance is a key foundation for the success of Sport North Wales. Thus, in allocating the expenditure of the Sports Wales Award, the SNW Members agree to adhere to shared values of integrity and transparency and uphold the highest standards in the management of the day-to-day operations of the Collaboration, the execution of its long term strategy as well as its approach to risk management.
- (E) The SNW Members envisage that the creation of Sport North Wales will facilitate spending across a wider platform and support Sport North Wales' vision "*to empower our communities in North Wales to be more active, leading healthier, happier lives*" (the "**Vision**"), which in turn will align with the broader Sport Wales' strategy and contribute to the sector-wide vision of "*an active nation where everyone can have a lifelong enjoyment of sport*".
- (F) This Agreement shall serve as the core legal and governance framework setting out how the SNW Members' will make decisions in relation to the Sports Wales Award and how they ensure the achievement of and/or compliance with (as the case may be) the:
- i. Objectives;
  - ii. Vision;
  - iii. the Sport Wales Governance and Leadership Framework; and
  - iv. the Sport Wales Capability Framework.
- (G) Pursuant to section 2 Local Government Act 2000 and section 111 Local Government Act 1972, the SNW Members enter into this Agreement and acknowledge that the terms of this Agreement shall be binding in matters pertaining to their roles and responsibilities as part of Sport North Wales.

## 1. **INTERPRETATION**

In this Agreement, except where the context otherwise requires:

- 1.1.1 the masculine includes the feminine, neuter and vice versa;
- 1.1.2 the singular includes the plural and vice versa;
- 1.1.3 the list of contents and the headings to the clauses and Schedules of this Agreement and to the paragraphs of the Schedules are for ease of reference only and shall not affect the construction of this Agreement;



- 1.1.4 a reference in this Agreement to any clause, sub-clause, paragraph, Schedule or is, except where it is expressly stated to the contrary, a reference to such clause, sub-clause, paragraph, schedule or annex of this Agreement;
- 1.1.5 any reference to this Agreement or to any other document shall include any variation, amendment, or supplement to such document expressly permitted by this Agreement or otherwise agreed in writing by the parties;
- 1.1.6 any reference to any enactment, order, regulation or other similar instrument shall be construed as a reference to the enactment, order, regulation or instrument as amended, replaced, consolidated or re-enacted;
- 1.1.7 a reference to a person shall, where the context so requires or admits, include individuals, firms, companies, partnerships, trusts, corporations, governments, governmental bodies, authorities, agencies, unincorporated bodies of persons or associations and any organisations having legal capacity, including their successors in title and permitted assignees or permitted transferees;
- 1.1.8 words preceding "include", "includes", "including" and "included" shall be construed without limitation by the words which follow those words unless inconsistent with the context;
- 1.1.9 references to "the parties" or to a party shall be to the parties to this Agreement;
- 1.1.10 subject to any express provisions to the contrary, the obligations of either party are to be performed at that party's own cost and expense; and
- 1.1.11 the Schedules form part of this Agreement and will have the same force and effect as if expressly set out in the body of this Agreement and references to this Agreement includes the Schedules.

**1.1.12 Definitions**

<b>Agreement</b>	means this agreement.
<b>Applicable Law</b>	in England and Wales, any and all applicable laws, regulations and industry standards or guidance and any applicable and binding judgment of a relevant court of law.
<b>Application</b>	means an application for funding submitted by an SNW Member or Delivery Organisation which satisfies the requirements set out in paragraph 2 of Schedule 2 ( <i>Project Approvals Process</i> ).
<b>CCBC</b>	means Conwy County Borough Council.
<b>Change</b>	has the meaning set out in clause 16.1.
<b>Change Control Form</b>	has the meaning set out in clause 16.2.

<b>Change Control Procedure</b>	has the meaning set out in clause 16.1.
<b>Change Request Notice</b>	has the meaning set out in clause 16.2.
<b>Collaboration</b>	has the meaning set out in paragraph A of the Background and Recitals to this Agreement.
<b>Collaboration Funding</b>	has the meaning set out in clause 14.4.
<b>Commencement Date</b>	means the date this Agreement is duly executed by all SNW Members.
<b>Data Protection Legislation</b>	UK Data Protection Legislation and any other European Union legislation (as applicable in the UK) relating to personal data and all other legislation and regulatory requirements in force from time to time which apply to a party relating to the use of personal data (including, without limitation, the privacy of electronic communications).
<b>Delivery Organisations</b>	means sports clubs or organisations operating in North Wales which are not SNW Members but may apply for funding from Sport North Wales for the purpose of supporting local and regional sports projects across North Wales.
<b>Dispute Resolution Procedure</b>	means the procedure for resolving disputes under this Agreement as set out in Schedule 1 ( <i>Dispute Resolution Procedure</i> ).
<b>Exit Date</b>	means the date: <ul style="list-style-type: none"> <li>i. stated on a duly served Exit Notice as the date an SNW Member intends to become an Exited Party; and</li> <li>ii. which is a date not less than six months from the date of the relevant Exit Notice.</li> </ul>
<b>Exit Notice</b>	has the meaning set out in clause 22.
<b>Exited Party</b>	means an SNW Member that has ceased to be a party to this Agreement after the Exit Date of a duly served Exit Notice.
<b>Extended Term</b>	has the meaning set out in clause 2.1.
<b>FOIA</b>	the Freedom of Information Act 2000.
<b>FOIA Party</b>	has the meaning set out in clause 18.1.

<b>Governance Board</b>	has the meaning set out in clause 8.1.
<b>Initial Term</b>	has the meaning set out in clause 2.1.
<b>Local Authority Funding</b>	has the meaning set out in clause 14.4.
<b>Objectives</b>	means the objectives and values of Sports North Wales set out in clause 5 of this Agreement.
<b>Partnership Board</b>	has the meaning set out in clause 10.1.
<b>Project</b>	means an Application which has been approved pursuant to the Project Approvals Process.
<b>Project Approvals Process</b>	means the agreed procedure for the approval of Applications as set out in Schedule 2 ( <i>Project Approvals Process</i> ).
<b>Project Delivery Plan</b>	means the delivery plan to be included in an Application pursuant to paragraph 2.5 of Schedule 2 ( <i>Project Approvals Process</i> ).
<b>Regional Director</b>	means the individual employed by CCBC to execute the duties set out in clause 12.
<b>SNW Account</b>	has the meaning set out in clause 14.1.
<b>SNW Local Authorities</b>	means Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Gwynedd County Council, Isle Of Anglesey County Council and Wrexham County Borough Council.
<b>Sports North Wales</b>	has the meaning set out in paragraph A of the Background and Recitals of this Agreement.
<b>Sports Wales</b>	means the Sports Council for Wales trading as Sport Wales ( <i>Chwaraeon Cymru</i> ) which is the national organisation responsible for developing and promoting sport and physical activity in Wales.
<b>Sports Wales Award</b>	has the meaning set out in paragraph B of the Background and Recitals to this Agreement.
<b>Sports Wales Award Agreement</b>	has the meaning set out in clause 6.2.5.
<b>Sport Wales Governance and Leadership Framework</b>	means the Sport Wales' Governance and Leadership Framework for Wales as published by Sports Wales from time to time.

