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Evaluation of the BCUHB Inverse Care Law Programme

PREPARED FOR

Betsi Cadwaladr University Health Board

Executive Summary

Betsi Cadwaladr University Health Board (BCUHB) led an innovative programme of work – the Inverse Care Law (ICL) programme – that has kickstarted a whole systems approach to tackle local health inequalities.

The ICL programme operated across three ‘innovation clusters’ in Ynys Môn, Central and South Denbighshire, and North West Flintshire.

This report presents findings from Urban Foresight’s evaluation of how the ICL programme’s transformation partnership approach work to shape collective action to address health inequalities.

The ICL programme met its core goals

The evaluation found the **ICL programme met its aim of creating a place-based partnership approach to address health inequalities across North Wales.**

The programme has also made great progress towards its three main objectives.

1. The transformation partnership approach has **supported collective action** to address health inequalities.
2. The programme has **delivered across most of its intended outputs, capabilities, benefits and outcomes.** It has built capabilities across the system, led to new connections, encouraged innovation, and supported more efficient ways of whole systems working (see Figure 1).
3. It has **encouraged the development of at least 38 projects or innovations** that focus on tackling health inequalities. The projects target priority health issues, groups, and localities.

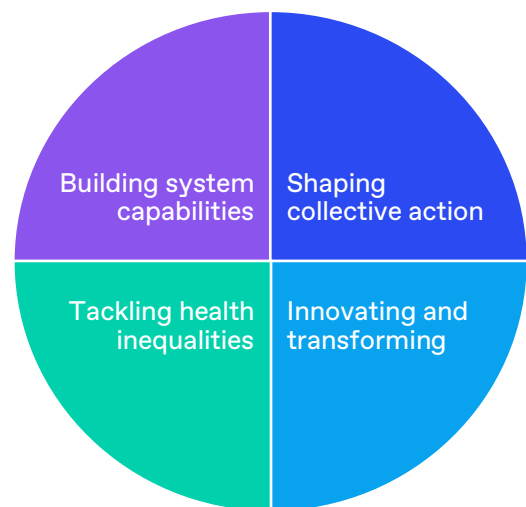


Figure 1: Core areas of success for BCUHB's Inverse Care Law programme

This has all been achieved in a context of uncertainty arising from NHS Wales financial pressures and budgetary uncertainty.

Main successes of the ICL programme

The ICL programme brought significant benefits, exceeding expectations, across four primary areas (see Figure 1).

1/ Building system capabilities

- Attending the ICL workshops successfully increased participants' knowledge, understanding and confidence to apply new knowledge of both systems thinking and concepts relating to health inequalities.
- The workshops also increased participants' knowledge and understanding of their localities, community assets, social capital and priority challenges.

2/ Shaping collective action

- Cross-sectoral representation at workshops helped shape collective, asset-based community development action in and across the three innovation clusters. In turn this has reduced the duplication of work and improved system efficiencies.
- Local partnerships created in the workshops have developed into sustainable active communities of practice with emerging evidence that a model of distributed leadership is possible.

3/ Innovating and transforming

- The programme has been successful at transforming mindsets and participants are motivated to try new ideas and work in new ways.
- New approaches and interventions have been developed and existing approaches adapted.

4/ Tackling health inequalities

- Through building system capabilities, shaping collective action and encouraging the development of innovative approaches, the ICL programme supported organisations to understand how they can work together more effectively to tackle health inequalities from a place-based perspective.
- Projects and approaches targeted priority health issues with priority communities to address the wider determinants of health, often through a preventative approach.

Recommendations for the future of ICL

The ICL programme achieved great strides developing whole systems approaches to tackling health inequalities across the three pilot innovation clusters. Based on the detailed analysis contained within the body of this Evaluation Report, two overarching recommendations are made:

1. BCUHB should build on existing successes and continue to support the existing innovation clusters.
2. BCUHB should roll out the programme to other clusters across the health board, extending the approach.

Table 1: Recommendations to maintain existing ICL activities and expand the programme.

Recommendation	Priority
1/ Support the existing innovation clusters ▾	
1.1 Encourage rotating leadership	Must do
1.2 Support in-person events	Must do
1.3 Provide funding and fundraising support	Must do
1.4 Develop accessible methods of communication	Should do
1.5 Maintain and widely share the ICL data dashboard	Should do
1.6 Build capability in evaluation	Should do
2/ Roll out and extend the approach ▾	
2.1 Support other clusters to innovate	Must do
2.2 Create space for a BCUHB-wide ICL approach	Should do
2.3 Maintain and extend evaluation activities	Should do

A blueprint for future success

The learning developed from the ICL programme to-date can be used as a blueprint for future work. It is recommended that any new iteration of the ICL programme should adopt the ten conditions highlighted in the blueprint for running a successful ICL programme.

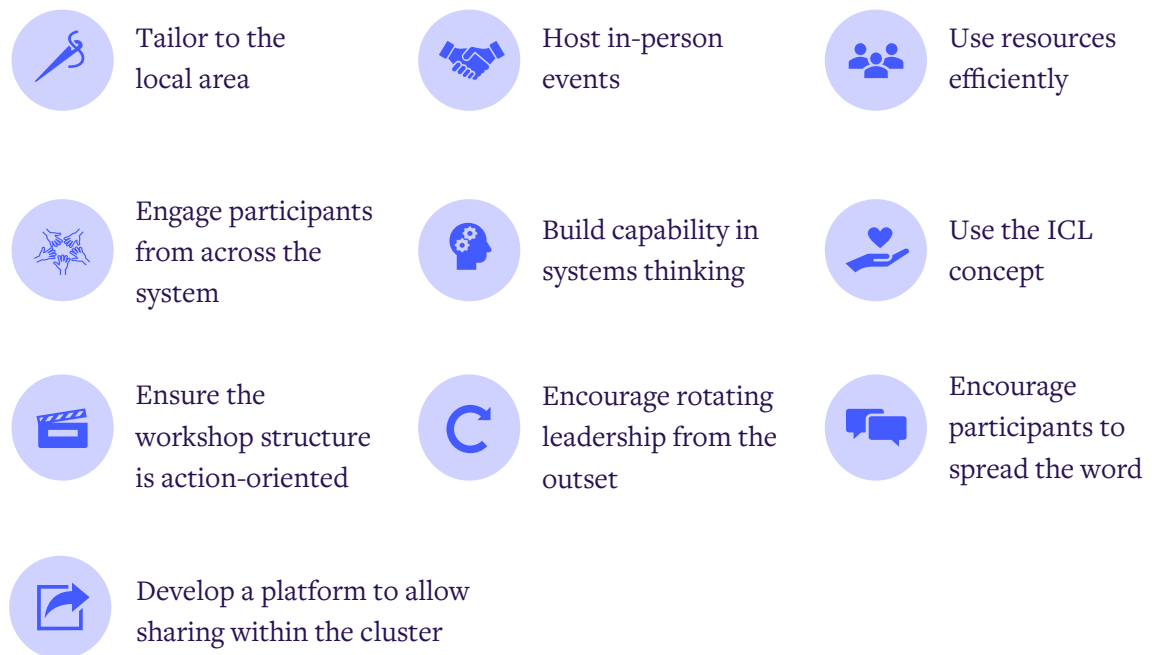


Figure 2: A blueprint of ten conditions recommended for future ICL programmes

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1. Introduction

Betsi Cadwaladr University Health Board (BCUHB) led an innovative programme of work – the Inverse Care Law (ICL) programme – to kickstart a whole systems approach to addressing local health inequalities.

Urban Foresight evaluated the programme and found that it has met its objective to shape collective action to address health inequalities.

This report presents the findings from the evaluation and provides recommendations for BCUHB to maintain the momentum created by the ICL programme.

1.1 The logic behind the inverse care law programme

The ICL programme was developed as part of BCUHB’s vision to create a healthier North Wales. The approach recognises that social, economic and environmental determinants have a significant impact on health but are beyond the scope of the NHS to address. It uses a transformation approach to disrupt and improve the healthcare system.

The ICL programme aligns with BCUHB’s long-term strategy ‘Living Healthier Staying Well’. It is particularly focused on tackling the first area – improving health and reducing inequalities. It also supports the remaining five areas:

- providing care closer to home
- addressing more serious health needs
- mental health and wellbeing
- children and young people
- healthy ageing.

The ICL programme aimed to reduce inequalities through moving towards a model of work where actions are at a scale and intensity proportionate to the level of disadvantage, drawing on the ‘inverse care law’ theory.

The programme supported local teams to adopt a whole systems approach to address health inequalities in their communities. It did so by upskilling local partners in understanding the importance of systems thinking as “a way of exploring and developing effective action by looking at connected wholes rather than separate parts” ([UK Government 2012](#)).

The inverse care law

The inverse care law is an academic concept developed by Julian Tudor Hart in 1971 to explain health inequalities. It demonstrates that those with the biggest needs for healthcare are the least likely to get it (see Figure 3).

This is because populations that have high healthcare needs tend to be less likely to:

- live near good quality healthcare services
- live near healthcare services with availability
- be able to / or know how to access healthcare services even if the option is there.

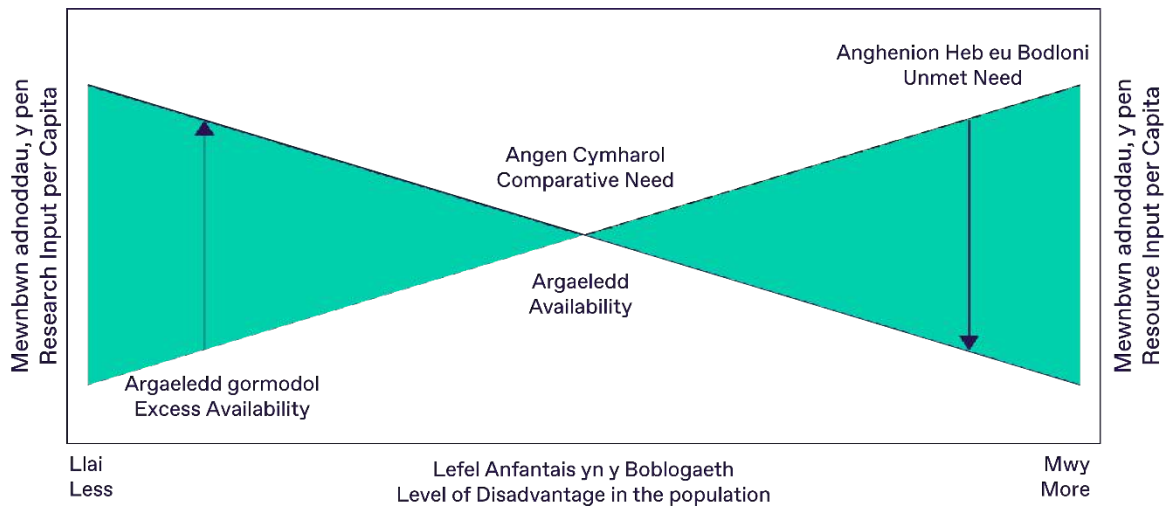


Figure 3: The inverse care law.

Using ICL to address North Wales's health inequalities

As with all areas of the UK, North Wales has long faced health inequalities. The North Wales Population Needs Assessment 2022 reports that it has some of the most deprived areas in all of Wales ([North Wales Regional Partnership Board 2022](#)). The ongoing cost of living crisis has provided additional pressures exasperating health inequalities with families having difficulties affording necessities such as food and heating.

There are also a number of functional challenges that restrict systematic and coordinated action on health inequalities. Challenges include:

- stretched capacity and resources
- limited incentives to find more demand
- service models which tend not to connect with those most in-need
- data and insights on areas of high deprivation that are too high level to be useful
- varied strength/positivity of relationships between health and potential partners including those in the community and voluntary sector.

1.2 Evaluating the ICL programme

Urban Foresight was commissioned to act as the programme's evaluation partner. The team collected ongoing evidence to assess the success of the programme in meeting its aims and to provide and share learning about the delivery.

The evidence has been built from desk reviews, observations, surveys, and dedicated impact gathering workshops where ripple effect mapping was used.

As a result of the unexpected changes to programme funding, this evaluation approach was subsequently reviewed, and the scope reduced. Interviews with cluster members and a second round of follow-up surveys were unable to be completed due to timescales, and the evaluation is limited to an assessment of the first six months of activities.

1.3 Overview of the report

The report presents the findings from the evaluation of the ICL programme.

It first provides additional context to the programme, including its aims, delivery approach and the evaluation approach.

Findings from the evaluation are then presented across four main areas – building system capabilities, shaping collective action, innovating and transforming, and tackling health inequalities.

Following this, a blueprint for success based on the findings is presented, alongside a set of recommendations and next steps for BCUHB to be able to harness and further build on the early successes.

2. BCUHB's Inverse Care Law programme

The Inverse Care Law programme aimed to facilitate a transformative place-based partnership approach to tackling health inequalities.

The programme piloted the approach in three innovation clusters – Ynys Môn, Central and South Denbighshire, and North West Flintshire – to test and refine the proposed approach and to support the cluster's efforts with programme resources.

Urban Foresight evaluated the programme through workshop observations, a stakeholder survey and a follow-up workshop. The evaluation determined the extent to which it achieved its aim, delivered on its intended outputs and supported innovator projects in the clusters.

2.1 Aims and objectives

The ICL programme's overall aim was to create a place-based, partnership approach to address health inequalities across North Wales.

It adopted a transformation approach to reducing health inequalities, building on shared capabilities, assets, insights, and relationships across sectors to grow, implement and share local innovation. The innovation cluster approach provided space for learning and continuous improvement, so that this first iteration of the ICL can create a blueprint for future action.

The programme was designed with the acknowledgement that social, economic and environmental determinants impact health and health inequalities. This thinking demonstrates that any approach to tackling health inequalities is beyond the scope of the NHS alone and requires action from across the local system.

The ICL programme was delivered through a place-based partnership approach that focussed on transformation. This approach was developed in 2022 and is based upon change management, improvement methodology and behaviour change.

A benefits profile was developed which outlined three objectives to achieve the overall aim:

- establish a community of practice
- facilitate the members of the community of practice completing a self-reflection process
- develop Rapid Actionable Insight packs.

The benefits profile mapped the capabilities, outcomes and benefits expected to be achieved through each objective (see Appendix 2). The programme's theory of change (Table 2) provides an in-depth examination of the intended short-, medium- and long-term outcomes.

Table 2: ICL programme logic model

Inputs	Actions	Outputs	Outcomes		
What will be invested / resources	What we will do / interventions	What is produced	Short term (6 months)	Medium term (6 months – 5 years)	Long term (5 – 10 years)
Workforce & staffing (programme & clinical leadership, wider organisational input)	Facilitate 3x workshops per cluster, conversations and meetings	Community of practice	Increased awareness and visibility of the programme across partners	Changes in practice in relation to tackling health inequality	Increased supported and scaled innovate solutions to address complex issues in tackling health inequality
Time (programme & clinical leadership, wider organisational input)	Collaborate with system partners to discover, design & develop	Rapid actionable insight packs	Improved identification of health inequalities at cluster/locality level	Improved decision making in targeting interventions aimed at tackling health inequalities	Reduced variation in life expectancy and healthy life expectancy between people residing in the least and most deprived areas
Funding	Learn, evaluate and disseminate findings	Health inequalities intervention & innovation (HIIP) plan	Increased provision of training leading to increased knowledge of ways to tackle health inequalities at cluster/locality level	Measurable growth in relation to elements identified in cluster self-reflection	
Input from internal & external colleagues & teams	Grow and scale the programme	Programme governance structure	Engaged and invested clusters/localities	Practical interventions are visible and implemented	Reduction in premature and all-cause mortality in identified socio-economically deprived areas
Organisational system support & infrastructure	Generate visibility and develop social media presence	6 kick starter events	Increased system relationships, participation, motivation and collaboration (closed gap in table)	Strengthened community based solutioning	Increased life expectancy and healthy life expectancy for people living in identified socio-economically deprived areas
Policy & strategy	Develop a programme governance & leadership structure	Visible, regular programme communication briefings utilising various social media platforms		Improved capacity and capability in tackling health inequality at cluster/locality level	Programme is regarded as a leader in the field
Leadership commitment		Cluster self-reflection tool		Increased voice, power, and influence of wider system partners	
Internal & external subject matter expertise	Analyse, extract, utilise insight & intelligence				

Inputs	Actions	Outputs	Outcomes		
Quantitative & qualitative insight & intelligence	Partner with system leaders & organisations		Improve the level, depth of local insight and intelligence around health inequality	Better equip workforce in tackling health inequality, especially professionals working in areas of socio-economic deprivation	Improvements across aspects of the wider determinants of health (income and debt, employment/quality of work, education & skills, housing, natural & built environment, access to goods, power and discrimination)
Evaluation partner – time and funding	Analyse data insight & intelligence into usable & meaningful output			Increase means and scope for spreading innovation in tackling health inequality	
	Measure improvement, track impact to make a difference			Improve our utilisation of resource and funding by cross-sector working	Improved wellbeing for individuals in identified socio-economically deprived areas
				Be more effective in developing solutions to tackle inequality through increased knowledge & skill	
				Build an evidence & knowledge base in tackling inequality	

2.2 Programme delivery

The ICL programme was designed as a pilot approach to be rolled out in primary care clusters.

BCUHB initiated the programme in August 2021.

In November 2022, BCUHB asked for expressions of interest from clusters to be early innovators. Three ‘innovation clusters’ were chosen to pilot the approach – Ynys Môn, Central and South Denbighshire, and North West Flintshire. Programme delivery began in June 2023.

Following the 2024/25 Welsh budget announcements in late 2023, certain planned activities were removed or ended early.

Programme timescales

The programme ran from August 2021 until March 2024.

- Year one (21/22) activities focused on building the foundations for the programme by developing the business case, securing funding, and selecting the innovation clusters.
- Year two (22/23) activities were around developing a baseline understanding of potential system leaders and cluster-level data, and planning for the workshops.
- Year three (23/24) activities centred on developing a community of practice and giving system leaders and partners the skills and opportunities to innovate. There were three main components delivered: dedicated programme support, cluster-specific workshops, and the facilitation of a community of practice.

Some activities shifted back from initial timescales. In particular, the workshops occurred slightly later than planned. This was because there were limited planning resources – the equivalent of just two full time roles (one full time and two part time) had to plan nine workshops in three locations across three months.

Additionally, funding challenges from November 2023 meant that not all planned activities were delivered in year three. Although staff costs that were already planned were covered until the end of the financial year, much of the other planned support for clusters was removed. Clusters were not given access to staff time for organisation and were no longer able to apply for funding to develop innovator projects. The evaluation also had to end five months early, and could not capture longer-term benefits.

Table 3 outlines the timescales of actual rather than planned delivery.

Table 3: ICL programme milestones

Milestones	Date completed
Programme commencement	August 2021
Development of the transformation approach and engagement	August 2021 – August 2022
Expressions of interest for innovation clusters deadline	November 2022
Ynys Môn, North West Flintshire, Central and South Denbighshire were chosen as the innovation clusters	December 2022
Developing a view of system leaders and key partners within each cluster	December 2022 – January 2023
Local health inequalities dashboard prototype development	January – February 2023
Actionable insight dashboard completed ahead of workshops	August 2023
Workshop 1 3x (Ynys Môn, North West Flintshire, Central and South Denbighshire)	September 2023
Tender evaluation completed and contract awarded	October 2023
Workshop 2 3x (Ynys Môn, North West Flintshire, Central and South Denbighshire)	October 2023
Workshop 3 3x (Ynys Môn, North West Flintshire, Central and South Denbighshire)	November 2023
BCUHB Health Inequalities Intervention and Innovation plan developed	December 2023 – March 2024
Community of Practice initiated	September/October 2023
Follow-up workshop	March 2024
Programme phase 1 reviewed and evaluated	April 2024
Programme continues, with BCUHB planning to roll out to other clusters	May 2024 – Ongoing

Major programme components

There were four major components to the programme: dedicated programme support, a series of in-person workshops, data dashboards, and the development of a community of practice.

Dedicated programme support

This included the recruitment of a programme manager (full-time) and supporting a GP (part-time) for clinical leadership. BCUHB also allocated a role for part-time project support to do the administrative work for organising the workshops and maintaining mailing lists.

Workshop programme

The programme was primarily delivered through three workshops in September, October and November 2023. The workshops were repeated for each innovation cluster, so a total of nine workshops were delivered. Over sixty local partners were engaged across the three clusters.

Workshops were delivered by the ICL programme team, benefitting from support from BCUHB's Transformation and Improvement team in partnership. Ararna Ltd, a business consultancy, facilitated the workshops. Appendix 1 contains outlines for each of the three workshops.

The workshops focused on building knowledge on health inequalities and the system. This was to grow understanding and upskill attendees, encourage the use of local insight data, and foster collaborative initiatives.

Partners from across the system were invited. Attendees included representatives from the health sector, local government, industry, voluntary and third sector and citizen voice.

Data dashboard

A [BCUHB Inequalities Insight Dashboard](#) was developed to show quantitative and qualitative data from the three innovation clusters that relates to health inequalities. Data was gathered from the Welsh Index of Multiple Deprivation and the 2021 Welsh Census and real-life stories from communities.

The dashboard supports pooling intelligence and examining data at a higher granularity. It was used in the workshops to encourage the use of local evidence to target interventions.

Community of practice

The ICL team used a self-reflection toolkit (Figure 4) to structure the development of a community of practice and the associated ways of working over the course of the three workshops.

The toolkit was designed to enable the cluster to reflect on their local situation in addressing inequalities and participation in community-based systems of support.

It works through six foundations which help build effective system-wide action in reducing inequalities. It is structured through a series of questions and prompts to encourage engaging in ways of thinking that stimulate discussion and shared reflections.

The toolkit was introduced in the first workshop, where attendees were encouraged to undertake a self-reflection exercise. Workshop 2 reflected on responses to better target the use of data and information foundation, while workshop 3 focussed on the use of resource foundation.

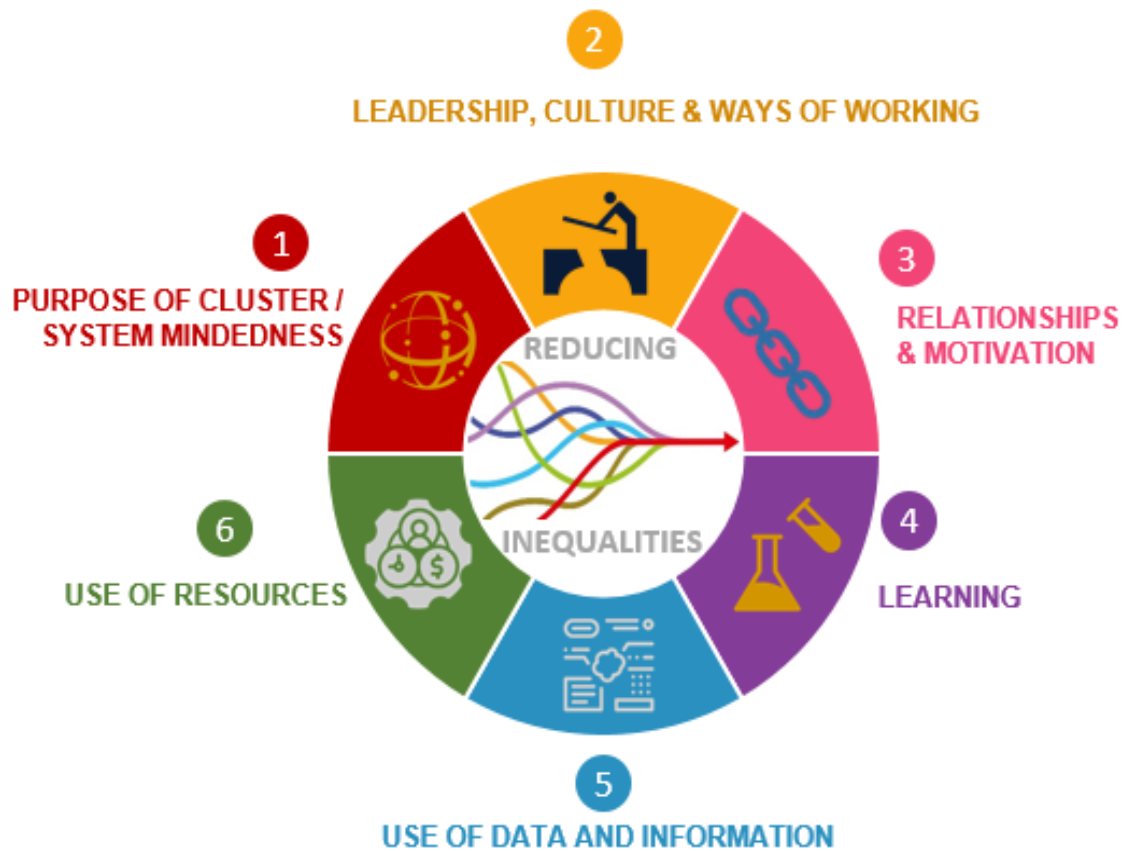


Figure 4: The six foundations self-reflection toolkit.

Programme delivery and evaluation constraints

The ICL programme faced numerous funding and timescale challenges which impacted planned delivery.

First, delays in the procurement process impacted the evaluation. Urban Foresight was not able to join the workshops until November 2023, three months later than originally planned.

Second, in anticipation of the draft Welsh 2024/25 budget, published December 2023, BCUHB had been advised to immediately pause all spending due to uncertainty over availability of funding going forward. Because of this, some planned activities had to be adapted to occur within a shortened timescale or, if adaptation was not possible, the activities were indefinitely postponed. Two planned elements of support were not provided to the cluster members:

- **Cluster Improvement/Facilitator officers.** Initially, and as approved by the Health Board's Enhanced Control panel, it was planned that each cluster would have a dedicated resource to support the clusters in terms of facilitating innovation and maintaining momentum. These roles were not filled. Instead, clusters were largely left to their own devices after the three opening workshops. Notably, in two cases – Flintshire and

Denbighshire – the clusters seemed to have fulfilled this role organically. Key connectors were identified in both cases that had spent time working with multiple other partners.

- **Dedicated funding for innovator clusters.** Initially, £30,000 was set aside for each of the three clusters. This money would have been a funding pot used to support partnerships in creating and delivering innovative initiatives. Again, despite the withdrawal of this financial support, local partnerships formed and developed initiatives either without funding or by drawing on other funding avenues.

Despite these challenges, the programme and local teams continued to deliver the programme, focussing on what was feasible with limited resources. This included running follow-up workshops in April 2024 to maintain the momentum and buy-in of the system partners and to collect data for the evaluation.

The evidence from the evaluation suggests that existing activities created the conditions for local teams to deliver. In particular, the opportunities to build knowledge, skills and networks gained from the workshops gave individuals and groups the confidence to do something different. Additionally, the support of the ICL programme manager and clinical lead, alongside BCUHB's cluster coordinators and the regional wellbeing coordinator ensured that even without dedicated cluster support roles, clusters had clear contacts to reach out to for advice and support.

2.3 The pilot locations

The ICL programme was piloted in three ‘innovation clusters’, Ynys Môn, Central and South Denbighshire and North West Flintshire (see Figure 5). The clusters were selected as they represent the diverse demographic and geographic make-up of North Wales.

The ICL programme was delivered through the primary care cluster structure. The three pilot sites are referred to as ‘innovation clusters’. Primary care clusters submitted expressions of interest to participate. The final clusters were chosen because they:

- span urban, rural, and island populations;
- face common issues around ageing populations, employment, education, poor housing, community safety, and access to services;
- had a mix in terms of existing engagement of leadership and partnership working.

This ensures that the findings and learnings from the innovation clusters should be transferable to other locations in BCUHB and across Wales.

