Bundle Health Board 30 January 2025

2.2 25.11 - PC Policy Supporting Pack
- 25.11 - Appendix 2 - Patient Access to Planned Care Policy.docx
- 25.11 - Appendix 3 - Patient Access to Planned Care Policy

7.2 25.22 - CG Supporting Pack
- 25.22 - 0 - Corporate Governance Report FV All Wales AC and Section12 Board Report - January 2025 Board meeting
- 25.22 - 1 - Corporate Governance Report - Appendix 1 - Approved Clinicians Data - January 2025 Board report
- 25.22 - 2 - Corporate Governance Report - Appendix 2 - All Wales Section 12(2) Doctors Data - January 2025 Board Report
- 25.22 - 3 - Corporate Governance Report Appendix 3 - ToR Planning Performance Finance
- 25.22- 4 - Corporate Governance Report - Appendix 4 - ToR Quality Safety and Outcomes

Key Actions – Compliance to Access to Planned Care Policy				
Policy Requirement	**Best Practice**	**Policy Functions**	**Constraints to Compliance**	**Actions to Take** *(Gold Standard may require additional resources)*
Recording of Clinic Outcomes	100% of clinic outcomes are recorded same day, following a patient's appointment or OBD.	▪ Responsibility of the Consultant/HCP to complete (currently) a paper form and pass to admin teams following the appointment ▪ Mixed responsibility to record in WPAS across Receptionists, Medical Secretaries, Booking Teams; on the same day	▪ Not always done immediately following appointment; feedback is that the templates are confusing and the correct outcome for pathway not always selected (e.g. F/UP instead of SOS); risk of paper form being lost ▪ Often not done on same day – significant number of missing outcomes in WPAS	**Gold Standard:** ▪ Consider investment in e-outcomes solution with clinical decision support tool to support selection of correct pathway outcome **Minimum Standard:** ▪ Ensure reporting into the site 6:4:2 meetings and escalation in the BCU Access Meetings.
Referrals Criteria	Referrals directory in place for access at the point of referral (e.g. GPs); gatekeeping within WCCG to support the right information at the point of submission	▪ Inclusion of 'minimum referrals' criteria as appropriate (as listed in the policy) for all referrals into Secondary Care ▪ Inclusion of clinical specific referral criteria	▪ Not all criteria is considered at the point of referral due to lack of gatekeeping within the WCCG system ▪ If provided by the referrer, WPAS does not have the functionality to hold all the information e.g. sensory requirements	**Gold Standard:** ▪ BCU adopt a referrals directory system e.g. Heath Pathways Community, or build locally ▪ Explore with DHCW the ability to make sensory, disability, religion and language information mandatory in the creation of the referral in the GP system, and when present, automate an updated in WPAS, as part of the Welsh Patient Administration (WAP) system **(EQIA 3a)** **Minimum Standard:** ▪ Continue to roll out WAP Full to all Services in Secondary Care, with the ability for Clinical Teams to communicate electronically within the referral process to request more information from the referrer ▪ As part of the WAP Full implementation, build a directory of criteria accessible to all referrer via the BetsiNet pages

(EQIA #) – Links to Equality Impact Assessment actions

Key Actions – Compliance to Access to Planned Care Policy				
Policy Requirement	**Best Practice**	**Policy Functions**	**Constraints to Compliance**	**Actions to Take** *(Gold Standard may require additional resources)*
Hospital Initiated Cancellations (HICs)	Outside of unexpected conditions and urgent escalations, all Consultant/HCP and clinical leads for clinics and theatre sessions must adhere to the Health Board's principle of 6-weeks' notice for a HICs process	▪ Only be agreed with less than 6-weeks' notice for the explicit reasons of special leave or for sickness absence in alignment with the Health Board's policies; ▪ Responsibility for authorising a clinic, or theatre list cancellation must be sought from the IHC Director for the site (East, West or Centre), or their delegate.	▪ HICs are occurring with <6 weeks notice due to either late notification from Clinicians, and/or slow administration processes ▪ Booking teams unable to push back and reject the late cancellations	**Gold Standard:** ▪ Inclusion of HICs period of notification into clinical contracts **Minimum:** ▪ Develop a SOP for the management, monitoring and reporting of HICs ▪ Ensure reporting into the site 6:4:2 meetings and escalation in the BCU Access Meetings. ▪ Proceed to complete the move to a Centralised Management of Booking Services to ensure standardisation of approach and adherence to SOP; with dedicated management to engage with clinical and operational teams.
Did Not Attend (DNA)	Outside of accepted exceptions, patients that do not attend an appointment without informing the Health Board, up to a maximum of two occasions, can be discharged back into the care of the referrer.	▪ Both the patient and the referrer will be notified of this in writing to ensure the referrer is aware and can action further management of the patient if necessary. The patient's waiting time clock will be stopped. ▪ Where a further appointment will need to be offered due to meeting the exception criteria, the patient should be advised of this	▪ Inconsistencies in application of DNA RTT Rules across specialities ▪ There is no ability currently in WPAS to define the 2-week time period to mark appointment as 'mutually agreed' for Direct Booking – this is ticked at point of booking with option for patient to change (as agreed with WG).	**Gold Standard:** ▪ Explore if the mutually agreed mark in WPAS can be generated 2 weeks past the letter generation date. ▪ Aligned with emerging Mental Health Access Policy (via T4MH Strategy Group) to understand how the DNA process can take account of vulnerable groups (exceptions) when applying the maximum 2 DNA and discharge rule ▪ Deliver the digital project to implement Patient-led booking to enable patients to virtual assistant (chat-bot) technology to view and request to change their appointments **(EQIA 5)** **Minimum:** ▪ Develop a SOP for the management, monitoring and reporting of DNA's, to include the recording of

(EQIA #) – Links to Equality Impact Assessment actions

Key Actions – Compliance to Access to Planned Care Policy				
Policy Requirement	**Best Practice**	**Policy Functions**	**Constraints to Compliance**	**Actions to Take** *(Gold Standard may require additional resources)*
		and the patient's clock will be re-set up to a maximum of two times on the same pathway, after which the patient should be discharged back to the care of their referrer		conversations with patients to verbally agree short notice attendances within the WPAS. ▪ Ensure reporting into the site 6:4:2 meetings and escalation in the BCU Access Meetings. ▪ Proceed to complete the move to a Centralised Management of Booking Services to ensure standardisation of approach and adherence to SOP
Access Policy Training	All clinical and administrative support staff have received mandatory training on the Access Policy and underpinning RTT Rules	▪ The impact on a patients RTT clock is understood at the point of Clinical decisions (inc. OBD) ▪ Standards of compliance against the Access Policy are measurable	▪ Clinicians are not always clear on the impact to a patients clock when selecting an outcome on the clinic outcome form ▪ There is no way currently of measuring compliance against the access policy	**Gold Standard:** Engage in the all Wales development of mandatory RTT training e-package with testing and refresher training, and build in overview and guidance to the BCU Access Policy **Minimum:** Create BCU training package aligned to the Access Policy and identify KPIs to indicate compliance
Patient Communications	BCUHB has a duty of compliance to provide accessible communications	▪ Appointments should be booked using a patient focused approach and the booking process clearly communicated to patients to ensure that they are clear on their role within the process. ▪ Compliance to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss	▪ If the information can be held in WPAS, it is not acted upon e.g. language provided as Urdu but letter is sent in Welsh and English, same with Braille (many other example areas) ▪ Copy correspondence does not work within WPAS – e.g. if a patient with learning difficulties reaches adult age and is living away from	**Gold Standard:** ▪ Explore with DHCW the ability for patient communication preferences to determine the medium (e.g. letter, text, email, BSL) and language communications are received via WPAS **(EQIA 3b)** ▪ Explore with DHCW the ability for a patients sensory information on one site WPAS record e.g. West to be automatically populated on another site WPAS record for the same patient e.g. Centre **(EQIA 3b)** ▪ Explore with DHCW the ability for letters generated in WPAS to go beyond the current two page constraint to allow for the use font 14 on all letters to support those with visual impairments **(EQIA 3b)**

(EQIA #) – Links to Equality Impact Assessment actions

Key Actions – Compliance to Access to Planned Care Policy				
Policy Requirement	**Best Practice**	**Policy Functions**	**Constraints to Compliance**	**Actions to Take** *(Gold Standard may require additional resources)*
			parents/guardian, only the patient will receive a copy of the correspondence, increasing the risk of DNA and discharge causing harm. ▪ WPAS acknowledgement letter cannot display the referral triage outcome (only shows as code). ▪ Letters from WPAS are restricted to 2x A4 sides, which limits information being provided to patients and inequitability of information presented across conditions. ▪ Patients are not currently send a letter when added to Inpatient/Day Case lists.	**Minimum Standard:** ▪ Escalate to DHCW the need to fix the copy correspondence function within WPAS **(EQIA 1)** ▪ Create a Patient Friendly version of this Access Policy and prepare online information to support patients of their rights and to be clear on their responsibilities as per the Policy ▪ A summary of this policy will be made available in many languages including British Sign Language(BSL) to inform patients of their rights. **(EQIA 2)** ▪ Work with DHCW & DDaT to incorporate within the 'Acknowledgement' letters triage outcome information (USC, Urgent, Routine) ▪ Inpatient/Day Case lists – Create a letter to be sent to patients to confirm that they have been added to these treatment lists ▪ Review all letters to ensure patients are clear on their responsibilities as per the Policy ▪ Work locally to with communications and DDAT teams to review all letters to re-write in plain English and make available in WPAS **(EQIA 4a)** ▪ Work locally with communications and DDAT teams to improve the information and signposting on the internet pages to enable patients to request to change their appointments via emails **(EQIA 4b)**

(EQIA #) – Links to Equality Impact Assessment actions

Evidencing Due Regard - Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Health Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant. See the Equality Betsi net pages for support.