<b>Successor</b>	means any legal entity, organisation, charity, partnership, company or other legal personality which subsumes, merges with, acquires or otherwise replaces any of the SNW Members following a change of control, organisational restructure, act of Parliament, change in law, or act of Government.
<b>Term</b>	means the Initial Term and/or any Extended Term of this Agreement as applicable.
<b>UK Data Protection Legislation</b>	all applicable data protection and privacy legislation in force from time to time in the UK including the General Data Protection Regulation ((EU) 2016/679); the Data Protection Act 2018; the Privacy and Electronic Communications Directive 2002/58/EC (as updated by Directive 2009/136/EC) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended.
<b>Vision</b>	has the meaning set out in paragraph E of the Background and Recitals to this Agreement.

## 2. **TERM**

- 2.1 This Agreement shall commence on the Commencement Date and shall continue in full force and effect, unless terminated earlier in accordance with clause 20 until the fifth anniversary of the Commencement Date (the "**Initial Term**"), when it shall terminate automatically without notice unless, no later than six months before the end of the Initial Term (or any Extended Term agreed under this clause), the parties agree in writing that the term of this Agreement shall be extended for a specified period (the "**Extended Term**").
- 2.2 Unless it is further extended under clause 2.1 or terminated earlier in accordance with clause 20, this Agreement shall terminate automatically without notice at the end of the Extended Term.

## 3. **RELATIONSHIP OF GOOD FAITH**

- 3.1 The SNW Members agree to work together in good faith to ensure the achievement of the Vision, the Objectives and the overall aims and aspirations of the Collaboration.
- 3.2 Each SNW Member agrees to act reasonably in all matters pertaining to this Agreement.

## 4. **STATUTORY FUNCTIONS**

- 4.1 The SNW Members recognise that they must act in accordance with their statutory functions, constitutions and legal obligations and nothing in this Agreement may fetter,

restrict or oblige the SNW Members to do, or omit to do (as the case may be), anything which:

- 4.1.1 is incompatible with the lawful exercise of their powers;
- 4.1.2 is incompatible with the lawful discharge of their functions;
- 4.1.3 divests any SNW Member of its statutory powers; or
- 4.1.4 obliges a SNW Member not to exercise its powers.

## **5. SPORTS NORTH WALES OBJECTIVES AND VALUES**

The SNW Members agree that the Objectives of the Collaboration shall be in alignment with the Sector Vision for sport in Wales and the Sport Wales Strategy, Governance and Leadership and Capability Frameworks and shall, unless otherwise varied in accordance with the terms of this Agreement, be as follows:

- 5.1 Modernising, improving and developing a sustainable sport sector in North Wales ensuring a balance between leadership and governance to realise the Vision and set the strategic direction for North Wales through its skills-based diverse Governance Board and Partnership Board;
- 5.2 Creating the conditions necessary for the sector to respond proactively and dynamically to the challenges placed on public bodies by the Future Generations (Wales) Act 2015 to consider the long-term impact of their decision-making and prioritise working with people and communities;
- 5.3 Increasing participation in sport through:
  - 5.3.1 acting with integrity, accountability and transparency;
  - 5.3.2 prioritising workloads and areas that can make the biggest difference;
  - 5.3.3 focusing on behaviour and culture;
  - 5.3.4 putting participants' interests at the heart of decision-making and ensuring a participant-focused approach;
  - 5.3.5 establishing a basis for conversations about how the SNW Members can improve as organisations; and
  - 5.3.6 a focused outcomes framework which targets children, young adults, adults and over-60s;
- 5.4 Tackling the socio-economic challenges confronting those involved with community sport;
- 5.5 Tackling inequality in sport and catering for the diverse nature of the sector to ensure the safety, wellbeing and welfare of all participants in sport;
- 5.6 Ensuring a strong approach to health and safety compliance pervades all activities of the Collaboration;

- 5.7 Ensuring that safeguarding standards are met in all areas of Sport North Wales;
- 5.8 Attracting investment from other sources of funding; and
- 5.9 Promoting equality, diversity, sustainability and inclusivity in all actions.

## 6. OBLIGATIONS OF THE HOST AUTHORITY

- 6.1 The SNW Members agree that CCBC shall be the host authority for Sport North Wales for the duration of the Term.
- 6.2 As host authority, CCBC shall:
  - 6.2.1 be the host and accountable body for Sport North Wales;
  - 6.2.2 be responsible for the appointment and employment of the Regional Director and additional support staff dedicated to working for the Collaboration;
  - 6.2.3 be allocated an agreed proportion of the Sport Wales Award towards the hosting of Sport North Wales, including the Regional Director role and additional support staff dedicated to Sport North Wales;
  - 6.2.4 be the principal contact for engagement with Sport Wales in relation to the Sport Wales Award and adherence to the Sport Wales governance requirements on behalf of the Collaboration;
  - 6.2.5 be the contracting party to an agreement with Sport Wales in respect of the Sport Wales Award on behalf of Sport North Wales (the "**Sport Wales Award Agreement**");
  - 6.2.6 be the contracting party to any funding agreements with SNW Members or Delivery Organisations for the provision of funding in respect of Projects approved by either the Regional Director, Partnership Board or the Governance Board;
  - 6.2.7 manage the SNW Account and be responsible for the allocation of funding from the SNW Account in accordance with the terms of this Agreement;
  - 6.2.8 engage employees to roles related to the management and operation of the Collaboration; and
  - 6.2.9 ensure that the Partnership Board and Governance Board meetings are undertaken in accordance with the provisions of clauses 9 and 11 respectively.

## 7. OBLIGATIONS OF THE SNW MEMBERS

- 7.1 The SNW Members shall:
  - 7.1.1 contribute towards the strength, success and sustainability of Sport North Wales by allocating sufficient resource to the Governance Board and Partnership Board and work collaboratively, in good faith and with integrity, accountability and transparency, for the benefit of North Wales;

- 7.1.2 adhere to the Objectives which set out the principles, values, ethics and morals which apply to all aspects of the Sport North Wales Collaboration;
- 7.1.3 adhere to all relevant CCBC policies and procedures set out in Schedule 3 (as accessible to SNW Members by request);
- 7.1.4 ensure that fully-functioning and efficient IT systems are maintained during the term of the Agreement;
- 7.1.5 ensure that the Collaboration works in a manner which promotes and enhances the reputation of both Sport North Wales and Sport Wales through a clear marketing plan which promotes usage of and access to sport;
- 7.1.6 support CCBC with any requests for information which are required to support the Collaboration in relation to dealings with Sport Wales, Welsh Government and any other funders of Sport North Wales;
- 7.1.7 agree that CCBC, as the host authority for Sport North Wales, has authority to accept payment of the Sport Wales Award on behalf of Sport North Wales (which reflects what was previously a separate award by Sport Wales to each of the six SNW Local Authorities);
- 7.1.8 ensure that the number and scale of Applications they submit to the Partnership and Governance Boards are reasonable and proportionate;
- 7.1.9 direct all press and publicity queries related to Sport North Wales to CCBC or a nominated press officer appointed by the Governance Board;
- 7.1.10 where appropriate, be responsible for the delivery of Projects, once approved by the Governance Board, in accordance with Project Delivery Plans, accepting that Sport North Wales' role is limited to the consideration and approval of Applications/Projects and the provision of funding rather than the actual delivery of the Projects;
- 7.1.11 provide any information required by the Governance Board and CCBC to:
  - 7.1.11.1 evidence that funding allocated to it for a Project has been spent on that Project;
  - 7.1.11.2 evidence the progress of a Project which has been approved by the Governance Board;
  - 7.1.11.3 report to Sport Wales in relation to the progress of Sport North Wales and the Projects approved by the Governance Board;
  - 7.1.11.4 assist CCBC to comply with, and demonstrate its compliance with, the Sport Wales Award Agreement;
  - 7.1.11.5 enable CCBC to carry out its obligations under the Agreement;
- 7.1.12 support CCBC's compliance with the terms of the Sport Wales Award Agreement;