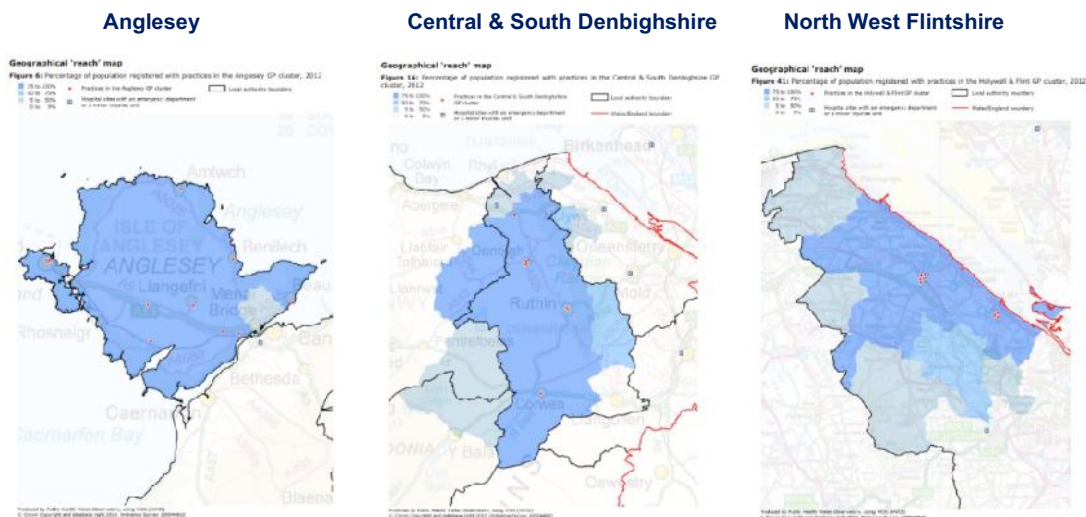


Figure 5: Maps of each of the ICL programme innovation clusters.

Ynys Môn

The Ynys Môn cluster includes a largely rural island population with several towns including Holyhead, Llangefni, Benllech, Llanfairpllgwyngyll, Menai Bridge and Amlwch.

The GP cluster consists of ten practices which serve the 66,120 registered patient population across the large geographical area. There are sixteen full-time GPs and 25 part-time GPs.

As a whole, the cluster sits above the Wales average for the health domain in the deprivation index. However, there are certain hotspots on the island which sit below the average, such as Holyhead. This demonstrates the importance of an approach that is focussed on addressing inequalities.

Key health issues include high incidence of cancer, obesity, and poor levels of mental health. The cluster also faces challenges with an ageing population, low birth rates, high levels of overcrowded households, poor quality housing, and high rates of unpaid care. There are also barriers to accessing care related to limited and poor-quality public transportation to GP surgeries and hospitals.

Ynys Môn was interested in participating in the ICL programme to gain support and advice in two health inequality areas. They were looking to develop community groups in deprived Holyhead area and run targeted blood pressure and health screening in deprived areas.

Central and South Denbighshire

The Central and South Denbighshire cluster includes a semi-rural population with only 3% of the population classified as living in an urban area.

The GP cluster consists of eight GP practices which serve the 41,894 registered patient population across a wide geographical area.

While many areas are considered relatively affluent, the cluster has pockets of deprivation linked to agriculture and rural poverty exacerbated by poor access to public transportation.

Key health issues include low birth weight and higher mental health concerns in the urban areas. The cluster also faces challenges with income poverty, poor levels of education and employment, poor access to services, poor quality housing, overcrowded housing, and a reliance on private transportation to access services.

Denbighshire was interested in participating in the ICL programme to reduce health inequalities and improve population health outcomes in the context of rural challenges. They were also looking to receive support through the Accelerated Cluster Development transition.

North West Flintshire

The North West Flintshire cluster is made up of coastal settlements bordering the Dee estuary. This is a mix of semi-urban and rural communities including the towns surrounding Flint and Holywell.

The GP cluster includes seven GP surgeries which serve the 62,362 registered patient population. There is also notable service provision through third sector organisations.

Key health issues include high levels of hypertension, chronic illness, low birth weight and premature death. The cluster faces additional challenges with low levels of income, unemployment, community safety, lack of access to services, lowering levels of use of services, reliance on private transportation, overcrowded housing, poor quality housing and high levels of unpaid care.

Flintshire was interested in participating in the ICL programme to access learning and/or support to help address the complex challenges the cluster faces as a socially deprived area with many health inequalities.

3. The evaluation approach

Urban Foresight designed an evaluation approach to assess progress against programme objectives and to assess the extent to which it achieved its overall aims and objectives in enabling a whole systems approach to tackling local health inequalities.

3.1 Evaluation objectives

The evaluation assessed the extent to which the programme succeeded in achieving its three high-level objectives and associated research questions (see Table 4).

The changes to programme delivery, meant that evaluation activities had to end early (in March 2024) and the ability to assess medium and longer-term impacts was more difficult. In particular, as the funding for innovator projects was ultimately withdrawn, the evaluation has only been able to partially address objective three.

Table 4: Evaluation objectives

<p>Objective 1: To what extent does the programme’s transformation partnership approach work to shape collective action to address health inequalities?</p> <ul style="list-style-type: none">a. Overall programme effectivenessb. Actions, mechanisms and conditions that facilitate the development and maintenance of effective partnershipsc. Progress towards intended and unintended outcomesd. Wider health or system changes that may occur because of the programmee. Qualitative and quantitative measures to monitor outcomes
<p>Objective 2: To what extent does the programme deliver on its intended outputs, capabilities, benefits and outcomes?</p> <ul style="list-style-type: none">a. Delivering on outputs, capabilities and benefitsb. Additional outputs, capabilities, outcomes and benefits that could help evaluate programme success
<p>Objective 3: To what extent has the transformation partnership approach created delivery of innovator projects to address health inequality?</p> <ul style="list-style-type: none">a. Creating innovator projectsb. How innovator projects contribute to reducing local priority health inequalitiesc. Additional benefits created by the innovator projectsd. How innovator projects demonstrate changes that can be scaled and adopted to help other population groups or placese. Populations reached by innovator projectsf. Value for money in line with prudent healthcare principles.

3.2 Evaluation methods

A mixed methods approach was used to gather and analyse data for this evaluation.

Desk review

A desk review was conducted to understand the baseline in the health board and clusters. This included internal programme and health board documents, BCUHB Inequalities Insight Dashboard, Welsh policies (e.g., A Healthier Wales: Our Plan for Health and Social Care) and the inverse care law academic context.

The desk review informed Urban Foresight's development and use of a set of evaluation tools including workshop observations, stakeholder survey, follow-up workshops and a ripple effect map.

Theory of change exploratory meeting

A theory of change exploratory meeting was conducted between the ICL team and Urban Foresight in December 2023. Prior to the meeting Urban Foresight reviewed the proposed theory of change and then shared feedback and recommendations live with the ICL team. The meeting prompted small additions to the final theory of change and helped shape the evaluation approach.

Workshop observations

Urban Foresight conducted observations of the third workshop for each of the innovation clusters in November 2023. The observations allowed the team to gather insights on how stakeholders interacted with one another at workshops; the types of discussion occurring and who is included in different topics; and finally, on who might be missing.

Stakeholder survey

Urban Foresight developed a stakeholder survey to understand the strengths and weaknesses of the programme and capture learnings. The survey was shared with all stakeholders on the cluster mailing lists. 18 participants responded to the survey including participants from each of the clusters – Ynys Môn (n=6), Denbighshire (n=7), and Flint (n=5).

The survey consisted of 35 questions, both qualitative and quantitative. The survey asked participants questions under four thematic areas: their organisation and its current and planned involvement with health inequalities; reflections on the impacts of the workshops; their work since the workshops concluded and engagement moving forwards.

Follow-up workshop

Following the change to delivery, it was decided that it was important to bring the partners together before the formal BCUHB support ended to contribute to the evaluation and to try and maintain momentum and interest in the ICL approach.

Urban Foresight therefore facilitated a follow up workshop in each of the innovation clusters in the week commencing 4th March 2024. This engaged twelve partners Flintshire, 14 partners in Ynys Môn and 18 partners in Denbighshire.

The follow-up workshops had four key aims.

1. To understand how the workshops have impacted the participants and their work on health inequalities.
2. To capture the impact of the ICL programme through the actions and activities that resulted from the workshops.
3. To identify what actions and support is needed to maintain the momentum of the work on health inequalities.
4. To provide participants with another opportunity to engage with partners in the system and build connections.

Appendix 3 provides additional information about the activities of the follow-up workshops.



Figure 6: Workshop participants in Flintshire developing a ripple effect map

Ripple effect mapping

The follow-up workshops included an extensive ripple effect mapping activity (see Figure 6).

Ripple effect mapping is an evaluation method that identifies and visualises the wider intended and unintended impacts of a programme over time. There are several important benefits of the approach:

- It maps activities and their corresponding impacts along a project timeline.
- It is a participatory method that asks those involved in a programme to record what they have done, observed, or achieved and the impacts of these.
- It captures softer impacts e.g., changes in mindset or developments of stakeholder networks.
- It supports a whole systems approach through capturing the dynamic nature of an intervention and can evidence changes made to support a systems approach.

Urban Foresight took the ripple maps developed in each workshop (two maps from Flintshire, the two from Ynys Môn and the three from Denbighshire) and collated them to create a single ripple map for each of the innovation clusters.

The team undertook an iterative process to transfer the actions and impacts from the paper maps to Kumu, online systems mapping software. This mapping resulted in three populated timelines mapping the actions and impacts resulting from the ICL workshops from September 2023 to March 2024. The timeline was expanded to include actions occurring before programme launch that feed into/intersected with the workshops, as well as ongoing work and future work that has been planned.

A collective map was then developed showing the ripples from all three clusters – [The Inverse Care Law Programme ripple effect map](#). Maps are displayed in Appendix 4 with links to Kumu.

Data analysis

Urban Foresight completed qualitative, quantitative and systems mapping analysis on the data collected from the evaluation tools.

Qualitative data from the workshop observations, stakeholder survey, and follow-up workshop outputs was analysed in a thematic (inductive) approach. This involved the research team undertaking a close reading of the data to draw out important and unexpected ideas in the data. The team then met to agree on the important themes.

Additionally, quantitative analysis of the survey data was undertaken to understand trends in the programmes impact on participant’s knowledge, capabilities and confidence around working on health inequalities in their cluster.

Finally, systems analysis of the ripple effect maps was undertaken to identify impact pathways of the programme.

The analysis led to the development of recommendations that were sense-checked with the ICL programme team within BCUHB.

4. Findings

The evaluation shows that the ICL programme has met its overall aim to create a place-based, partnership approach to address health inequalities across the chosen locations in North Wales.

This success has been achieved in spite of BCUHB's funding challenges and the need to reprioritise certain activities in year 3.

The findings throughout this chapter demonstrate how the ICL programme has met its overall aim. Findings are organised across three sections.

4.1 ↘

Assessment of whether the ICL programme has met each of its intended objectives.

4.2 ↘

Detail about key programme successes across four priority areas.

4.3 ↘

A suggested blueprint for successful place-based working in tackling health inequality.

4.1 How the ICL programme met its objectives

The ICL programme has made great progress towards its three main objectives.

1. **The transformation partnership approach has supported collective action to address health inequalities.**
2. **The programme has delivered across most of its intended outputs, capabilities, benefits and outcomes.**
3. **It has encouraged the development of at least 38 projects or innovations, even without the planned funding for innovator projects.**

Objective 1 → To what extent does the programme's transformation partnership approach work to shape collective action to address health inequalities?

a) Overall programme effectiveness

The ICL programme has succeeded in shaping collective partnership work to address health inequalities. As intended, it has:

- built on shared capabilities, assets, insights and relationships across sectors;
- supported partners to grow, implement and share innovative approaches in local spaces.

Additionally, it has led to the development of cross-cluster partnership working, suggesting there is further potential for regional partnership work to address health inequalities.

b) Actions, mechanisms and conditions that facilitate the development and maintenance of effective partnerships

The blueprint for running a successful ICL programme (Table 8) highlights ten conditions that have facilitated the success. Of particular note:

- In-person workshops which emerged as the most effective mechanism to build capabilities and create connections.
- Channels to maintain open communication in between workshops are an important element that all three clusters noted is important to maintain momentum.
- Clarity over leadership model is needed to maintain the effectiveness on a longer-term basis.

c. Progress towards intended and unintended outcomes

The partnership approach is making strong progress towards its intended outcomes.

The ICL programme has met all of its six short-term outcomes. These relate to increased awareness of the programme, improved identification of local health inequalities, increased training, engaged clusters, increased systems working and improved intelligence around health inequalities.

There is also evidence that the ICL programme is making progress on all of its 12 medium-term outcomes. It is changing practice; improving decision-making; focusing on elements in the self-reflection; leading to practical interventions; strengthening community-based solutioning; improving capacity and capability; encouraging innovation; increasing cross-sector working; improving efficiency and effectiveness of work; and building an evidence base.

Given the strong progress on short- and medium-term outcomes, it is expected that the ICL programme will achieve its longer-term outcomes, assuming it retains its support.

The main unintended consequences emerging are cross-cluster partnership working and influence on local policymaking. These are positive outcomes that should further support the programme in making progress towards others.

The only negative unintended consequence identified is the potential for the breakdown of trust with partners and BCUHB. The withdrawal of planned funding support for projects and the uncertainty about the future of ICL led some partners to question whether BCUHB are trying to get non-NHS organisations to do their work. This was not a common criticism, but something that should be taken into account.

d. Wider health or system changes that may occur because of the programme

There is a broad array of projects and changes that have happened that will likely lead to wider health and system changes (see Table 6).

- Health benefits that are likely to lead to positive changes include: improved nutrition through increased access to food banks; stroke prevention; increased awareness around hypertension; falls prevention; reduction in food poverty; increased support for neurodiverse children.
- System changes that are already leading to benefits include: joint meetings; attending other organisations' events; shared training; signposting to each other's services; information sharing; and co-production events.

e. Qualitative and quantitative measures to monitor outcomes

Qualitative measures should include:

- Partner's knowledge of and confidence in applying systems thinking methods and health inequality concepts to their work, captured via surveys and interviews.
- Ripple out effects, captured via the REMs.

Quantitative measures should include:

- Number of partners.
- Number and type of projects that emerge, as well as any costs associated with the projects.
- Partners being encouraged to complete monitoring forms highlighting the number and types of beneficiaries as a minimum. This would have been a condition of the innovator project funding.

Objective 2 → To what extent does the programme deliver on its intended outputs, capabilities, benefits and outcomes?

a. Delivering on outputs, capabilities and benefits

The ICL programme is making a difference across various areas. However, given some changes to overall delivery, there has not been progress on everything that was planned.

In terms of outputs, benefits and capabilities (see Appendix 2), a community of practice has been developed in each of the three clusters and the dashboard has supported the development of rapid actionable insights and cluster self-reflection. However, other intended outputs have not been achieved due to the changes in delivery. A particular priority must be agreeing the programme governance structure.

b. Additional outputs, capabilities, outcomes and benefits that could help evaluate programme success

At this stage, it appears the proposal was comprehensive in identifying potential strengths of the programme. However, it may also be useful to capture evidence about the influence on local, regional and national policymaking.

Objective 3 → To what extent has the transformation partnership approach created delivery of innovator projects to address health inequality?

Please note, the withdrawal of the dedicated funding pot for each cluster means that partners did not receive additional funding to create innovator projects.

Instead, partners developed new low-cost projects or adapted existing projects and approaches without financial costs. However, in each of the follow-up workshops, attendees noted that the lack of dedicated funding restricted their ability to develop new projects or to scale up micro-level approaches that were proving successful.

a. Creating innovator projects

In total, at least 38 projects or innovations have emerged as a result of the ICL programme (see Table 6).

The partnership approach has been successful in creating the low- and no-cost projects and innovations. The lack of funding means projects are fairly limited in their scope.

b. How innovator projects contribute to reducing local priority health inequalities

In all clusters, projects focused on priority issues highlighted in the workshops and via the dashboard. There is a strong theme of prevention and of addressing priority populations, issues, and locations (see Figure 7).

c. Additional benefits created by the innovator projects

In all clusters, projects also address secondary health inequality issues, i.e., issues not highlighted as one of the three priorities for each area.

The change to evaluation means it has not been possible to hold in-depth interviews to understand additional benefits. It should be further explored how the increase in partnership working can create benefits for organisations beyond their work on health inequalities.

d. How innovator projects demonstrate changes that can be scaled and adopted to help other population groups or places

There are many examples where project and innovations (see Table 6) could be scaled up and/or adopted elsewhere. The follow-up workshops highlighted that partners are already spreading best practice about what does and does not work.

e. Populations reached by innovator projects

For the most part, projects are focused on priority problems as identified in the workshops. There is a particular focus on the following population groups: rural and remote populations, children and young people, those living in poverty, older people with complex health and care needs.

f. Value for money in line with prudent healthcare principles

As projects were not funded, this is not possible to evaluate. Nonetheless, projects that have been developed do follow at least one of the six prudent healthcare principles.

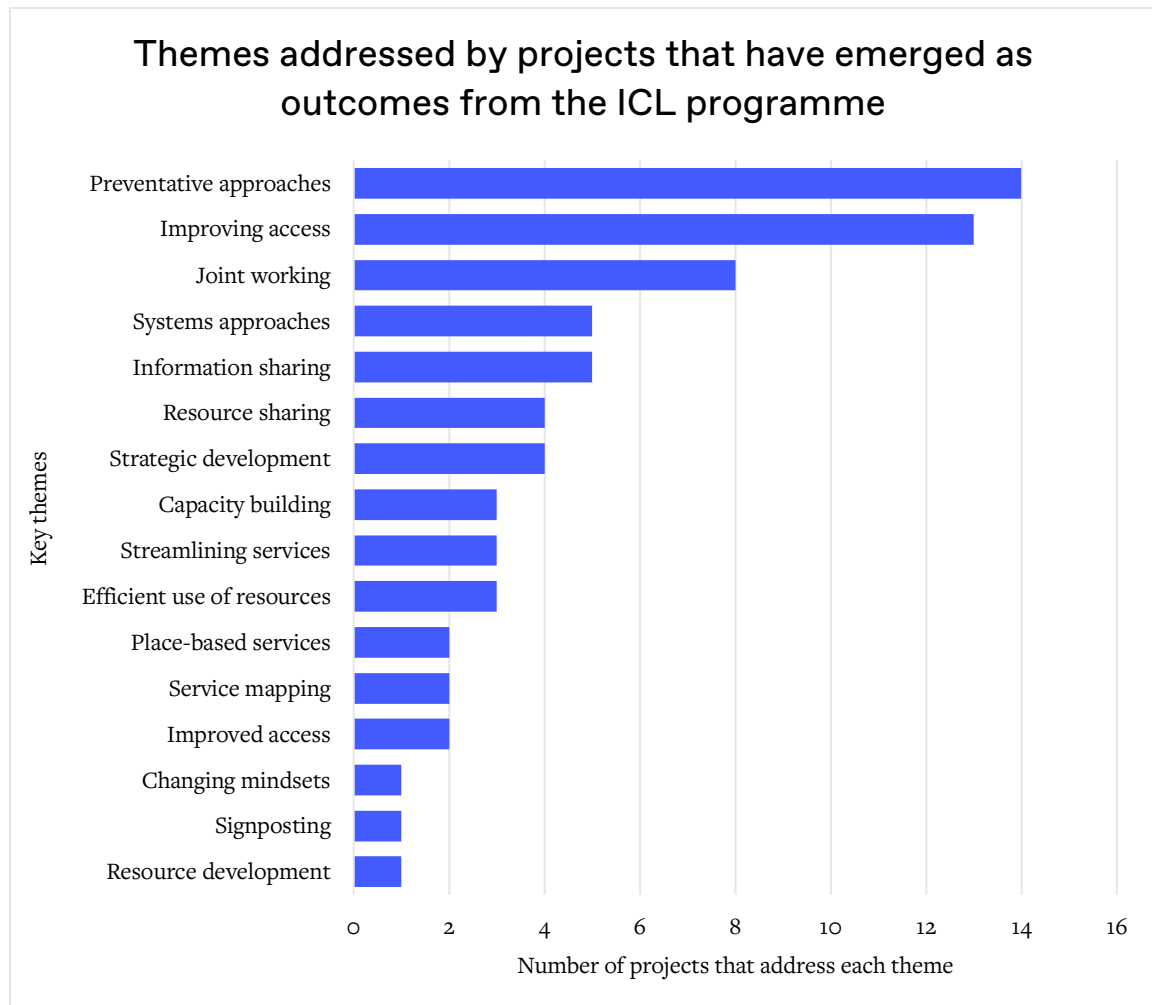


Figure 7: Themes addressed by projects that have emerged as outcomes from the ICL programme. To note, projects can address multiple themes.

4.2 Priority areas of success of the ICL programme

There are four primary areas where the programme has delivered clear benefits:

- building system capabilities
- shaping collective action
- innovating and transforming
- tackling health inequalities

Figure 8 shows the main successes across each of these four themes.

Building system capabilities

The ICL programme successfully built participants' knowledge and understanding of systems thinking as well as their knowledge and application of the inverse care law concept. Participants also gained a greater awareness of their local health system and the organisations and services within it.

Increasing knowledge and understanding of systems thinking

The ICL workshops were successful in building participants' capabilities in understanding systems thinking approaches.

- 66.7% of the 18 survey respondents agreed or strongly agreed that the workshops successfully increased their knowledge on systems thinking with none of the respondents disagreeing (Figure 9).
- 94.5% of respondents reported that the workshops increased their skills in systems thinking significantly or somewhat (Figure 10).
- 94.1% of respondents reported that the workshops increased their confidence in their ability to use systems thinking in their own work (Figure 11).

The workshops were structured such that learning would occur whether participants attended one or all of the workshops. However, discussions with participants highlighted that there was a cumulative learning benefit of attending all three of the workshops.

*“Greater understanding and being given the freedom to see this.”
- Ynys Môn participant.*

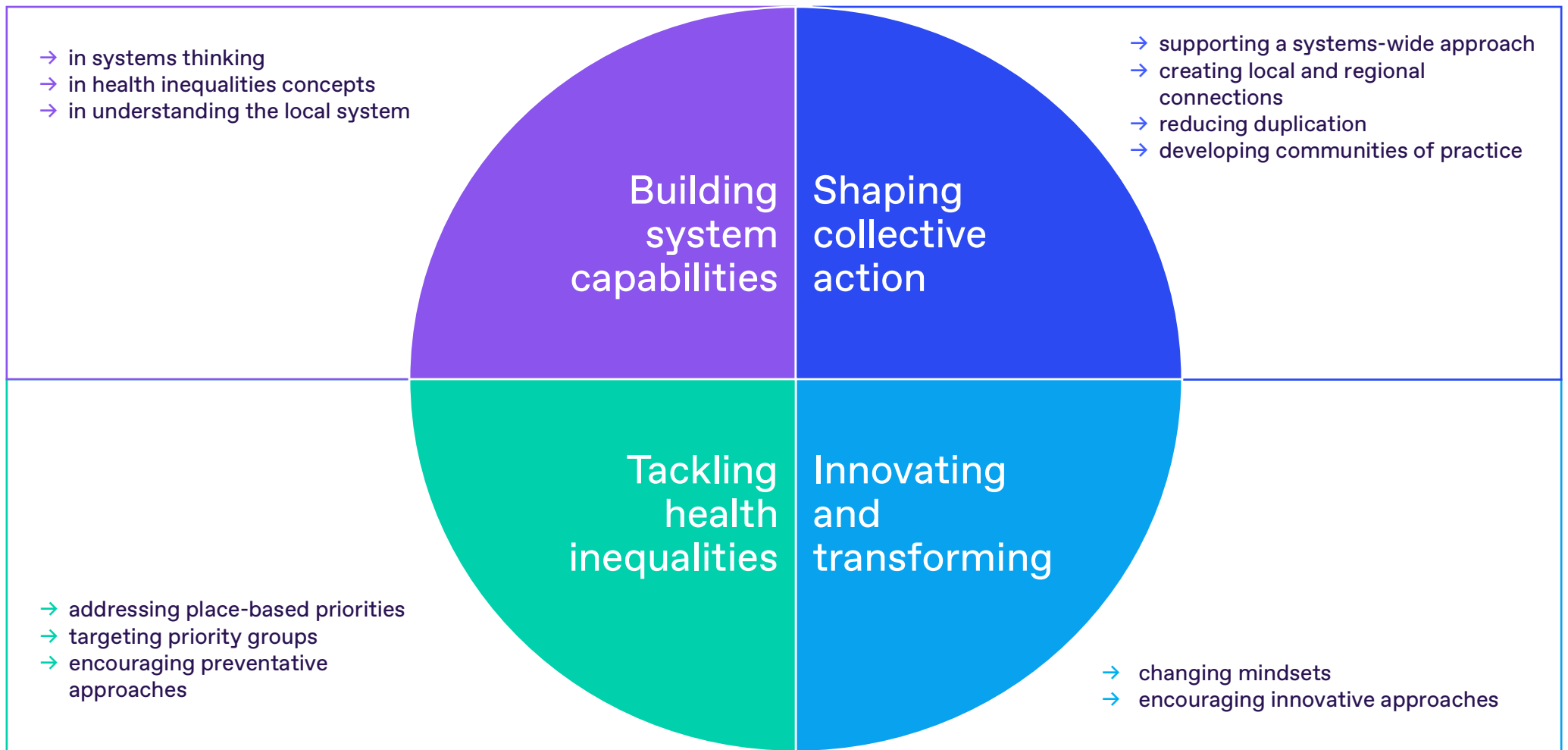


Figure 8: How the Inverse Care Law programme works to tackle local health inequalities

To what extent do you agree that the three workshops together have successfully...

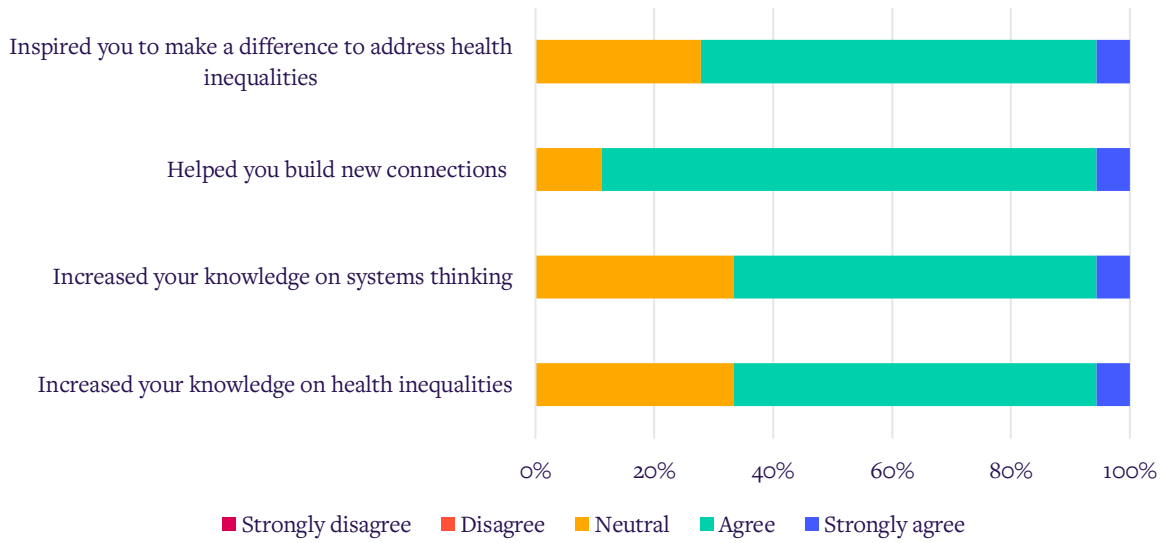


Figure 9: Survey question - to what extent do you agree that the three workshops have successfully...