Step 1

Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to BCUHB Values and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

a. Record of Engagement and Consultation activity
b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

[Guidance]

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

[Guidance]

EMAIL COMPLETED ASSESSMENTS TO: bcu.equality@wales.nhs.uk

Part A – Information on assessment work required

Section 1 – General information

Title: BCUHB Local Access Policy
Assessment Lead: Danielle Edwards
Who has been involved in undertaking this equality assessment: BCUHB Corporate Equality Team Project Team members

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	**What is being assessed?** **please tick the one which applies ✓**	**EQIA Required** [Part B]	**SEIA Required** [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions		✓	✓
Health Board Wide Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)		✓	✓
Business Case/Capital Involvement/Options Appraisal required		✓	✓
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		✓	✓
Changes to and development of public services/Closure of Services		✓	✓

Decisions affecting service users, employees or the wider community including (de)commissioning or revised services		✓	✓
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities		✓	✓
Directorate Financial Planning		✓	✓
Divisional policies and procedures affecting staff	✓	✓	
New policies, procedures or practices that affect service delivery		✓	
Large Scale Public Events		✓	
Major procurement and commissioning decisions		✓	✓
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)		✓	✓
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	**Socio-economic Impact Assessment**
Start date: 04/07/2023 Completed date: 22/02/2024	Start date: N/A Completed date: N/A
If not undertaking EqIA state reason: (note that EqIA is a requirement of the Health Board to evidence compliance to equality legislation)	**If not undertaking SEIA state reason:** Decision does not require assessment as not of a strategic nature.
Please complete the rest of this section if EQIA / SEIA is required.	
To ensure uniformity across the health board with regard to the management of waiting lists by both clinical and administrative staff. It aims to inform patients, their relatives and carers of their rights and what they can expect from the Health Board in terms of access to services by outlining relevant rules, responsibilities and actions by which the Health Board will manage patients through their pathways. Application of the policy will ensure that each patient's waiting times clock starts and stops fairly and consistently in accordance with Welsh Government's *Rules for Managing Referral to Treatment Waiting Times Version 7 October 2017* The aims and objectives of this policy are to ensure:	

- Adherence to national and local requirements relating to service access.
- Patients receive treatment in line with agreed access targets according to their clinical priority, with routine patients and those with the same clinical priority treated in chronological order.
- Processes of referral, diagnosis and treatment are transparent to the public and to partner organisations and must be open to inspection, monitoring and audit.
- All Care Groups have systems in place to capture each stage of the relevant waiting time pathway in a timely manner, and clear lines of responsibility and accountability are outlined in respect of accuracy and reliability of waiting lists.
- The time patients spend on the waiting list is minimised to improve the quality of patient experience.
- The number of cancelled appointments for non-clinical reasons is minimised.
- Patients maximise their right to patient choice in the care and treatment that they need.
- All referrals, additions and removals from the waiting list will be made in accordance with national guidance.

This policy extends to the management of all patients on planned care pathways (including children, cancer and cardiac pathways and sexual health). For the avoidance of doubt unless stated otherwise the provisions of this Policy will cover planned patients:

- on waiting lists irrespective of whether these are published and/or subject to Welsh Government component and Referral to Treatment Time (RTT) waiting time guarantees;
- at any stage in a follow-up cycle irrespective of whether they are on waiting lists, including therapy patients who will be receiving intervention / treatment rather than a follow up consultation;
- recognised as veterans who qualify for priority treatment (see WHC (2017) 041 – Armed Forces Covenant – Healthcare Priority for Veterans and Support for Serving Armed Forces Personnel and their Families)
- whose care is to be provided on a “planned” basis i.e. those awaiting for a sequence of in-patient, or day case treatments, or investigations after their initial waiting list, or emergency admission;
- using “rapid access” clinics, or similar
- using the “See on Symptom(SOS)” or “Patient Initiated Follow Up(PIFU)” booking facility as opposed to traditional booked follow up appointments;
- seen in ward settings;
- using telemedicine facilities / virtual clinics;
- accessing NHS care after initially being seen in the private sector; and
- from prisons.

This policy does not cover:

- (non-RTT) Diagnostic Tests
- (non-RTT) Therapy Services
- Fertility Treatment (L3)
- Fitting Adult Hearing Aids
- Emergency Care episodes
- Mental Health Services
- Palliative Care
- Cochlea Implants
- Undergraduate Dental Education
- Transplants
- Clinical Trials
- Community Children Services
- Screening Services
- Obstetrics
- Routine Dialysis Treatment

Links to BCUHB values

Indicate any values that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

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

Links to BCUHB Equality Objectives 2020-2024

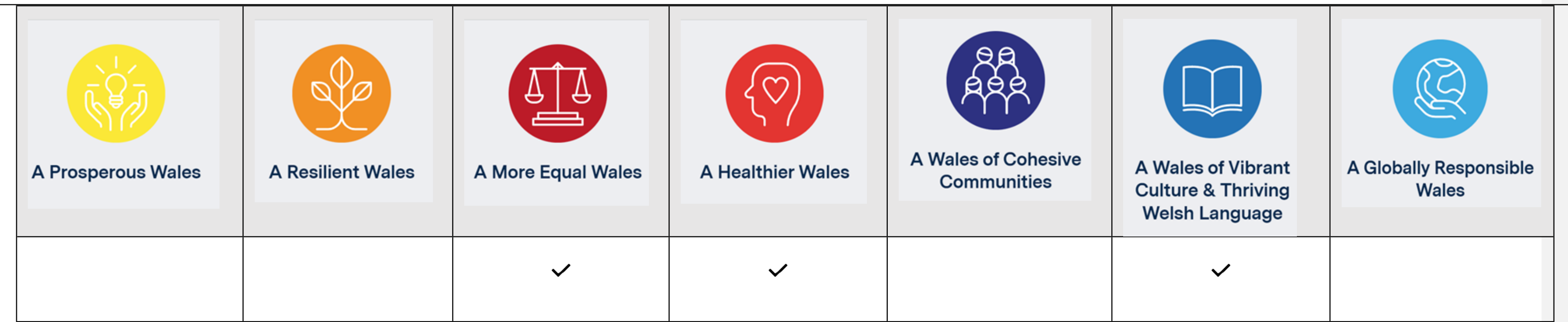
The health board published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

Equality Objectives		Tick if decision relates	Any supporting narrative
1	We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.		
2	We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.	✓	
3	We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.	✓	
4	We will prioritise action to advance gender equality in North Wales.		

5	We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.		
6	We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.		
7	We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.		
8	We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.	✓	
9	We will prioritise action to advance race equality in North Wales.		
10	We will prioritise action to deliver the Public Sector Equality Duty.	✓	

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
please tick the one which applies ✓



A Prosperous Wales	A Resilient Wales	A More Equal Wales	A Healthier Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture & Thriving Welsh Language	A Globally Responsible Wales
		✓	✓		✓	

For descriptors of these goals - [Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales]

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

- Welsh Government Revised rules for Managing Referral to Treatment Times – April 2017
- WHC (2022) 018 – Guidelines for managing patients on the suspected cancer pathway
- WHC (2018) 018 - Consolidated Rules for Managing Cardiac Referral to Treatment Waiting Times - March 2018
- WHC (2017) 041 – Armed Forces Covenant – Healthcare Priority for Veterans
- Welsh Government Support for Serving Armed Forces Personnel and their Families
- Standard Operational Procedure for monitoring children who were not brought (WNB) for appointments or surveillance in acute and community settings
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales (nhs.wales)
- Welsh Language Standards (The Welsh Language Standards Regulations 2018 under the Welsh Language (Wales) Measure 2011)
- BCUHB WPAS: Reception Guide

Commented [DE(-CS1]: Update link

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:
Executive Lead: Dr Nick Lyons, Executive Medical Director
Patient Quality & Safety Group
Patient Quality, Safety and Experience (QSE) Committee

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of A Healthier Wales. This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

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

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.

Engagement work has involved:

- GP/Referrer
- Patients & Relatives/Carers
- Service Managers
- Hospital Consultants
- Outpatient Clerks
- Medical Secretaries
- Pathway Teams
- Operational Leads
- Prison Services
- Welsh Government

The policy will be developed with :

- Transformation Lead – Digitising Patient Access to Care
- (Interim) RTT Validation Lead
- Equality & Inclusion Manager
- (Interim) Information WPAS Manager
- Telephony Services Manager

The policy will be reviewed prior to formal consultation by the Referral to Treatment Validation Subject Matter Expert(SME), Planned Care Senior Management Team, and Clinical Leads for each site.

Pan-BCU engagement has taken place within the project timeline prior to adoption and implementation. The policy has also been shared for approval with the Patient and Carer Experience Group.

Draft EQIA assessment shared via the WP7 Scrutiny group.

The principles are being followed pan-BCU in line with the Welsh Government *Rules for Managing Referral to Treatment Waiting Times Version 7 October 2017*. This policy is required at a local level in every Health Board to formalise the approach and ensure uniformity.

The policy will enter formal consultation pan-BCU including Primary Care and Welsh Government.

b. Give a summary on how the decision / service / policy / function / change will be shared? (E.g. dissemination of new policy)

- The policy will be shared via all relevant teams via senior leaders / managers.
- Awareness sessions will be planned pan-BCU to ensure all staff are aware of their duties to fulfil this policy.
- The policy will be published on the internal Betsi Net site in line with policy on policies procedures.

c. **Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?** Please give brief summary: The policy implementation will be reviewed / evaluated – after initial 12 months of implementation date.
d. **Summarise any emerging themes from the engagement work carried out:** ▪ Fair and consistency in procedures across BCUHB ▪ Clear and concise policy needed ▪ Individual needs of patients are considered as part of the access policy
e. **How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?** ▪ Ongoing engagement has directly helped the development of the policy. Ensuring language and terminology is inclusive and individual needs of patients and carers are taken account when accessing planned care. ▪ There are related issues raised that sit out of the scope of this policy – these have been directed to the relevant leads within the Health Board – such as estates regarding physical access issues. ▪ A range of different Service Operating Procedures (SOPs) may need to be developed to address operational issues within the policy.

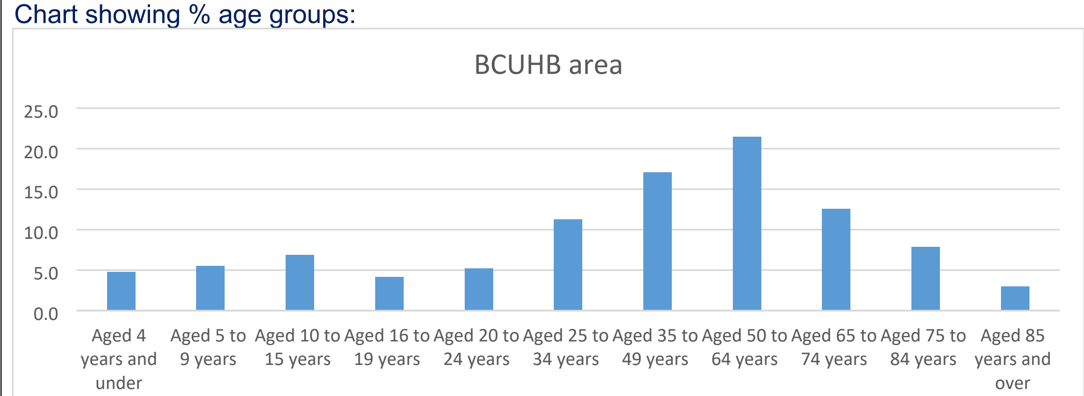
b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

Demographic context:

Age:

Chart showing % age groups:



The proportion of people aged 65 and over is set to rise and the prevalence of nearly all chronic and long-term conditions increases with age; it is important to recognise that the older population is very diverse in nature with many people remaining fit and active and there will be growing numbers across all older age groups living without any significant needs for support.