- 7.1.13 reimburse jointly and/or severally (as is reasonably appropriate), CCBC for any funding which is not spent in relation to the Project for which the funding was approved;
- 7.1.14 reimburse jointly and/or severally (as is reasonably appropriate) CCBC for any costs or expenses CCBC incurs as a result of a breach of the Sport Wales Award Agreement caused by one or more SNW Members;
- 7.1.15 enter into any agreements, as required, in relation to the delivery of a Project using funding distributed pursuant to the Collaboration; and
- 7.1.16 permit representatives of the Governance Board to carry out any inspections or audits to ensure:
  - 7.1.16.1 funding allocated is being spent in accordance with the Project Delivery Programme;
  - 7.1.16.2 a Project is progressing in accordance with the Project Delivery Plan approved by the Governance Board;
  - 7.1.16.3 acknowledgement of Sport North Wales in any promotion of a Project which uses Sport North Wales funding and, as applicable, use of Sport North Wales branding; and
  - 7.1.16.4 acknowledgement of Sport Wales and, if applicable, the support of the National Lottery (or any subsequent or other funders) in any promotion of a Project which uses funding from these organisations and, as applicable, use of their branding.

## 8. **GOVERNANCE BOARD**

- 8.1 Sport North Wales shall be governed by a balanced, inclusive, diverse and skilled **"Governance Board"** which shall:
  - 8.1.1 have a strategic and supervisory focus;
  - 8.1.2 be responsible for overseeing the Partnership Board; and
  - 8.1.3 ensure the continued success of Sport North Wales against its stated Objectives.
- 8.2 The Governance Board shall comprise one representative appointed by each of the six SNW Local Authorities.
- 8.3 Each of the SNW Local Authorities shall have the authority to appoint their officer representative on the Governance Board and shall ensure that their representative is appointed on the basis of the range of skills required to ensure a balanced, inclusive and skilled Governance Board.
- 8.4 In the interest of ensuring consistency, the SNW Local Authorities shall ensure that the appointment of their individual representatives are fixed and permanent save for where replacements (including temporary replacements) are required under certain circumstances.



- 8.5 One of the appointed SNW Local Authority representatives shall be appointed as the chair of the Governance Board.

## **9. GOVERNANCE BOARD MEETINGS AND FUNCTIONS**

- 9.1 The Governance Board shall meet quarterly and shall:
- 9.1.1 review the progress and performance of Sport North Wales, as a whole, against the strategic direction, Objectives and ensure that the Objectives and Projects approved by Sport North Wales remain aligned with the objectives of Sport Wales;
  - 9.1.2 review the progress of approved Projects as a whole (as opposed to individual Projects);
  - 9.1.3 notwithstanding clause 9.1.2, review the progress of individual Projects where any such Projects have a strategic regional impact;
  - 9.1.4 review and decide whether or not to approve Applications for funding with values in excess of £50,000;
  - 9.1.5 confirm arrangements for distribution of funding in respect of approved Projects;
  - 9.1.6 provide transparent feedback to the Partnership Board in respect of any Applications which it rejects;
  - 9.1.7 resolve any issues raised by the Partnership Board (in writing or pursuant to the Dispute Resolution Procedure);
  - 9.1.8 take decisions in respect of the customer service strategy and marketing plan raised by the Partnership Board;
  - 9.1.9 assist, where requested by CCBC, with the appointment of the Regional Director, in the event that the Regional Director has not already been appointed by CCBC, or assist with the appointment of a replacement Regional Director (on CCBC's request);
  - 9.1.10 provide, on request, general assistance and support (e.g. by providing feedback on performance) to CCBC's Director/Head of Service in relation to their line management responsibilities in respect of the Regional Director;
  - 9.1.11 be responsible for monitoring the performance of the Partnership Board against Sport North Wales' Objectives, values and Vision;
  - 9.1.12 be responsible for appointing (alongside the independent chair of the Partnership Board) the independent representatives to the Partnership Board based on skills and diversity considerations;
  - 9.1.13 invite the independent chair of the Partnership Board to meetings, as required, to participate and represent the Partnership Board;

- 9.1.14 invite representatives from Sport Wales to meetings, as required to observe and support;
  - 9.1.15 ensure that Applications proposed by the SNW Members or Delivering Organisations, pursuant to the Project Approvals Process, are given an equal and proportionate consideration;
  - 9.1.16 ensure that priority is given to contents of the Application, and the merit of the Application and its alignment with the Vision and Objectives, rather than the particular SNW Member or Delivering Organisation that has submitted the Application; and
  - 9.1.17 if appropriate, approve any decisions made by the Partnership Board as required.
- 9.2 In advance of each meeting of the Governance Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).
- 9.3 Following each meeting, minutes shall be circulated to representatives of each SNW Member.
- 9.4 The Governance Board shall have decision-making power in respect of the Collaboration (subject to the provisions of Schedule 1 (*Dispute Resolution Procedure*)) and its decisions shall be binding on the SNW Members in all matters relating to the Sport Wales Award.
- 9.5 The Governance Board shall be appointed for at least the Initial Term of the Agreement.
- 9.6 Meetings of the Governance Board shall require a quorum of four (4) SNW Members and may take place electronically.
- 9.7 The Governance Board shall consider and review the governance of the Collaboration at least once per year during the Term for the purpose of determining whether any improvements or variations to the scope and remit of either the Partnership Board, the Governance Board or the Collaboration are necessary. Any proposed variations to the Collaboration and/or this Agreement shall be subject to the Change Control Procedure set out in clause 16 below.

## 10. **PARTNERSHIP BOARD**

- 10.1 Sport North Wales shall have a balanced, inclusive, diverse and skilled "**Partnership Board**" (with wider participation than the Governance Board) which shall be focused on the strategic direction and day-to-day operational activities of Sport North Wales.
- 10.2 The Partnership Board shall have six (6) representatives from the SNW Members as follows:
- 10.2.1 Two (2) representatives from the SNW Local Authorities (one of which shall be allocated to CCBC as the host authority);
  - 10.2.2 One (1) representative from health;

- 10.2.3 One (1) representative from education;
- 10.2.4 One (1) representative from housing; and
- 10.2.5 One (1) representative from equalities.
- 10.3 The Partnership Board shall also include up to 5 independent board members who shall be externally recruited by the Governance Board (based on both skills and diversity considerations) to represent the region of North Wales and work to ensure achievement of the Objectives.
- 10.4 The SNW Local Authority representatives on the Partnership Board shall be different to the SNW Local Authority representatives on the Governance Board.
- 10.5 An independent chair shall also be appointed to the Partnership Board (i.e. there shall be a total of twelve (12) representatives comprised of the six (6) SNW Member representatives, five (5) independently-recruited representatives and the independent chair.
- 10.6 In line with the parties overriding objective of promoting inclusion, SNW Members who have been active participants in developing the business plan for the Collaboration may also be permitted to attend the Partnership Board meetings as appointed "observers" with no voting rights or ability to otherwise directly influence the decisions of the Partnership Board.