To what extent did the workshops increase your skills in...

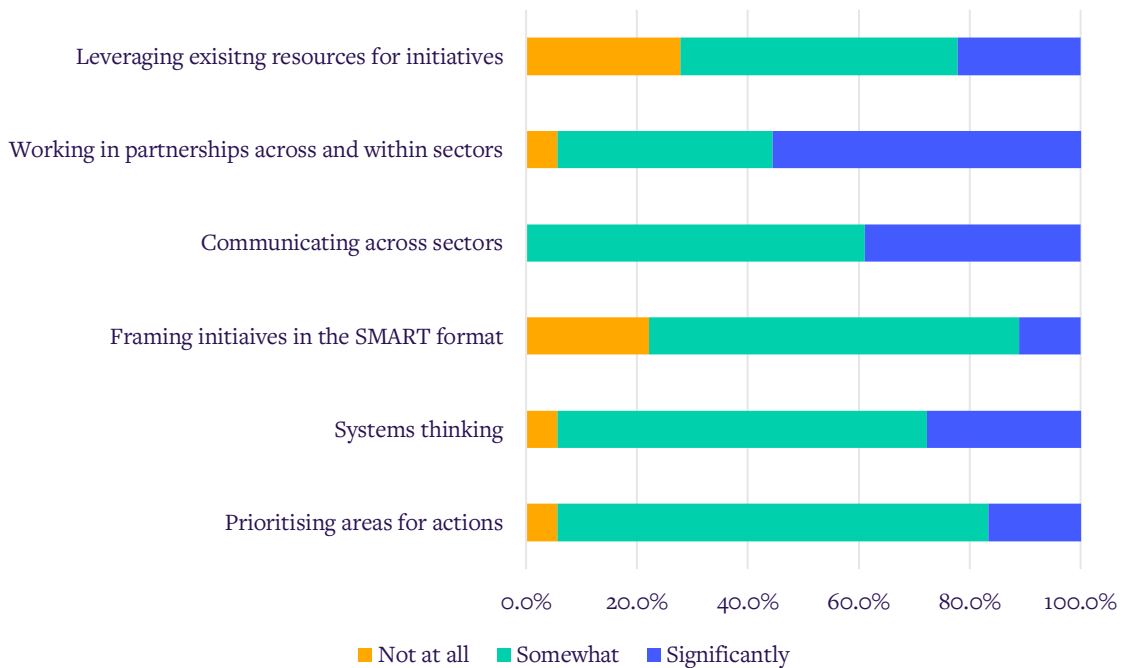


Figure 10: Survey question - to what extent did the workshops increase your skills in...

To what extent have the workshops increased your confidence in your ability to...

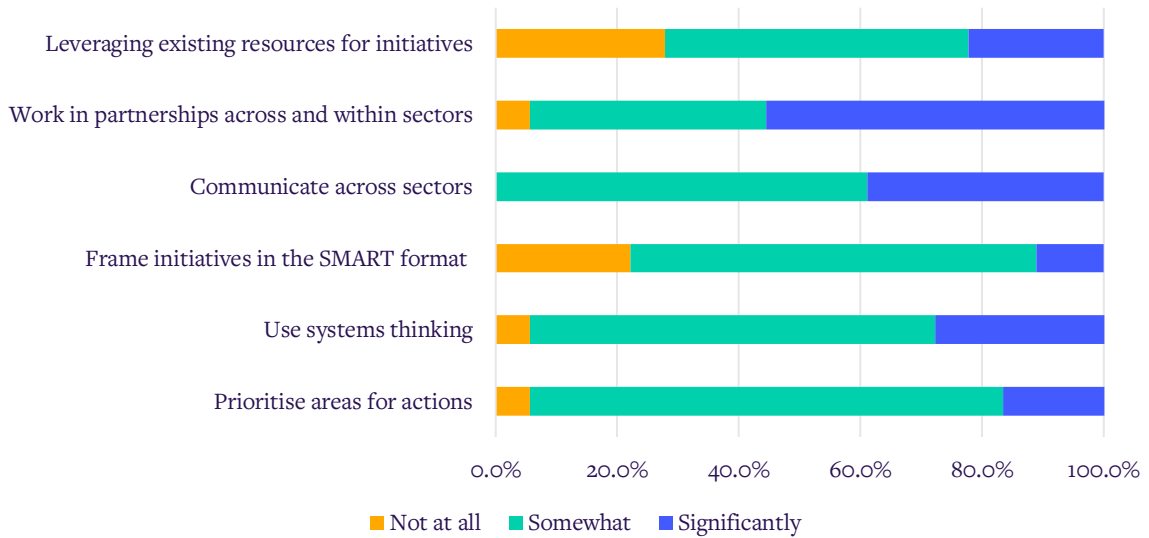


Figure 11: Survey question - to what extent have the workshops increased your confidence in your ability to...

Increasing knowledge and understanding of health inequalities concepts

The ICL programme further built system capabilities through increasing participants' knowledge and understanding of the inverse care law and of health inequality concepts more broadly. More than this, participants reported that through learning about the ICL concept, their perspective shifted, and they gained new insights.

- Prior to the workshops 11% of respondents were familiar with the concept and had put it into practice. While no respondents reported they had a deep understanding of the concept and use it frequently (Figure 12).
- As of March 2024, 50% of respondents were familiar with the concept and had put it into practice. A further 11% reported they had a deep understanding of the concept and use it frequently (Figure 12).
- Over 66.7% of respondents agreed or strongly agreed that the three workshops successfully increased their knowledge on health inequalities in general (Figure 9).
- Some attendees reported that this new-found knowledge supported a mindset shift. During the Denbighshire follow-up workshops, participants highlighted that the programme has taught them not to judge and or make assumptions about people.
- During the Flintshire follow-up workshop, participants highlighted that by learning what ICL means, they also gained a shared terminology to use. Participants reported that it was helpful to all use the same terms when talking about and working on health inequalities.

There is clear evidence of not only an increase in the knowledge but in the application of that knowledge in practice.

“It expanded my thinking in considering health inequality in everything – outside of the usual.” – Flintshire participant.

How familiar are you with the Inverse Care Law concept?

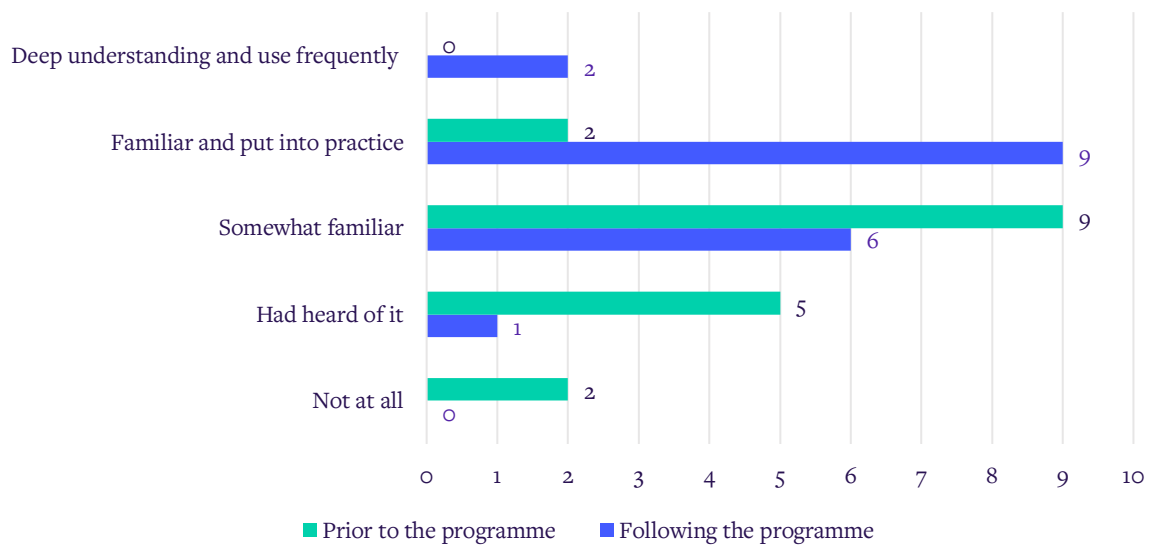


Figure 12: Survey questions - How familiar are you with the Inverse Care Law concept?

Increasing knowledge and understanding of the local and regional system

The ICL programme provided opportunities to increase the knowledge and understanding of local/regional health challenges, priority areas, assets, and networks. In turn this has supported participants to gain better awareness of the system, open new avenues of work, and enabled them to work more effectively together within that system.

Overall, the evidence suggests that the physical act of bringing people together in a room has been the most important element in increasing knowledge and understanding of the local system. This has allowed participants to gain a holistic picture of what and who forms the system.

“I have met other members of the Community health and social care teams and even found out about the existence of these teams.” – Denbighshire participant.

The ripple maps demonstrate the impact a single presentation had on bringing new awareness and enhancing service delivery for the population.

The third ICL workshop included a talk by Ara Recovery For All on gambling addiction and the services they provide. Following this, a participant working in child services in Flintshire made a connection with local services and gambling addiction that then helped to inform staff learning on addictive behaviours for those working with children with neurodiversity (Figure 13). Similarly, in Denbigh, a healthcare professional, who is also a local councillor, shared the new-found knowledge on gambling harms to their local council. The council are now reevaluating their approach to licensing.



Figure 13: Flintshire - ripples from Ara Recovery For All presentation at the third ICL workshop

Other ways that participants' knowledge of the local and regional system was improved via the ICL programme includes:

- The importance of access to the local dashboard highlighting important health data. A participant in Flintshire shared that “access to the ICL dashboard has been a game changer”.
- Being encouraged to share their own lived experiences and knowledge about local health inequalities was important. People appreciated having this opportunity and felt they deepened their knowledge on the issues and broke down hierarchies.
- Gaining a better awareness of the availability of local services and/or a more detailed understanding of what local services offer. For example, Ynys Môn attendees discussed the discovery of Nifty Sixties Gorwel, a coached fitness group at the Holyhead and Ynys Môn Weightlifting and Fitness Centre designed to get people over the age of 60 moving. Flintshire participants shared that they gained larger networks of companies and health services that opened up new referral pathways.
- Better able to navigate the actual structures within the system. At the Denbighshire follow up workshop, for example, participants noted that they gained a better understanding the local health ecosystem, including understanding what different acronyms and terms mean and governance structures in the health board, and what processes are required to progress work.

Shaping collective action

The ICL programme successfully shaped collective action in the innovation clusters. It supported a system wide approach with cross-sectoral representation at workshops, reduced duplication of efforts, created local partnerships and developed communities of practice. However, there is room to further expand and support participation in the ICL programme.

Supporting a system-wide approach

The ICL programme facilitated and continues to support a system-wide approach to tackling health inequalities.

There was strong cross sector participation in the ICL workshops including those from the public, third and private sectors. There were representatives from health – BCUHB, local GPs, Public Health Wales, community nursing, preventative therapy, nursing management and community pharmacy – social care, children and young people’s services, housing, probation services, voluntary councils, fuel poverty support services, and gambling awareness.

Participants also appreciated the buy-in from leadership at the Health Board. However, it was noted in all clusters that clarity about leadership moving forwards is essential.

“A named person within the health board who can champion ideas, and has the right connections to get them moving” – Flintshire participant.

While there was strong cross-sectoral buy-in, important gaps in attendance - education, transportation, food and agriculture, police, and mental health – were noted.

“Education were not involved, or other significant services like leisure or dietetics, all have significant roles with the health outcomes of society.” – Denbighshire participant.

Participants across all three clusters are in overwhelming agreement that the in-person nature of the workshops was vital to support partnership working within and beyond health. New relationships were formed in all cases.

For example, the survey asked participants *what do you think are the main opportunities to address health inequalities in North Wales?* A participant in the Flintshire cluster reported that the ability to “work closely with the non-health partners” is one of the main opportunities.

Nonetheless, participants also brought attention to restrictions in their ability to enact change across the system.

“Connections, knowing that other frontline services are seeing the same challenges and do want change. The barriers sit within higher organisational hierarchies.” – Denbighshire participant.

Creating local and regional connections and partnerships

The ICL programme has successfully created local and regional connections and partnerships in each of the three innovator clusters.

As Figure 14 shows, 100% of survey respondents made connections with people at the workshops and 83.3% of the 18 respondents followed up on those connections after the workshops completed. The outcomes of these follow-ups include knowledge exchange, partnership on initiatives, further networking, and resource sharing (Figure 15).

The impact of the workshops on connection building

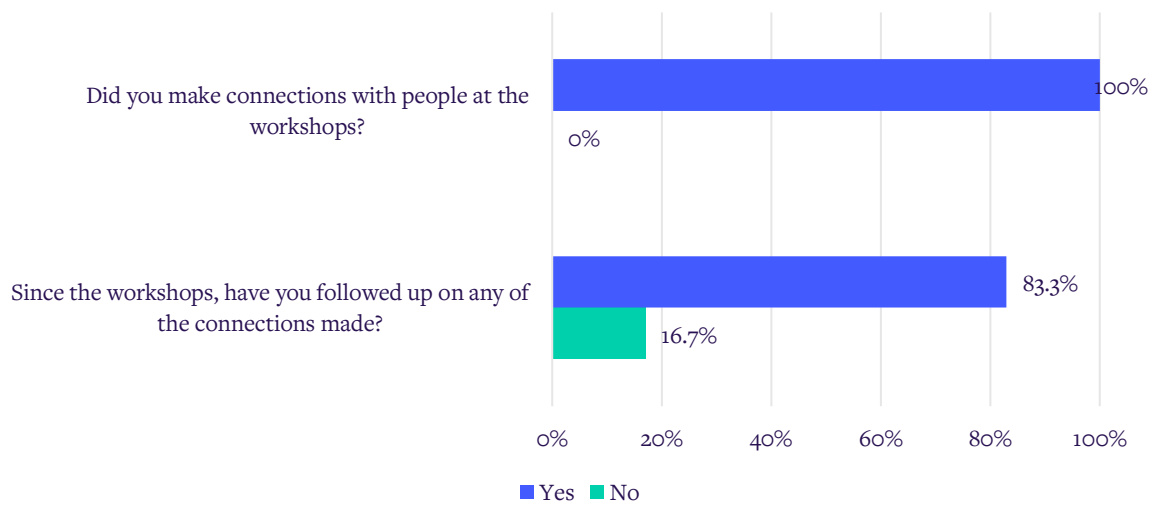


Figure 14: Survey questions - the impact of the workshops on connections.

Since the workshops, have you followed up on any of the connections made? If so, what has been the outcome of the follow ups?

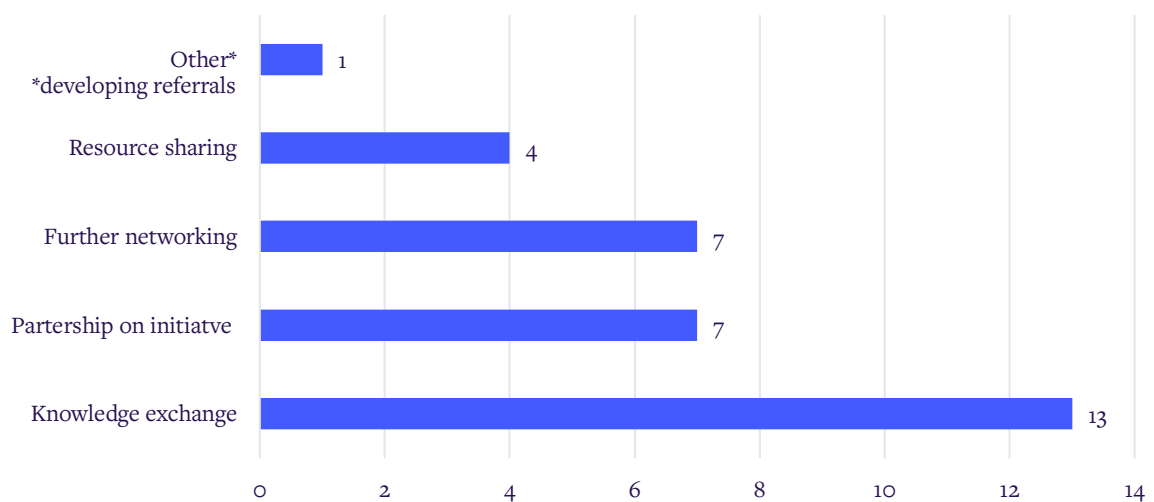


Figure 15: Survey question - since the workshops, have you followed up on any of the connections made? If so, what has been the outcome? (tick all that apply)

50% of survey respondents reported that the ICL concept has influenced the creation of partnerships for them (Figure 16).

For many participants, particularly those working in the health sector who were already aware of the concepts, the connections were the most valuable part of the programme.

“It has re-inferred to me that bringing partners together is a really effective way to reduce health inequalities” – Flintshire participant.

“I wouldn’t say that due to attending the workshops they have influenced my understanding of health inequalities in my area, but it was good to hear perspectives from other representatives in the room on the areas of their work” – Flintshire participant.

Participants are, of course, engaged in other local and regional networks. Nonetheless, many identified the approach of the ICL programme, bringing together a wider range of organisations beyond the health sphere, as something new. Participants believe the ICL programme has great potential to support collective action moving forwards.

“We already work to reduce health inequalities in our everyday work, connecting with other agencies etc, but I am hopeful that after this work [ICL programme] more can be done to work together more closely.” – Flintshire participant.

How has the Inverse Care Law concept influenced you in any of the following activities since the workshop?

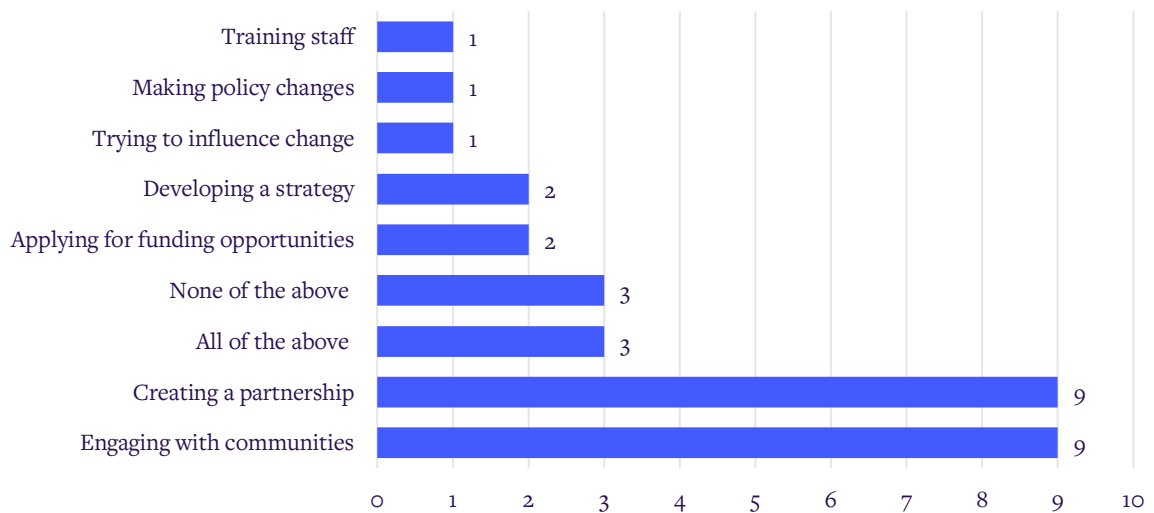


Figure 16: Survey question - how has the Inverse Care Law concept influenced you in any of the following activities since the workshop?

There has not only been more joined up working occurring within the clusters, but the attendance of the workshops demonstrates that regional and national connections were forming. For example,

- The BCUHB-wide social prescribing initiative that has just started has drawn on connections made in each of the three clusters.
- Ynys Môn's Stroke Team have worked with other services over BCUHB and North Wales for new projects e.g., probation services, MIND and the Red Cross (Figure 17).

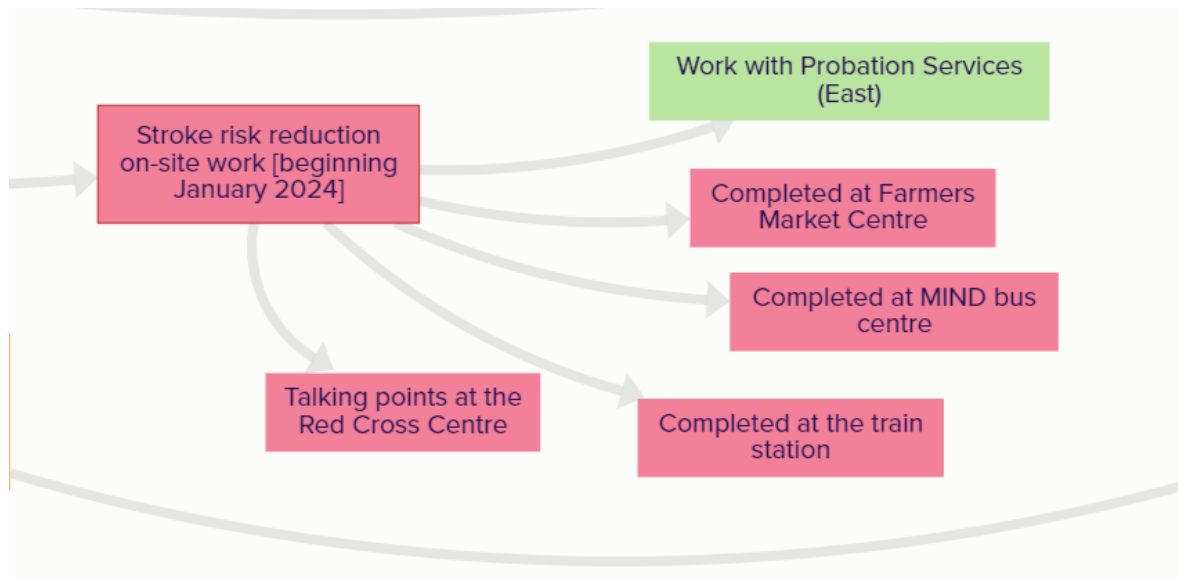


Figure 17: Ynys Môn – ripples from Stroke Prevention team.

Reducing duplication

By increasing the awareness of the system and enabling local and regional partnership working, the ICL programme has aided in reducing duplication of efforts within the system. This is important as reducing duplication through more joined up working ensures the most efficient use of resources. As per the logic model (Table 2), this was not an expected outcome.

Duplication was reduced because the ICL workshops increased participants' knowledge of system assets. Participants are now more aware than ever of what is already being done in the system and who is doing it. This prevents the duplication of work and enables signposting to existing services or collaboration on initiatives.

“It has been reassuring to see and hear the passion that others have in this area for tackling inequalities in health, and to learn how much good work is already happening but isn't necessarily visible to the system. The workshops have generated interest in addressing this as a baseline from which we can build as a collective.” – Ynys Môn participant.

Developing communities of practice

The ICL programme enabled the initiation of communities of practice in each of the innovation clusters. This is in spite of the withdrawal of funding and lack of dedicated administrative support for each cluster which was intended to take the lead in supporting communities of practice.

The workshops have created a shared space to learn, communicate best practice, coordinate, and collaborate.

“Whilst tackling inequalities has always been at the heart of our team’s work, it’s been helpful to reflect and discuss how we do that with a range of other organisations and to discover the commonalities that bond us all in these endeavours.” – Ynys Môn participant.

Communities of practice have developed in each of the three clusters. There is energy and a willingness to keep working together and for members to contribute their own time and resources to making things happen. For example:

- Organisations in Flintshire and Denbighshire have agreed to organise and host future ICL meetings.
- A Flintshire participant stressed the importance of “connections - feeling part of a whole rather than just working in isolation”.

Despite these successes, the follow-up workshops identified additional support needs. Clusters wanted the additional administrative support to maintain mailing lists, set up online workspaces, and plan and manage meetings and events. Table 5 outlines additional needs that participants highlighted as important for the communities of practice to be maintained and grow.

The fact clusters want this support is a by-product of creating successful communities of practice. However, it also brings attention to the challenges that have developed due to the ICL funding restrictions and removal of planned staff resource in each cluster.

Community of practice needs and outputs varied depending on the cluster. This seems to be because of the pre-existing levels of systemic working before the ICL programme began. For example, the follow up workshops identified that Ynys Môn already had more established ways of working together as a system. This impacted how they proceeded after the three workshops such as not requiring additional systems of communication such as a mailing list.

Table 5: Essential actions for the maintenance and growth of the community of practice.

Action	Additional detail
More in-person workshops	In Denbighshire and Flintshire, participants stressed the essential value of face-to-face meetings and proposed the need to maintain these types of meetings and to invite even more stakeholders.
Creating a regular mailing list and contact list	In Denbighshire and Flintshire, participants communicated the essential role of creating and maintaining a mailing list and contact sheet. They reported these resources would allow for community of practice members share information, ask questions, and continue to make connections.
Maintaining a central repository of services and contacts	In Ynys Môn and Flintshire, participants stressed the importance of maintaining an accessible repository of services in the cluster systems. Participants advocated for regular service mapping to understand what is going on where and to facilitate joint working.
Find an accessible and easy way to host best practice and important documents (or Padlet)	In Ynys Môn participants also desired to maintain the benefits enabled by workshops such as sharing funding opportunities, learnings and good news stories, but feel their connections are mature and extensive enough to be maintained online.
Find an accessible and easy way to maintain online communication between meetings	In Denbighshire and Flintshire, participants reported the need to strengthen cluster communication between in-person events. Participants suggested an online platform to share information, exchange best practice and maintain a list of funding opportunities. It was highlighted that this platform must be accessible to all organisations and further investigation is required.
Maintain and keep building the ICL dashboard	In Denbighshire and Flintshire, participants communicated the essential need to maintain and expand the ICL dashboard. Participants reported knowing your area and what your population's needs are is essential for work moving forward.
There is a need for an administrative role for the community of practice to live on.	Someone is needed to send the emails, manage the contact list, and maintain information sources to continue to move forward with the programme of work.

Innovating and transforming

The ICL programme was successful at transforming mindsets. In turn this has encouraged participants to act now to develop innovative approaches, despite the lack of funding.

Changing mindsets

The workshops provided a supportive space to try new ways of thinking and work on tackling health inequalities. The ICL programme successfully changed participants' mindsets around health inequalities, who should be involved in tackling them, and how best to approach them.

“We are incorporating this [knowledge of the system] into our thinking and planning as we look to the future.” - Ynys Môn participant

Changing mindsets is an important aspect of innovation. It ensures changes become embedded and that people spread the message.

- An organisation in Flintshire has developed a new gender identity and pronouns friendly approach to dealing with children and young people as a direct result of their experiences on the ICL programme.
- In Denbighshire the critical response team lead heard the presentation by Ara Recovery For All on gambling addiction. This prompted them to ask what was being done to address awareness of people with gambling addictions at a Denbigh City Council meeting showing how the ICL programme changed mindsets on what and who is involved in tackling health inequalities.
- In Denbighshire, there were conversations with GP surgeries around how ICL can be improved. Part of the discussion was the need to integrate the acknowledgement that chaotic lifestyles impact a person's prioritisation of health in everyday life into service design and provision.
- In Flintshire, participants discussed how the workshops changed how they understand the system and services. Prior to the ICL programme they understood the system through the lens of its services, and targeted their efforts on what services need to improve. They now view the system from the perspective of people. This person-centred approach shifts thinking towards the needs of people rather than services.
- Across all three clusters, participants were supportive of shifting from competitive to collaborative funding models. In both the Flintshire and Denbighshire follow-up workshops, participants proposed an ideas bank and/or opportunities board with attached funding opportunities showing motivation to continue to try new approaches like innovative funding and sharing resources.
- In Denbighshire cluster meetings and Ynys Môn and Flintshire GP collaboration meetings, ICL is now included as a standing agenda item. This extends the recognition of the programme and its aims.