Disability:

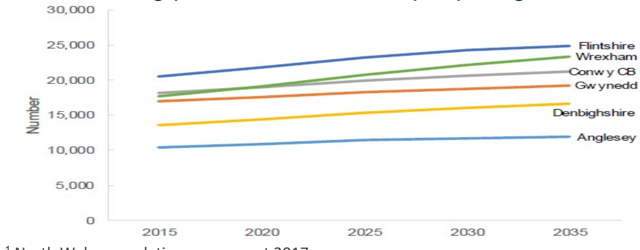
72,235 people in North Wales (10.5%) as defined under the Equality Act.

In Wales, Census 2021 indicates an increase in the proportion of people who reported very good health (from 45.7% in 2011, to 46.6% in 2021) and good health (from 31.4% in 2011, to 32.5% in 2021); and decreases in the proportion of people who reported bad health (from 6.0% in 2011, to 5.1% in 2021) and very bad health (from 1.9% in 2011, to 1.6% in 2021).

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% of the 20-year period to 2035 as can be seen from the figure below.

Much of the increase will arise from people living to older age.

Chart showing predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035[1]



[1] North Wales population assessment 2017

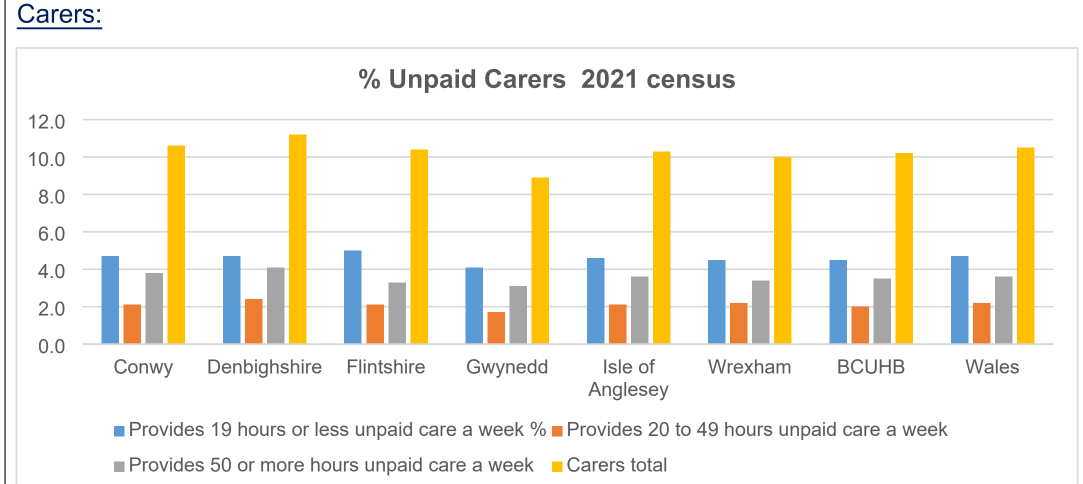
Research shows that compared with the general population, people with a learning disability were 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not given. Many people with a learning disability have considerable, and often multiple, physical and mental health conditions. They are at increased risk of developing chronic conditions from both genetic and lifestyle factors.

Studies have shown that individuals with disabilities are more likely than people without disabilities to report:

- Poorer overall health.
- Less access to adequate health care.
- Smoking and physical inactivity.

[1] North Wales population assessment 2017

Carers:



Based on the Census 2021[2] there were 66,663 people living in North Wales providing unpaid care. In summary:

- 4.5% provided unpaid care for 19 hours or less per week,
- 2.0% provided unpaid care for 20 to 49 hours per week, and
- 3.5% provided unpaid care for 50 or more hours per week.

The highest proportion of unpaid carers was in Denbighshire (11.2%) and the lowest in Gwynedd (8.9%).

Sexual Orientation:

Gay or Lesbian 1.3%
Bisexual 1.0%
Pansexual 0.1%

[2] Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

Asexual 0% (269)
Queer 0% (88)
Other 0% (59)
No answer 8.1%
Heterosexual 89.4%

Caution should be taken with the disclosure data as a high number of people (8.1%) in North Wales did not answer the voluntary question. This may skew the actual numbers. Stonewall [3]estimate that the real figure of LGB people is between 5-7%. This would mean that approximately, 35,000 to 49,000 in North Wales are LGB

Gender Reassignment:

North Wales census data 2021:

- Trans - 703 people
- Non Binary – 254 people
- Not answered – 39,253 people

Stonewall[4] had previously estimate 1% of the population might identify as Trans, including people who identify as non-binary. Across North Wales, this would mean approximately 7000 people are Trans. Census notes that 1830 have declared that there gender is different from the sex registered at birth however the significant number of people who didn't answer (39,253) may skew the real number of trans / non binary.

Sex / Gender:

Male 48.9%
Female 50.1%

Public Health Wales note that life expectancy for men in Wales is 78.3 years and it is 82.1 years for women. Women in Wales (and across the UK) have a longer life expectancy than men, but **spend less of their life in good health.**[5]

[3] Student Frequently Asked Questions (FAQs) | Stonewall
[4] [4] Student Frequently Asked Questions (FAQs) | Stonewall
[5] Hormonal, emotional and irrational: Is it really the case that women's health is taken less seriously than men's? (senedd.wales)

Data sets for 2018-2020.

	Male	Female	Gender gap
UK	79.2 years	82.9 years	3.7 years
Wales	78.3 years	82.1 years	3.8 years
BCUHB	78.8 years	82.3 years	3.5 years

Source: 01_HLE_LE_Profile_Master_v1b.knit (shinyapps.io)

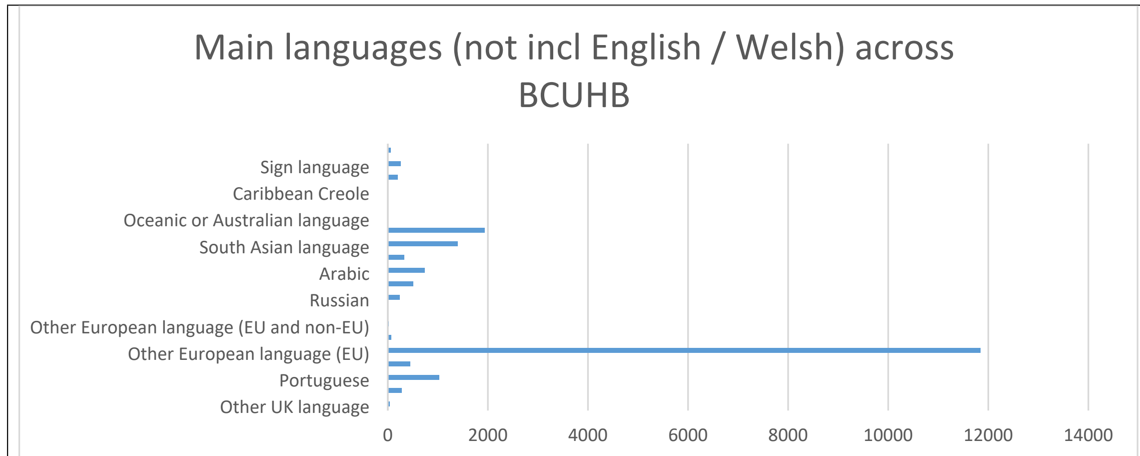
Information on men: There are a range of health conditions faced by men. Some conditions also have higher prevalence in men compared to women. There are some areas of health access that are well known inequalities - such as mental health. Information on suicide notes three-quarters of deaths registered as suicide in England and Wales in 2019 were among men (4,303 deaths), which has been the case since the mid-1990s.[6]

Ethnicity for North Wales:

- White – 96.8% compared to Wales 93.8%
- Asian, Asian British or Asian Welsh – 1.4% compared to Wales 2.9%
- Black, Black British, Black Welsh, Caribbean or African – 0.3% compared to Wales 0.9%
- Mixed or Multiple ethnic groups – 1.1% compared to Wales 1.6%
- Other ethnic group – 0.4% compared to Wales 0.9%

The table shows on census day (21st March 2021) that there were 573 Gypsy or Irish Travellers and 267 Roma in North Wales. There is some variation across North Wales with highest numbers living in Flintshire, Wrexham and Gwynedd.
Data sets are being collated on Showmen, which we know there is a small but distinct community across North Wales.

[6] get-it-off-your-chest_a4_final.pdf (mind.org.uk)



According to the 2021 Census, English or Welsh was the main language of the health board's residents – 97.1%.[7]
There is significant diversity in the remaining 3% and variation in languages spoken across the six local authority areas, of which are highlighted with languages spoken in areas of Flintshire and Wrexham areas. Wrexham hosts a dispersal centre for refugees so may account for some of the numbers on the day of census 2021.
Public Health Wales has found that ethnicity is an important issue because, as well as having specific needs relating to language and culture, persons from ethnic minority backgrounds are more likely to come from low income families, suffer poorer living conditions and gain lower levels of educational qualifications. In addition, certain ethnic groups have higher rates of some health conditions.
ONS release on study – Gypsies and Travellers in England and Wales: lived experiences December 2022[8]. Summary in relation to health:

- Participants described experiencing a range of health conditions, which, coupled with delayed healthcare seeking and perceived barriers to accessing healthcare, could create vulnerability to negative health outcomes among Gypsies and Travellers.
- Challenges were described in registering with a GP surgery without a fixed address, particularly among those living in Gypsy and Traveller sites or roadside.

[7] Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)
[8] Gypsies and Travellers in England and Wales: lived experiences - Office for National Statistics (ons.gov.uk)

- Experiences of perceived discrimination and derogatory attitudes of healthcare providers could further undermine access to healthcare, as participants had concerns about the likelihood of receiving help and feared facing negative judgement or discrimination.

Context demographic information North Wales:

- Christian – 49.8%
- Muslim - 0.8%
- Hindu - 0.2%
- Sikh - 0% 248
- Jewish - 0% - 311
- Buddhist - 0.3%
- Other - 0.5%
- No religion - 47.1%

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

<table>
<tr><td colspan="4">Assessment – due regard relating to people / group who share protected characteristics</td></tr>
<tr><td colspan="4">This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓</td></tr>
<tr><td rowspan="2">Age</td><td>Positive effect</td><td>Negative effect</td><td>Neutral</td></tr>
<tr><td>✓</td><td></td><td></td></tr>
<tr><td colspan="4">Evidence / supporting narrative:

▪ Children that Do Not Attend (DNA) appointments are managed under the “Was Not Brought” Policy (currently under review) where they are offered a second appointment if contact can be made with the family, and discharged if that second appointment is DNA’d – bearing in mind the clinical detail and safeguarding processes.
▪ Individual patient circumstances (e.g. a patient with dementia, physical mobility issues, carer responsibilities) will be taken into account before stopping a clock and removing a patient from a waiting list
▪ If a patient DNA/CNAs for the 1st time they will get a letter asking them to contact the booking team to re-book. If the patient is a child, the letter will be directed to the parent i.e. ‘Parent/Guardian of xxx’.
▪ If patients are removed from a waiting list, both the patient and the referrer will receive a generated removal letter from the Welsh Patient Administration System(WPAS) advising them of this action and their right to be re-instated within 6-months. In the case of an inpatient waiting list, the patient will be assessed prior to being reinstated onto the waiting list.