## **11. PARTNERSHIP BOARD MEETINGS AND FUNCTIONS**

- 11.1 The Partnership Board shall initially meet monthly (and will review the frequency of these meetings following the initial six-month period from the Commencement Date) and shall:
  - 11.1.1 ensure the strategic direction and Objectives of Sport North Wales are progressed successfully;
  - 11.1.2 review and approve Applications:
    - 11.1.2.1 from Delivery Organisations and/or SNW Members for funding of between £10,000 and £50,000; and
    - 11.1.2.2 from Delivery Organisations and/or SNW Members for funding below £10,000, where support is requested by the Regional Director;
  - 11.1.3 review Applications for submission to the Governance Board where the funding exceeds £50,000;
  - 11.1.4 discuss ideas for forthcoming projects which may be worked into Applications;
  - 11.1.5 provide a forum for the SNW Members' to advise and support each other (and Delivery Organisations) on the completion of Applications while ensuring compliance with the Sport North Wales Objectives;

- 11.1.6 agree approaches, action plans and timelines for developing Applications taking into account multi-party involvement;
- 11.1.7 discuss issues and challenges in respect of Projects being delivered and advise on how SNW Members may work together to overcome/help Delivery Organisation or other SNW Members (as the case may be) to overcome any identified issues or challenges;
- 11.1.8 lead on stakeholder engagement which seeks the views, experiences, insights and suggestions from sports participants and Delivery Organisations in North Wales;
- 11.1.9 monitor the performance management, insight and learning of SNW;
- 11.1.10 discuss feedback from the Governance Board in respect of any rejected Applications;
- 11.1.11 invite representatives from Sport Wales to meetings, as required to observe and support the Sport North Wales Collaboration;
- 11.1.12 ensure that Applications proposed by the SNW Members or Delivery Organisations, pursuant to the Project Approvals Process, are given equal and proportionate consideration;
- 11.1.13 ensure that priority is given to contents and merits of Applications as well as their alignment with the Vision and Objectives, rather than the goals of the individual SNW Members or Delivering Organisation submitting any such Applications; and
- 11.1.14 be responsible for the appointment of an independent chair who:
  - 11.1.14.1 acts as the Partnership Board's lead;
  - 11.1.14.2 is an unpaid non-executive director who brings experience which will facilitate the Partnership Board's activities;
  - 11.1.14.3 represents the Partnership Board in any discussions at the Governance Board level;
  - 11.1.14.4 shall work closely with the Regional Director to contribute towards performance of the Objectives; and
  - 11.1.14.5 shall participate in the Governance Board's appointment of representatives to the Partnership Board.
- 11.2 In advance of each meeting of the Partnership Board, the Regional Director shall circulate an agenda, together with copies of all supporting documentation related to the agenda items (including Applications to be considered at the forthcoming meeting).
- 11.3 Following each meeting, minutes shall be circulated to representatives of each SNW Member.

- 11.4 The Partnership Board shall be an operational board which is integral to the success of Sport North Wales and the delivery of Projects which benefit North Wales but it shall not have decision-making power in respect of the Collaboration or approval of Applications for the delivery of Projects with a funding value above £50,000. It shall, however, have the power to approve Applications for the delivery of Projects with a funding value below £50,000.
- 11.5 The Partnership Board shall be appointed for at least the Initial Term of the Agreement.
- 11.6 Meetings of the Partnership Board shall require a quorum of 6 and may take place electronically.

## **12. REGIONAL DIRECTOR**

The Regional Director shall be appointed by CCBC and shall:

- 12.1 be responsible for the operation of Sport North Wales ensuring its activities contribute towards achievement of the Objectives in accordance with this Agreement;
- 12.2 be the lead officer responsible for delivering the SNW Objectives and strategic plan;
- 12.3 be responsible for advising the Governance Board on any governance or risk issues of which the Regional Director becomes aware through their role;
- 12.4 be responsible for liaising with the Partnership Board and presenting any issues raised by the Partnership Board to the Governance Board;
- 12.5 review and approve Applications for funding with a funding value up to £10,000, requesting support from the Partnership Board if required;
- 12.6 sit on both the Partnership Board and the Governance Board in a reporting capacity;
- 12.7 work with, and on behalf of, the Governance Board to lead the strategic direction, development and profile of Sport North Wales regionally in accordance with the Vision and strategic plan to facilitate achievement of Sports North Wales' Objectives and values for the benefit of North Wales;
- 12.8 represent the Governance Board on the Partnership Board;
- 12.9 work closely with the independent chair of the Partnership Board to contribute towards the achievement of the Objectives;
- 12.10 represent Sport North Wales in discussions with Sport Wales and other stakeholders and partners, providing updates in relation to the activities and progress of Sport North Wales (as requested);
- 12.11 promote the brand of Sport North Wales and create contacts throughout the UK to maximise Sport North Wales' visibility and profile;
- 12.12 be responsible for securing further funding for Sport North Wales in addition to the Sport Wales Award; and

- 12.13 secure sponsorship and other income streams (both corporate and non-corporate) for Sport North Wales Projects and activities.

### 13. PROJECT APPROVALS PROCESS

The process by which Applications (and by extension, Projects) are approved shall be in accordance with the provisions of Schedule 2 (*Project Approvals Process*).

### 14. FINANCIAL MANAGEMENT AND SPORT WALES AWARD

- 14.1 In order to ensure effective financial management controls and systems are maintained, CCBC shall maintain a separate account where the Sport Wales Award will be held ("**SNW Account**").

- 14.2 In line with the parties' commitment to transparency and accountability, all SNW Account transactions in relation to use of the Sport Wales Award shall be subject to open book accounting so as to enable all parties have a clear understanding of:

14.2.1 the flow of funds in and out of the SNW Account; and

14.2.2 details of the values individual transactions in the SNW Account.

- 14.3 Any queries in relation to the SNW Account may be discussed and/or examined by the Partnership Board and Governance Board.

- 14.4 In allocating the Sport Wales Award, CCBC shall recognise the following two categories of funding:

- 14.4.1 A proportion of the Sports Wales Award from which CCBC will allocate fixed sums to SNW Local Authorities towards:

14.4.1.1 the continuation of staffing whose roles are currently funded by Sport Wales (e.g. Active Young People initiative), subject to clause 15.2; and

14.4.1.2 achievement of the Objectives and Vision in their respective Authorities ("**Local Authority Funding**"), ; and

- 14.4.2 The remaining Sports Wales Award which will be allocated towards any Projects which are approved in accordance with the Project Approval Process and the terms of this Agreement from time to time during the Term ("**Collaboration Funding**").

- 14.5 The SNW Local Authorities shall contribute to the regional planning work and shall be required to submit annual operational plans in order to receive their respective Local Authority Funding allocations from CCBC. Subject to the overriding obligation to ensure that all funds are used in pursuit of the Objectives and the Vision of the Strategic Framework.

- 14.6 CCBC shall reserve the right to claw-back any portion of the Collaboration Funding allocated to an SNW Member or Delivery Organisation at any time, in the event that the SNW Member or Delivery Organisation is found to have used any or all of the

Collaboration Funding it has received (following its submission of a successful Application) for any purposes that fall, or may be reasonably deemed to fall, outside the scope of the Objectives and/or the Vision of the Collaboration.

- 14.7 Any sums claimed by CCBC pursuant to clause 14.6 shall be payable immediately on demand.

15. **EMPLOYEES**

- 15.1 The SNW Members agree that whether prior, during or after the Term of this Agreement, any and all employees of the SNW Members shall remain employed by the respective SNW Members. No SNW Member intends for any of its employees to be transferred to another SNW Member pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) or any other Applicable Law.
- 15.2 Where an employee position at an SNW Member which was funded partly or wholly by the Sport Wales Award becomes vacant at any time during the Term of this Agreement, the Collaboration shall:
- 15.2.1 consider the role which has been vacated and whether there is a requirement, for the Collaboration, as a whole, to replace the role;
- 15.2.2 consider the best approach to replace the role in light of the skills required to contribute towards the success of the Collaboration; and
- 15.2.3 if it is decided that a replacement employee is to be hired, determine which SNW Member is best-placed to employ the replacement employee (which need not be the SNW Member from which the employee departed).
- 15.3 The Partnership Board and Regional Director shall advise in relation to replacement of departed employees.