The workshop structure supported the change in mindsets. The three whole-day sessions provided extensive in-person interaction. This allowed for people to share their personal experiences, learnings and challenges. This ability to be comfortable and share in the workshop

space is conducive to changing mindsets around what health inequalities mean, who is working on health inequalities and the ways of working.

“[The workshops were] a very good arena to discuss and explore different ways of thinking and doing things, not just reacting” – Ynys Môn participant.

Encouraging innovative approaches

The ICL programme encouraged new approaches and/or the adaptation of existing approaches. It has been successful in encouraging an innovative and creative mindset, in which people work together to share resources and do more with less.

More than this, it has begun to change how work on health inequalities is done. Across all three areas, there is more partnership and cross-sectoral work, as well as increased engagement with communities. As noted, innovations were implemented without the planned project-specific funding from BCUHB. The evidence suggests that the workshop programme and staff support created the conditions for local teams to have the confidence and knowledge to develop and implement innovative ideas.

Table 6 outlines the major projects and innovations that resulted from the ICL programme. Participants noted that these actions developed because they had integrated knowledge gained from the ICL workshops, and/ or had adapted their ways of working and connections into their own organisations and local networks.

“[The ICL space] has been a useful vehicle to raise awareness of our work. I have a plan which could drive efficiencies, and cost savings, but no-where to take it!” – Flintshire participant.

A key example includes conversations in Denbighshire that started in the workshops about the challenges GPs faced engaging hard to reach groups. This directly led to the Community Fridge connecting the Stroke Prevention team with the MIND mobile bus. This connection allowed the Stroke Prevention team to access hard to reach groups through a mobile station at a farmers’ market. This led to the administration of BP checks and stroke prevention which in turn increased signposting to GPs and/or nurses for any required care (Figure 18).

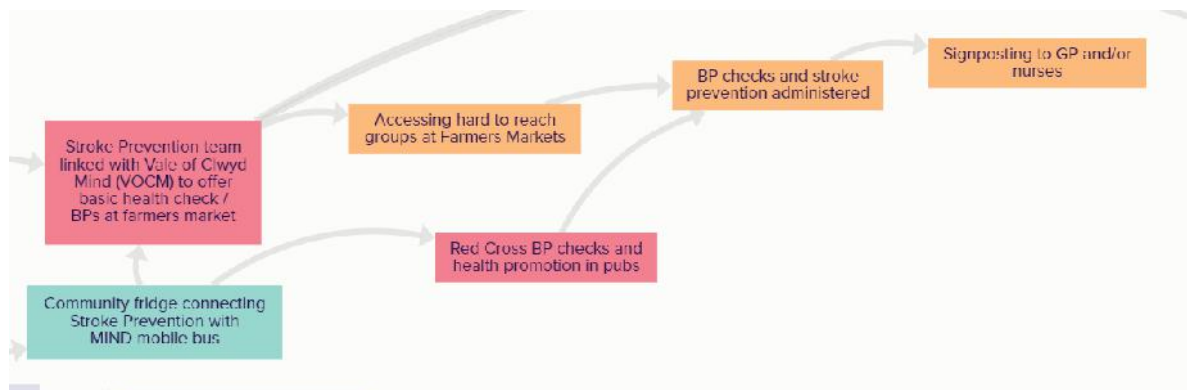


Figure 18: Denbighshire - ripples from connection between MIND and the Stroke Prevention team

The programme has not only stimulated action, but it has encouraged participants to do so with less. It had been assumed that the withdrawal of funding made available to innovator partnerships

would reduce the motivation to innovate. This was not the case. Across all three clusters, participants took action despite having no additional funding.

Nonetheless, it is important to recognise that although participants have innovated, they also noted that their ability to develop projects was limited by the lack of funding. Lack of financial support was the most referenced barrier that limits the survey respondents work on health inequalities (Figure 19). While partners are motivated to investigate innovative funding approaches within the clusters and continue to do more with less, this is unlikely to be sustainable in the long-term.

Additionally, it is important to note that Ynys Môn already had a strong culture of partnership working. Expectations from the partners here was that the programme would provide additional resources to support their existing work in this area. While important actions were taken, partners were more sceptical about their ability to develop innovative approaches without additional funding. This highlights the importance of recognising the context of places where the ICL programme is ran. Understanding the status of existing partnership working can support how messages are tailored.

What are the barriers that limit your organisation's involvement or work on health inequalities?

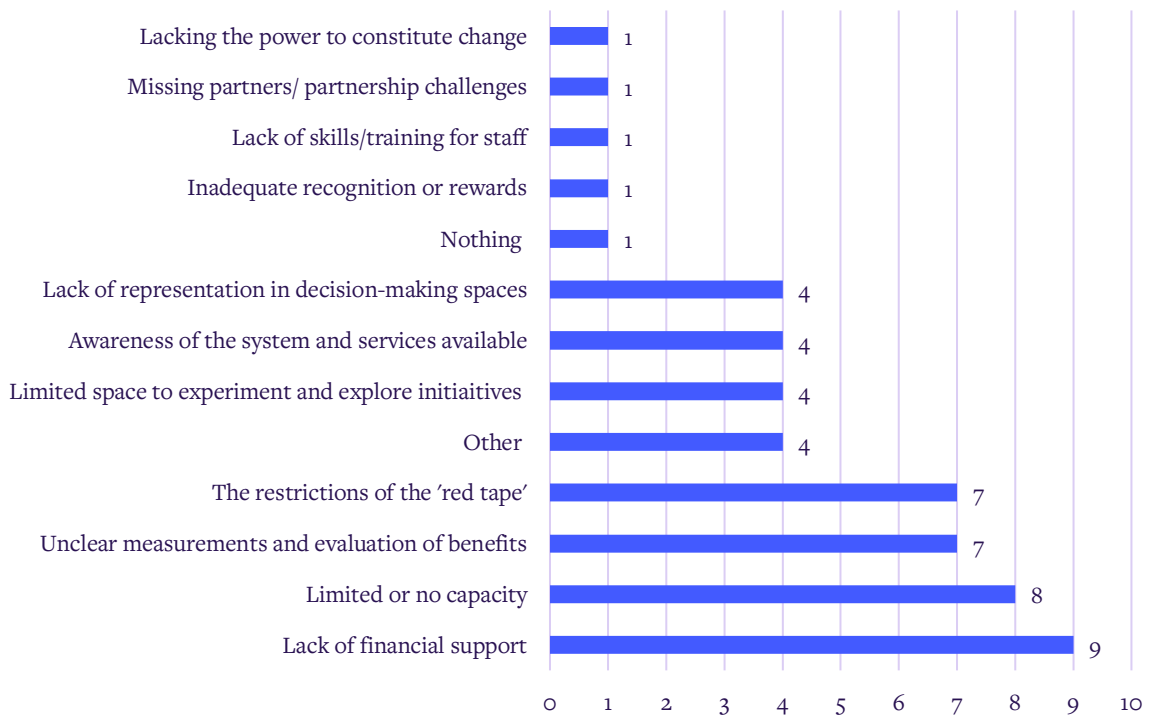


Figure 19: Survey question - what are the barriers that limit your organisation's involvement or work on health inequalities?

Table 6: Outputs from the ICL programme as seen in the ripple effect maps.

Project / example	Cluster	Key themes	Info
Bringing ICL onto the agenda	Ynys Môn, Denbighshire, Flintshire	Strategic development Preventative approaches Systems approaches	The ICL team presented information from the workshops at GP collaboration meetings in each of the clusters, which has prompted continued discussions of ICL at the collaboration and cluster meetings.
The HwB	Denbighshire	Improving access Streamlining services	The HwB offers weekly sessions for the homeless population in which a number of services are accessible in one place at one time. There is the provision of landlord advice, financial advice and foodbank access. Most recently, there has been the discussion to integrate targeted health sessions into the weekly sessions. The HwB also hosts other programmes and services including Fit and Fed, social prescribing and in health and college.
Development of a homelessness guidance document	Denbighshire	Improving access Capacity building Streamlining services	Following the implementation of the weekly sessions for the homeless population in the HwB there has been the development of a guidance document for homelessness and what to do across agencies.
Connections with Borrow Bus (Care and Repair)	Denbighshire	Resource sharing Innovative use of existing assets	Participants were made aware of the Borrow Bus service, which allows community members to borrow tools or equipment, much like a book from a library. This opened opportunities for joined up working and ideas for innovative use of resources.

Project / example	Cluster	Key themes	Info
Health and Wellbeing stalls	Denbighshire	Improving access Preventative approaches	The ICL workshops led to connections being made with the Health Board Communications Officer. The Engagement Officer then led bite size sessions on ICL. The bite size sessions inspired action on bringing health services into communities. The cluster identified central locations for accessing the public and Health and Wellbeing stalls were put up and aligned with the Stroke Prevention team's work on accessing the public. Operation of the stalls identified the need for wider health modules for mental health to ensure nurses e.g., offering care in the communities can manage health conditions.
On-site housing modules	Denbighshire	Capacity building	The workshops led to connections with the Health Board Communications Officer. The Engagement Officer then led bite size sessions on ICL. The sessions developed links with Shelter and the planning of modules in Llandrillo College on housing law for health and social care students.
Stroke Prevention team's work to access the public	Denbighshire	Improving access Preventative approaches Resource sharing	The Stroke Prevention team was linked up with the MIND mobile bus to offer basic health checks, stroke prevention and BP checks in the community. The team administered assessments at farmers markets and signposted individuals to GPs and/or nurses. There are future events being planned, discussions with ICan Farming about hiring a nurse to cover farmers markets and plans to administer assessments in local spaces such as pubs.
Increased signposting for gambling services	Denbighshire	Improved access Streamlining services	Following Ara Recovery For All presentation on gambling addiction, the Critical Response Team lead questioned what was being done to address awareness of people with gambling addictions at a Denbigh City Council meeting. This led to the Head of Service creating a contact list that has been shared with single point of access, allowing for better referral to services.

Project / example	Cluster	Key themes	Info
Padlet	Denbighshire	Resource development Information sharing	The creation of the Padlet provided a professional space for ICL partners to share knowledge and update services. It also facilitated the collection of information that could be shared with the public.
Increased training awareness for gambling and addiction	Denbighshire	Capacity building	The presentation by Ara Recovery For All on gambling addiction made partners aware of accredited training awareness which was shared with the third sector.
Increased connections between organisations impacting events	Denbighshire	System awareness Joint working	The ICL workshops created more connections between organisations in the system. Specifically, links to Carer groups (e.g., STAND), Red Cross, Stroke Prevention services, Equalities Stakeholder group, Public Health Wales Inequalities team, the ICL team and more generally community and inclusion groups. These links led more awareness of existing events and saw an increase in Red Cross's attendance at relevant events. This also impacted the planning of the Social Prescribing event held March 2024.
Increased signposting for Red Cross	Denbighshire	Improved access Signposting Resource optimisation	Red Cross delivered a set of talking points concerning their services at an event at Denbigh library. This led to an increase in the use of available services as GPs increased their signposting to the Red Cross, who could then signpost to relevant third sector services.
Expanding the participation in relevant meetings	Denbighshire	Information sharing Systems approaches	There are plans to open complex case meetings to the wider area including critical response teams. This is being done to build on the awareness of organisations within the system and on the established good practice.

Project / example	Cluster	Key themes	Info
Contextualising the approach to care	Denbighshire	Changing mindsets	The ICL workshops led to conversations and education with GP surgeries around how ICL can be worked in the GP and Cluster team. A central point of this education was approach care provision with the acknowledgement that chaotic lifestyles influence a person's prioritisation of health in everyday life.
Bringing ICL onto the agenda	Denbighshire	Strategic development Preventative approaches Systems approaches	ICL has been added to the agenda at higher meetings. This has prompted discussions with Denbigh City Council and a meeting has been set with education to discuss school meals.
Shared learning on risk assessment and public liability on care in communities	Denbighshire	Capacity building	Following the extensive work on Stroke Prevention and other health services in communities, the cluster has plans for shared learning on risk assessment and public liability. To build a better understanding of the implications of these when attending non-health board events e.g., completing blood pressure testing in public spaces.
Third sector and Health Board planning	Denbighshire	Systems approaches Preventative approaches	The ICL programme has prompted plans to hold discussions between the third sector and Health Board on the health and social wellbeing area at the Denbigh and Flint show in August 2024.
Expanding participation in existing communications	Denbighshire	Information sharing	Connections made at workshops were added to a partner's existing email distribution list. This has resulted in these connections receiving at least three new health and wellbeing campaigns.

Project / example	Cluster	Key themes	Info
Promotion of Hypertension campaign	Denbighshire	Information sharing Systems approaches Joint working	The promotion of a Hypertension campaign with support from third sector organisations in North and South Denbighshire.
Development of guidance to promote inclusive care for homeless people	Denbighshire	Joint working Preventative approaches Improving access	Conversations at the workshops led to the increased involvement of Shelter Cymru with BCUHB. From this collaboration they have co-produced guidance to facilitate the provision of more inclusive care for homeless people. The guide shares best practice for service provision with people who are homeless or at risk of homelessness. The guide is available as of June 2024.
Stroke Risk Reduction on-site work	Ynys Môn	Improving access Preventative approaches	The on-site work began in January 2024 and had stroke prevention and BP checks administered at the farmers market centre, Mnd bus centre and the train station. This intervention has also involved working is Probation Services (East) and presenting talking points at the Red Cross Centre.
Stroke prevention planning and coordination	Ynys Môn	Preventative approaches Joint working Strategic development	The ICL workshops prompted a meeting with Primary Care West on BP monitoring in adults and there are plans to schedule further meetings to progress this work.

Project / example	Cluster	Key themes	Info
Mapping of children and young people services	Ynys Môn	Service mapping	Teams working on children's education, access to care, health and wellbeing have completed service mapping which has allowed for the identification of gaps in the current service provision.
Community Frailty Project – Holyhead pilot	Ynys Môn	Improving access Preventative approaches Place-based services	The Community Frailty project launched May 2023 with a pilot in Holyhead. The project aims to deliver preventative care for high-risk individuals within their own communities through integrating the Community Resource Team (CRT) with the wider health system. While the Holyhead pilot had begun, when the ICL programme launched the project continued to be rolled out as the programme progressed. A locality model was adopted to account for the differences in services across the island.
Children and young people's social prescribing framework	Ynys Môn	Preventative approaches Service mapping	The workshops inspired a meeting in December 2023 to discuss a social prescribing model for children and young people. Representatives from local GP clusters, Public Health, Social Services, County Voluntary Service, Public Service Board, Early Years Pathfinder Project, CAMHS and Learning Disability Service Patient Experience Lead attended. Two further meetings have occurred since December with additional partners joining including Healthy Schools Project and the Health Board's Arts in Health and Wellbeing Co-ordinator. There are goals to create a new PADLET with information on project progress, to map current service provision and to arrange a networking event in May 2024 to bring together key stakeholders.
Physical alterations of spaces	Ynys Môn	Improving access	The current office space is being physically altered to support a joint health and social care model of service delivery.

Project / example	Cluster	Key themes	Info
Community Frailty Project – wider rollout	Ynys Môn	Improving access Preventative approaches Place-based services	The project has moved forward with a wider rollout across the island. Amlwch/Benllech has been chosen as the next area to be rolled out. As well there are plans to build on the prevention work being done through the identification of the following cohort and increasing the links to mental health and social care services.
Community Resource Team engagement	Ynys Môn	Improving access Capacity-building	There has been a programme of engagement with Community Resource Team members this includes GPs, social services, direct nursing and therapies. The engagement has led to the identification of the system’s requirements and accommodations needed to improve service integration.
Gwreiddiau Môn Roots	Ynys Môn	Improving access Preventative approaches	Digartref Cyf recieved Lottery Funding for Gwreiddiau Môn Roots project in April 2023. The project is a partnership that supports those who are homeless or at risk of homelessness across rural Ynys Môn and offers intensive support to prisoner leavers. The project team linked into the ICL programme at the second workshop. In March 2024 the project launched, and the team is making connections to expand on site session delivery e.g., in schools.
Technology used for identification of in-need populations	Ynys Môn	Joint working Resource sharing Improving services	Work has begun to use technology for a multi-agency approach to identifying people who may be suffering from health inequalities and to understand how best to support them.
Care for children with neurodiversity	Flintshire	Improving services Capacity-building	Following the Ara Recovery For All presentation a partner brought the broader understanding of what addictive behaviours are and can look like to local children’s services. To help inform staff working with children with neurodiversity and therefore improve the care provided.

Project / example	Cluster	Key themes	Info
Food poverty collaborations	Flintshire	Joint working Resource sharing	The workshops led to a partnership of Flintshire City Council and the local public health team on food poverty. The Good Food Flintshire initiative has already led to building up the pool of resources and making the connection has increased its sphere of influence across the health, social care and business sectors.
Expansion of the cluster	Flintshire	Joint working Efficient use of resources (people)	There is a plan to expand the cluster beyond the health board to include localities. With the goal to develop fewer but broader partnerships. This means reducing the number of different partnerships that include different combinations of the overall group of stakeholders. Rather be more efficient with stakeholder time and resources.
Young person's experience guide	Flintshire	Improving access	A guide to understanding a young person's experience of care was launched. The guide specifically focused on understanding around gender identity and pronouns. Following this guide there is the ongoing development of a guide for children and young people's care experience.
Expanding the social prescribing offer	Flintshire	Preventative approaches Strategic development	A meeting has occurred with stakeholders, the health board and the ICL team to discuss opportunities for social prescribing to support patients. There is now planning being completed on provision of support which can help reduce health inequalities and the potential visits to the GP or wider health system.
Conversations on traveller communities' access to services	Flintshire	Improving access Preventative approaches	The ICL workshops allowed for specific conversations to occur which has progressed discussions on engaging with traveling communities to help their increase access to care.

Tackling health inequalities

Through building system capabilities, shaping collective action and encouraging the development of innovative approaches, the ICL programme supported organisations to tackle health inequalities from a place-based perspective. Projects targeted priority issues with priority communities to address the wider determinants of health, often through a preventative approach.

Addressing place-based priority challenges

The ICL programme was successful at addressing place-based priority challenges. The access to data via the dashboard, the ability to talk through local issues in workshop 2, and presentations from local organisations ensured that participants could focus efforts on developing approaches to tackle place-based priority challenges.

Importantly, participants appreciated being able to follow the local data rather than following priorities developed at a regional or national level. They appreciated the bottom-up approach in which the health board is an equal partner.

“[We have developed an] excellent working relationships with the Health Board to improve services. A ‘can do’ approach and a willingness and desire to support the community and reduce health inequalities across the island.” – Ynys Môn participant.

Table 7 outlines the priority areas identified for each of the innovator clusters. These areas are reflected in the different types of projects that have started.

Table 7: Priority areas identified by each innovator cluster.

Ynys Môn	North West Flintshire	Central and South Denbighshire
Access to services (focus on transport)	Cost-of-living crisis	Housing
Education of young people	Access to services (focus on transport)	Access to services
Unhealthy lifestyles across the life course	Empowerment of individuals and communities	Communication and participation

Targeting priority groups

The ICL programme supported participants to focus their efforts on priority groups. Across the three clusters, participants noted that they were more aware of the different challenges facing diverse communities and were committed to focusing work on the most deprived groups.

Furthermore, 50% of survey respondents stated that the ICL concept influenced their engagement with communities (see Figure 16 above). Therefore, the work on building system capacity has had clear transferable impacts of the effective engagement of organisations with communities. For example, in Flintshire, there are developments in engaging travelling communities.

Moving forward, the focus on priority groups should help change perceptions at the community level and long-term encourages more engagement, ownership and involvement by the community.

However, it was also identified that across the clusters, there is a need for more sustained and participatory interactions with communities. Expanding the ICL clusters to include those with lived experience could be an important way to ensure future work even more closely reflects the needs of those it aims to support. For example, Ynys Môn participants specifically referenced engaging children and young people to better understand their wants and needs.

Encouraging preventative approaches

The ICL programme has infused the landscape with a renewed focus on preventative health interventions. This opened the area for greater consideration of how the system can intervene before a person gets to the point of being unable to access health services.

For example, teams in Ynys Môn and Denbighshire opted to work on stroke prevention and blood pressure checks by going to where the people are. Similarly, the HwB in Denbighshire is coordinating services all in one place at a shared time. Communities can access food bank support, financial advice, housing advice and health checks from one location.

Third sector organisations were able to better recognise the importance of their work. However, the sense that the NHS and the Health Board does not value their contribution to preventative work was clear.

“NHS needs to understand the role of the voluntary sector and the preventative work it does and work as a real partner referring to its services and improving preventative healthcare” – Flintshire participant.

4.3 Blueprint for running a successful ICL programme

The evaluation has highlighted ten conditions to develop and maintain a successful ICL programme. All conditions are deemed essential.

Table 8: Blueprint for running a successful ICL programme

What	Why
Tailor to the local area	<p>Scoping out the local area should be an important first step. This includes gathering data to support partners in prioritising actions and assessing existing ways of working.</p> <p>Understanding the baseline level of partnership working is particularly important to plan what types of support a cluster needs. Some places already have a community of practice and may have specific support requests (such as training), others have minimal partnership work and need support to develop connections.</p>
Host in-person events	<p>In-person events are essential to developing a strong learning environment, building the foundations of a community of practice and facilitating connection building.</p> <p>Multiple opportunities for face-to-face engagement allows for conversations and connections to form irrespective of hierarchies. They also provide space for sharing of personal stories that can be impactful.</p>
Use resources efficiently	<p>In-person workshops can be less costly and still as effective. Three workshops seem to be a useful amount to kickstart the approach, however BCUHB could financially support the first and encourage participants to host subsequent sessions. This would also support in establishing rotational leadership practices.</p>
Engage participants from across the system	<p>The programme must engage organisations working across the system, including those beyond the traditional health space.</p> <p>This ensures the most effective and efficient interventions by joining up services and sharing resources. It also reduces the impact of system hierarchies and silos and the barriers that accompany them.</p>

What	Why
Build capability in systems thinking	Introducing systems thinking from the outset develops ways of working and the sense of a community of practice. It helps build confidence in the partnership approach and gives people the tools to work together. It can also encourage people to pool resources and funding and remove competition.
Use the ICL concept	<p>The ICL concept provides a shared idea, language and system for stakeholders to work together.</p> <p>Learning the concept structures more focused conversation than ‘health inequalities’ and can feel more inclusive to those not directly working in health. The shared language provides a level of camaraderie and the sense of working together for a shared goal.</p>
Ensure the workshop structure is action-oriented	The findings show that clear actions on health inequalities were taken by community of practice members. However, the development and support of these actions could be better facilitated in the workshops to place them as the main output.
Encourage rotating leadership from the outset	Strong and robust support from leadership can galvanise action and reassure participants that there is support for their innovations. However, it is time consuming and resource intensive for one organisation to shoulder the burden. Developing time from the outset for discussions on rotating leadership is essential.
Encourage participants to spread the word	Encouraging participants to spread the word to those not involved in the programme is important to embed the approach and build system capacity in a self-sustaining manner.
Develop a platform to allow sharing within the cluster	Creating an online platform where participants can stay in touch and share learning in-between in-person meetings to maintain momentum and enable an ongoing communication stream.

5. Recommendations

Overall, the ICL programme has succeeded in its aim to create a place-based, partnership approach to address health inequalities across North Wales.

The ICL programme has successfully built shared capabilities, assets, insights and relationships across sectors. It has also encouraged and inspired local innovation across the three clusters.

Through this, a blueprint for what is needed to enable a place-based, partnership approach to address health inequalities can be developed.

It is recommended that the three innovation clusters are supported to build on their existing successes so as not to lose momentum in tackling health inequalities.

It is also advisable that BCUHB further rolls out the approach across the rest of its 11 primary care clusters to ensure that all parts of North Wales can benefit from the approach.

5.1 Overarching recommendations

There are two overarching recommendations – build on existing successes and roll out the programme to other clusters across the health board.

Support the existing innovation clusters

The existing clusters plan to continue ICL activities whether through additional face-to-face meetings (Flintshire, Denbighshire), online meetings and communications (all three), or developing a shared space to work on projects and proposals together (all three).

“Good foundations have been made in my area and [we] need to continue upon the good work to tackle this issue and keep tackling this issue.”

Providing some forms of additional support, however, is essential to maintain progress. Six important areas of support are identified.

Recommendation	Priority
1.1 Encourage rotating leadership	Must do
1.2 Support in-person events	Must do
1.3 Provide funding and fundraising support	Must do
1.4 Develop accessible methods of communication	Should do
1.5 Maintain and widely share the ICL data dashboard	Should do
1.6 Build capability in evaluation	Should do

Roll out the approach

It is also important that potential benefits are rolled out to other clusters. To effectively do this, three elements should be addressed.

“There is a real appetite for collaborative working across the sectors in North Wales, as organisations recognise the issues and want to change the narrative together. This presents all kinds of opportunities if we can harness that energy, [...] and learn from the process to build momentum over time and demonstrate how working together brings results and helps us all realize some shared outcomes”

Recommendation	Priority
2.1 Support other clusters to innovate	Must do
2.2 Create space for a BCUHB-wide ICL approach	Should do
2.3 Maintain and extend evaluation activities	Should do

5.2 Support the existing innovation clusters

The programme delivered multiple successes despite the restriction of funding. It is recommended that the health board continues to support the programme and its members in six ways.

1.1/ Encourage rotating leadership

What	Leadership in the innovation clusters should be rotational with some level of oversight and continuity by BCUHB.
Why	Leadership emerged as an essential part of the blueprint for success for the ICL programme. During the pilot the ICL team located in BCUHB took on that role. Moving forward to maintain momentum and ensure sustainability of the programme this role should be embedded in the community of practice.
How	<ul style="list-style-type: none">→ Facilitate the transfer of ownership to the innovation clusters e.g., at the follow up workshop Urban Foresight prompted participants to volunteer to take charge of organising the next meeting.→ BCUHB should provide a level of oversight e.g., communicating regularly with members taking on the leadership role. This could include capturing learnings from leadership, being a part of debriefing new leaders, and conducting more formal transition of ownership with leaders as the pilot with the innovation clusters comes to an end.
Priority	Must do – this unlocks other recommendations.

1.2/ Support in-person events

What	Support in-person workshops hosted by participants, providing in-kind support where possible.
Why	The in-person setting of the workshops was essential to the capacity building, shared learning outcomes and connection building. Two of the three clusters highlighted additional in-person events as essential to ongoing success.
How	<ul style="list-style-type: none">→ Encourage the clusters to host their own in-person events, ensuring that at each event someone is identified to hold the following one.→ Advertise the event through the BCUHB networks.→ Provide in-kind support where possible. This could include speakers and facilitators, venues, and contributions towards refreshments.
Priority	Must do – in person events were identified as the most beneficial element of the current ICL programme.

1.3/ Provide funding and fundraising support

What Support the innovation clusters with funding for projects (where affordable) and/ or to develop mechanisms to pool funding and fundraising activities.

Why Funding emerged as one of the largest barriers for working on health inequalities across the clusters. Participants need financial support to develop and extend their innovator projects.

The funding environment is expected to remain constricted for the foreseeable future. Therefore, it is important to use resources including funding, expertise, and people, in the most efficient and effective way possible.