Areas for Improvement:
Linked to age where a person has a cognitive impairment it may be appropriate to send a copy of the letter to an advocate, or carer, however this functionality is not working currently in WPAS (see Action 1).</td></tr>
<tr><td colspan="4">Mitigation action if adverse impact found:</td></tr>
</table>

Through the *'Equality & Inclusion Team'* as part of the developing 4-year Equality Strategy and the 'Anti-Racism Action Plan' the following actions will be managed:

Action 1

Explore with DHCW when the functionality to send a 'copy correspondence' within WPAS will be fixed *(calls logged SPC number 6939306 logged 25/08/2021 and 6939355 logged 25/08/2021 and change request CR99724)*.

Disability (including long term conditions, mental health, neurodivergence and invisible impairments)	**Positive effect**	**Negative effect**	**Neutral**
		✓ See mitigations	

Evidence / supporting narrative:

There is some possibility that the some elements relating to patients who do not attend and may be discharged, could adversely impact on disabled people.

This will be managed by the following:

- Individual patient circumstances (e.g. a patient with dementia, motability issues, carer responsibilities) will be taken into account before stopping a clock and removing a patient from a waiting list.
- If a patient DNA/CNAs for the 1st time they will get a letter asking them to contact the booking team to re-book.
- If patients are removed from a waiting list following a 2nd DNA/CNA, both the patient and the referrer will receive a generated removal letter from the WPAS advising them of this action and their right to be re-instated within 6-months.

There is the possibility that the patients with sensory and cognitive impairments, or language requirements beyond Welsh & English may not be as able to access information, communicate with the Health Board and navigating their appointment on arrival.

This will be managed by the following:

BCUHB has a duty of compliance with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales (nhs.wales) and is committed to working to make reasonable adjustments as standard practice to support equitable access to care for patients with sensory loss and language requirements:

- Consultation and awareness sessions with General Practitioner(GP) and other referrers will remind them of their responsibility within this Access Policy to ensure all referrals contain details of any sensory loss information and the communication support the patient needs.
- This information is recorded in the WPAS and is alerted to users to inform how the patient receives information and is communicated with.
- Written communication e.g. appointment letters, are available to be provided in accessible formats for patients with sensory loss and in plain English to help those who do not have English as their first language, including British Sign Language(BSL) users (based on the preference indicated by the patient) – access to the Welsh Language Interpretation and Translation Service (WITS) is accessible digitally to support communication.
- Patients with sensory loss can make, or change an appointment through a variety of contact methods including text messaging (BCUHB has an appointment reminder service which offers the patient the option to rebook or cancel an appointment via text reply), text phones and websites. Patients with sensory loss can use the BT Relay UK services, they download an app on a mobile phone or can use a special textphone. This is a BT managed service allowing the patient to access any service.
- Patients and service users with sensory loss are made aware of the provision of these accessible forms of communication.

Patients who are neurodivegent may have worries about referrals – mitigation that patient information includes that reasonable adjustments can be requested. For example – advocate can attend appointments for someone with Autism.
The policy aligns with the social model for disability.

Areas for Improvement:

- Sensory and language information is not mandatory in the creation of the referral in the GP system, and when present, it is not automatically updated in WPAS (Action 3a)
- There are limitations within the WPAS in relation to: the way alerts are shared across the three site records, the constraint of only 2 pages that limited the information that can be added and the text size, and the ability for alerts held within the system to determine the medium and language of the communication generated (Actions 3b-d)
- Not all letters are in plain English and a full review will need to be carried out (Action 4a)
- Information and signposting on the BCUHB Internet pages is limited and hard to locate (Action 4b)

- Patients do not currently receive electronic copies of their appointment letters, and whilst they can request a rebook or cancel via phone, text and email, there are opportunities to introduce more digitally enabled routes to communicate (Action 5)

Mitigation action if adverse impact found:

Action 2
A summary of this policy will be made available in many languages including British Sign Language(BSL) to inform patients of their rights.
Through the *'Equality & Inclusion Team'* as part of the developing 4-year Equality Strategy and the 'Anti-Racism Action Plan' the following actions will be managed:

Action 3
Explore with DHCW the ability
a) to make sensory and language information mandatory in the creation of the referral in the GP system, and when present, automate an updated in WPAS, as part of the Welsh Patient Administration (WAP) system.
b) for a patients sensory information on one site WPAS record e.g. West to be automatically populated on another site WPAS record for the same patient e.g. Centre.
c) for letters generated in WPAS to go beyond the current two page constraint to allow for the use font 14 on all letters to support those with visual impairments
d) for patient communication preferences to determine the medium (e.g. letter, text, email, BSL) and language communications are received via WPAS

Action 4
Work locally to with communications and DDAT teams to:
(a) review all letters to re- write in plain English and make available in WPAS
(b) improve the information and signposting on the internet pages to enable patients to request to change their appointments via email

Through the Local Planned Care Programme the following actions will be managed:

Action 5
Deliver the digital project to implement Patient-led booking to enable patients to virtual assistant (chat-bot) technology to view and request to change their appointments

Sexual Orientation	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

This assessment has not currently found any negative impact.

In February 2022, Welsh Government published the LGBTQ+ Action Plan for Wales - Together in Pride – making Wales the most LGBTQ+ friendly nation in Europe[9] . This outlines actions to achieve the vision of the plan to improve health outcomes for LGBTQ+ people. The key evidence with in the plan highlights:

- LGBTQ+ people feel that they may face unequal treatment and discrimination. This includes witnessed discriminatory or negative remarks against LGBTQ+ people by healthcare staff.
- LGBTQ+ people do not disclose their gender or sexual orientation to healthcare services. Specific needs were disregarded when using or attempting to use healthcare services.

Particular barriers into certain services are faced such as fertility, and sexual health services. These are out of scope of this policy.

Mitigation action if adverse impact found:

N/A

Gender Reassignment / Gender identity (including non-binary, gender fluid and intersex)	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:
This assessment has not currently found any negative impact.

[9] LGBTQ+ Action Plan for Wales | GOV.WALES

The Welsh Gender Service hosted by Cardiff and Vale University Health Board (UHB) deal with referrals, of which patients from North Wales are directed into a local North Wales Gender Identity team. This falls out of scope of this BCUHB Access Policy, however we do have a Gender Identity Pathway group which reviews the journey and experiences of access into this service. See section on Sexual Orientation to cross reference for LGBT.			
Mitigation action if adverse impact found: Through the local *'Equality & Inclusion Team'* the following actions will be managed: **Action 6** Review actions emerging from the LGBTQ+ action plan (Welsh Government plan published in February 2023 with 8 actions for Health Boards) in the context of this policy			
Sex / Gender	**Positive effect**	**Negative effect**	**Neutral**
			✓
Evidence / supporting narrative: This assessment has not currently found any negative impact Related issue in terms of the patient information – links for requests for chaperones which may be more likely for women and cross referenced into different cultures and beliefs around dignity.			
Mitigation action if adverse impact found: N/A			
Race (including ethnicity)	**Positive effect**	**Negative effect**	**Neutral**
		✓ See mitigations	✓

Evidence / supporting narrative:

Possibility that the patients with language requirements beyond Welsh & English may not be as able to access information, communicate with the Health Board and navigating their appointment on arrival.

People that are refugees and seeking sanctuary may also be a group that may find it difficult to navigate services.

This will be managed by:

- Individual patient circumstances (e.g. a patient with dementia, motability issues, carer responsibilities) will be taken into account before stopping a clock and removing a patient from a waiting list
- If a patient DNA/CNAs for the 1st time they will get a letter asking them to contact the booking team to re-book.
- If patients are removed from a waiting list following a 2nd DNA/CNA, both the patient and the referrer will receive a generated removal letter from the WPAS advising them of this action and their right to be re-instated within 6-months

BCUHB has a duty of compliance with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss - Public Health Wales (nhs.wales) and is committed to working to make reasonable adjustments as standard practice to support equitable access to care for patients with sensory loss and language requirements.
This access policy will need to ensure:

- Referrals contain details of translation needs
- A patients preferred language is captured on the demographic screen and is easily viewable to all users with access to WPAS
- Written communication e.g. appointment letters, are provided in plain English to help those who do not have English as their first language.
- Translations of written communications are available according to the preferences stated at referral or at any point in the patient pathway - access to the Welsh Language Interpretation and Translation Service (WITS) is accessible digitally to support communication.
- Travellers and transient groups receive text reminders and, where appropriate, written communication can be sent in plain English to e.g. their GP, as a holding address

Areas for Improvement:

- It is not clear if all GPs offer the service to use their surgery address as a holding address for mail where the patient is transient, or homeless (Action 7)
- There are limitations within the WPAS in relation to the ability for alerts held within the system to determine the medium and language of the communication generated (Actions 3c)

Mitigation action if adverse impact found:

Through the *'Equality & Inclusion Team'* local Anti-Racism Action Plan' the following actions will be managed:
Action 7
Explore with Primary Care providers (GPs) the scope of surgeries that offer the use of their surgery address as a holding address for mail where the patient is transient or homeless.
(see also Action 3c)

Religion and Belief (including non-belief and Philosophical belief)	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:

This assessment has not currently found any negative impact towards discrimination on the basis of religion, or belief, and appointments will be arranged to meet service user need and choice where possible.
Religion and belief can affect how people view their treatment. This can have an impact on end of life care and arrangements made following a death. Some people may have related fatalistic views regarding their health which impacts on seeking early advice or help.

This policy has considered the Anti-racism Action Plan and recognises the need for culturally competent services and pathways into care. Mitigation – linked with above race section around the need to state in patient referral information that patients can make cultural related requests e.g. chaperone in appointments, diet, access to chaplaincy for all beliefs.

This policy has considered the Anti-racism Action Plan and recognises the need for culturally competent services and pathways into care.

Areas for Improvement:

- The current appointment information leaflet does not contain information advising patients of their right to have a chaperone and of the right to adjustment for other cultural needs such as diet, access to chaplaincy for all beliefs (Action8)

Mitigation action if adverse impact found:

Through the local *'Booking Transformation Working Group(BTWG)'* for review and approval by the local *'Patient Leaflet Information Group'* the following actions will be managed:
Action 8
Update the appointment letter insert leaflet to include information advising patients of their right to have a chaperone and of the right to adjustment for other cultural needs such as diet, access to chaplaincy for all beliefs.

Information available to patients regarding chaplaincy and spiritual care. This may be more important for patients receiving end of life care.

Mitigation – linked with belief section around the need to state in patient referral information that patients can make cultural related requests e.g. chaperone in appointments, diet, access to chaplaincy for all beliefs.