16. **CHANGE CONTROL PROCEDURE**

- 16.1 The Governance Board or any of the SNW Members may request an amendment to the scope, nature, structure or operation of the Collaboration and/or any term of the Agreement (a **"Change"**) in accordance with the process outlined below (the **"Change Control Procedure"**).
- 16.2 Where an SNW Member requests a Change:
- 16.2.1 the relevant SNW Member will submit a written request for a change (a **"Change Request Notice"**) to the Governance Board setting out as much information as is necessary to enable the Governance Board to prepare a written record of the Change which may be approved by the parties pursuant to this Change Control Procedure (a **"Change Control Form"**); and
- 16.2.2 the Governance Board will, unless otherwise agreed, circulate a Change Control Form to all SNW Members after the next Governance Board meeting following its receipt of the Change Request Notice by the relevant SNW Member.

- 16.3 The Change Control Form shall contain sufficient information to enable the all parties to assess the Change, including as a minimum:
- 16.3.1 the title of the Change;
  - 16.3.2 the originator of the Change and date of request;
  - 16.3.3 description of the Change;
  - 16.3.4 details of the effect of the proposed Change on:
    - 16.3.4.1 the Collaboration;
    - 16.3.4.2 the Vision;
    - 16.3.4.3 any existing or future Projects; and
    - 16.3.4.4 any other term of the Agreement;
  - 16.3.5 the date of expiry of validity of the Change Control Form; and
  - 16.3.6 provision for signature by the SNW Members and the chairman of the Partnership Board.
- 16.4 If, following the circulation a Change Control Form pursuant to this Change Control Procedure:
- 16.4.1 all of SNW Members and the Governance Board agree to the terms of the relevant Change Control Form, they will each sign it and the signed Change Control Form will amend this Agreement; or
  - 16.4.2 any of the SNW Members or the Governance Board do not agree to any term of the Change Control Form, then they shall respond to the Governance Board with details of their objections for consideration by the Governance Board at its next meeting and consider the objections raised before deciding what action to take in respect of the Change Request Notice.
- 16.5 No Change will come into effect until a Change Control Form has been signed by the authorised representatives of all SNW Members and the chair of the Governance Board, following discussion with Sport Wales.
- 16.6 Each party will bear its own costs in relation to compliance with the Change Control Procedure.

## 17. **DISPUTE RESOLUTION PROCEDURE**

Any disputes or differences arising between the parties in relation to this Agreement shall be, resolved in accordance with the procedure set out in Schedule 1 (*Dispute Resolution Procedure*), having regard to clause 3 (*Relationship of Good Faith*).

## 18. **FREEDOM OF INFORMATION**

- 18.1 The SNW Members acknowledge the disclosure obligations set out in the Freedom of Information Act 2000 ("**FOIA**") and, though FOIA may not apply to all SNW Members,



they shall promptly assist any SNW Members subject to FOI requests ("**FOIA Party**") with compilation of information required to respond any request which relates to the Collaboration.

- 18.2 Although reasonable endeavours will be used to hold confidential any information provided as part of the fulfilment of each party's obligations under this Agreement, if required, a FOIA Party may have to disclose information in response to a request, unless the FOIA Party decides that one of the statutory exemptions under FOIA applies.
- 18.3 The decision as to which information will be disclosed by the FOIA Party is reserved to that FOIA Party, notwithstanding any consultation with the other parties.
- 18.4 All parties accept that the release of certain information pursuant to this clause 18 (Freedom of Information) may be prejudicial to their commercial interests and as such, where required to assist a FOIA Party with any responses to requests made under FOIA, they shall mark as confidential any information which is commercially confidential in nature, though the FOIA Party shall still be the final arbiter as to whether any documents are disclosable.
- 18.5 In certain circumstances, and in accordance with the Code of Practice issued under section 45 of FOIA, the FOIA Party may consider it appropriate to ask the other parties for their views as to the release of any information before a decision on how to respond to a request is made. In dealing with requests for information under FOIA, the FOIA Party must comply with a strict timetable and the FOIA Party would, therefore, expect a timely response to any consultation within two working days.

## 19. **DATA SHARING**

The SNW Members shall comply with their obligations under Data Protection Legislation.

## 20. **TERMINATION**

- 20.1 The Agreement shall terminate on expiry of the Initial Term unless:
  - 20.1.1 terminated earlier by mutual agreement of SNW Members; or
  - 20.1.2 extended further by mutual agreement of SNW Members pursuant to clause 2.1.
- 20.2 For the avoidance of doubt, any extension or termination of the Agreement shall be agreed by all SNW Members and not simply members present at a particular Governance Board meeting.

## 21. **SUCCESSION**

- 21.1 This Agreement shall be binding on and be to the benefit of, the parties to this Agreement and their respective Successors and permitted transferees and/or assignees.
- 21.2 References to a party in this Agreement shall include that party's Successors, permitted transferees and/or assignees.

## 22. EXIT

- 22.1 Without affecting any other rights or remedies available to it, any SNW Member may unilaterally elect to become an Exited Party to this Agreement subject to the service of a written notice of not less than six months' (an **"Exit Notice"**) to the other parties.
- 22.2 Notwithstanding the provisions of clause 22.1 above, the transition of an SNW Member into an Exited Party in accordance with the terms of this Agreement, shall not, for the avoidance of doubt, discharge any such party from any obligations or liabilities arising in connection with its obligations under this Agreement prior to the Exit Date.

## 23. INDEMNITY AND LIMITATION OF LIABILITY

- 23.1 In consideration of CCBC undertaking the role of host authority for Sport North Wales, each SNW Member covenants to CCBC and the other SNW Members that it will comply with all relevant provisions of the Sports Wales Award Agreement to the degree that their acts or omissions could cause CCBC to be in breach of the Sports Wales Award Agreement.
- 23.2 Any SNW Member that breaches its obligations under clause 23.1 will fully indemnify CCBC and/or any other affected SNW Member(s) against any reasonable losses and/or claims including legal fees and costs suffered or incurred (by CCBC or any affected SNW Member(s)) as a result of the defaulting SNW Member's non-compliance and/or failure to act in accordance with the terms of the Sports Wales Award Agreement or any related neglect or default directly attributable to the defaulting SNW Member (including their employees or agents) which causes CCBC to be in breach of the Sports Wales Award.
- 23.3 Notwithstanding the provisions of paragraph 23.2, the parties agree that the financial liability of a defaulting SNW Member to CCBC or any other affected SNW Member(s) following a breach of the terms of the Sports Wales Award Agreement shall be subject to the following:
  - 23.3.1 where the defaulting SNW Member's contravention of the relevant terms of the Sports Wales Agreement resulted from it acting independently (i.e. without the express consent or approval) of CCBC or any other SNW Member, the defaulting SNW Member shall be solely liable for indemnifying CCBC or any other affected SNW Member(s) in accordance with clause 23.2; or
  - 23.3.2 where the defaulting SNW Member's contravention of the relevant terms of the Sports Wales Award Agreement resulted from it acting in collusion or collaboratively (i.e. with the express consent or approval) with CCBC and/or any other SNW Member (each a 'defaulting SNW Member'), then liability for the indemnity described in clause 23.2 shall be split on a pro-rata basis in accordance with each defaulting SNW Members relative contribution to the contravention of the relevant terms of the Sports North Wales Award Agreement.
- 23.4 Where any obligation, representation, warranty, undertaking or indemnity in this Agreement is expressed to be made, undertaken or given by two (2) or more of the SNW Members, each of such SNW Members shall be liable severally in relation only to itself and only in respect of any loss or damage arising from its own breach.