How

- Provide funding opportunities where possible (and as originally planned).
- Support the development of a central repository of funding opportunities that community of practice members can access and add to.
- Share evidence from the ICL programme evaluation to bolster applications.
- Provide training in developing funding applications.
- Change the culture around funding, encouraging the clusters to develop shared approaches to fundraising in a collaborative rather than competitive way.

Priority Must do – there is only so much participants can do without financial support.

1.4/ Develop accessible methods of communication

What Create and maintain online spaces and ways for participants to communicate outside of the in-person events.

Why An online space is important to supplement in-person events and allow for shared learning, communication and collaboration in-between events.

How

- Should include central repository of local resources, services and participants and space to communicate to share and work on events, interventions and funding opportunities.
- Must be accessible to all organisations (third sector organisations may not be able to access NHS Teams spaces), but ideally using a platform people already access.

Priority Should do – it may be possible for the clusters to develop their own platform if there is motivated leadership.

1.5/ Maintain and widely share the ICL data dashboard

What	Maintain the ICL dashboard, updating it with new data and evidence.
Why	<p>The ICL dashboard provides a single point of access for detailed information on the innovation clusters which is accessible to all stakeholders in the community of practices.</p> <p>The dashboard is used to gain knowledge on which areas to focus on to see inequalities are addressed. Therefore, it is important that the information is up to date and accurate.</p>
How	<ul style="list-style-type: none">→ Update information on the innovation clusters.→ Expand the offering to include data on the other GP clusters in BCUHB.
Priority	Should do – ICL participants valued the ability to understand local challenges.

1.6/ Build capability in evaluation

What	Building participants' capabilities in evaluating projects and developing an evidence base.
Why	In the current funding environment effectively evaluating programmes of work and being able to evidence success is essential to gaining funding and political/leadership support. Therefore, it is important to embed those skills in the members of the community practice to ensure continuation of ICL programme.
How	<ul style="list-style-type: none">→ Provide a toolkit of online and accessible resources on evaluation.→ Deliver bite size sessions on evaluation and evidencing success throughout the year or during existing meetings (i.e. as in-kind support to participant-led events).
Priority	Should do – this will further support the clusters to fundraise and become self-sustaining.

5.3 Roll out and extend the approach

Extending the benefits of the ICL programme to the rest of the health board is likely to be a strategic efficiency and cost-saving measure. This is important given the funding restrictions and special measures status. Three recommendations will support this goal.

2.1/ Support other clusters to innovate

What	Rolling out the approach to the other 11 clusters in the health board.
Why	<p>The ICL programme has been successful in the three pilot clusters. Important lessons have been developed that can shape additional roll out and ensure the most efficient use of resources.</p> <p>Giving all 14 localities across the health board the opportunity to bring their system partners together to address priority local issues and tackle health inequalities.</p>
How	<ul style="list-style-type: none">→ Follow the blueprint outlined in Table 8.→ Use resources effectively. For example, while in-person events are essential, lower-cost / no-cost community venues are appropriate to use.→ Shift the programme into the control of primary care leadership
Priority	Must do – there is a risk of creating further inequalities if other clusters are not given the opportunity to engage in the ICL programme.

2.2/ Create space for a BCUHB-wide ICL approach

What	Create opportunities for networking and collaboration across BCUHB, allowing clusters to connect. This should supplement, not replace, local cluster activities.
Why	<p>Creating space for a Betsi Cadwaladr-wide ICL approach has significant potential to be a cost-saving measure given the focus on prevention, success engaging at-risk groups, and ability to reduce duplication, particularly where issues and/or solutions transcend cluster boundaries.</p> <p>Additionally, there are already important learnings and best practice that can be shared between the three innovator clusters, but no clear mechanism to do so.</p>
How	<ul style="list-style-type: none">→ Facilitate or host an annual BCUHB-wide in-person event. Ideally this would move around the health board region each year.→ If possible, creating space on a shared communication platform for cross-cluster conversations and sharing of best practice.
Priority	Should do – this has the opportunity to deliver further benefits across the region.

2.3/ Maintain and extend evaluation activities

What	Continue and expand evaluation activities.
Why	Tracking changes, developments and impacts is vital to ensure continued best practice. High quality evidence can also support partnerships in their funding pursuits.
How	<ul style="list-style-type: none">→ Update the existing ripple effect maps as the initial pilot clusters continue to innovate and ensure ripple effect maps are developed wherever the programme is further rolled out.→ Integrate the collection or recording of actions and impacts into existing meetings or gatherings e.g., the GP cluster meetings or the innovation cluster meetings that Denbighshire and Flintshire have committed to holding.→ BCUHB to have ownership over activities but encourage the rotating leadership to support data collection.
Priority	Should do – gathering additional evidence is important for developing successful funding proposals and highlighting gaps and opportunities.

6. Conclusions

The ICL programme achieved great strides developing whole systems approaches to tackling health inequalities across the three pilot innovation clusters.

The learning developed from the ICL programme to-date can be used as a blueprint for future work.

It is important that BCUHB uses this learning to maintain a role in facilitation of existing activities and to expand the programme across the health board.

The Inverse Care Law programme developed benefits for the three innovation clusters across four core areas:

1. **Building system capabilities.**

Participants across the three pilot clusters reported that their knowledge and understanding of systems thinking, of the inverse care law/health inequalities and of local and regional health challenges, priority areas, assets, and networks increased.

2. **Shaping collective action.**

This capacity has improved joint-working, given stakeholders a shared language and identity to work on health inequalities and allowed for better understanding of strengths and gaps in their local system. In turn this reduces duplication of work. It also creates space for local communities of practice to form in a self-sustaining way (although without clarity about leadership, clusters may struggle to retain this momentum). The programme also supported the creation of regional partnerships.

3. **Innovating and transforming.**

The workshop environment and ICL brand helped to change mindsets around health inequalities and reduce feelings of being alone in the work. It also encouraged new approaches and the adaptation of existing approaches which supported partnerships across the three clusters to do more with less. Many important lessons have been developed from these early innovator projects.

4. **Tackling health inequalities.**

The approach enabled a place-based approach to tackling health inequalities which addressed priority local issues and supported priority groups. There was a clear focus on preventative interventions that focused on addressing the wider determinants of health inequalities. It also supported organisations outside of the health sector to intervene on these determinants.

More than this, the evaluation has highlighted lessons from the ICL pilot that contributed to these successes. The details of this story have been formulated into a blueprint for success which should be used to expand the programme to other clusters in BCUHB and beyond.

Appendices

Appendix 1: Workshop outlines

Workshop 1 outline – Building the team: what is our ‘why’?

- Creating a shared understanding around health inequalities and ICL.
- Making connections, understanding who else is in the system, supporting each other.
- Introducing the self-reflection toolkit (six foundations on which to build effective system-wide action) – to enable clusters to reflect on their local situation.

Workshop 2 outline – Our community: what is our starting point?

- Continuing to work on the six foundations of the self-reflection toolkit.
- Understanding where to work – an in-depth look at the local environment and needs to understand how health inequalities show up, to help identify health inequality and support action planning.
- Understanding local insight (data, analysis, insights, community stories) – to help partners gain knowledge and insight on local health inequalities and to help with awareness of available data resources.

Workshop 3 outline – Tackling healthy inequality together: let’s do it!

- Providing space to identify ideas, projects and actions partners can take to tackle health inequality.
- Identifying a first round of collaborative initiatives.
- Understanding the resources to support those activities.

Appendix 2: Benefits profile

Output If we...	Capability We will be able to...	Outcome Which will give us...	Benefit By which we can
<p>Establish a community of practice</p>	<ul style="list-style-type: none"> • Share knowledge and insights on activities currently taking place in North Wales aimed at tackling health inequality • Provide a place for interested parties to connect, regardless of sector, background or experience • Bring in internal, external, national and international experts to share their knowledge on tackling health inequality • Provide a 'home' for collective action on innovation in health inequalities in North Wales • Bridge connections between dispersed practitioners • Promote and normalise inequalities work • Demonstrate BCUHB's commitment to addressing inequalities 	<ul style="list-style-type: none"> • A live repository of learning to collectively grow a knowledge base on projects and case studies active in North Wales • Increased knowledge and skill for our workforce to tackle health inequality in their communities • Improved cross-sector & team working • Protected time and headspace for clusters and partners 	<ul style="list-style-type: none"> • Build an evidence & knowledge base in tackling inequality • Increase our means and scope for spreading innovation in tackling health inequality • Better equip our workforce in tackling health inequality, especially those professionals working in areas of socio-economic deprivation • Improve our utilization of resource and funding by cross-sector working • Be more effective in developing solutions to tackle inequality through increased knowledge & skill

Output If we...	Capability We will be able to...	Outcome Which will give us...	Benefit By which we can
<p>Complete a self-reflection process</p>	<ul style="list-style-type: none"> • Understand our starting point across six foundations on how we build effective system-wide action on tackling health inequality • Encourage partners to get comfortable with ‘failure’ as a pre-requisite for learning, testing and improvement • Create an environment for multi-agency reflection and learning through a facilitated process • Identify the assets available within communities/localities • Be inclusive of wider partners and think as system, beyond sector silos • Provide hands on support with deep-dives into pockets of deprivation and unmet need • Co-design goals & delivery planning • Bring together a diversified workforce across sectors and boundaries • Create an environment where the primary, community and voluntary sector are on a more equal footing 	<ul style="list-style-type: none"> • A basis for continuous improvement • Protected time and headspace for clusters and their partners • A view of the resource that is required • Identified hotspots and a joined up 360° view of unmet community need • Knowledge of who the players are within the system that can offer support • Innovation/entrepreneurial muscle • A means to accelerate place-based work 	<ul style="list-style-type: none"> • Measure improvement, track impact and know where we can make a difference • Create local ownership of health inequality • Create tangible and practical solutions to help ACD & primary care strategy delivery translated into a Health Inequalities Intervention & Innovation plan • Become more effective at targeting of shared resources

Output If we...	Capability We will be able to...	Outcome Which will give us...	Benefit By which we can
<p>Develop Rapid Actionable Insight packs</p>	<ul style="list-style-type: none"> • Capture place-based specifics & assets • Provide a proof-of-concept for hyper-local analytics in health inequality • Understand the wider picture beyond the data (storytelling and community insight) • Provide a platform and methodology for maintaining a locally owned asset map • Drive joint work on drivers for change including economic & social factors • Ability to deep dive into pockets of deprivation 	<ul style="list-style-type: none"> • Awareness of place-based specific assets • Identified hotspots and a joined up 360° view of unmet community need • Prioritisation of unmet/ emergent demand • Awareness of identified ‘at risk’ areas • Greater granularity and richness of insight and intelligence 	<ul style="list-style-type: none"> • Improve the level, depth of local insight, intelligence around health inequality • Create tangible solutions to develop our Health Inequalities Intervention & Innovation plan • Become more effective at targeting of shared resources • Develop meaningful local action on inequalities

Appendix 3: Objectives and activities for the follow-up workshops

Workshop objective	How was it achieved?
To understand how the workshops have impacted the participants and their work on health inequalities.	<p>A reflection activity where participants were asked to discuss and share:</p> <ul style="list-style-type: none"> → What have you learned? → What have you gained? → How has this changed how you think about health inequalities? → How has this supported you to innovate?
To capture the impact of the ICL programme through the actions and activities that resulted from the workshops.	<p>A ripple effect mapping activity where participants were asked to map the actions resulting from the ICL programme and their corresponding impact. The participants mapped the actions and impacts on a timeline from September 2023 to March 2024.</p>
To identify what actions and support is needed to maintain the momentum of the work on health inequalities.	<p>An ideation activity where participants were asked to record what would help them start/keep innovating to tackle health inequalities. Then they prioritised the ideas by what was:</p> <ul style="list-style-type: none"> → Essential → Desirable → Easy to live without
To provide participants with another opportunity to engage with partners in the system and build connections.	<p>The workshop activities promoted collaborative working methods and shared learning. The workshop structure also provided ongoing opportunities for networking.</p>

Appendix 4: Ripple effect maps

The ripple effect maps show the impacts of the knowledge gained and the conversations held at the ICL workshops.

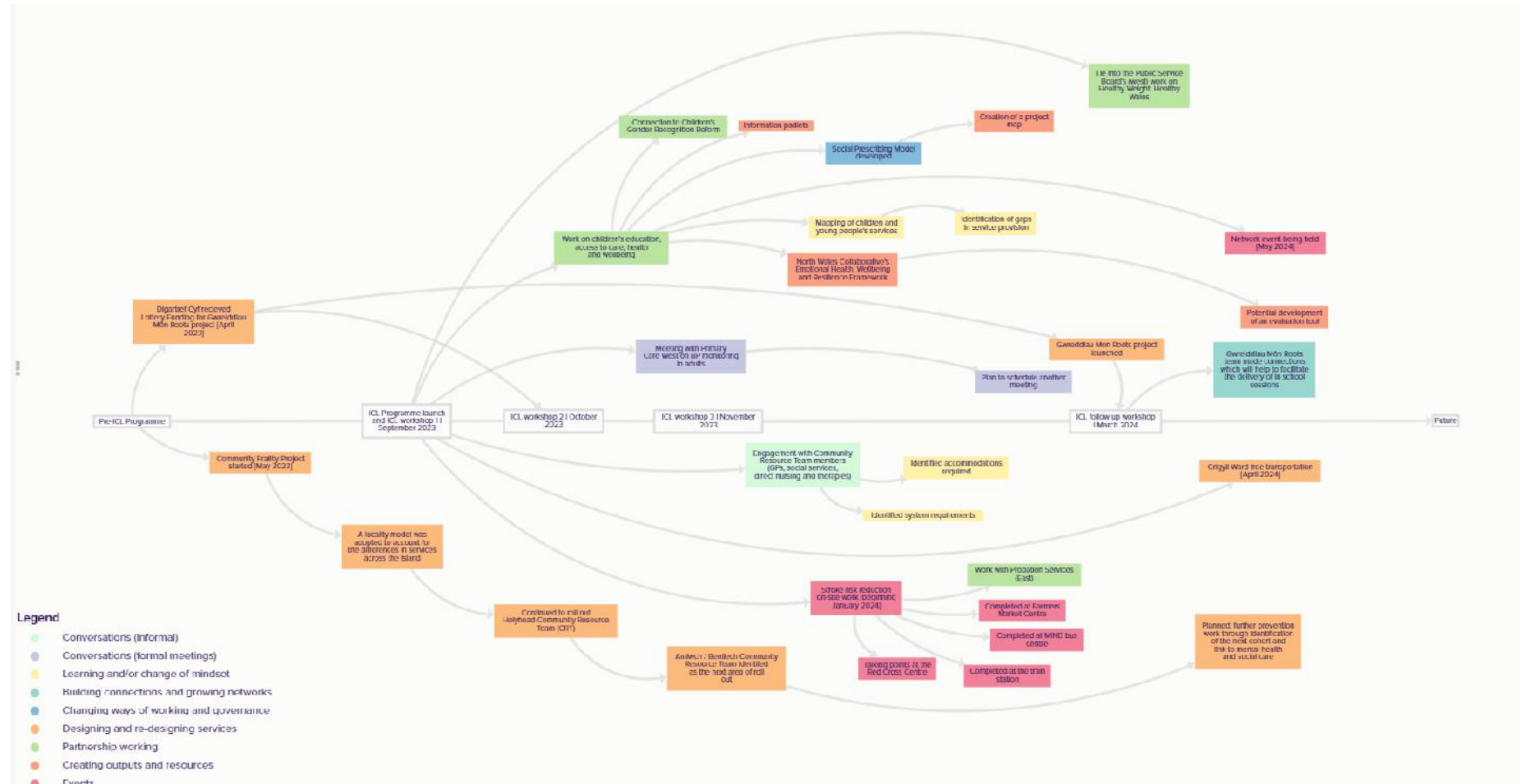


Figure 20: *Ynys Môn ripple effect map*

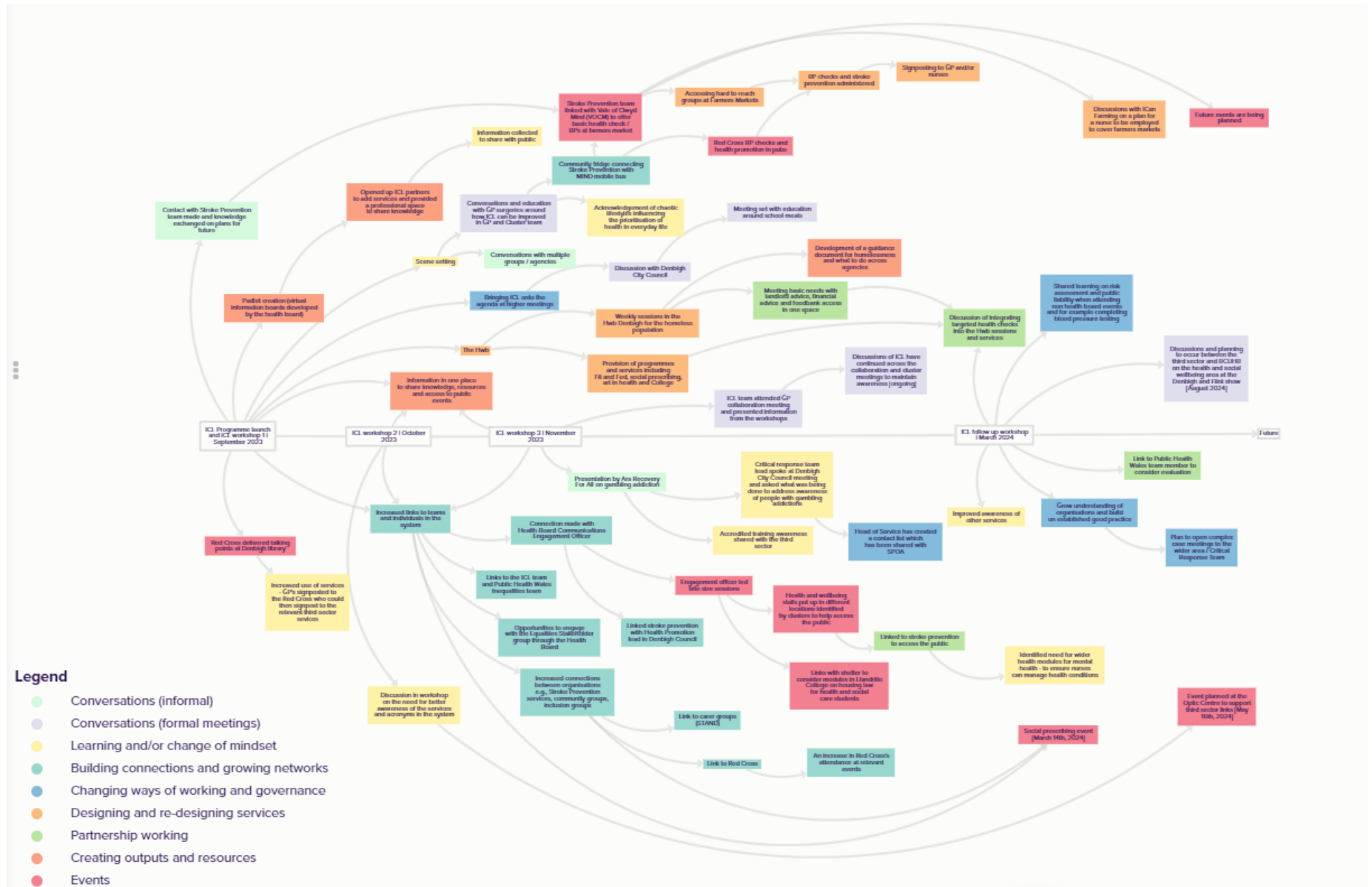


Figure 21: *Denbighshire ripple effect map*

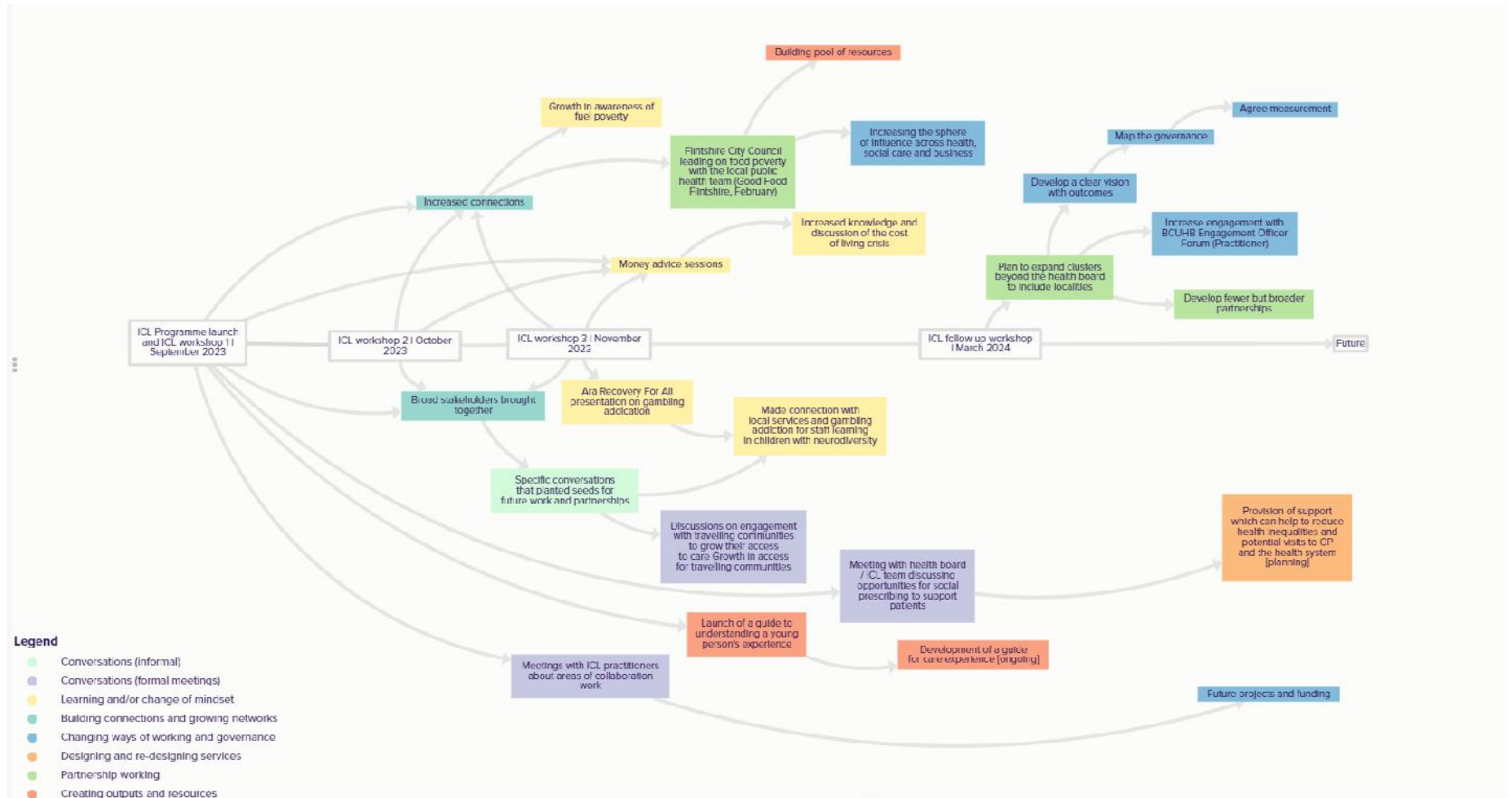


Figure 22: *Flintshire ripple effect map*

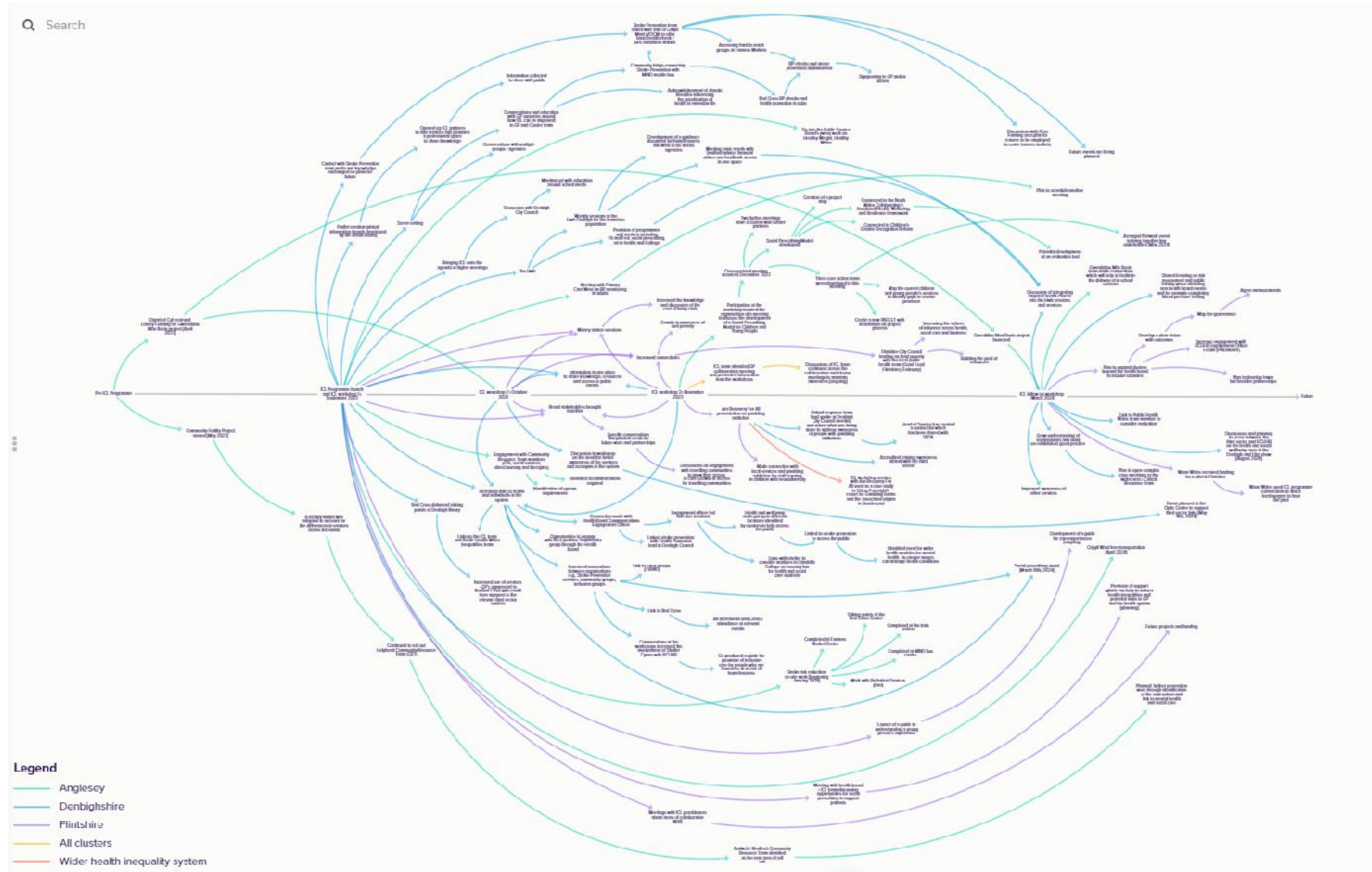


Figure 23: ICL programme ripple effect map



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Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	Patient Safety and Quality Group 13 th June 2022 The reporting period is 6th April 2021 – 5th April 2022		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards (inaugural report to Board)
During the last year the lowest and highest number of wards	<p>Lowest number of <u>medical</u> wards:</p> <p>Ysbyty Gwynedd - 6 Ysbyty Glan Clwyd – 8 (static during reporting period) Ysbyty Wrexham Maelor - 8</p> <p>Highest number of <u>medical</u> wards:</p> <p>Ysbyty Gwynedd - 7 Ysbyty Glan Clwyd – 8 Ysbyty Wrexham Maelor - 8</p> <p>Oncology & Haematology Ward numbers remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 (Alaw Ward) Ysbyty Glan Clwyd - 1 (Enfys Ward)</p>	<p>Lowest number of <u>surgical</u> wards:</p> <p>Ysbyty Gwynedd - 3 Ysbyty Glan Clwyd – 4 Ysbyty Wrexham Maelor - 4</p> <p>Highest number of <u>surgical</u> wards:</p> <p>Ysbyty Gwynedd - 5 Ysbyty Glan Clwyd – 5 Ysbyty Wrexham Maelor – 6*</p> <p>Women’s Gynaecology Wards:</p> <p>Ysbyty Gwynedd - 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor - 1</p> <p>*YWM SAU Glyndwr ward became an Act ward end of Q4</p>	<p>Paediatric inpatient wards remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1</p>
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	<p>2</p> <p>Alaw YG & Bromfield YWM</p>	<p>1</p> <p>SAU Glyndwr</p>	<p>0</p>

The process and methodology used to calculate the nurse staffing level.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each Health Board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients.