Pregnancy and Maternity	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:
Whilst Maternity Services are not in scope of this policy (obstetrics) this policy will:

- Provide for pregnant people to be given priority access to services.
- Individual patient circumstances (e.g. a pregnant patient) will be taken into account before stopping a clock and removing a patient from a waiting list

- If a patient DNA/CNAs for the 1st time they will get a letter asking them to contact the booking team to re-book.

If patients are removed from a waiting list, both the patient and the referrer will receive a generated removal letter from the WPAS advising them of this action and their right to be re-instated within 6-months

Mitigation action if adverse impact found:
N/A

Marriage and Civil Partnership	**Positive effect**	**Negative effect**	**Neutral**
			✓

Evidence / supporting narrative:
This assessment has not currently found any negative impact

Mitigation action if adverse impact found:
N/A

Other groups at risk of poorer health outcomes:

Unpaid Carers	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Evidence / supporting narrative:

Carers are included within the policy. They are pivotal in providing support for patients that they provide care for.
Carers are also recipients of health care services.

Issues within the assessment have been raised regarding sharing appointment information with a nominated carer – this is especially important for supporting patients with cogitative impairments. (cross reference into disability)			
Mitigation action if adverse impact found: Sharing appointment information with a nominated carer – this is especially important for supporting patients with cogitative impairments. (cross reference into disability)			
Socio-economically disadvantaged	**Positive effect**	**Negative effect**	**Neutral**
			✓
Evidence / supporting narrative: The policy should not discriminate on the basis of socio economic disadvantage. The policy makes provision for adjustments (e.g. patient transport) to be made for people who may require these as a result of belonging to a disadvantaged group. The Health Board have an ongoing duty to ensuring 'due regard' to the Socio-economic Duty, to consider how strategic decisions might help reduce the inequalities associated with socio-economic disadvantage. **Context information for North Wales:** Overall, the North Wales population compares well to Wales in terms of general health status and being limited by a health condition or impairment. As can be seen from the table below, all Local Authority areas are above the Wales baseline for very good / good health. The area for people reporting highest levels of poor health are in Denbighshire and Wrexham, across the Health Board, these areas have the highest levels of deprivation.			
Mitigation action if adverse impact found:			

N/A			
Other groups / communities of interest - please state	**Positive effect**	**Negative effect**	**Neutral**
	✓		

Explanation:

- Veteran community are included within the policy – following Armed Forces legislation.
- People who are homeless - information included within the policy
- Carers – see above section
- Prison population
- Asylum Seekers and Refugees – People seeking sanctuary

Mitigation action if adverse impact found:

N/A

Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.

The main areas identified in regards to impacts include disability, carers and possibly people who may have multiple conditions where people may be at higher risk of DNA's and CNA's.

Section 2 – Human Rights Assessment

Assessment – based on human rights based approach in health Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	
Article 5 - Right to liberty and security	
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	
UN Principles for Older Persons	✓
Other articles – *please state:*	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

This assessment has not currently found any negative impacts in relation to the Human Rights Act 1998 and upholds a patients right to treatment (NHS Act 2006). Patients from HM Berwyn Prison are included in scope of this Access Policy.

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

The health board will make reasonable adjustments on an individual needs basis, with the support the appropriate teams such as safeguarding for patients fleeing domestic abuse/safe houses. In addition: ▪ The right to access services consistently across BCUHB will uphold Article 2- Right to life. ▪ The policy has given regard to data protection which relates to Article 8 - Right to respect for family & private life. ▪ The policy has given regard to cultural issues around dignity, which relates to Article 3 - Prohibition of inhuman or degrading treatment and Article 8 - Right to respect for family & private life ▪ Article 9 - Freedom of thought, conscience & religion

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?	✓		
Reasons for your decision (including brief summary that has led you to decide on the level of impact) **If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.** ▪ Veteran community are included within the policy – following Armed Forces legislation.			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English.	**Yes** ✓	**No**
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: The policy will be available in the medium of Welsh. In line BCUHB Welsh Language Standards (The Welsh Language Standards Regulations 2018 under the Welsh Language (Wales) Measure 2011) in specific reference to the communications a patient may have in relation to their appointment: ▪ The patients preferred language is recorded in the WPAS ▪ all written correspondence pertaining to the patients referral, appointments and discharge follow the Written Correspondence Standards (1-7) ▪ all text and Interactive Voice Message (IVM) reminders follow the Website, Social Media, Apps Standards (39-46) – reminders are sent bilingually, unless the patient has a language preference recorded in the WPAS, in which case the patient will receive reminders in their language of choice contact with the booking teams follow the Telephone Greeting Standards (8-20)		
A. Will the proposal have an effect on opportunities for persons to use the Welsh language? B. will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?	**Yes** ✓ (a)	**No** ✓ (b)
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:		

See above narrative		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	**Yes**	**No** ✓
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: See above narrative Staff across the Health Board are encouraged to enrol on internal courses to learn Welsh.		
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh?	**Yes**	**No** ✓
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: See above narrative Staff across the Health Board are encouraged to enrol on internal courses to learn Welsh.		
Will the proposal treat the Welsh language no less favourably than the English language?	**Yes**	**No** ✓
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: The policy does not discriminate on the basis of the Welsh language. See above narrative		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has BCUHB given due regard and given consideration for this proposal with the following:	
Eliminating unlawful discrimination, harassment, and victimisation? *Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic*	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? *Making sure that people are treated fairly and given equal access to opportunities and resources*	Yes
Fostering good relations between people who share a protected characteristic and those who do not? *Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference*	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: *This section must be completed* Assessment work has been ongoing – and has informed the development of the policy.	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	Yes
Has this assessment been subject to scrutiny / been reviewed?	Yes – shared via WP7 scrutiny group

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with BCUHB risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Action 1 Explore with DHCW when the functionality to send a 'copy correspondence' within WPAS will be fixed *(calls logged SPC number 6939306 logged 25/08/2021 and 6939355 logged 25/08/2021 and change request CR99724)*.	Include carers within appointment invites. To support patients who may require support to attend appointments.	Requires DHCW input	TBC	Planned Care Programme - Workstream 2	BCUHB WPAS Team
Action 2 A summary of this policy will be made available in many languages including British Sign Language(BSL) to inform patients of their rights	Inclusive communication with patients and carers.	TBC	TBC	Planned Care Programme - Workstream 2	DE
Action 3 Explore with DHCW the ability (a) for a patients sensory information on one site WPAS record e.g. West to be automatically populated on another site WPAS record for the same patient e.g. Centre. (b) for letters generated in WPAS to go beyond the current two page constraint to allow for the use font 14 on all letters to support those with visual impairments (c) for patient communication preferences to determine the medium (e.g. letter, text, email, BSL) and language communications are received via WPAS	Improving data systems to support communication needs of patients with sensory impairments.	Requires DHCW input	TBC	Planned Care Programme - Workstream 2	BCUHB WPAS Team

Action 4 (a) review all letters to re-write in plain English and make available in WPAS (b) improve the information and signposting on the internet pages to enable patients to request to change their appointments via email	Improve quality of letters sent to patients Improve quality of information available for patients and carers whilst awaiting for an appointment.	Requires DDaT input	TBC	Planned Care Programme - Workstream 2	BCUHB WPAS Team
Action 5 Deliver the digital project to implement Patient-led booking to enable patients to virtual assistant (chat-bot) technology to view and request to change their appointments	Improve patient experience of communicating with the Health Board regarding their appointment.	Part of the Planned Care Business Case approved Sept 2023	TBC	Planned Care Programme - Workstream 2	DE
Action 6 Review actions emerging from the LGBTQ+ action plan (Welsh Government plan published in February 2023 with 8 actions for Health Boards) in the context of this policy	Improve patient experience – reduce mis gendering.	TBC	TBC	Planned Care Programme - Workstream 2	Equality Team
Action 7 Explore with Primary Care providers (GPs) the scope of surgeries that offer the use of their surgery address as a holding address for mail where the patient is transient or homeless.	Improve patient experience and ensure this particularly vulnerable group are able to access planned care. This issue now included within draft homelessness guidance being developed by Equality Team with Shelter.	Engagement required via LMC and GP cluster leads	TBC	Planned Care Programme - Workstream 2	DE

Action 8 Update the appointment letter insert leaflet to include information advising patients of their right to have a chaperone and of the right to adjustment for other cultural needs such as diet, access to chaplaincy for all beliefs.	Improve patient experience of communicating with the Health Board regarding their appointment.	DDaT – work completed via the patient leaflet	N/A	Complete	Complete

To accompany this key policy, a review of the best practice standards set within the policy and in alignment with the EQIA actions above has been undertaken and a document has been prepared detailing the actions needed to ensure BCUHB compliance. This action plan will be monitored by the lead for the Planned Care Workstream 2; progressed through the Access meetings; and governed by the Planned Care Programme Board.

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available **here** on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you **should escalate to risk management procedures**.					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood		Risk Score = 6			
Any narrative relating to risk score: Relatively low equality risk – however ongoing evaluation of the implementation will help identify additional issues.					

EMAIL COMPLETED ASSESSMENTS TO: bcu.equality@wales.nhs.uk

Section 8 – EQIA Sign off

Name of persons who signed-off this Equality Impact Assessment (see below): *As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*
Approval Date: 29/04/2024
Review Date:

Project Lead Sign-off	**Equality Team Sign-off (required when both EQIA and SEIA is required)**	**Committee Chair Sign-off**
I confirm that this Equality Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board's WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed: DEdwards (Project Lead)	I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. Signed: *Jen Dowell-Mulloy* (Equality and Inclusion Manager)	I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not. Signed: (Committee Chair)

Commented [DE(-CS2]: N.Lyons to sign when agreed to adoption

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

End of Part B.

Part C is not required as this is a policy is not subject to SEIA.

Part C – Socio-economic Impact Assessment

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making, and will build on the good work public bodies are already doing.