23.5 In the event that a claim is brought against the SNW Members collectively:

23.5.1 where liability for such a claim is not reasonably attributable to the acts or omission of any single SNW Member, the SNW Members shall split liability for such a claim on a pro-rata basis, in proportion to their relative contribution to the liability in question ; and

23.5.2 where liability for such claim can be reasonably attributed to the acts or omission of a particular SNW Member, that individual SNW Member shall bear full responsibility for the claim and shall fully indemnify the other SNW Members in respect of any reasonable costs or losses that they incur in respect of such a claim.

23.7 Nothing in this Agreement shall limit any party's liability for:

23.6.1 death or personal injury;

23.6.2 loss of or damage to property; and

23.6.3 third party actions, claims, demands, costs, charges and expenses (including legal expenses on an indemnity basis) brought against an SNW Member.

#### 24. **ASSIGNMENT AND SUB-CONTRACTING**

The rights and obligations of the parties under this Agreement shall not be assigned, otherwise transferred or sub-contracted, save to any statutory body which assumes powers in respect of all or part of the administrative areas of an SNW Local Authority by virtue of any legislation or any scheme pursuant to any legislation or otherwise having the legal capacity, power and authority to become a party to it to the extent necessary for that person to exercise its statutory functions.

#### 25. **NO PARTNERSHIP**

The Agreement is not establishing a formal partnership between the SNW Members and does not authorise any party to make commitments for the other, except to the extent that such commitments are set out in the Agreement.

#### 26. **ENTIRE AGREEMENT**

The SNW Members agree that this Agreement is the entire agreement and understanding between the parties in relation to the governance of the Collaboration.

#### 27. **THIRD PARTY RIGHTS**

No person or entity other than the SNW Members shall have any rights under the Contracts (Rights of Third Parties Act) 1999 to enforce any term of this Agreement.

#### 28. **GOVERNING LAW AND JURISDICTION**

This Agreement is subject to the law of England and Wales and any disputes arising from or in connection to this agreement shall be subject to the exclusive jurisdiction of the courts of England and Wales.

29. **COUNTERPARTS**

- 29.1 This Agreement may be executed in any number of counterparts, each of which when executed shall constitute a duplicate original, but all the counterparts shall together constitute the one Agreement.
- 29.2 Transmission of an executed counterpart of this Agreement by email shall take effect as delivery of an executed counterpart of that SNW Member.
- 29.3 No counterpart shall be effective until each SNW Member has executed at least one counterpart.

30. **WELSH LANGUAGE STANDARDS**

The SNW Members shall comply with the provisions of the Welsh Language Standards (in particular the Welsh Language Standards (No.7) Regulations 2018) and any scheme or standards that CCBC shall have in force from time to time. In addition, each SNW Member shall be required to comply with their own Welsh language policies/procedures.

## SIGNATURE PAGE

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for and on behalf of )  
**CONWY COUNTY BOROUGH COUNCIL** )

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Authorised Signatory

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duly authorised to sign )  
for and on behalf of )  
**DENBIGHSHIRE COUNTY COUNCIL** )

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**FLINTSHIRE COUNTY COUNCIL** )

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**GWYNEDD COUNCIL** )

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**ISLE OF ANGLESEY COUNTY COUNCIL** )

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**WREXHAM COUNTY BOROUGH COUNCIL** )

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**BETSI CADWALADR UNIVERSITY HEALTH BOARD** )

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for and on behalf of  
**BANGOR UNIVERSITY**

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**WREXHAM GLYNDWR UNIVERSITY**

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**NORTH WALES HOUSING**

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duly authorised to sign  
for and on behalf of  
**WALES & WEST HOUSING**

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**GRWP CYNEFIN**

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**CARTEFI CONWY**

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duly authorised to sign  
for and on behalf of  
**CLWYDALYN**

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Authorised Signatory

## SCHEDULE 1

### Dispute Resolution Procedure

If any dispute arises out of, or in connection with the Collaboration, the SNW Members shall follow the procedure set out below.

1. Through its representative on the Partnership Board, the SNW Member shall give written notice to the Partnership Board of its issue, setting out its nature and full particulars, together with relevant supporting documents in advance of a Partnership Board meeting ("**Issue Notice**").
2. At the next Partnership Board meeting following circulation of the Issue Notice, the Partnership Board shall attempt in good faith to resolve the issue, taking a holistic view to resolution of the issue considering the collaborative objectives of Sport North Wales.
3. If the Partnership Board is unable to resolve the issue at the Partnership Board meeting, it will escalate the issue for consideration at the next Governance Board meeting. The Governance Board shall attempt in good faith to resolve the issue and make any proposals to the SNW Member which raised the issue initially to resolve the issue.
4. If the SNW Member does not accept the resolution or proposals of the Governance Board, the parties shall attempt to settle the dispute by mediation in accordance with the Centre for Effective Dispute Resolution ("**CEDR**") Model Mediation Procedure. Unless otherwise agreed between the parties, the mediator will be nominated by CEDR. To initiate the mediation, a party must give notice in writing ("**ADR Notice**") to the other parties to the dispute requesting a mediation. A copy of the request should be sent to CEDR. The mediation will start no later than 14 days after the date of the ADR Notice.
5. If the mediation is not resolved within 28 days after service of the ADR Notice, the dispute shall be finally resolved by the courts of England and Wales.



## **SCHEDULE 2**

### **Project Approvals Process**

#### **1. Value Levels**

- 1.1 Where the level of funding requested is £10,000 or less, the Regional Director shall have the power to approve an Application submitted by a Delivery Organisation or SNW Member.
- 1.2 Where the level of funding requested is £50,000 or less, the Partnership Board shall have the power to approve an Application from a Delivery Organisation or SNW Member.
- 1.3 If the level of funding requested exceeds £50,000, the Partnership Board shall determine whether an Application from a Delivery Organisation or SNW Member is approved for consideration by the Governance Board; and the Governance Board shall have the power to approve the Application.

#### **2. Applications – Preliminary Requirements and Content**

Applications shall be in an accordance with the Sports North Wales' approved template form and contain the following details as a minimum:

- 2.1 The name of the Delivery Organisation or SNW Member submitting the Application;
- 2.2 The nature and scope of the proposed Project and financial values attributed to the main elements of the project;
- 2.3 The level of funding requested from Sport North Wales;
- 2.4 The level of funding which the Delivery Organisation/SNW Member will contribute to the Project from its own (or other) resources; and
- 2.5 A Project Delivery Plan which includes:
  - 2.5.1 targets and outputs;
  - 2.5.2 milestone dates for the key elements of the Project;
  - 2.5.3 deliverables;
  - 2.5.4 an explanation of how the project aligns with Sport North Wales' Objectives and values; and
  - 2.5.5 an explanation of the benefits to the Delivery Organisation/SNW Member and North Wales as a region if the Project is approved.