This report will detail the Nurse Staffing Levels for the wards that come under Section 25B of the Nurse Staffing Levels (Wales) Act within BCUHB¹. In line with the requirements of the Act these wards are subject to bi-annual reviews in order to accordingly and appropriately calculate nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since operational inception of the Act in April 2018.

Methodology used to calculate the nurse staffing level.

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes a method of triangulation which is to be applied when undertaking bi-annual nurse staffing level reviews. This approach requires that due regard is given to *Patient Acuity, Care Quality Indicators, and Professional judgement*. In addition to this, nationally endorsed professional nursing workforce guidance and/or standards are taken into account where they exist.

Patient Acuity data is measured by using an evidence-based workforce planning tool Welsh Levels of Care². Although the SafeCare Allocate system³ captures acuity data on a shift by shift basis, formal acuity audits are undertaken every 6 months (January and June) in all wards where section 25B of the Act applies⁴. This audit data is reviewed and validated by the Site/Area Director of Nursing, Head of Nursing, Matron and Ward Manager prior to final sign off and subsequent publication (Visualiser) by HEIW. An increased level of acuity on wards may require a greater number of nursing staff to safely manage the clinical area, and sensitively care for the patients. Factors such as escalation beds, increases in demand and activity, and the national focus are also taken into account when considering acuity.

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and have been shown to have an association with low staffing levels, and must be reported on.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to acute medical and acute surgical inpatient wards. Excluded from the definition of Section 25B wards is Outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a nurse staffing review (minimum) annual reviews to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

³ SafeCare Allocate is a daily staffing software system that matches real time nurse staffing levels to patient acuity enabling informed decision making on staffing levels across a hospital. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement

⁴ The formal acuity audit for January 2022 was deferred until February 2022

For *adult medical and surgical inpatient wards* where sections 25B-25E of the Act pertains, these care quality indicators are identified as:

- *Patient falls* - any fall that a patient has experienced whilst on the ward
- *Pressure ulcers* - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward
- *Medication related never events*

For *paediatric inpatient wards* where sections 25B-25E of the Act pertains, in addition to care quality indicators identified above, *infiltration/extraversion injuries must also be reported on.*

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

In line with the Act, and following consideration of these factors, an uplift of 26.9% is levied before triangulation to cover staff absences⁵. Band 7 Ward Managers are supernumerary and not included in the care delivery numbers.

Process used to calculate the nurse staffing level.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: The review process is commenced at ward level with the Ward Manager presenting respective ward acuity data, care quality indicators, and professional judgement. Supportive challenge and discussion involving the senior nurse leadership team⁶, and colleagues from workforce and finance ensures the legitimate and validated application of the triangulated methodology.

Each ward completes the designated proforma available within the 'Nurse Staffing Levels (Wales) Act 2016' Operational Guidance as evidence of the review and application of the triangulated methodology. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations

⁵ Nurse staffing establishments across *acute medical and surgical inpatient wards* have a 26.9% uplift applied to the registered nurse (RN) establishment, and 22% applied to Health Care Support Worker (HCSW) establishments.

⁶ Site/Area Nurse Director, Heads of Nursing, Matrons, Ward Manager

	<p>Step 2: A Health Board wide (multi-site, service specific) review is undertaken to ensure a consistent approach, share good practice and lessons learned, innovate, and facilitate opportunity to improve patient care pathways.</p> <p>Step 3: Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person⁷ and on approval, this is formally presented to the Board (November).</p>		
Informing patients	<p>Information whiteboards at the entrance to each of the wards display the planned nurse staffing levels on the wards. During the COVID-19 pandemic however, as these information boards are displayed in areas ordinarily frequented by visitors, it is acknowledged that this particular method is limited due to the current situation. There is also a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act.</p> <p>Patients are encouraged to ask questions on the ward and staff advocate an open and honest approach to nurse staffing levels. Ward staff endeavour to support the use of I-Pads and mobile phones in order to encourage regular communication between patients and their friends and families.</p> <p>Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.</p> <p>It is acknowledged that during this particular time further consideration is needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. To date, there have not been no concerns reported by patients or the public regarding how the Health Board is approaching this aspect of its statutory requirements</p>		
<p>Section 25E (2a) Extent to which the nurse staffing level has been maintained</p> <p>As the nurse staffing level is defined under the NSLWA as comprising both the planned roster <i>and</i> the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained <i>and</i> how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.</p>			
Extent to which the required establishment has been maintained within <u>adult acute</u>	<p>YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)</p>		<p>Period Covered 6th April 2021 to 5th April 2022</p>
			<p>Number of Wards:</p>

⁷ The designated person must act within the Health Boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.



<p><u>medical and surgical wards.</u></p> <p>NB: First cycle: spring 2021 following January audit Second cycle: autumn 2021: following June audit</p>	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)</p>	35	723.15	526.72	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle</p>	35	687.82	486.73	
	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)</p>	37*	778.19	643.60	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle</p>	37*	702.89	493.12	
	<p>CANCER SERVICES YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)</p>		<p>*SAU Glyndwr ward became an Act ward at the end of Q4 and therefore not included in the bi-annual review. Period Covered 6th April 2021 to 5th April 2022</p>		
			<p>Number of Wards:</p>	<p>RN (Wte)</p>	<p>HCSW (Wte)</p>
	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)</p>	2	33.61	27.32	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle</p>	2	33.61	27.32	
	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)</p>	2	33.61	27.32	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle</p>	2	33.61	27.32	
<p>Accompanying narrative:</p> <p><i>The number of wards under section 25B is likely to have changed during the reporting period. For more details of individual wards and their calculated nurse staffing levels, refer to the annual assurance report</i></p>					

This report includes the inaugural nurse staffing calculations for BCUHB inpatient paediatric wards in line with Section 25B and extension of the Act into paediatrics in October 2021.⁸

Throughout the 2021/22 reporting period many wards were caring for patients with, or recovering from, COVID-19 infection. Although these wards may have been recognised as having characteristics pertaining to the jurisdiction of Section 25B, these were considered temporary and due to the dynamic nature of the pandemic it is recognised that the Board may not have been advised of any potential requirement for the permanent reshaping of budgets and nurse staffing establishments (e.g. stepping-down/limiting planned surgery; services temporarily merging into other clinical areas/footprints; patient pathways having temporarily changed, or site reconfiguration⁹). The Board have been advised however of the nurse staffing calculations deemed to be permanent and any requirements relating to associated budgets, with other adjustments being managed on a temporary basis under the umbrella of a COVID-19 driven change.

Overall, the extent to which wards pertaining to Section 25B have repurposed during this reporting period in response to COVID-19, is less than was seen in the previous reporting period 2020/21. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the Health Board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult wards. Acuity data for wards pertaining to Section 25B during the reporting period June 2021 shows that just over 80% of patients requiring care were Level 3 and 4, with an increase on previous years of patients requiring Level 5 care (7.15%).

There has been a steady improvement in nursing vacancies from this time last year (March 21), which stood at 12.1% and down to 10.4% in March 2022 with more Registered Nurses and Health Care Support Workers in post than this time last year. In March 2021, there were 480.8 wte vacancies across the band 5 nursing workforce compared to 421.6 wte in March 2022, down by 59.2 wte year on year - almost 29% of these vacancies can be attributed to the wards pertaining to Section 25B. Steady recruitment across band 5 nursing has been achieved in the main through graduates and the international nurse recruitment pipeline coming through at regular intervals. There has been a marginal increase in vacancies in band 5 nurses across Q4 but this was expected and focused work on retention remains a priority for nursing and workforce teams going forward.

Although fairly consistent across the reporting period, registered nursing hours fill rates for Q4 shows an increase with some of the intelligence behind this indicating that usage has gone up due to increased demands on both unscheduled and planned care services with the gap in unfilled hours increasing significantly also. This is monitored closely as fatigue across our substantive staff from supporting Covid 19 takes an effect. Workforce have led a number of initiatives to drive further recruitment to the bank which has seen an increase in numbers. Further recruitment work for bank HCSWs is ongoing to support the services going forward.

⁸ In keeping with the principles of the Act and for the first time, this report has included the nurse staffing calculations undertaken in Women's (gynaecology) and Cancer inpatient wards.

⁹ Wrexham Maelor Hospital



The de-commissioning of the field hospitals during this reporting period saw the return of temporarily redeployed staff return to their substantive posts in order to resume business as usual and service re-start. Wherever possible, staff that have temporarily returned to employment to support the COVID-19 response have been asked to consider continued employment with BCUHB through the offer of alternative permanent employment (in the first instance), otherwise a temporary/bank contract; flexible working arrangements; and fixed term arrangements within other health care settings of their choice. In areas that are fully/over established, rotational posts are offered with the aim to maintain staff interest, and build a successive and sustainable nursing workforce.

*Developments and processes for **achieving** required establishments*

Nursing and workforce team have worked closely to assess and understand workforce requirements and focus on the experience and retention of staff. Initiatives have included:

- Establishment of key posts within Corporate Nursing with a focus on nursing workforce and staffing
- The offer of a meeting with a member of the corporate nursing team to optimise opportunity to avert leavers and a new Retention Interview project being carried out targeting areas of high turnover and leavers within 2 years
- Face to face 6/12/26 week touch point meetings with all new starters to ensure the appropriate provision of pastoral support
- A digital nurse recruitment campaign and attendance at UK wide recruitment campaigns.
- Introduction of the Clinical Nurse Fellowship Programme
- Successful local recruitment campaigns which has seen a total of 825 recruitments to the bank team: HCSW 610; Band 3 Vaccinators 55; Band 4 x3; RN Band 5 x103; Band 5 Vaccinators 20; Band 6 x28; Band 7 x4; Band 8 x2.
- A successful overseas nurse recruitment programme which has welcomed 124 registered nurses to the Health Board during the reporting period 6 April 2021 – 5 April 2022
- Active engagement with the All Wales Nurse Recruitment / All Wales Nurse Staffing Programmes
- Continued engagement with the student nurse streamlining process and annual review of commissioned placements
- A methodical approach to all nurse staffing reviews, using triangulated methodology wherever possible, to determine nurse staffing levels, and the opportunity to utilise the workforce differently e.g introduction of additional/new roles such as Band 4 Assistant Practitioners/Band 3 Progress Chasers
- Introduction of an accredited Nurse Leadership programme - Aspiring Nurse Leaders
- A temporary uplift in the Band 6 ward nursing establishments to strengthen senior support to frontline staff
- Band 5 Rotational Nursing Programme
- Organisational and local Staff Recognition schemes such as Seren Betsi, Staff Achievement Awards, Long Service Awards
- Be Proud Pioneer Programme - aimed at improving and sustaining staff engagement at team level by understanding what may be hindering engagement and supporting the team to build improved engagement behaviours.
- Improved Speak out Safely processes



- The Psychological / Emotional Health and Wellbeing support to staff has been strengthened and continues to be developed further to ensure a robust package is in place for staff.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u> NB: Second cycle: autumn 2021: following June audit				Period Covered October 2021 – March 2022			
	PAEDIATRICS			Number of Wards:	RN (Wte)	HCSW (Wte)	
	YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)						
	Funded establishment (WTE) of <u>paediatrics inpatient wards prior to 1st October 2021</u>			3	65.5	15.01	
	Required establishment (WTE) of <u>paediatrics inpatient wards calculated during second calculation cycle (Nov)</u>			3	83.46	31.27	
	WTE of required establishment of <u>paediatrics inpatient wards funded following second (Nov) calculation cycle</u>			3	*	*	
Accompanying narrative: *Prior to the extension of the Act to paediatric inpatient units, the revised paediatric wards establishments calculated using the triangulated approach were presented and acknowledged by the Executive Team and noted by the Health Board in September 2021. As this took effect part way through the financial year no increased budgetary uplift occurred but it was acknowledged that it would form part of the IMTP process for 2022/23.							
Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u> NB: To obtain this information add the figures from the 2 sections below together		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	46148	4827 10.46%	1599 3.46%	5847 12.67%	5183 11.23%	37.82%



Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	43591	4311 9.89%	1578 3.62%	5632 12.92%	4985 11.44%	37.87%
<p>Accompanying narrative:</p> <p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E of the 2016 Act, and health boards/trusts were using a variety of e-rostering and reporting systems. During the first reporting period health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhance the Health Care Monitoring System (HCMS) (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board/trust. NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required.</p> <p>Over the last 3 years extensive work has been undertaken to inform the development of the Safecare system that continues to be implemented within health boards and trusts within Wales through a phased approach. Each health board/trust is at different stages of implementation and Betsi Cadwaladr University Health Board has implemented Safecare across all Section 25B adult acute medical & surgical wards with further plans to implement to the paediatric wards during 2022. The implementation of this national IT system will ensure consistency in recording and reporting data across organisations and support the 'Once for Wales' approach'.</p> <p>For the first reporting period (April 2018 - April 2021) this health board, together with all other health boards/trusts in Wales, provided narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act. During the latter part of the second reporting period (April 2021 - April 2024) because of a robust national IT system being implemented, it is anticipated that health boards/trusts can collate, review and report more information relating to the extent that nurse staffing levels have been maintained. In addition, health boards/trust will be able to demonstrate the extent to which the planned roster has been maintained and whether the deployment of nurse staffing was appropriate to meet the needs of patients sensitively.</p>							

During year 1 of the current reporting period (April 2021 - April 2022) health boards/trust have utilised 2 systems to enable the capture and analysis of data – the Health Care Monitoring System (HCMS) and SafeCare. Due to the COVID-19 pandemic health boards/trusts have experienced extreme operational pressures which has impacted on the organisations ability to implement Safecare within the desired timeframe and data capture has not been consistent throughout that period

During April 2021 to April 2022 this health board has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the ward user as to the appropriateness of the staffing levels on each of these shifts. As the data has been collated and reported on at the end of the reporting period the information is based on the Act Wards as at April 5th 2022.

Over the course of the reporting year there have been several factors that may have impacted BCUHBs ability to consistently capture the data required. The impact of the COVID-19 pandemic has necessitated ward movements and service re-designs throughout the year, there have been higher levels of staff absence, and a notable turnover over of key staff in senior nursing positions.

This is the first year of reporting in this way and whilst undertaking the data analysis it has become apparent that data validity and accuracy at this point in time is unreliable and incomplete. For example, the completion of the data set requesting information regarding the *appropriateness of staffing* on each shift yielded a low compliance level of 37.87% across the reporting period. Furthermore, a small but relevant number of anomalies were found with the data with some staffing entries marked as both *appropriate and not appropriate* for the same shift. For the purpose of this report these entries have been marked as no data entered and amendments have been made to the system to prevent these anomalies in future.

Analysis of the data has led to several recommendations being made to ensure that subsequent data is appropriately monitored and validated at regular intervals throughout the year, with an aim to increase and improve compliance and data quality.

The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the Health Board takes ‘all reasonable steps’ to maintain its staffing levels and this includes strategic recognition of the resource and expertise required to do so. Through the provision of Welsh Government funding¹⁰ BCUHB has successfully recruited a Nurse Staffing Programme Lead who will be responsible for leading on the improvements in the data quality required. Improvements will involve:

- Training Needs Analysis with targeted actions aligned to the findings

¹⁰ CNO letter February 2022 – 18 month pump-prime funding for 8A NSA lead with the expectation that Health Boards make this position permanent and take this into account in financial planning 2024



- Development of an in-house training package to ensure organisational memory during times of significant change
- Identification of a clear reporting framework to ensure accountability and information dissemination
- Data sourcing
- Review and update information and training material available on BetsiNet pages
- Utilising the system reconfiguration as an opportunity to review, refresh and relaunch SafeCare
- Bringing services together to look at best practice / shared learning
- Comparing finance ledgers, ESR and E-Rostering

Sustained improvements will be require:

- Monthly reporting schedule to the Health Economies
- Details of how wards are performing against meeting the planned roster
- Narrative aligned to Welsh Levels of Care and the appropriateness of staffing
- Acuity data
- Quality outcomes data
- Staffing establishment data
- Benchmarking data at local & national levels
- Utilising report data to inform on-going action plans

BCUHB continues to work closely with the All Wales Safecare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has recently been developed and cascaded to the Directors of Nursing within each Area and Site. Recent enhancements have been made to the SafeCare system and the introduction of these will be utilised as an opportunity to review and refresh the system usage within BCUHB, and compliance across the organisation during 2022¹¹.

Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	906	453 and 50%	21 and 2%	215 and 24%	198 and 22%	98.7%

¹¹ Additional resource will be required to support monthly data monitoring, analysis, and reporting in order to ensure the Health Board meets statutory reporting requirements relating to ‘the extent to which the nurse staffing level has been maintained’

Accompanying narrative:

As the 2016 Act was not extended to Paediatric until 1st October this report contains information from the 1st October 2021

On the 1st October 2021 the second duty of the 2016 Act was extended to paediatric inpatient wards. Prior to the extension date health boards calculated their nurse staffing levels for each paediatric inpatient ward, these were presented to their Board/delegated committee in September 2021. The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards. The use of Health Care Monitoring System (HCMS) and Safecare, as per the adult wards, has enabled health boards to begin capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from this date.

Within this health board the period covered is from the extension of the Nurse Staffing Levels (Wales) Act to paediatrics on October 1st 2021 through to and including February 2022, when the acuity audit was completed in BCU, thus not a full six month period. This is the first assurance report inclusive of the paediatric units, and currently Safecare is not in use within the paediatric areas. Data has therefore been extracted manually from the Health Care Monitoring System (HCMS).

The first staffing calculations using the triangulated methodology were undertaken by paediatric units using the June 2021 acuity data and were presented to Board in September 2021 in readiness for the extension of the act in October 2021. Each of the three inpatient paediatric wards in BCUHB required an increase in staffing establishments to meet their planned rosters. The ability to meet the planned roster has varied between units depending on the level of success to recruit to the new establishments. Recruitment is ongoing, with an expectation that all posts will be recruited to with the graduation of the current child branch cohort. It should be noted that this has unfortunately been delayed from September 2022 to January 2023 due to covid-19 pandemic. Recruitment for unregistered workforce is also ongoing.

The varied recruitment challenge is reflected in, for example, the percentage of shifts where the planned roster was not met and not appropriate; which varies from 8.9% in the area with least recruitment challenge, to 44% in the area with greatest challenge.

Despite the above, there were only three incidents where failure to meet the planned roster was considered to be a contributory factor in this reporting period. These were three complaints about nursing care, all of them related to busy shifts. One incident where a referral to social services was not completed in a timely manner, one where emla cream was left on a patient for longer than the required time and one where support was not felt to be adequate for a parent.

**Process for
maintaining the Nurse
staffing level**

Paediatrics

Whilst recruitment to the new establishments is not complete, there has been an increase in registered workforce across the three paediatric units with an additional 3.12wte registered nurses and 13.03wte unregistered HCSW's employed. (This figure includes one area where the registered workforce has actually decreased by 3.69wte due to high turnover rate, leaving a deficit of 9.37wte to meet planned roster in that unit.)

All three BCUHB area Children and Young People teams are involved in annual workforce planning which informs nursing education commissioning. There has been an increase in the number of child branch places commissioned for current and upcoming years to ensure an adequate supply of children's trained nurses. Through the student streamlining process, proactive recruitment is encouraged to secure the workforce required.

In addition, career progression for HCSW workforce to allow them to progress to registered nurses is supported and there are a number currently seconded on to the degree programmes.

There is a focus on staff retention with strong preceptorship programmes for new graduates, and an ethos of support for lifelong learning and staff development within paediatrics. Strong consideration is given to providing a positive work-life balance and on staff work satisfaction.

A small team of bank staff are utilised to support the planned roster appropriately. Agency staff are used infrequently due to the lack of available agency nurses with the necessary skills and expertise.

Adult acute surgical and medical inpatient wards

The process for maintaining nurse staffing levels is a continuous process which includes long term and short term planning.

Reasonable *steps to maintain nurse staffing levels* include:

The use of temporary workforce in addition to the offer for staff to work additional hours or overtime to support their areas.

Data cleansing and contact with inactive (more than 3 months) nurse bank workers to understand why shifts have not been worked, and what could be done to encourage activity

Increasing efficiency throughout the recruitment process with the aim to reduce the number of nurse vacancies across the organisation through the monitoring and reporting of recruitment KPIs

Streamlined fast track internal recruitment commenced in September 2018 and continues



GIG
CYMRU
NHS
WALES

Staff Nyrso
Nurse Staffing

Partnership working with local universities, schools and colleges to support the development of accredited training packages and routes into health care (e.g return to practice, apprenticeships)

Maximising opportunities for healthcare support worker development through Assistant Practitioner, Open University and Part Time Bachelor of Nursing routes

The provision of pastoral support for graduates and oversees nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB

Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers

Bi-weekly multi-site staff deployment meetings to enable a forward look at staffing to identify areas of risk, monitor roster compliance, understand the requirements and availability of temporary staffing, and the availability of staff suitable for redeployment. The meeting also provides an opportunity to consider any patient harms or concerns that may have potentially arisen as a result of nurse staffing.

Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff.

Where appropriate, study leave and non-essential meetings stood down

Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times

Roster optimisation - 6 weekly roster performance meetings re-commenced to ensure roster KPIs are met, and consider any timely remedial actions required in support of the approval process.

All vacant shifts are sent to the temporary staffing team once the rosters have been created and approved to ensure timely requests for bank/agency workers

A streamlined fast track recruitment process for internal staff

An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.

Supporting the secondments of substantive HCSWs into the part-time BN course in order to augment a home-grown, sustainable nursing workforce

KEY: Ysbyty Wrexham Maelor - YWM / Ysbyty Glan Clwyd - YGC / Ysbyty Gwynedd - YG

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year (6 April 2020 – 5 April 2021)	Number of closed incidents/complaints during current year (6 April 2021 – 5 April 2022)	Total number of incidents/complaints <u>not closed</u> (6 April 2021 – 5 April 2022) and to be reported on/during the <u>next</u> year (6 April 2022 – 5 April 2023)	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained (6 April 2021 – 5 April 2022)	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (6 April 2021 – 5 April 2022)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	YWM 22	YWM 18	YWM 1	YWM decrease	YWM 0	YWM 0
	YGC 26	YGC 65	YGC 0	YGC increase	YGC 0	YGC 0
	YG 65	YG 60	YG 3	YG decrease	YG 0	YG 0
	Cancer n/a	Cancer 4	Cancer 0	Cancer n/a	Cancer 0	Cancer 0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	YWM 25	YWM 12	YWM 4	YWM decrease	YWM 0	YWM 0
	YGC 26	YGC 17	YGC 0	YGC decrease	YGC 0	YGC 0
	YG 29	YG 12	YG 6	YG decrease	YG 1	YG 1
	Cancer n/a	Cancer 0	Cancer 0	Cancer n/a	Cancer 0	Cancer 0
Medication errors never events	YWM 12	YWM 3	YWM 0	YWM decrease	YWM 0	YWM 0
	YGC 3	YGC 0	YGC 0	YGC decrease	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG static	YG 0	YG 0
	Cancer n/a	Cancer 0	Cancer 0	Cancer n/a	Cancer 0	Cancer 0
Any complaints about nursing care	YWM 7	YWM 3	YWM 0	YWM decrease	YWM 0	YWM 0
	YGC 2	YGC 0	YGC 0	YGC decrease	YGC 0	YGC 0
	YG 1	YG 0	YG 0	YG decrease	YG 0	YG 0
	Cancer n/a	Cancer 0	Cancer 0	Cancer n/a	Cancer 0	Cancer 0



NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year	Number of closed incidents/complaints during current year	Total number of incidents/complaints <u>not closed</u> and to be reported on/during the <u>next year</u>	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	NA	0	0
Medication errors never events	0	0	0	NA	0	0
Infiltration/extravasation injuries	2	2	0	NA	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	NA	0	0
Any complaints about nursing care	11	11	3	NA	6	3

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
<p>Actions taken when the nurse staffing level was <u>not</u> maintained in section 25B wards</p>	<p>On the paediatric units, where the staffing level was not maintained the following mitigating measures are applied:</p> <ul style="list-style-type: none"> • Loss of supernumerary status of ward managers to carry out clinical work • Use of other non-clinical hours, e.g. practice development nurse working clinically • Matron/ Head of Nursing works clinically • Extra hours / overtime offered to substantive staff • Change of rota to fulfil ward requirement from future shifts • Additional consultant discharge rounds undertaken to reduce inpatient occupancy if appropriate • Use of bank/agency staff • Movement of staff from neonatal units to support paediatric roster • Cancellation of study leave • Cancellation of elective work and staff redeployment to support acute work • Paediatric escalation policy is followed on all units. This may necessitate ward closure to any additional admissions for a period <p>For inpatient medical and inpatient surgical wards, monitoring and maintaining nurse staffing levels is a continual process. Appropriate action, mitigation and escalation is in line with BCUHB Staffing Policy http://howis.wales.nhs.uk/sitesplus/861/page/48259</p> <p>In addition to the action noted by paediatric areas:</p> <ul style="list-style-type: none"> • Shift by shift real-time review of staffing and the redeployment of staff to support areas of concern through the utilisation of the SafeCare roster system • Bi-weekly multi-site staff deployment meetings (stepped up/down accordingly) to identify areas of risk, opportunities to redeploy staff, roster compliance, and harms associated with staffing. These regular review meetings have been maintained throughout the reporting period to enable early recognition of, and response to, the need for variations in the planned nurse staffing levels for wards pertaining to Section 25B. Planned rosters may have been 'appropriately varied' on rare occasions in light of the complexities of the clinical environments • Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provide bespoke support sessions via SWS for example. • Shared learning through the ward managers and matrons monthly meetings • Increased visibility of the senior nursing team (matron/HON/DON) and PALS team (where appropriate) through walkabouts/audit/patient feedback surveys • Daily incident reviews with escalation of major and catastrophic incidents • Potential/confirmed harms reported through bi-weekly staff deployment meetings

	<ul style="list-style-type: none"> • Introduction of the Nursing Quality Assurance Framework- to ensure deep dives are conducted into each clinical area in support of Ward Accreditation • HAPU scrutiny (weekly) MDT meetings • Falls are reviewed daily at matron & Heads of Nursing meeting. Make it safe plus completed within 72 hrs. Falls scrutiny meetings in place with implementation of ward level education by PDN and champions, embedding N.I.C.E guidelines. • Increased audit activity in areas of concern to support improvement work
<p>Conclusion & Recommendations</p>	<p>Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with BCUHB Staffing Policy http://howis.wales.nhs.uk/sitesplus/861/page/48259</p> <p>It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is unfinished and the true extent of this remains unseen. Staffing requirements over the last 2 years have increased at a level significantly in excess of previous years. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time <u>all</u> staff have displayed resilience and solidarity as the organisation endeavours to:</p> <ul style="list-style-type: none"> • Manage the pressures of unscheduled care • Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times • Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs • Manage reduced bed capacity, and maintain patient pathways within a climate that has exacerbated long standing issues within social care • Deliver a large scale vaccination programme <p>The Board are asked to note and support the following next steps:</p> <ol style="list-style-type: none"> 1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; and focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns. 2. The emerging BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation.