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

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

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups?: *Supporting narrative if different to Part A.*	Yes / No
Has this assessment used a range of evidence?: *Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.*	Yes / No

Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? *Supporting narrative if different to Part A.*	Yes / No

Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:	**Proposal may impact these groups** Use a tick ✓	**Engagement undertaken** Yes / Planned	**Any supporting narrative / comments**
People experiencing poverty			
Carers			
People who share a common first language			
People experiencing homelessness			
Lone parent families			
Those seeking sanctuary			
Experience of local health and social care system			
Military Veterans and Armed Forces Community			
University students			
Long term caravan residents and second home visitors			
Other – please state:			
Relevant communities of place			
Urban areas			
Rural areas			
Areas of high levels of unemployment / deprivation			
Other – please state:			
How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative:			

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

What are the main socio economic impacts of the proposal?			
Domain area: Education	**Positive impact**	**Negative impact**	**Neutral / No impact**
You can copy and paste this tick: ✓			
Supporting narrative: *How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?* *Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.*			
Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:			

<table>
<tr><td colspan="4">What are the main socio economic impacts of the proposal?</td></tr>
<tr><td rowspan="2">Domain area: Health
You can copy and paste this tick: ✓</td><td>Positive impact</td><td>Negative impact</td><td>Neutral / No impact</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="4">Supporting narrative:
How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.</td></tr>
<tr><td colspan="4">Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage? What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?</td></tr>
</table>

<table>
<tr><td colspan="4">What are the main socio economic impacts of the proposal?</td></tr>
<tr><td rowspan="2">Domain area: Living standards
You can copy and paste this tick: ✓</td><td>Positive impact</td><td>Negative impact</td><td>Neutral / No impact</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td colspan="4">Supporting narrative:
How does your proposal take account of the impact of poverty and deprivation?
Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.</td></tr>
<tr><td colspan="4">As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?</td></tr>
</table>

What are the main socio economic impacts of the proposal?			
Domain area: Work You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *As one of the largest employers in Wales BCUHB provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.*			
How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? **As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?**			

What are the main socio economic impacts of the proposal?			
Domain area: Justice and personal security You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative:			

How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.
How can your proposal promote and protect people's rights and increase their access to justice and personal security?

What are the main socio economic impacts of the proposal?			
Domain area: Participation You can copy and paste this tick: ✓	**Positive impact**	**Negative impact**	**Neutral / No impact**
Supporting narrative: *How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.*			
How can your proposal increase participation for people who experience socio-economic disadvantage?			

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations Please include any related recommendations arising from this assessment. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner

Section 4 – SEIA Sign off

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

Project Lead Sign-off I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board's WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed: (Project Lead)	**Equality Team Quality Check (required when both EQIA and SEIA is required)** I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee. Signed: (Equality and Inclusion Manager)	**Committee Chair Sign-off** I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Signed: (Committee Chair)

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

End of SED assessment

Teitl adroddiad: ***Report title:***	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinicians (Wales) Directions 2018. Update of Registers of:- **1.** Approved Clinicians (All Wales) **2.** Section 12(2) Doctors (All Wales). Reporting Period: 14th November 2024 – 10th January 2025
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday 30th January 2025
Crynodeb Gweithredol: ***Executive Summary:***	This report is a standing item provided as assurance of compliance with Mental Health Act legislation, policy and process. The Board is asked to note the report contents and formally ratify approvals which are approved through weekly action letters previously submitted by the Approval Team to the Executive Medical Director and their nominated deputy. The details presented to the Board in this Report are a summary of the approvals for Approved Clinicians and Section 12(2) Doctor approvals across Wales. The report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the recommendation for approval and ratification process. Approval is sought via Action Letters which are submitted to the Executive Medical Director for consideration. Approval is then received in writing from the Executive Medical Director or their nominated deputy and returned to the All Wales Approval Team. Upon receipt of written ratification from the Executive Medical Director, the Clinician is then informed that they have received approval and this is confirmed in writing in a signed Approval Board approval letter. The Health Board then formally ratifies Executive Medical Director ratification decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendices 1 and 2. The Board is asked to note the contents of this report and ratify the approvals in line with the requirements of the Welsh Government Guidance Document "Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians", the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the "All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals" document.
Argymhellion: ***Recommendations:***	The Board is asked to note the contents and is recommended to formally ratify approvals delegated to the Executive Medical Director which contain All Wales Approval Panel recomendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across Wales.

<table>
<tr><td>Arweinydd Gweithredol:
Executive Lead:</td><td colspan="4">Dr Sreeman Andole, Interim Executive Medical Director, Office of the Medical Director.</td></tr>
<tr><td>Awdur yr Adroddiad:

Report Author:</td><td colspan="4">Meryl Roberts, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors.</td></tr>
<tr><td>Pwrpas yr adroddiad:
Purpose of report:</td><td>I’w Nodi
For Noting
☐</td><td colspan="2">I Benderfynu arno
For Decision
☐</td><td>Am sicrwydd
For Assurance
☒</td></tr>
<tr><td>Lefel sicrwydd:

Assurance level:</td><td>Arwyddocaol
Significant
☒
Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives</td><td>Derbyniol
Acceptable
☐
Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives</td><td>Rhannol
Partial
☐
Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives</td><td>Dim Sicrwydd
No Assurance
☐
Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery</td></tr>
<tr><td colspan="5">Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:

Justification for the above assurance rating. Where ‘Partial’ or ‘No’ assurance has been indicated above, please indicate steps to achieve ‘Acceptable’ assurance or above, and the timeframe for achieving this:</td></tr>
<tr><td colspan="2">Cyswllt ag Amcan/Amcanion Strategol:

Link to Strategic Objective(s):</td><td colspan="3">Betsi Cadwaladr University Health Board successfully bid to take over the function of the Welsh Ministers for the Approval Process in 2009 on behalf of all former Local Health Boards. Betsi Cadwaladr University Health Board (BCUHB) acting in its capacity as the main Approving Board for Wales, has continued to effectively undertake the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) Doctors on behalf of all the Health Boards in Wales.

The Approving Board and Process of Approval continue to fully meet all objectives.</td></tr>
<tr><td colspan="2">Goblygiadau rheoleiddio a lleol:

Regulatory and legal implications:</td><td colspan="3">The approval process meets Approved Clinician regulatory requirements set out in the Mental Health Act 1983 (as amended) and the 2008 No.1204 Mental Health (Mutual Recognition) Regulations 2008.

The Health Board continues to ensure an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) Doctors in Wales is in place.</td></tr>
<tr><td colspan="2">Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</td><td colspan="3">Do/Naddo</td></tr>
</table>

In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?	No Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* It is not applicable.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	To ensure that all Clinicians are approved and reapproved within written agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government and the Section 12(2) Process and Criteria Document. If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. The Board is asked to note that in accordance with The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. (This does not apply to Approved Clinicians). Due to a lack of Section 12(2) Directions for Wales, there is a risk that a Section 12(2) Doctor approved in Wales may not be lawful in England. Considerable work to date has taken place with Welsh Government, the Approval Team and the All Wales Approval Panel Chair in order to redress the deficit. Draft Section 12(2) Directions have now been written by Welsh Government and the Approval Team is awaiting legal review of the draft Directions by Welsh Government. Until the S12(2) Directions are extant, the All Wales Section 12(2) Process and Criteria Document will continue to remain the reference document used to approve, reapprove, suspend or end Section 12(2) approval.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by Dr N Lyons, Office of the Medical Director.

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. If the Approving Board do not ratify approvals, this could also have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. The ratification of approvals by the Approving Board for all Health Boards is the final step in the process of granting approval or reapproval to the workforce in all of the Health Boards in Wales.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This is an ongoing process.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Lack of Section 12(2) Wales Directions is recorded on Datix Risk Register number ID: 4134.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable

Camau Nesaf:
Gweithredu argymhellion

Next Steps:

Implementation of recommendations of this report will be the final step in the ratification of approval process and will fully accord with all legislative and process requirements.

Rhestr o Atodiadau:
List of Appendices:

Appendix 1: Update of Register of Approved Clinicians - Wales.
Mental Health Act 1983 as amended by the Mental Health Act 2007,
Approved Clinician (Wales) Directions 2018.

Appendix 2: Update of Register of Section 12(2) Approved Doctors - Wales.
Mental Health Act 1983 as amended by the Mental Health Act 2007.
All Wales Section 12(2) Process and Criteria Document.

APPENDIX 1

Update of Register of Approved Clinicians in Wales Reporting Period: 14th November 2024 – 10th January 2025	
	Approved Clinicians
Approvals and Re-approvals	8
Approvals suspended	0
Approvals re-instated/ returned to work in Wales	0
Left Wales (Removed)	1
Retired	0
No longer Registered & Retired:	1
Transferred from AC register (to S12 Register)	0
Removed from S12 – Became AC approved	0
Approval Ended	3
Death in Service	0

APPENDIX 1

Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 Approved Clinician (Wales) Directions 2018

Update of Register of Approved Clinicians - Wales

Reporting Period: 14th November 2024 – 10th January 2025

Approvals and Re-approvals: 8

Surname	First Name	Workplace	Date Approval Expires
Moosa	Ali	Betsi Cadwaladr University Health Board, Bryn y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy, LL33 0HH	9th October 2027
Majekodunmi	Olukayode	Powys Teaching Health Board, Bryntirion Resource Centre, Victoria Memorial Hospital, Salop Road, Welshpool, Powys, SY21 7DU	20th November 2029
Stewart	Sarojeni	Betsi Cadwaladr University Health Board, Ynys Mon Community Mental Health Team, Ysbyty Cefni, Llangefni, LL77 7PP	1st December 2029
Manoj	Mini	Swansea Bay University Health Board, House F, Morriston Hospital, Swansea SA6 6NL	9th December 2029
Sikabofori	Bennett Tamunotonye	Elysium Healthcare Ltd, Ysbyty Ty Grosvenor, 16-18 Ffordd Grosvenor, Wrecsam, LL11 1BU.	12th December 2029
Akinmoluwa	Samuel	Hywel Dda University Health Board, Swn Y Gwynt Resource Centre, Tirydail Lane, Ammanford, SA18 3AS.	18th December 2029
Rogerson	Ian	Betsi Cadwaladr University Health Board, Aston House, Deeside Community Hospital, Plough Lane, Deeside, Flintshire, CH5 1XS	18th December 2029
Saffar-Concejo	Sara	Cardiff and Vale University Health Board, MHSOP, Llanfair unit, University Hospital Llandough, Penlan Road, CF64 2XX.	26th December 2029

Approvals Suspended: 0

Surname	First Name	Workplace	Date Approval Expires

Approvals Reinstated/Returned to Work in Wales: 0

Surname	First Name	Workplace	Date Approval Expires

Left Wales/Removed: 1

Surname	First Name	Workplace	Date Approval Expires
Hassam	Essam	Aneurin Bevan University Health Board, St Cadoc's Hospital, Adferiad Unit, Lodge Road, Caerleon, Newport, NP18 3XQ	19th January 2025

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Owen	Elin	Swansea Bay University Health Board, Ty Penfro, 67A Pembroke Road, Canton, Cardiff, CF5 1QQ	23rd December 2024

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

Approval Ended: 3

Surname	First Name	Workplace	Date Approval Expired
Mansour	Khalid	Swansea Bay University Health Board, Llwyneryr Unit, Clasemont Road, Morriston, Swansea, SA6 6AH	30th November 2024
Flirski	Marcin	Iris Care Group, Heatherwood Court Independent Hospital, Llantrisant Road, Penycoedcae, Pontypridd, CF37 1PL	21st December 2024
Pamela	Yerassimou	Cardiff and Vale University Health Board, Hafan Y Coed, University Hospital Llandough, Penlan Road, Penarth, Cardiff, CF64 2XX.	5th January 2025