#### **3. Consideration of Applications**

- 3.1 The Regional Director shall, in accordance with paragraph 1 of this Schedule 2 (*Project Approvals Process*) have the authority to consider Applications for funding below £10,000 as and when they are submitted to them. The Regional Director may nevertheless request support from the Partnership Board when considering Applications for funding below £10,000.

- 3.2 The Partnership Board shall consider Applications with a value exceeding £10,000 at the relevant monthly Partnership Board meeting.
- 3.3 The Governance Board shall consider Applications approved by the Partnership Board at the next Governance Board quarterly meeting following the Partnership Board meeting in which approval was given to the relevant Application.

#### **4. Rejected Applications**

- 4.1 If an Application is not approved by the Regional Director, the Partnership Board or the Governance Board, a summary of the reasons for rejecting the Application shall be provided to the Delivery Organisation/SNW Member that submitted the Application in addition to providing feedback on areas to develop if the Application is to be re-submitted in the future.
- 4.2 A re-submitted Application shall be reviewed in the same way as an Application submitted for the first time and re-submission does not guarantee that an Application will be approved by the Regional Director, the Partnership Board or the Governance Board on its second, or future, submission.
- 4.3 An Application may be re-submitted a maximum of two (2) times. If an Application is rejected after its second submission, the Delivery Organisation/SNW Member shall not re-submit the Application a third time unless the Application is justified as being materially varied from the previously rejected Application.
- 4.4 The Partnership Board/Regional Director (as the case may be) shall report on all rejected Applications with details of the reasons why they were rejected to the Governance Board.
- 4.5 The Governance Board shall determine whether it reviews any rejected Applications to ensure that Applications have been given equal and proportionate consideration and that this Project Approval Process has been followed in full.
- 4.6 In the event of a dispute between the Partnership Board/Regional Director and an applicant, the Governance Board shall be the final arbiter.

#### **5. Application Approval Considerations**

In determining whether an Application is approved by the Regional Director, Partnership Board or Governance Board, the following shall be considered:

- 5.1 The alignment of the Application with the Vision, Objectives and Values;
- 5.2 The Application's promotion of the principles of the customer service charter;
- 5.3 The Application's outputs and deliverables in relation to North Wales as a region;
- 5.4 The deliverability of the proposed Project (including the applicant SNW Member's or Delivery Organisation's capacity to deliver and the relevant timeframe for delivery); and
- 5.5 The level of funding required and the availability of funding to Sport North Wales.

## **6. Application Approval Requirements**

- 6.1 To be approved by the Regional Director, an Application must satisfy the considerations set out in paragraph 5 of this Schedule 2 (*Project Approval Process*).
- 6.2 To be approved by the Partnership Board, an Application will need to be approved by more than 50% of the Partnership Board representatives in attendance at a Partnership Board meeting. If the initial vote is a 50:50 split decision, the Application will not be approved by the Partnership Board.
- 6.3 To be approved by the Governance Board, an Application will need to be approved by more than 50% of the Governance Board representatives in attendance at a Governance Board Meeting. If the initial vote is a split 50:50 decision, the chair shall have the casting vote.

## **7. Approved Applications (Projects)**

- 7.1 If an Application is approved, the Regional Director, Partnership Board or Governance Board shall confirm:
  - 7.1.1 that the Application, once approved, is a Project;
  - 7.1.2 the level of funding awarded for delivery of the Project;
  - 7.1.3 any further steps which the Delivery Organisation/SNW Member must take before the funding is committed to the Project;
  - 7.1.4 any agreement that the Delivery Organisation/SNW Member must enter into with CCBC before it receives any funding in respect of the Project; and
  - 7.1.5 the frequency of payment of instalments of funding (if not provided in full at the outset of a Project being approved).
- 7.2 Following approval of the Project, the Delivery Organisation/SNW Member must deliver the Project in accordance with the Project Delivery Plan and any agreement entered into by the Delivery Organisation/SNW Member and CCBC in respect of delivery of the Project.

### **SCHEDULE 3**

#### **CCBC Policies**

- 1. Data Protection**
- 2. Welsh language**
- 3. Equality policy**
- 4. Safeguarding policy (children and adults)**
- 5. Data Protection / GDPR policy**
- 6. Declaration of interest**
- 7. Health and Safety**
- 8. Communications and Engagement Strategy (tbc)**
- 9. Complaint procedures**
- 10. Armed Forces Covenant**

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11th March 2021					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Miss Teresa Owen, Executive Director of Public Health					
<b>Awdur yr Adroddiad Report Author:</b>	Mr Richard Firth, Consultant in Public Health					
<b>Craffu blaenorol: Prior Scrutiny:</b>	<ul style="list-style-type: none"> <li>• Strategy, Partnerships &amp; Population Health Committee – 23.02.21</li> <li>• This work features in the BCUHB's Annual Plan for 20/21. Updates on progress were presented at the Health Improvement, Reducing Inequalities Group meeting (HIRIG).</li> </ul>					
<b>Atodiadau Appendices:</b>	None					
<b>Argymhelliad / Recommendation:</b>						
The Board is asked to note the actions being taken in support of introduction of the Smoke Free Regulations (including the decision not to provide designated smoking areas within hospital grounds, to ensure all hospital sites become smoke-free).						
Please tick as appropriate						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b> ✓
<b>Sefyllfa / Situation:</b>						
The purpose of this paper is to provide an update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020 which came into force on 01/03/2021						
This includes the decision (agreed by the Executive Team and endorsed by the Strategy, Partnerships & Population Health Committee) – not to use designated smoking shelters in Hospital grounds as per the Smoke Free Premises Regulations.						
<b>Cefndir / Background:</b>						
On 2 April 2007 the Smoke-free Premises etc. (Wales) Regulations 2007 ("the 2007 Regulations") came into effect. These Regulations were introduced to save lives and prevent diseases caused by second-hand smoke. The Regulations were made using the powers in Chapter 1 of Part 1 of the Health Act 2006.						
The legislation means that smoking is not allowed in 'enclosed' or 'substantially enclosed' public places, including workplaces. 'No Smoking' signs are required to be displayed in smoke-free premises and vehicles, and the law is enforced by Local Authorities. Failure to comply with the law is an offence.						

Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”) came **into force on 1 March 2021**. Many of the requirements established in 2007 stay the same, but via the 2017 Act and the 2020 Regulations, the smoke-free requirements are extended to more places and settings in Wales.

The legislation only covers smoking tobacco, which covers the smoking of cigarettes, pipes, cigars, herbal cigarettes and waterpipes. Therefore an individual will not be committing an offence if they were to use an e-cigarette/vape in a setting that is required to be smoke-free. However those responsible for particular places and settings can introduce voluntary, non-legislative requirements on e-cigarette use if they wish.

/

The new legislation means that hospital grounds (District General Hospitals and Community Hospitals) are now required to be smoke-free.

## **Asesiad / Assessment & Analysis**

### **Strategy Implications**

The proposal meets the following Wellbeing of Future Generations Act sustainable development principles:

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
5. Considering impact on all well-being goals together and on other bodies

The approach also supports the lifestyle bundle as described in the ‘Living Healthier, Staying Well’ strategy.

### **Options considered**

The legislation means that smoking is not allowed in ‘enclosed’ or ‘substantially enclosed’ public places, including workplaces. ‘No Smoking’ signs are required to be displayed in smoke-free premises and vehicles, and the law is enforced by Local Authorities. Failure to comply with the law is an offence.

### **Financial Implications**

Health Board non-compliance with the Regulations can result in fines.