Annual Assurance Report Appendix: Summary of Required Establishment

Health board/trust:	Name: Betsi Cadwalader UHB		
Period reviewed:	Start Date: 6 th April 2021	End Date: April 5 th April 2022	
Number of wards where section 25B applies:	Medical:	Surgical:	Paediatric:
	April 2021: 23 April 2022: 22	April 2021: 11 April 2022: 16	April 2021: N/A April 2022: 3

To be completed for EVERY ward where section 25B applies

1 WTE ward sister/charge nurse to be excluded from the establishment numbers as supernumerary.

1 WTE housekeeper to be excluded from the establishment numbers as not providing direct patient care.

Adult Acute Medical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Aran	25.58	19.13	Yes	n/a	n/a	Yes	No	No		Yes	Yes	repurposed
YG Tryfan	20.98	15.03	Yes	19.90	19.9	Yes	Yes	Yes	Skill mix review - increase in HCA due to harm profile	No		
YG Glyder	12.8	8.19	Yes	13.4	12.18	Yes	Yes	Yes	Increase due to patient care acuity	No		
YG Hebog	24.77	13.66	Yes	22.74	19.9	Yes	Yes	Yes	Skill mix review - increase in HCA due to harm profile	No		

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Moelwyn	31.27	16.4	Yes	28.43	19.9	Yes	Yes	Yes	Skill mix review - increase in HCA due to harm profile	No		
YG Glaslyn	19.9	21.86	Yes	19.9	22.74	Yes	Yes	Yes	Acuity at night and harm profile	No		
YG Prysor	12.8	8.19	Yes	13.79	9.95	Yes	Yes	Yes	Skill mix review - increase in HCA due to harm profile	No		
YGC Ward 1	18.53	15.43	Yes	19.07	20.49	Yes	Yes	Yes	Acuity at night and harm profile. COTE wards aligned	No		
YGC Ward 2	18.58	19.23	Yes	19.07	20.49	Yes	Yes	Yes	Acuity at night and harm profile. COTE wards aligned	No		
YGC Ward 4	18.58	16.43	Yes	19.07	16.34	Yes	Yes	Yes	Skill mix review	No		
YGC Ward 9	18.59	15.43	Yes	19.07	20.49	Yes	Yes	Yes	Acuity at night and harm profile. COTE wards aligned	No		
YGC Ward 11	24.33	13.13	Yes	27.24	16.34	Yes	Yes	Yes	Acuity at night and harm profile.	No		
YGC Ward 12	18.58	16.43	Yes	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm profile.	No		

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 14	24.33	12.5	Yes	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm profile.	No		
YGC DOSA	18.85	16.45	Yes	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm profile.	No		
YWM Morris	16.35	18.55	Yes	17.06	21.32	Yes	Yes	Yes	Budget realignment	No		
YWM Evington	15.18	12.30	Yes	n/a ward no longer an Act ward. Ward moved to Primary and Community Care.			Yes	n/a		No		
YWM Cunliffe	18.91	12.3	Yes	19.9	14.21	Yes	Yes	Yes	Budget realignment	No		
YWM Bromfield	10.23	4.92	Yes	N/A – temporary changes due to Covid.			Yes	n/a		Yes	Yes	Bromfield relocated to Bonney template to support Covid 19 response as a Covid cohort ward March 2022. Additional staff calculated to be required for this template but budget not adjusted
YWM Bersham	24.02	12.30	Yes	25.58	14.21	Yes	Yes	Yes	Budget realignment	No		

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM ACU	29.14	12.30	Yes	31.27	14.21	Yes	Yes	Yes	Budget realignment	No		
YWM Bonney	Spring review calculation was deferred due to Covid 19, establishment was calculated for template to operate as a Covid 19 ward but not funded			19.9	19.9	Yes	Yes	n/a		No		
YWM Acton	N/A – Acton ward was a Covid ward at the time of the Spring review and therefore not an Act ward			25.58	15.63	Yes	Yes	n/a		No		
YWM Fleming	N/A – Fleming ward was a surgical ward at the time of the Spring review (details reported within surgical section below). Change due to site reconfiguration.			19.9	19.9	Yes	Yes	n/a		No		
YWM Pantomime	N/A – Pantomime ward was a surgical ward at the time of the Spring review (details reported within surgical section below). Change due to site reconfiguration.			21.32	18.48	Yes	Yes	n/a		No		
YWM Erddig	24.02	16.09	Yes	N/A – Erddig ward was a surgical ward at the time of the Autumn review (details reported within surgical section below). Change due to site reconfiguration.			Yes	n/a		No		
YWM Mason	18.91	14.76	Yes	N/A – Mason ward was a surgical ward at the time of the Autumn review (details reported within surgical section below). Change due to site reconfiguration.			Yes	n/a		No		

Adult Acute Surgical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Tegid	22.74	16.4	Yes	28.43	17.06	Yes	Yes	Yes	Skill mix review	No		
YG Ogwen	17.36	21.86	Yes	19.90	22.74	Yes	Yes	Yes	Increased acuity and harm profile	No		
YG Conwy	23.96	15.62	Yes	Previously reported within Board report however, this area is an assessment unit.			Yes	n/a		No		
YG Dulas	N/A – medical assessment unit during the Spring review due to site reconfiguration due to Covid.			25.58	19.90	Yes	Yes	n/a		No		
YG Enlli	N/A – Enlli Ward was repurposed as a Covid ward at the time of the Spring review.			15.99	8.53	Yes	Yes	n/a		No		
YG Tudno	N/A – Tudno ward was a day unit and therefore not an Act ward. In response to Covid Tudno became a super green inpatient ward at the time of the Autumn review.			18.68	18.27	Yes	Yes	n/a		No		
YGC Ward 3	18.06	11	Yes	21.79	21.79	Yes	Yes	Yes	Acuity and harm profile	No		
YGC Ward 5	24.33	15.49	Yes	21.79	19.07	Yes	Yes	Yes	Acuity and harm profile	No		
YGC Ward 6 (ABH)	N/A – Ward 6 (ABH) was not operating at the time of the Spring review. In response to Covid the ward had been closed as elective orthopaedic service was suspended to enable pandemic planning. Staff were redeployed to the			17.75	8.17	Yes	Yes	n/a		No		

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
	YGC site. The ward re-opened to elective orthopaedic services on the 16th August 2021.											
YGC Ward 7	24.07	20.12	Yes	21.79	19.07	Yes	Yes	Yes	Acuity at night and harm profile	No		
YGC Ward 8	18.53	16.43	Yes	24.52	19.07	Yes	Yes	Yes	Acuity at night and harm profile	No		
YWM Fleming	29.43	17.40	Yes	N/A – Fleming ward was a medical ward at the time of the Autumn review (details reported within medical section above). Change due to site reconfiguration.			Yes	n/a		No		
YWM ENT	15.21	11.93	Yes	14.21	11.37	Yes	Yes	Yes	Budget realignment	No		
YWM Pantomime	23.74	21.13	Yes	N/A – Pantomime ward was a medical ward at the time of the Autumn review (details reported within medical section above). Change due to site reconfiguration.			Yes	n/a		No		
YWM Prince of Wales	15.21	11.93	Yes	14.42	6.7	Yes	Yes	Yes	Budget realignment	No		
YWM Arrivals	N/A – Arrival ward was a Covid ward at the time of the Spring review and therefore not an Act ward			20.30	16.85	Yes	Yes	n/a		No		
YWM Erddig	N/A – Erddig ward was a medical ward at the time of the Spring review (details reported within medical section above). Change due to site reconfiguration.			25.58	17.06	Yes	Yes	n/a		No		
YWM Mason	N/A – Mason ward was a medical ward at the time of the Spring review (details reported within medical			19.90	24.16	Yes	Yes	n/a		No		

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
	section above). Change due to site reconfiguration.											
SAU Glyndwr	N/A – not an Act ward at the time of the Spring review.		25.58	10.93	Yes	No	n/a		Yes	n/a	Stepped up as an Act ward at the end of Q4	

Paediatric inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021 following the Spring review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2022 following the Autumn review 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Wrexham Maelor				28.43	8.53	Yes	Yes	n/a	Inaugural triangulated calculation demonstrated uplift needed to meet needs of patients	No		
Glan Clwyd				28.43	11.37	Yes	Yes	n/a		No		
Gwynedd				26.60	11.37	Yes	Yes	n/a		No		

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016: Report for Board/Delegated Committee

Health board	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	Executive Meeting 26th April 2023 Board Committee Meeting 25 th May 2023 The reporting period is 6th April 2022 – 5th April 2023.		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	<p>Total lowest number of <u>Medical</u> Wards = 24 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p> <p>Total highest number of <u>Medical</u> wards = 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p>	<p>Total lowest number of <u>Surgical</u> Wards = 15 Ysbyty Gwynedd 4 Ysbyty Glan Clwyd 5 Ysbyty Wrexham Maelor 6</p> <p>Total highest number of <u>Surgical</u> wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6</p>	<p>Paediatric inpatient wards have remained unchanged/static during the reporting period:</p> <p>Total <u>Paediatric</u> Wards = 3 Ysbyty Gwynedd 1 Ysbyty Glan Clwyd 1 Ysbyty Wrexham Maelor 1</p>
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	<p>Adult acute medical inpatient ward staffing levels have been reviewed / recalculated on one occasion outside of the bi-annual calculation process:</p> <p>1) Following a site reconfiguration within the Ysbyty Maelor site to transfer the former ENT surgical ward to be a medical ward, now known as Prince of Wales.</p>	<p>Adult acute surgical inpatient ward staffing levels have been reviewed / recalculated on three occasions outside of the bi-annual calculation process:</p> <ol style="list-style-type: none"> 1) Following a site reconfiguration within the Ysbyty Maelor site to transfer the former ENT surgical ward to be a medical ward, now known as Prince of Wales. 2) Bromfield ward stepped up as Act wards following the return of elective Gynaecological patients. 3) Ffrancon ward stepped up as Act wards following the return of elective Gynaecological patients. 	<p>Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.</p>

The process and methodology used to calculate the nurse staffing level.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each Health Board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients.

This report will focus on the wards to which Section 25B of the Nurse Staffing Levels (Wales) Act pertains within BCUHB¹. In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² in order to appropriately calculate planned nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since the operational inception of the Nurse Staffing Levels (Wales) Act 2016 in April 2018. The narrative detailed within the Annual Assurance Report (appendix 2) has attempted to demonstrate the rationale for any proposed changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

Methodology used to calculate the nurse staffing level:

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes the triangulated method of calculation that must be applied when undertaking the nurse staffing level calculations / reviews. The triangulated methodology involves collecting, reviewing and interpreting data relating to Patient Acuity, Care Quality Indicators, and Professional judgement.

Patient Acuity data is measured using Welsh Levels of Care³ evidence-based workforce planning tool. This measure of patients' levels of acuity indicates how much care is required in order to determine the nurse staffing level that is required to meet reasonable requirements of care. Within BCUHB the RL Datix SafeCare system⁴ captures acuity data on a shift by shift basis, however across Wales, in all wards where section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, formal acuity audits are undertaken every 6 months (January and June). The acuity audit data is reviewed and validated by the Site/Area Director of Nursing, Head of Nursing, Matron and Ward Manager prior to final sign off and subsequent publication.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are Outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

⁴ RL Datix (formally known as Allocate) SafeCare is a daily staffing software system that displays real time nurse staffing levels and patient acuity enabling informed decision making on staffing levels across a hospital site. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement reasons and mitigating actions taken.

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and must be considered during the calculation process. The quality indicators shown to have an association with low nurse staffing levels are identified as:

- Patient falls - any fall that a patient has experienced whilst a patient on the ward
- Pressure ulcers - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward;
- Medication administration errors - any error in the preparation, administration or omission of medication by nursing staff
- Complaints – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

In addition to the indicators set out above, any other indicator that is sensitive to the nurse staffing level may be considered. Examples may include, but are not limited to, patient experience, unmet care needs, failure to respond to patient deterioration, staff experience & well-being and compliance with mandatory training and performance development reviews.

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

During the process of calculating the nurse staffing levels using the triangulated approach there is no pre-determined hierarchy in terms of the evidence with equal weighting given to all the information that informs this process. The designated person⁵ will make the determination of the nurse staffing levels based on an analysis of all the information collected about the ward and the contributions of those staff involved in the process.

In line with the Nurse Staffing Levels (Wales) Act 2016, and following consideration of these factors, an uplift of 26.9% is applied to both the registered nurse (RN) and Health Care Support Worker (HCSW) establishments to cover staff absences⁶. As per the

⁵ The designated person must act within the Health Boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

⁶ The 26.9% covers absences relating to annual leave, sickness and study leave but excludes maternity leave.

requirements of the Nurse Staffing Levels (Wales) 2016 Act all Band 7 Ward Managers are supernumerary and are therefore not included in the required establishment figures.

Process used to calculate the nurse staffing level:

In line with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations are to be approved by a designated person⁵ who is authorised to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh Health Boards the designated person is the Executive Director of Nursing.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: Initial Review

The review process is commenced at ward level with the Ward Manager presenting ward acuity data, care quality indicators, and professional judgement. Each ward completes the designated proforma available within the 'Nurse Staffing Levels (Wales) Act 2016' Operational Guidance to evidence the review process and application of the triangulated methodology described above. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.

The Integrated Health Community Nurse Director / Associate Director of Nursing leads the site reviews to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Sister/Manager, and colleagues from finance. The review is informed by both qualitative and quantitative information comprising of information and data gathered using the triangulated methodology covering Patient Acuity, Care Quality Indicators, and Professional judgement.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout and geographical position
- Detail of service and patient pathway changes
- Ward based initiatives. improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.).
- Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.
- Patient flow/activity related data for the previous 12 months.
- Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff.

	<p>Step 2: Health Board Wide Review A Health Board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and providing assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models must include an uplift of 26.9% and that a supernumerary Band 7 Ward Sister/Charge nurse has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁷, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery Each Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person. In attendance are the Executive Directors for Workforce & Organisational Development; & Finance (or their nominated deputies). Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person and on approval, these are formally presented to the Board in November each year.</p>
<p>Informing patients</p>	<p>In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act.</p> <p>During the COVID-19 pandemic, as these information boards are displayed in areas ordinarily frequented by visitors, it is acknowledged that this particular method has been limited at times. Further consideration has been needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. Patients are encouraged to ask questions on the ward and staff advocate an open and honest approach to nurse staffing levels. Ward staff endeavour to support the use of tablets and mobile phones in order to encourage regular communication between patients and their friends and families. Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.</p> <p>To date, there have not been no concerns reported by patients or the public regarding how the Health Board is approaching this aspect of its statutory requirements</p>

⁷ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing



Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u> .	YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)	Period Covered 6 th April 2022 to 5 th April 2023		
		Number of Wards:	RN (WTE)	HCSW (WTE)
<p>NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit</p>	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May 2022)	39	803.58	687.81
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May 2022) calculation cycle	39	750.62	522.55
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (November 2022)	40	790.83	706.13
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (November 2022) calculation cycle	40	768.81	527.20
	<p>During previous reporting periods the pressures of Covid-19 have made it difficult at times to distinguish within areas the bed base that would ordinarily form part of the Section 25B requirements, and those that would be excluded. As the organisation resumes business as usual, services have had the opportunity to review and reconsider their clinical environments in addition to known further changes, such as the restarting of elective and planned care activity.</p> <p>The number of Section 25B wards has changed during the reporting period and within some of these wards the associated staffing establishments have also changed. A number of wards required staffing levels have been recalculated for the following reasons (for some wards' nurse staffing levels were recalculated for more than one reason, or on more than one occasion):</p> <ul style="list-style-type: none"> • 12 wards were recalculated due to a change in the patient acuity and / or patient harm profiles • 3 wards were recalculated following staffing skill mix reviews • 5 wards were recalculated due to a review of or change in funded bed numbers or ward layout • 3 wards were recalculated due to service/pathway changes • 3 wards new were including as Section 25B wards and undertook their inaugural formal reviews <p>Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. The narrative detailed within the annual assurance report appendices demonstrates the rationale for any changes to the nurse staffing</p>			

levels. Financial implications of the reviews will be considered by the Executive Team and considered within the 2023/24 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The nurse staffing reviews have again identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the Integrated Medium Term Plan (IMTP). Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, build throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Whilst previous reviews and associated reports have included the staffing requirements necessary to support escalated beds within the Section 25B wards, from the Autumn 2022 review, and in line with other Health Boards within Wales, the required nursing establishment figures will not include staffing levels for these beds. The figures presented in this report reflect this change in the review process between the Spring 2022 and Autumn 2022 reviews. Although staffing requirements associated with escalated beds will not be included in the data relating to Section 25B wards this information will continue to be captured as part of the nurse staffing levels review process and included within the respective Integrated Health Community IMPT plans.

The extent to which wards pertaining to Section 25B have repurposed during this reporting period is less than was seen in the previous reporting period 2021/22. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the Health Board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult acute medical and surgical wards. Acuity data for wards pertaining to Section 25B during the reporting period in June 2022 shows that just over 75% of patients requiring care were Level 3 and 4, with 8% of patients requiring Level 5 care.

As wards continue to facilitate the changing demands of the patient population it is recognised that professional judgments made for some areas may change between the bi-annual nurse staffing level calculation reviews and therefore some staffing changes are recognised as interim amendments pending further review. During this reporting period an increase in patient acuity, dependency and reported harms have affected staffing requirements across the services, predominantly with an increased need for Healthcare Assistants.

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

There are a range of both short and long term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker establishments across all health settings. Workforce and Organisational Development teams continue to work closely with senior nursing and midwifery colleagues to assess and understand workforce requirements, maximise recruitment and focus on the experience and retention of nursing staff. In support of this work a Health Board wide Nursing Recruitment and Retention group meets monthly and oversees a comprehensive work plan including:



- Continued overseas nurse recruitment programme with a plan to recruit 380 WTE registered nurses over 2 years, of which, 80 WTE will be registered mental health nurses. Since this work stream began 58 WTE registered nurses have been successfully recruited with the first cohort arriving in October 2022.
- Bachelor of Nursing FastTrack for Health Care Support Workers to “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis
- Continual review and enhancements of BCUHB careers framework
- Corporate led HCA recruitment drives, working closely with the temporary staffing team to directly appoint regular bank workers whilst sustaining an agile temporary workforce.
- Annual establishment reviews for areas exempt from Section 25B
- Monitoring of the SafeCare Allocate system usage to ensure targeted support to areas of poor compliance, and ensure visibility of available nursing resource and workforce utilisation.
- The development of a Workforce Utilisation Dashboard to identify the utilisation of substantive and temporary staff within rosters, measured against funded establishments in ESR. Staff unavailability (i.e. annual leave / sickness / training / parenting) will be included in the dashboard to identify the drivers for low substantive staff utilisation, and high temporary workforce requests above agreed funded establishment.

Short-term mitigation remains through the use of temporary staffing (bank and agency staff) and deployment of substantive staff internally.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	Period Covered October 2021 – March 2022			
	PAEDIATRICS YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)	Number of Wards:	RN (WTE)	HCSW (WTE)
NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit	Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during first cycle (May 2022)	3	83.46	31.27
	WTE of required establishment of <u>paediatrics inpatient wards</u> funded following first (May 2022) calculation cycle	3	79.45	31.27
	Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during second calculation cycle (November 2022)	3	83.46	31.27
	WTE of required establishment of <u>paediatrics inpatient wards</u> funded following second (November 2022) calculation cycle	3	79.45	31.27



The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. Financial implications of the reviews will be considered by the Executive Team and considered within the 2023/24 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The acuity data shows very few patients at level 1 on the paediatric wards, with the majority of patients being levels 2 and 3. There were no days without some patients at level 4 or 5 across the units. The paediatric wards have a very high turnover with average length of stay lower than that seen on adult wards. This is supported by the flow data with up to 50 admissions recorded across the three paediatric units per day.

Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	47093	10451 22.19%	3386 7.19%	12581 26.72%	14368 30.51%	86.61%

Extent to which the planned roster has been maintained within adult acute medical and surgical wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	44829	9286 20.71%	3315 7.39%	11980 26.72%	13974 31.17%	86.00%

When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E of the 2016 Act, and health boards/trusts were using a variety of E-Rostering and reporting systems. During the first reporting period health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhance the Health Care Monitoring System (HCMS) (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board/trust. NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent

to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required.

Over the last 3 years extensive work has been undertaken to inform the development of the Safecare system that continues to be implemented within health boards and trusts within Wales through a phased approach. Each health board/trust is at different stages of implementation with BCUHB having implemented Safecare across all Section 25B adult acute medical & surgical wards and the paediatric wards having recently undertaken implementation of the system with work ongoing to embed this within these ward areas. The implementation of this national IT system will ensure consistency in recording and reporting data across organisations and support the 'Once for Wales' approach'.

During April 2022 to April 2023 BCUHB has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the ward user who utilising their professional judgement to record the appropriateness of the staffing levels on each of these shifts.

This is the second year of reporting in this way and significant improvements have been made in the quality of the data being reported with overall data completeness rising from 37.82% to 86% across the adult medical and surgical Section 25B during this reporting period. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.

BCUHB continues to work closely with the All Wales Safecare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has been developed and is in use across BCUHB. Enhancements continue to be made to the SafeCare system to ensure the reporting requirements of the Act can be met and the introduction of these will be utilised as an opportunity to review and refresh the system usage within BCUHB, and compliance across the organisation during 2023⁸.

⁸ Additional resource will be required to support monthly data monitoring, analysis, and reporting in order to ensure the Health Board meets statutory reporting requirements relating to 'the extent to which the nurse staffing level has been maintained'

Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
		1165 51.46%	71 3.14%	601 26.55%	394 17.39%	
TOTAL	2264					98.54%

On the 1st October 2021 the second duty of the 2016 Act was extended to paediatric inpatient wards. Prior to the extension date health boards calculated their nurse staffing levels for each paediatric inpatient ward which was presented to their Board/delegated committee in September 2021. The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards and use of HCMS and Safecare, as per the adult wards, has enabled health boards to move towards capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from this date.

During this reporting period the paediatric inpatient wards have utilised the Health Care Monitoring System (HCMS) to enable the capture and analysis of data. Operational pressures have impacted on the organisations ability to implement Safecare to the paediatric wards within the desired timeframe, with this having only been undertaken during the latter part of this reporting period. The paediatric ward in Ysbyty Maelor Wrexham has successfully moved to capturing data fully within the SafeCare system, with data from 1st February until 5th April reported for this area via the SafeCare system. Work is ongoing to ensure the SafeCare system is fully embed across the paediatric wards and it is anticipated that all three wards will be fully utilising the SafeCare system to capture the data by June 2023.

Process for maintaining the Nurse staffing level

The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the Health Board takes ‘all reasonable steps’ to maintain its staffing levels. As a Health Board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.

The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.



Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”. There are established processes in place within the Integrated Health Communities nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.

The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board:

- The Allocate SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care.
- Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services
- Nurse staffing escalation processes are outlined in the [BCUHB - Nurse Staffing Levels Policy](#) and [BCUHB Paediatric Escalation Policy](#)
- Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.
- Where appropriate study leave and non-essential meetings are stood down
- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times
- An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.
- Annual workforce planning undertaken which informs nursing education commissioning
- Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.



- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- A streamlined fast track recruitment process
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Maximising opportunities for healthcare support worker development through Assistant Practitioner, Open University and Part Time Bachelor of Nursing routes
- The appointment of new graduates via the streamlining process continues to be a success as does the overseas recruitment programme.
- The provision of pastoral support for graduates and overseas nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback
- Staff wellbeing strategies are in place
- Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction.

Recruitment and retention activity has prioritised areas with significant need/risk. On the balance of risk, and following on from the staffing reviews undertaken in Spring 2022, wards have recruited above funded establishments to ensure timely and sensitive nursing care. Recruitment initiatives have specifically focussed on increasing substantive registrants and non-registrants within the Health Board, via routes such as international recruitment, Health Care Assistants graduate schemes and external supported campaigns. Short /intermediate term mitigation continues to be through temporary staffing of bank and agency staff and deployment of staff internally.



Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards						
Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/ complaints during last year (06/04/2021 – 05/04/2022)	Number of closed incidents/ complaints during current year (06/04/2022 – 05/04/2023)	Total number of incidents/ complaints <u>not closed</u> (06/04/2022 – 05/04/2023) and to be reported on/during the <u>next</u> year (06/04/2023 – 05/04/2024)	Increase / decrease in number of closed incidents/ complaints between previous year and current year	Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained (06/04/2022 – 05/04/2023)	Number of incidents / complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (06/04/2022 – 05/04/2023)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	YWM 18	YWM 21	YWM 2	YWM Increase	YWM 0	YWM 0
	YGC 65	YGC 55	YGC 17	YGC Decrease	YGC 0	YGC 0
	YG 60	YG 96	YG 4	YG Increase	YG 24	YG 13
	Oncology & Haematology N/A	Oncology & Haematology 12	Oncology & Haematology 1	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	143	185	24	Increase	24	13
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	YWM 12	YWM 15	YWM 0	YWM Increase	YWM 0	YWM 0
	YGC 17	YGC 10	YGC 3	YGC Decrease	YGC 0	YGC 0
	YG 12	YG 14	YG 0	YG Increase	YG 2	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	41	40	3	Decrease	2	0



Medication errors never events	YWM 3	YWM 0	YWM 0	YWM Decrease	YWM 0	YWM 0
	YGC 0	YGC 0	YGC 0	YGC Static	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG Static	YG 0	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	3	0	0	Decrease	0	0
Any complaints about nursing care ⁹	YWM 3	YWM 2	YWM 0	YWM Decrease	YWM 0	YWM 0
	YGC 0	YGC 0	YGC 0	YGC Static	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG Static	YG 0	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 2	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	3	3	2	Static	0	0

KEY: YWM - Ysbyty Wrexham Maelor / YGC - Ysbyty Glan Clwyd / YG - Ysbyty Gwynedd.

This is the first year that the oncology & haematology and Womens gynaecology wards have reported the above quality indicators with their wards being stepped up as Section 25B during the course of this reporting period.

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. Nationally work has commenced on reviewing and enhancing the current reporting templates with there being BCUHB representation on this national group.