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

Update of Register of Section 12(2) Approved Doctors - Wales Reporting Period:- 14th November 2024 – 10th January 2025	
	Section 12(2) Approved Doctors
Approvals and Re-approvals	4
Approvals suspended	0
Approvals re-instated/ returned to work in Wales	1
Removed (Left Wales)	2
Retired	0
Registered without a licence to practise and retired	1
Transferred from AC register (to S12 Register)	0
Became AC approved	2
Approval Ended	0
Death in Service	0

APPENDIX 2

Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 – All Wales Section 12(2) Process and Criteria Document

Update of Register of Section 12(2) Doctors - Wales

Reporting Period: 14th November 2024 – 10th January 2025

S12 Approvals and Re-approvals: 4

Surname	First Name	Workplace	Date Approval Expires
Reddy	Duvvoor	Swansea Bay University Health Board, CMHT, Area 1, Central Clinic, 21 Orchard Street, Swansea SA1 5AT	16th November 2029
Tomlinson	Peter	Cardiff and Vale University Health Board, Forensic Community Mental Health Team, Llanfair Unit, UHL, Penarth, CF64 2XX	16th November 2029
Choudhury	Tafika	Independent Doctor, c/o Personal Address.	12th November 2029
Thilakan	Murugesh	Swansea Bay University Health Board, Older People's Mental Health Services, Cefn Coed Hospital, Cockett, Sketty, Swansea, SA2 0GH.	10th December 2029

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approval Reinstated/Transferred/Returned to Wales: 1

Surname	First Name	Workplace	Date Approval Expires
Bekomsom	Frank	Iris Care Group, St Peter's Independent Hospital, Newport, NP18 2 AA	27th September 2028

Removed (Left Wales): 2

Surname	First Name	Workplace	Date Approval Expires
Nasrullah	Faisal	Aneurin Bevan University Health Board, South Caerphilly CMHT, 1 Mill Road, Caerphilly, CF83 3FD.	24th September 2028
Kavisekara	Manjula	Cwm Taf Morgannwg University Health Board, Zone R, Older Person's Mental Health Department, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ	11th March 2025

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Chen	Nelson	Aneurin Bevan University Health Board, Urgent Primary Care 24/7, Vantage Point House, Ty Coch Way, Cwmbran, NP44 7HF.	09th January 2024

S12 Approval Ended and Became AC Approved: 2

Surname	First Name	Workplace	Date Approval Expired
Moosa	Ali	Betsi Cadwaladr University Health Board, North Wales Forensic Psychiatric Service, Ysbyty Bryn Y Neuadd Hospital Llanfairfechan, Conwy, LL33 0HH	14th November 2024
Akinmoluwa	Samuel	Hywel Dda University Health Board, 22 Wellfield Resource Centre, Carmarthen, SA31 1DS	23rd December 2024

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expires

PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE (PPFSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Directors	Director of Finance and Information Director of Planning and Performance
Endorsed By	Joint Commissioning Committee 17 September 2024
Approved By	Health Boards – 25 and 26 September 2024 Board Meetings
Issue Date	1 December 2024
Review Date	~~1 June 2025~~ 12 January 2025
Version	2

Contents

1. Introduction & Constitution 2
2. Purpose 2
3. Scope and Duties 3
4. Membership 4
5 Quorum & Attendance 5
6 Meeting Secretariat 5
7 Frequency of Meetings 5
8 Withdrawal of Individuals in Attendance 6
9 Circulation of Papers 6
10 Access 6
11 Accountability, Responsibility & Authority 6
12 Reporting 7
13 Applicability of Standing Orders to Sub-Committee Business 9
14 Chairs Action on Urgent Matters 9
15 In Committee (Private Meeting) 9
16 Review 9

Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at HB September Board meetings	1 June 2025

Sub-Committee Arrangements:
This schedule forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

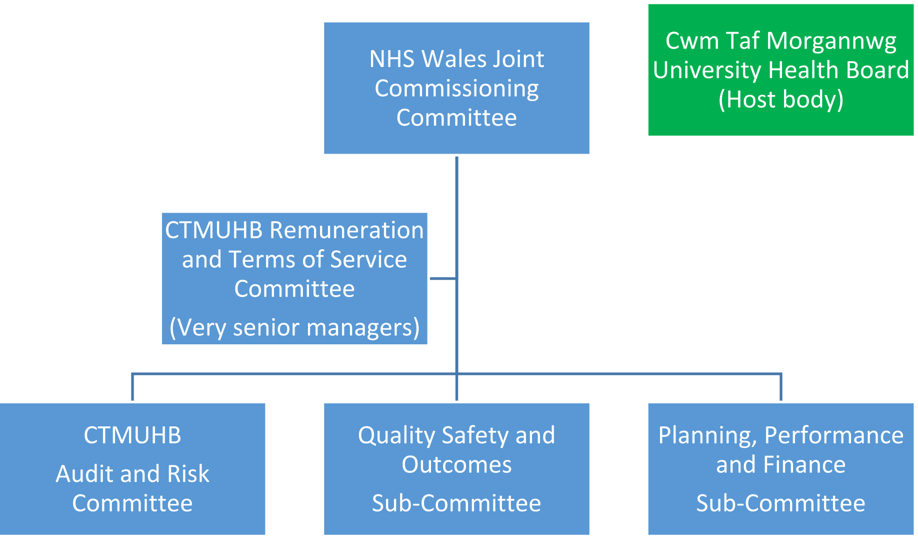
1.1 In accordance with JCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (JCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the JCC either to undertake specific functions on the JCC's behalf or to provide advice and assurance to others (whether directly to the JCC or on behalf of the JCC to each LHB Board and/or its other sub-committees). The JCC shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Planning, Performance and Finance Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. Purpose

2.1 The purpose of the Planning, Performance and Finance Sub-Committee is to be assured that the Joint Committee is effectively managing the strategic planning, performance and financial duties outlined in the Joint Committees SOs and Standing Financial Instructions (SFIs) relating to planning, securing and commissioning the services delegated to the JCC.

Figure 1 – JCC Sub Committee Structure



3. Scope and Duties

The Sub-Committee will provide scrutiny and assurance in relation to the duties below:

3.1 **Planning**

- Monitor the process for the development of the Integrated Medium Term Plan (IMTP) in line with the relevant SOs, SFIs and the NHS Wales Planning Framework
- Receive assurance on the delivery of the IMTP
- Scrutinise the alignment of service, workforce, digital and financial commissioning plans in the IMTP (as appropriate to the business of the JCC)
- Scrutinise the development and delivery of strategic or major service plans through the agreed Service Transformation Programme in the IMTP.

3.2 **Performance**

- Advise on and assure the development and implementation of the JCC's Performance Management Framework
- Monitor in-year performance against the financial plan and activity targets that support the relevant metrics agreed by the Joint Committee
- Monitor overall performance of commissioned services against the JCC's IMTP and the national targets for NHS Wales (Ministerial Priorities).

3.3 **Organisational Risk Register**

- Regularly review the planning, performance and finance risks included on the JCC Risk Register and assigned to the Sub-Committee by the JCC.

3.4 **Finance**

- Monitor delivery of financial plans and savings programmes
- Monitor risk to financial delivery including mitigating actions to appropriately manage the risks
- Robustly challenge and support progress against delivery of
- savings plans including consideration of impact on services
- Scrutinise investments in line with the Standing Financial Instructions (SFIs) and the Scheme of Delegation prior to submission to the Joint Committee for approval
- Monitor activity and productivity including operational efficiency and effectiveness
- Report on significant financial variances and issues, including potential mitigation decisions.

3.5 **Sub-Committee Programme of work**

Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's IMTP and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that

these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

3.6 The Sub-Committee, in monitoring and scrutinising the above areas, will discuss and recommend corrective action where necessary. This will include the transformation, recommissioning and value in health care approach.

3.7 The Sub-Committee will monitor the development of appropriate Key Performance Indicators (KPIs) across all parts of the organisation.

3.8 Where necessary, the Sub-Committee will undertake detailed "deep dives" of specific areas. These reviews will be supported by appropriate benchmarking information to ensure all of the JCCs commissioned services are striving to achieve "best in class" in relation to planning, performance and finance.

4. Membership

Members

4.1 The Membership of the PPFSC Sub-Committee is as follows:

Chair	Lay (Independent) Member of the JCC
Vice Chair	Lay (Independent) Member of the JCC
Member	One further Lay (Independent) Member of the JCC
Member	One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, will receive a nomination from the CEOs of Local Health Boards as outlined below.

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:

- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and

- Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 **In Attendance**

JCC Director of Planning and Performance (co-lead JCC Director)
JCC Director of Finance & Information (co-lead JCC Director)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Sub-Committee Chair
Staff side representative.

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.

4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.

5.2 For effective governance, the Director of Finance and Information and the Director of Planning and Performance are required to attend all meetings.

6 Meeting Secretariat

6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.

7.3 Additional meetings may be held with the chairs of the LHBs Planning, Performance and Finance Committees where there is requirement.

7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.

7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Business.

8 Withdrawal of Individuals in Attendance

8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.

9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.

9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

10.1 The Chair of the Planning, Performance and Finance Sub-Committee shall work closely with the Director of Finance and Information and the Director of Planning and Performance and have reasonable access to the Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board

retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the JCC that Planning, Performance and Finance are being managed appropriately within the commissioning cycles.

Authority

11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference. The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other policy requirements.

Sub Groups

11.4 The Sub-Committee may, subject to the approval of the JCC establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Delegated Powers

11.5 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

Dealing with Members interests during meetings

11.6 Declarations of interest will be a standing agenda item for all meetings.

11.7 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.8 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Sub-Committee's activities. This includes:
  - Assurance that Planning, Performance and Finance are being managed appropriately
  - oral updates on recent activity
  - submission of written Sub-Committee highlight reports throughout the year

- to receive annual reports, which will incorporate key information on planning, performance and finance

- Bring to the Joint Committee's specific attention any significant matters under consideration by the Sub-Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.

12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.

12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Planning, Performance and Finance are being managed appropriately, for inclusion on suitable HB Sub-Committee agendas.

12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee's assurance role relates to a joint or shared responsibility.

12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

12.6 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the effective planning, performance and financial management of healthcare for commissioned services through the effective governance of its organisation.

12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.

12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub-Committees to provide advice and assurance to the JCC through the:

- joint planning and co-ordination of JCC and Committee business; and
- sharing of information.