Costs primarily arise from the provision of new signage and communication of the regulations and support available to staff, patients and visitors. Funding has been identified to support both signage and a communications plan to raise awareness of the changes and impacts of the smoke free regulations, support staff and patients to engage with smoking cessation services.

### **Risk Analysis**

The previous BCUHB Corporate Risk Register (001) highlighted the risk if population health issues such as smoking cessation are not fully addressed.

**Legal and Compliance**

Implementation of Smoke Free Premises and Vehicles Regulations is a legal requirement on the Health Board and is an important step in de-normalising smoking in Wales. Implementation of the Regulations, which includes an enforcement approach, including fixed penalty notices, to smoke free premises is challenging and will require strong communication and engagement in order to mitigate adverse reactions.

**Impact Assessment**

EQIAs have been undertaken on smoking cessation services recently developed in the Health Board.

A National Regulatory Impact Assessment has been undertaken by Welsh Government

## Update on Smoke Free Premises Regulations 2020

### 1. Purpose of report

The purpose of this paper is:

To provide an update on the implementation of Smoke Free Premises and Vehicles (Wales) Regulation 2020 which came into force on 1.3.21.

This includes the decision (agreed by the Executive Team and endorsed by the Strategy, Partnerships & Population Health Committee) – not to use designated smoking shelters in Hospital grounds as per the Smoke Free Premises Regulations.

### 2. Smoke-free Premises and Vehicles (Wales) Regulations 2020

On 2 April 2007 the Smoke-free Premises etc. (Wales) Regulations 2007 (“the 2007 Regulations”) came into effect. These Regulations were introduced to save lives and prevent diseases caused by second-hand smoke. The Regulations were made using the powers in Chapter 1 of Part 1 of the Health Act 2006.

The legislation means that smoking is not allowed in ‘enclosed’ or ‘substantially enclosed’ public places, including workplaces. ‘No Smoking’ signs are required to be displayed in smoke-free premises and vehicles, and the law is enforced by Local Authorities. Failure to comply with the law is an offence.

Chapter 1 of Part 3 of the Public Health (Wales) Act 2017 (“the 2017 Act”) and the Smoke-free Premises and Vehicles (Wales) Regulations 2020 (“the 2020 Regulations”) came **into force on 1 March 2021**.

Many of the requirements established in 2007 stay the same, but via the 2017 Act and the 2020 Regulations, extend the smoke-free requirements to more places and settings in Wales.

The legislation only covers smoking tobacco, which covers the smoking of cigarettes, pipes, cigars, herbal cigarettes and waterpipes. Therefore an individual will not be committing an offence if they were to use an e-cigarette/vape in a setting that is required to be smoke-free. However, those responsible for particular places and settings can introduce voluntary, non-legislative requirements on e-cigarette use if they wish. Current Health Board policy does not permit the use of e-cigarettes and vaping on hospital grounds.

The new legislation means that hospital grounds (District General Hospitals and Community Hospitals) are required to be smoke-free.

The key provisions of the Regulations relevant to the Health Board are:



- I. Extension of the smoking ban to outdoor areas of hospital grounds and the requirement for Health Boards to work with Local Authorities to agree enforcement strategies (with fixed penalties for anyone smoking on site);
- II. The removal of an exemption from previous legislation that allows designation of a room in which patients and residents of mental health units may smoke. Mental Health Units will be required to phase out any smoking rooms by 1 September 2022;
- III. Discretionary provision of designated smoking areas in hospital grounds should an organisation wish to adopt this approach. During the consultation process BCUHB did not support the inclusion of this discretionary element on the grounds that the NHS needs to be an exemplar in delivering the smoke free social norm vision, and that it would detract from our efforts to deliver health promoting and smoking cessation messages. This approach was also supported by the Executive Team, and endorsed by the Strategy, Partnerships & Population Health Committee on 23.02.2021.
- IV. The person who controls or is concerned with the management of the hospital grounds must take reasonable steps to stop a person who is smoking there from smoking;
- V. Provision of signage within clearly marked boundaries in a prominent position at or near the main hospital entrances.

### **3. Smoke free Premises Task and Finish Group**

Following announcement of the regulations the Smoke Free Task and Finish Group was re-established on 12 Nov 2020. This group is chaired by Executive Director for Public Health and has wide representation from all key stakeholders and directorates. An action plan has been agreed and an action log is being maintained [Smoke Free Regulations T&F Action plan and Log](#).

The main areas of focus for the group include revision of BCUHB smoking policies in light of the regulations, including having clear procedures for dealing with any non-compliance from patients, visitors, staff and contractors in place. Key to this activity is having clear agreement on the discretionary establishment of designated smoking areas in hospital grounds as this will shape the policy.

Other work streams are awareness raising, enforcement of the regulations, supporting staff and patients to engage with smoking cessation activities, provision of smoke free signage and preparation for implementation of Mental Health component of legislation. Key work activities are:

- Provision of approved signage informing that it is against the law to smoke in hospital grounds at main entrances of the DGHs and Community Hospitals to ensure compliance with the regulations.

- Legal advice has been sought on the extent to which other premise grounds i.e. clinics, dental and managed practices, are considered as falling under the regulations.
- Rapid roll out of regulation compliant signage based upon legal advice.
- Guidance for enforcement officers (updating the current 2007 guidance and making it consistent with the new requirements) has been published. A training event for North Wales key local authority officers and those individuals on hospitals sites involved in enforcement of the legislation was held on 25 January 2021 to support implementation in hospitals.
- Continued development of systems to capture details of regulation infringements to inform targeted enforcement interventions by the Local Authorities.
- Communications directing staff and patients who smoke to Help Me Quit smoking cessation services and access to Nicotine Replacement Therapy. In particular promotion of Help Me Quit in Hospital services available to support both staff members and patients.
- Mapping of patient pathway to promote temporary abstinence or smoking cessation.
- Initial preparatory work with Mental Health Services in relation to removal of smoking exemption in Sep 22.

These activities are supported by Welsh Government who have appointed a communications company to deliver a comprehensive public awareness campaign and also support health boards and local authorities with their communications. The campaign is ongoing. Awareness raising activity will continue throughout March and April 2021 to embed the messaging.

#### 4. Recommendations

The Board is asked to:

**Note** the actions being taken in support of introduction of the Smoke Free Regulations. This includes the decision not to provide designated smoking areas within hospital grounds, to ensure all hospital sites become smoke-free. That Health Board Smoking Policy continues to extend out to the non-permitted use of E-cigarettes and vaping in hospital grounds albeit not enforceable under the new Smoke Free Regulations.



<b>Cyfarfod a dyddiad: Meeting and date:</b>	Health Board 11 <sup>th</sup> March 2021						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Louise Brereton, Board Secretary						
<b>Awdur yr Adroddiad Report Author:</b>	Mrs Kate Dunn, Head of Corporate Affairs						
<b>Craffu blaenorol: Prior Scrutiny:</b>	None						
<b>Atodiadau Appendices:</b>	None						
<b>Argymhelliad / Recommendation:</b>							
The Board is asked to note the report							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	✓
<b>Sefyllfa / Situation:</b>							
To report in public session on matters previously considered in private session							
<b>Cefndir / Background:</b>							
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.							
<b>Asesiad / Assessment</b>							
The Health Board considered the following matters in private session on 21.1.21:							
<ul style="list-style-type: none"> <li>Contract Award Recommendation Report for Water Hygiene Compliance Services</li> <li>Contract Award Recommendation Report for Recyclable, Domestic &amp; General Waste Collection</li> <li>Contract Briefing for Flow Cytometry</li> <li>Approval of a high value claim</li> </ul>							