12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Planning, Performance and Finance Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub-Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the sub-committee Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16 Review

16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

QUALITY SAFETY AND OUTCOMES SUB-COMMITTEE (QSOSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Director	Director of Nursing and Quality
Endorsed By	Joint Commissioning Committee 17 September 2024
Approved By	Health Boards – 25 and 26 September 2024 Board Meetings
Issue Date	1 December 2024
Review Date	~~1 June 2025~~ 12 January 2025
Version	2

Contents

1. Introduction & Constitution 3
2. Purpose 3
3. Scope and Duties 4
4. Membership 5
5 Quorum & Attendance 6
6 Meeting Secretariat 7
7 Frequency of Meetings 7
8 Withdrawal of Individuals in Attendance 7
9 Circulation of Papers 7
10 Access 8
11 Accountability, Responsibility & Authority 8
12 Reporting 11
13 Applicability of Standing Orders to Sub-Committee Business 13
14 Chairs Action on Urgent Matters 13
15 In Committee (Private Meeting) 13
16 Review 14

Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at HB September Board meetings	1 June 2025

Sub-Committee Arrangements:

This schedule forms part of and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

1.1 In accordance with JCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (JCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee or on behalf of the Joint Committee to each LHB Board and/or its other committees). The Joint Committee shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Quality, Safety and Outcomes Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

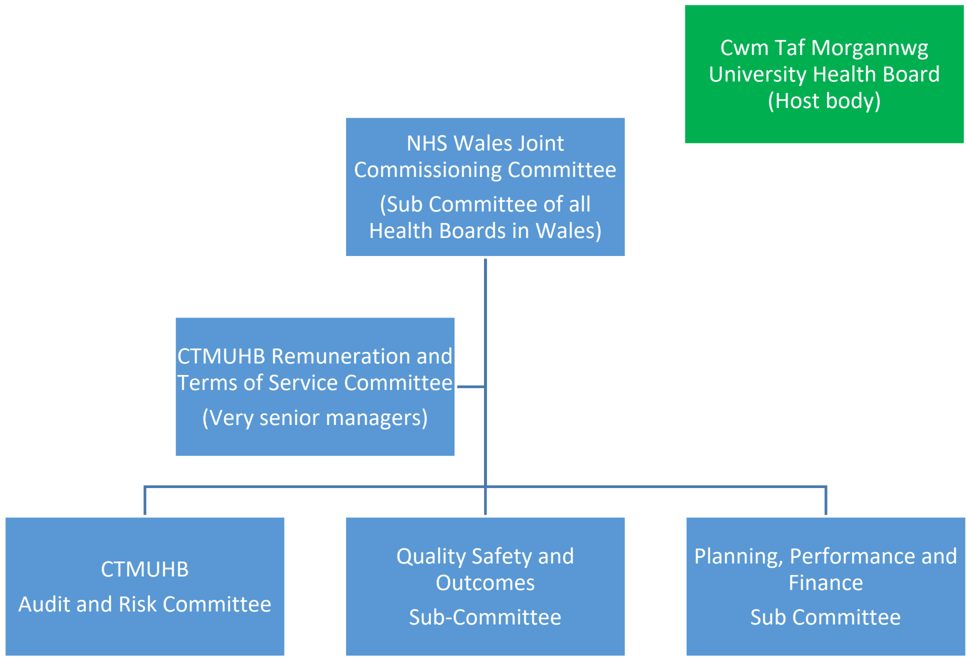
2. Purpose

2.1 The purpose of the Quality, Safety and Outcomes Sub-Committee "the Sub-Committee" is to be assured that the Joint Committee is commissioning appropriate, high quality and safe services from providers (Health boards, Trusts and private sector providers) on behalf of health boards in Wales.

This will be achieved by:

- Providing scrutiny and assurance to the Joint Committee for the Quality Safety and Outcomes of services commissioned from providers including health boards, NHS Trusts and private providers who are accountable for the provision of safe, quality services)
- Reporting to and providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the JCC
- Addressing concerns delegated by the Joint Committee ensuring that individual LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of the services commissioned may impact on primary and secondary and vice versa (whole pathway) and contribute to the achievement of the Duty of Candour; and
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with the services commissioned by the JCC.

Figure 1 – JCC Sub-Committee Structure



3. Scope and Duties

3.1 The Sub-Committee will provide scrutiny and assurance in and will, in respect of its provision of advice to the Joint Committee:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable services for the people of Wales
- Consider the quality, patient safety and outcome implications arising from the development of commissioning strategies, including developments outlined in the agreed JCC Integrated Medium Term Plan (IMTP)
- Ensure that all aspects of commissioning activity, through regular reporting to the sub-committee consider quality, safety and outcomes as part of the commissioning of services
- Receive, when required, items for urgent consideration and escalation
- Ensure a robust process is in place for the development and approval of evidence-based service specifications, focussed on quality and safety of service provision, for all services commissioned by the JCC
- Have responsibility for the commissioning risks designated to the Sub-Committee for monitoring ensuring that quality, safety and outcomes of services commissioned are a priority for the organisation

- Monitor and scrutinise risk management and assurance arrangements for the risks designated to the Sub-Committee for monitoring from the perspective of clinical and patient safety risks
- receive assurance from provider organisations that concerns management arrangements are robust and reported through the appropriate governance routes; and
- Receive assurance that patient safety incidents, complaints and claims (relating to the services commissioned by the JCC) are routinely monitored and are considered a critical part of the evaluation of services in the JCC commissioning cycle.

Sub-Committee Programme of work

3.2 Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's Commissioning Assurance Framework and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

4. Membership

Members

4.1 The Membership of the QS&O Sub-Committee is as follows:

Chair	Lay (Independent) Member of the Joint Committee
Vice Chair	Lay (Independent) Member of the Joint Committee
Member	One further Lay (Independent) Member of the Joint Committee
Member	One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the subcommittee's remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, receive from nominations from the CEOs of Local Health Boards

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 **In Attendance**

JCC Director of Nursing and Quality (Lead Director for the Committee)
JCC Medical Director
JCC Director of Commissioning for Specialised Services
JCC Director of Commissioning for Ambulance and 111
JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Committee Chair
Llais Representative
Staff side representative.

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.

4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.

5.2 For effective governance, at least two JCC Team directors, one of which must be a Clinical Director should be in attendance at the meeting.

6 Meeting Secretariat

6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.

7.3 Additional meetings may be held with the chairs of the LHBs Quality and Safety Committees where there is requirement.

7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.

7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Committee Business.

8 Withdrawal of Individuals in Attendance

8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.

9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.

9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

10.1 The Chair of the Quality, Safety and Outcomes Sub-Committee shall work closely with the Director of Nursing and Quality and have reasonable access to the JCC Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the commissioning cycles.

Authority

11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

11.4 The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the JCCs procurement, budgetary and other requirements.

11.5 The Sub-Committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Healthcare Inspectorate Wales, Care Quality Commission, National Audit Office and Audit Wales, that relate to the commissioning of services.

Sub Groups

11.6 The Sub-Committee may, subject to the approval of the Joint Committee establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Strategy

11.7 Oversee and monitor the development and implementation of the JCCs Strategies for patient quality, safety and outcomes:

- **Patient Quality, Safety and Outcomes**

    - Provide assurance to Joint Committee on implementation of the Quality aspects within the Integrated Medium Term Plan (IMTP) for the Joint Committee
    - Provide assurance to the Joint Committee in relation to the Commissioning Assurance Framework.
    - Contribute to and oversee the development of effectiveness of the Joint Committee's Annual Quality Statement and the Annual Governance Statement
    - Monitor quality via the Quality Dashboard.
- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Quality Standards
- Ensure arrangements are in place to review and act on clinical audit activity which responds to national and local priorities applicable to the business and services commissioned by the JCC as part of the commissioning cycle.
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response.

Organisational Risk

11.8 Regularly review and provide assurance to the Joint Committee on the risks included on the organisational Risk Register and assigned to the Sub-Committee by the Joint Committee.

Quality Improvement activities

11.9 The Commissioning Assurance Framework provides the framework for quality improvement projects supporting compliance with the Duty of Quality. The Quality, Safety and Outcomes Sub-Committee will:

- Provide scrutiny and assurance to the Joint Committee that priorities relating to quality, safety and outcomes are progressing.

11.10 **Patient Experience**

- Receive and review progress reports relating to Patient Experience and the requirements identified in the Commissioning Assurance Framework
- Ensure that the JCC engages with and co-operates with representatives of Llais as appropriate on ongoing patient engagement or major service change. (S.O. 7.7)

11.11 **Concerns**

- Receive as presented within the quarterly quality report, reports on Concerns relating to the services commissioned by the JCC (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with emphasis on ensuring that lessons are learnt and are built into the evaluation of services as part of the JCC commissioning cycle.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) relating to commissioned

services from across NHS Wales, in accordance with the legislation under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) contributing to HB approaches providing information related to the services commissioned to support them in complying with their have legal and contractual requirements.

Delegated Powers

11.12 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

11.13 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the evaluation of services as part of the JCC commissioning cycle.

The Sub-Committee will:
- Seek assurance that the JCC's **Commissioning Assurance Framework** remains appropriate, is aligned to the Duty of Quality and is embedded in practice.
- Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
  - Seek assurance on the delivery of the Patient Experience Plan within the Commissioning Assurance Framework; and
  - Contribute information from the commissioning perspective to HBs in their implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned through the commissioned service lens.

- Seek assurance that arrangements for the **provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
  - the Commissioning Assurance Framework arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services
  - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities
  - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response
  - the development of the Joint Committee's Annual Quality Statement including annual quality priorities; and

  - performance against key quality focussed performance indicators and metrics.

- Seek assurance on the arrangements in place to support **improvement and innovation**, including:
  - an overview of the research and development activity for commissioning within the organisation
  - alignment of the commissioning of services with the national objectives published by Health and Care Research Wales (HCRW);
  - an overview of the quality improvement activity for commissioned services within the organisation.

- Seek assurance that arrangements for commissioned services are **compliant with mental health legislation** are sufficient, effective and robust, including:
  - the Mental Health Act 1983
  - Mental Health Act Code of Practice for Wales and associated regulations (2016);
  - the Mental Capacity Act 2005 Code of Practice and associated regulations;
  - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
  - the Mental Health Measure (Wales) 2010.

11.14 The Sub-Committee will seek assurances on the management of strategic risks delegated to the Sub-Committee by the Joint Committee, from the JCC Risk Register.

Dealing with Members interests during meetings

11.15 Declarations of interest will be a standing agenda item for all meetings.

11.16 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.17 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Committee’s activities. This includes:
  - Assurance that Quality, Safety and Outcomes are being managed appropriately
  - oral updates on recent activity
  - submission of written Sub-Committee highlight reports throughout the year

- to receive annual reports, which will incorporate key information on quality, safety and outcomes.

- Bring to the Joint Committee's specific attention any significant matters under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.

12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.

12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Quality, Safety and Outcomes are being managed appropriately, for inclusion on suitable HB Committee agendas.

12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee's assurance role relates to a joint or shared responsibility.

12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

12.6 Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality, safety and outcomes of healthcare for its commissioned services through the effective governance of its organisation.

12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.

12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub- Committees to provide advice and assurance to the JCC through the:

- joint planning and co-ordination of Joint Committee business; and
- sharing of information.

12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16 Review

16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.