⁹ Complaints refer to those complaints made under NHS Wales complaints regulations Putting Things Right (PTR)

**Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards**

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year (06/04/2021 – 05/04/2022)	Number of closed incidents/complaints during current year (06/04/2022 – 05/04/2023)	Total number of incidents/complaints <u>not closed</u> (06/04/2022 – 05/04/2023) and to be reported on/during the <u>next</u> year (06/04/2023 – 05/04/2024)	Increase / decrease in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained (06/04/2022 – 05/04/2023)	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (06/04/2022 – 05/04/2023)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	Static	0	0
Medication errors never events	0	0	0	Static	0	0
Infiltration/extravasation injuries	2	0	0	Decrease	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	Static	0	0
Any complaints about nursing care ⁹	11	6	3	Decrease	1	0

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. Nationally work has commenced on reviewing and enhancing the current reporting templates with there being BCUHB representation on this national group.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
<p>Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards</p>	<p>As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the BCUHB - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy</p> <p>The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:</p> <ul style="list-style-type: none"> • Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service for example. • Shared learning through the Ward Managers and Matrons monthly meetings • Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys • Daily incident reviews with escalation of major and catastrophic incidents • Weekly Hospital Acquired Pressure Ulcers (HAPU) scrutiny multi-disciplinary team meetings • Falls are reviewed daily at Matron & Heads of Nursing meeting with the “Make it safe” requirements completed within 72 hrs. Falls scrutiny meetings are in place with implementation of ward level education by Practice Development Nurses and falls champions, embedding N.I.C.E guidelines. • Increased audit activity in areas of concern to support improvement work • Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation
<p>Conclusion & Recommendations</p>	<p>The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.</p> <p>Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having ‘regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively’. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with BCUHB - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy</p>



It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is unfinished and the true extent of this remains unseen. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to:

- Manage the pressures of unscheduled care
- Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times
- Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs
- Maintain patient pathways within a climate that has exacerbated long standing issues within social care

The Board are asked to note and support the following next steps:

1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance

Appendix 4 - Annual Assurance Report Appendix: Summary of Required Establishment

Health board/trust:	Name: Betsi Cadwalader UHB		
Period reviewed:	Start Date: 6 th April 2022 (Spring review cycle) End Date: April 5 th April 2023 (Autumn review cycle)		
Number of wards where section 25B applies:	Medical:	Surgical:	Paediatric:
	April 2022 (Spring 2022): 24 April 2023 (Autumn 2022): 24	April 2022 (Spring 2022): 15 April 2023 (Autumn 2022): 16	April 2022 (Spring 2022): 3 April 2023 (Autumn 2022): 3

To be completed for EVERY ward where section 25B applies.

This report is reflective of the staffing requirements during the two calculation periods covered within the reporting period, these being the Spring 2022 and Autumn 2022 reviews. Details regarding the Spring 2023 reviews and associated staffing changes can be found in Appendix 3 – Summary of Nurse Staffing Levels for 25B Wards Spring 2023 Review.

Adult Acute Medical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Tryfan	19.90	22.74	Yes	19.90	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review following a skill mix review and in response to harm profile. No further amendments made in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Glyder	14.21	11.37	Yes	14.21	11.37	Yes	Yes	No	No change to staffing	No		
YG Hebog	22.74	22.74	Yes	22.74	22.74	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		
YG Moelwyn	28.43	22.74	Yes	28.43	22.74	Yes	Yes	Yes	HCA staffing adjusted during Spring 2022 review due to patient care acuity. No further amendments made in Autumn 2022 review.	No		
YG Glaslyn	19.90	25.58	Yes	19.90	25.58	Yes	Yes	Yes	HCA adjusted during Spring 2022 review due to harm profile. No further amendments made in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Prysor	14.21	10.95	Yes	14.21	10.95	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 following skill mix review. No further amendments made in Autumn 2022 review.	No		
YGC Ward 1	19.07	20.49	Yes	19.07	23.21	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing due to patient care acuity and harms profile.	No		
YGC Ward 2	19.07	20.49	Yes	19.07	20.49	Yes	Yes	No	No change to staffing	No		
YGC Ward 4	19.07	16.34	Yes	19.07	16.34	Yes	Yes	No	No change to staffing	No		
YGC Ward 9	19.07	20.49	Yes	19.07	20.49	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 11	27.24	16.34	Yes	24.52	16.34	Yes	Yes	Yes	RN staffing adjusted in Autumn 2022 review following skill mix review.	No		
YGC Ward 12	21.79	19.07	Yes	21.79	19.07	Yes	Yes	No	No change to staffing	No		
YGC Ward 14	21.79	19.07	Yes	21.79	19.07	Yes	Yes	No	No change to staffing	No		
YGC Ward 10	19.07	20.49	Yes	19.07	20.49	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following ward moves and to support patient care acuity and harms profile. No further amendments made in Autumn 2022 review.	No		
YWM Morris	17.06	21.32	Yes	17.06	21.32	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM Cunliffe	19.90	14.21	Yes	19.90	19.90	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing in response to harm profile	No		
YWM Bersham	25.58	14.21	Yes	25.58	14.21	Yes	Yes	No	No change to staffing	No		
YWM ACU	31.27	14.21	Yes	31.27	14.21	Yes	Yes	No	No change to staffing	No		
YWM Bonney	19.90	19.90	Yes	19.90	19.90	Yes	Yes	No	No change to staffing	No		
YWM Acton	25.58	19.90	Yes	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring 2022 review due to enhanced observations and ward layout. No further amendments made in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM Fleming	19.90	19.90	Yes	11.37	5.69	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		
YWM Pantomime	21.32	18.48	Yes	15.63	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted during Autumn 2022 review following review of funded beds.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Adult Acute Surgical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Tegid	25.58	19.90	Yes	25.58	19.90	Yes	Yes	Yes	RN & HCA staffing adjusted during Spring 2022 review following reduction in beds and skill mix review. No further amendments made in Autumn 2022 review.	No		
YG Ogwen	19.90	22.74	Yes	19.90	25.58	Yes	Yes	Yes	Autumn 2022 review HCA staffing increased due to patient acuity / dependency and harms profile.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Dulas	28.43	19.90	Yes	28.43	19.90	Yes	Yes	Yes	RN staffing increased during Spring 2022 review due to increased patient care acuity. No further amendments made in Autumn 2022 review.	No		
YG Enlli	14.21	11.37	Yes	14.21	14.21	Yes	Yes	Yes	RN & HCA staffing adjusted in Spring 2022 review following skill mix review. Autumn 2022 review identified a need for a further increase of HCA on nights due to patient care acuity.	No		
YGC Ward 3	21.79	21.79	Yes	21.79	21.79	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 5	21.79	19.07	Yes	21.79	19.07	Yes	Yes	No	No change to staffing	No		
YGC Ward 6 (ABH)	17.75	8.17	Yes	13.62	16.34	Yes	Yes	Yes	During the Autumn 2022 review staffing was reconsidered as part of the elective and planned care recovery model and to ensure this section now reports on the staffing aligned to the beds pertaining to Section 25B only.	No		
YGC Ward 7	21.79	19.07	Yes	21.79	21.79	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing to support patient care acuity	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 8	19.07	19.07	Yes	19.07	19.07	Yes	Yes	Yes	RN staffing adjusted in Spring 2022 review as Patients nursed on PACU ward post op. No further amendments made in Autumn 2022 review.	No		
YWM ENT	14.21	11.37	Yes	14.21	11.37	Yes	Yes	No	No change to staffing	Yes	Yes	Following Autumn 2022 reviews ENT has been relocated to Prince of Wales and is now a medical ward as part of site reconfiguration. Additional HCA staffing calculated to be required following this move. Staffing details will be reported following Spring 2023 reviews.

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YWM Arrivals	14.21	11.37	Yes	14.21	11.37	Yes	Yes	No	No change to staffing	No		
YWM Erddig	25.58	19.90	Yes	25.58	19.90	Yes	Yes	Yes	HCA staffing increased during Spring 2022 review due to patient acuity and harm profile. No further amendments made in Autumn 2022 review.	No		
YWM Mason	19.90	24.16	Yes	19.90	24.16	Yes	Yes	No	No change to staffing	No		
YMW Glyndwr	25.58	10.93	Yes	25.58	17.06	Yes	Yes	Yes	Autumn 2022 review required an increase in HCA staffing in response to harm profile.	No		
YMW Samaritan	14.42	6.70	Yes	11.37	6.70	Yes	Yes	Yes	RN staffing adjusted during Autumn 2022 review due to decrease in beds.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Womens Gynaecological Inpatient Wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YGC Ward 19a				11.13	5.57	Yes	Yes	No	Stepped up as an Act ward in Autumn 2022 following return of elective Gynae patients after covid re configuration	No		
YMW Bromfield										Yes	No	Both Bromfield and Ffrancon wards were stepped up as Act wards following the Autumn 2023 staffing reviews due to the return of elective Gynae patients. No additional staffing levels were calculated to be required. Staffing details will be reported following Spring 2023 reviews.
YG Ffrancon										Yes	No	

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Oncology & Haematology Inpatient Wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
YG Alaw	16.24	14.21	Yes	16.24	14.21	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		
YGC Enfys	17.06	17.06	Yes	17.06	17.06	Yes	Yes	No	Inaugural formal review completed in Spring 2022 using the triangulated methodology. No change to staffing numbers in Autumn 2022 review.	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented

Paediatric inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022 following the Spring review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2023 following the Autumn review 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Ysbyty Maelor	28.43	8.53	Yes	28.43	8.53	Yes	Yes	No	No change to staffing	No		
Ysbyty Glan Clwyd	28.43	11.37	Yes	28.43	11.37	Yes	Yes	No	No change to staffing	No		
Ysbyty Gwynedd	26.60	11.37	Yes	26.60	11.37	Yes	Yes	No	No change to staffing	No		

*Supernumerary: This refers to 1 WTE supernumerary ward sister/charge nurse post being additional to the WTE required establishment figures presented



Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee

Health board/trust	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	<p>Executive Meeting 8th May 2024 Board Meeting 30th May 2024</p> <p>This annual report refers to the reporting period 6th April 2023 – 5th April 2024 and forms part of the 3 yearly assurance report for the reporting period from 6th April 2021- 5th April 2024, that will be presented to Welsh Government during April 2024 (caveated) and September 2024 (finalised).</p>		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	<p>Total lowest number of <u>Medical</u> Wards = 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p> <p>Total highest number of <u>Medical</u> wards = 26</p> <p>Ysbyty Gwynedd 8 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p>	<p>Adult acute <u>surgical</u> inpatient wards have remained unchanged/static during the reporting period:</p> <p>Total <u>Surgical</u> wards = 17</p> <p>Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6</p>	<p>Paediatric inpatient wards have remained unchanged/static during the reporting period:</p> <p>Total <u>Paediatric</u> Wards = 3 Ysbyty Gwynedd 1 Ysbyty Glan Clwyd 1 Ysbyty Wrexham Maelor 1</p>
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	<p>Adult acute medical inpatient ward staffing levels have been reviewed / recalculated on two occasions outside of the bi-annual calculation process.</p> <p>Following a ward reconfiguration within the Ysbyty Gwynedd site both Aran & Tryfan wards were recalculated in December 2023 with Tryfan ward no longer meeting the definition of a Section 25B ward from this date</p>	<p>Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.</p>	<p>Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.</p>

The process and methodology used to calculate the nurse staffing level.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients.

This report will focus on the wards to which Section 25B of the Nurse Staffing Levels (Wales) Act pertains within BCUHB¹. In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² in order to appropriately calculate planned nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since the operational inception of the Nurse Staffing Levels (Wales) Act 2016 in April 2018. The narrative detailed within the annual assurance report appendices has attempted to demonstrate the rationale for any changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

Methodology used to calculate the nurse staffing level:

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes the triangulated method of calculation that must be applied when undertaking the nurse staffing level calculations / reviews. The triangulated methodology involves collecting, reviewing and interpreting data relating to Patient Acuity, Care Quality Indicators, and Professional judgement.

Patient Acuity data is measured using Welsh Levels of Care³ evidence-based workforce planning tool. This measure of patients' levels of acuity indicates how much care is required in order to determine the nurse staffing level that is required to meet reasonable requirements of care. Within BCUHB the RL Datix SafeCare system⁴ captures acuity data on a shift by shift basis, however across Wales, in all wards where section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, formal acuity audits are undertaken every 6 months (January and June). To support the acuity audits a monthly dashboard⁵ has been developed which provides information regarding patient acuity, patient flow and nurse staffing levels.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

⁴ RL Datix (formally known as Allocate) SafeCare is a daily staffing software system that displays real time nurse staffing levels and patient acuity enabling informed decision making on staffing levels across a hospital site. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement reasons and mitigating actions taken.

⁵ [Acuity report - Power BI Report Server](#)

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and must be considered during the calculation process. The quality indicators shown to have an association with low nurse staffing levels are identified as:

- Patient falls - any fall that a patient has experienced whilst a patient on the ward
- Pressure ulcers - total number of hospital acquired pressure ulcers considered to have developed, or worsened, while a patient on the ward;
- Medication administration errors - any error in the preparation, administration or omission of medication by nursing staff
- Complaints – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

In addition to the indicators set out above, any other indicator that is sensitive to the nurse staffing level may be considered. Examples may include, but are not limited to, patient experience, unmet care needs, failure to respond to patient deterioration, staff experience & well-being and compliance with mandatory training and performance development reviews.

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

During the process of calculating the nurse staffing levels using the triangulated approach there is no pre-determined hierarchy in terms of the evidence, with equal weighting given to all the information that informs this process. The designated person⁶ will make the determination of the nurse staffing levels based on an analysis of all the information collected about the ward and the contributions of those staff involved in the process.

⁶ The designated person must act within the health boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the health boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

In line with the Nurse Staffing Levels (Wales) Act 2016, and following consideration of these factors, an uplift of 26.9% is applied to both the registered nurse (RN) and health care support worker (HCSW) establishments to cover staff absences⁷. As per the requirements of the Nurse Staffing Levels (Wales) 2016 Act all Band 7 Ward Managers are supernumerary and are therefore not included in the required establishment figures.

Process used to calculate the nurse staffing level:

In line with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations are to be approved by a designated person who is authorised to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh health boards the designated person is the Executive Director of Nursing.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: Initial Review

The review process is commenced at ward level with the Ward Manager presenting ward acuity data, care quality indicators, and professional judgement. Each ward completes the designated proforma to evidence the review process and application of the triangulated methodology described above. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.

The Integrated Health Community (IHC) Director of Nursing (DON) / Associate Director of Nursing (ADoN) leads the site reviews to calculate nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Manager, and colleagues from finance. The review is informed by both qualitative and quantitative information comprising of information and data gathered using the triangulated methodology covering Patient Acuity, Care Quality Indicators, and Professional judgement.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout and geographical position
- Detail of service and patient pathway changes
- Ward based initiatives, improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, dementia support workers, ward administrators etc.).

⁷ The 26.9% covers absences relating to annual leave, sickness and study leave but excludes maternity leave.

	<ul style="list-style-type: none"> • Workforce/Staffing related metric data i.e. budgeted and actual establishments, Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave. • Patient flow/activity related data for the previous 12 months. • Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff. <p>Step 2: Health Board Wide Review A health board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent health board wide approach. The review includes sharing good practice and lessons learnt and providing assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models must include an uplift of 26.9% and that a supernumerary Band 7 Ward Manager has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁸, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery Each Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person. In attendance are the Executive Directors for Workforce & Organisational Development; & Finance (or their nominated deputies). Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person and on approval, these are formally presented to the Board in November each year.</p> <p>The formal autumn 23 presentation to the Executive Director of Nursing & Midwifery took place on 5th October 2023 with the Finance Director for Commissioning & Strategy and the Deputy Director of People in attendance with the outcome of these presented to Board on 30th November 2023⁹.</p> <p>The formal spring 24 presentation to the Executive Director of Nursing & Midwifery took place on 12th April 2024 with the Chief Finance Officer (East) and the Associate Director Workforce Optimisation in attendance with the outcome of these presented in appendix 3.</p>
<p>Informing patients</p>	<p>In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about</p>

⁸ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing

⁹ bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/agenda-bundle-health-board-301123-final-revision-published-to-web-11223/

the Act. Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.

It is acknowledged that this particular method has been limited at times and during the COVID-19 pandemic, as patient information boards are displayed in communal areas, the stringent infection control protocols in place may have led to inconsistencies in the approach to displaying the required patients' information.

Ward Managers and Senior Nurse Managers have been issued with renewed guidance regarding their duties to inform patients under the Nurse Staffing Levels (Wales) Act 2016 and regularly assurance is sought via the Nursing Workforce & Staffing meetings that these duties are being met. During 2024 audits will be undertaken across the wards pertaining to Section 25B to measure compliance with the informing patient requirements, the results of which will be shared with the respective Integrated Health Community Nurse Directors and Associate Directors of Nursing and the Executive Director of Nursing & Midwifery.

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>	6 th April 2023 – 5 th April 2024		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May)	42	813.94	730.47
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) calculation cycle	42	792.73	541.43
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov)	43	839.4	759.51
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) calculation cycle	43	836.98	741.30
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 43		
<p>Accompanying narrative: In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of</p>			

NB: First cycle: spring 2023 following January audit
Second cycle: autumn 2023: following June audit

additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

During the reporting period 40 wards have seen **no** changes to their required establishment, 2 wards have required a change and 1 additional ward has met the definition of a ward pertaining to Section 25B of the Act. Of the 2 wards requiring a change to establishment, 1 was due to service redesigns across the orthopaedic speciality. Changes associated with service redesigns will be monitored and staffing levels adjusted as appropriate as these progress and mature.

Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. The narrative detailed within the annual assurance report appendices demonstrates the rationale for any changes to the nurse staffing levels. Financial implications of the Autumn 2023 nurse staffing level calculations review will be considered within the 2024/25 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The nurse staffing reviews have again identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the Integrated Medium Term Plan (IMTP). Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, build throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Although staffing requirements associated with escalated beds is not included in the data relating to Section 25B wards this information will continue to be captured as part of the nurse staffing levels review process and included within the respective Integrated Health Community IMTP plans.

The extent to which wards pertaining to Section 25B have repurposed during this reporting period is less than was seen across previous reporting periods. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the health board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult acute medical and surgical wards. Acuity data for wards pertaining to Section 25B during the reporting period in June 2023 shows that an average of 78% of patients requiring care were Level 3 and 4, with 10% of patients requiring Level 5 care.

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

As a health board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There are a range of both short and long term actions being taken by the



health board to improve the extent to which a sufficient workforce is available to work within the registered nurses (RN) and healthcare support workers (HCSW) establishments across all health settings. People Services continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives which include:

- Initiatives being led by People Services and Corporate Nursing teams to develop and implement innovative approaches to recruitment of registered nurses and healthcare support workers
- Continued engagement with the national All Wales International Nurse Recruitment Programme with 231 FTE Internationally Educated Nurses recruited since October 2022.
- Bachelor of Nursing Part Time and Open University fast track for healthcare support workers employed by the organisation to ensure that we are able “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis in line with the All Wales Framework. Ongoing work at a national basis regarding the potential professional regulation/ registration of these care workers.
- Annual establishment reviews for areas exempt from Section 25B of the Act to ensure the health board is fulfilling its statutory duty to provide sufficient nurses to allow them to care for patients sensitively wherever nursing services are provided or commissioned.
- Utilisation of the RL Datix SafeCare system to provide live visibility of staffing levels and patient demand to ensure the deployment of resource effectively. Weekly reports are provided to the DoN/ADoN to ensure targeted support to areas of poor compliance.
- Introduction of the roster autocascade system to ensure the efficient sourcing of temporary staffing; and Wagestream to provide financial wellbeing for all staff.
- Continual review and enhancements of BCUHB careers framework
- Introduction of quarterly nursing workforce optimisation presentations by the IHC DoN/ADoN to the Executive Directors of Nursing & Midwifery; Finance; and People Services or their nominated deputies. The meetings focus on several workforce elements including staffing establishments, vacancies, recruitment, rostering compliance and temporary staffing utilisation.
- Short-term mitigation remains through the use of temporary staffing (bank and agency workers) and deployment of substantive staff internally



Extent to which the required establishment has been maintained within paediatric inpatient wards NB: First cycle: spring 2023 following January audit Second cycle: autumn 2023: following June audit	6 th April 2023 – 5 th April 2024		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	3	83.46	31.27
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle	3	79.45	31.27
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)	3	83.46	31.27
WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle	3	80.98	28.95
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 3		
<p>Accompanying narrative:</p> <p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</p> <p>The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. Financial implications of the Autumn 2023 nurse staffing level calculations review will be considered within the 2024/25 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.</p> <p>Acuity data for the paediatric inpatient wards during the reporting period in June 2023 shows very few patients at level 1 on the paediatric wards, with the majority of patients being levels 2 and 3. There were no days without some patients at level 4 or 5 across the units. The paediatric wards have a very high turnover with average length of stay lower than that seen on adult wards. This is supported by the flow data with an average of 41 admissions recorded across the three paediatric units per day.</p>			

Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	46575	14451 31.03%	4216 9.05%	12150 26.09%	10862 23.32%	89.49%
<p>Accompanying narrative: During April 2023 to April 2024 BCUHB has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge who utilises their professional judgement to record the appropriateness of the staffing levels on each of these shifts.</p> <p>This is the third year of reporting in this way and significant improvements have been made in the quality of the data being reported with overall data completeness rising from 37.82% (first year) to 89.49% across the adult medical and surgical Section 25B during this reporting period. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.</p>							
Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	3142	2066 65.75%	145 4.61%	578 18.40%	151 4.81%	93.57%
<p>Accompanying narrative:</p>							

	<p>During this reporting period the paediatric inpatient wards have utilised both the Health Care Monitoring System (HCMS) and SafeCare system to enable the capture and analysis of data. Operational pressures impacted on the organisations ability to implement SafeCare to the paediatric wards within the desired timeframe, with the paediatric ward in Ysbyty Maelor Wrexham having successfully moved to capturing data fully within the SafeCare system from 1st February 2023 and the paediatric wards in Ysbyty Glan Clwyd and Ysbyty Gwynedd Bangor completing this from 1st June 2023.</p> <p>Whilst there has been a slight decrease in the data completeness across the paediatric inpatient wards from 98.54% during the last reporting period to 93.57% in this reporting period it is important to note that the frequency of data capture has increased as the HCMS system enabled the data to be captured once daily whilst the SafeCare system provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients three times daily. Data completeness is monitored and validated at regular intervals throughout the year.</p> <p>From 1st June 2023 the information reported for the extent to which the planned roster has been maintained within the paediatric inpatient wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge who utilises their professional judgement to record the appropriateness of the staffing levels on each of these shifts.</p>
<p>Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.</p>	<p>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.</p> <p>Each health board/trust is committed to implementing the RL Datix SafeCare system with each organisation at different stages of implementing this system within their areas, prioritising section 25B wards. Prior to the national steer BCUHB had implemented SafeCare across all their Section 25B adult acute medical & surgical wards, with the paediatric inpatient wards having completed their implementation in June 2023. Whilst SafeCare has been implemented health boards/trusts have also utilised the Health Care Monitoring system (HCMS) which has been adapted to ensure consistency in the data collection and analysis to aid reporting.</p> <p>Due to the transitional arrangements whereby health boards/trusts are implementing the RL Datix SafeCare system alongside the HCMS system to capture the data required to inform the calculation and reporting of the nurse staffing level, the data presented in the above tables will be a combination of information generated from SafeCare and HCMS. Within BCUHB all data presented for the adult acute medical and surgical wards is generated from SafeCare whilst the paediatric inpatient wards has been generated from both SafeCare and HCMS for this reporting period.</p>

	<p>BCUHB has worked closely with the All Wales SafeCare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has been developed and is in use across BCUHB. Enhancements continue to be made to the SafeCare system to ensure the reporting requirements of the Act can be met.</p>
<p>Process for maintaining the Nurse staffing level</p>	<p>The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the health board takes ‘all reasonable steps’ to maintain its staffing levels. As a health board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.</p> <p>The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.</p> <p>Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”. There are established processes in place within the Integrated Health Communities (IHC) nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.</p> <p>The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board:</p> <ul style="list-style-type: none"> • The RL Datix SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care. • Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff. • Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services • Nurse staffing escalation processes are outlined in the BCUHB - Nurse Staffing Levels Policy and BCUHB Paediatric Escalation Policy • Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover. • Where appropriate study leave and non-essential meetings are stood down

- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times
- An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.
- Annual workforce planning undertaken which informs nursing education commissioning
- Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.
- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- A streamlined fast track recruitment process
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development
- Continued investment in education and development for staff including subscription to Florence Nightingale Foundation, Clinical Skills Modules and internally facilitated Continuing Professional Development programme to ensure wide range of opportunities available to staff
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Career progression for healthcare support workers through completion of Qualification and Credit Framework Level 2 and 3 which enable progression to the Level 4 Certificate in Healthcare Practice.
- Maximising opportunities for healthcare support worker development through Level 4 Certificate in Healthcare Practice qualification fast track route for healthcare support workers employed by the organisation into pre-registration nurse training, to ensure that we are able “grow our own”, options available include Open University and Part Time Bachelor of Nursing routes
- Supporting career progression for health board employed healthcare support workers with an international nursing registration to progress to Band 5 registered nurse once successfully completed Objective Structured Clinical Examination.
- Updating and implementation of fast track process for student nurses wishing to join the bank as a healthcare support worker
- The appointment of new graduates via the streamlining process continues to be a success as does the internationally educated nursing recruitment programme.

- The provision of pastoral support and a structure preceptorship programme for graduates and internationally educated nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback
- Staff wellbeing strategies are in place

Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction. The BCUHB People Strategy & Plan is an essential enabler to the delivery of a sustainable nursing workforce, which is further supported by the All Wales National Workforce Implementation Plan and the subsequent Nurse Retention Plan, which places a focus on retention and innovation.

This reporting period has seen the funded establishments across the Section 25B wards¹⁰ for registered nursing posts increase from 912.8 (WTE) in April 2023 to 973.3 (WTE) in March 2024, an overall funded increase of 60.5 (WTE). Actual registered nursing staff in post have also risen across the period from 739.3 (WTE) in April 2023 to 824.5 (WTE) in March 2024, an increase of 85.2 (WTE). Successful recruitment into the Section 25B wards has meant that the vacancy rates for registered nurses within these areas has fallen from 19.0% (April 2023) to 15.3% (March 2024).

Across the healthcare support worker funded establishments for the Section 25B wards¹⁰ posts have increased from 611.5 (WTE) in April 2023 to 825.1 (WTE) in March 2024, an overall funded increase of 213.6 (WTE). Actual healthcare support worker staff in post have also risen across the period from 681.9 (WTE) in April 2023 to 752.4 (WTE) in March 2024, an increase of 70.5 (WTE). Following the significant investment in the funded healthcare support worker establishments during 2023/2024 the vacancy rate for this staff group initially rose to 16.8% during June 2023 however successful recruitment has seen this reduce month on month to its current level of 8.8% (March 2024).

¹⁰ Applicable to those wards pertaining to Section 25B as at 31st March 2024. As previously stated the number of wards pertaining to Section 25B will have fluctuated throughout this reporting period.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)		Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL		TOTAL	TOTAL	TOTAL
	Avoidable	Unavoidable			
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	YWM 14	YWM 21	YWM 3	YWM 0	YWM 1
	YGC 13	YGC 70	YGC 2	YGC 0	YGC 1
	YG 10	YG 87	YG 5	YG 0	YG 0
	Oncology & Haematology 0	Oncology & Haematology 8	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	38	186	10	0	2
Total number of incidents/ complaints not closed and to be reported on/during the next year	YWM 7		YWM 0	YWM 0	YWM 0
	YGC 14		YGC 1	YGC 0	YGC 10
	YG 8		YG 2	YG 0	YG 7
	Oncology & Haematology 1		Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology 1
	Womens Gynaecology 0		Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 1
TOTAL	30		4	0	19
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	YWM 4		YWM 0	YWM 0	YWM 0
	YGC 2		YGC 0	YGC 0	YGC 0
	YG 0		YG 1	YG 0	YG 0
	Oncology & Haematology 0		Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0



	Womens Gynaecology 0		Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	6		1	0	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	YWM 1		YWM 0	YWM 0	YWM 0
	YGC 1		YGC 0	YGC 0	YGC 0
	YG 0		YG 0	YG 0	YG 0
	Oncology & Haematology 0		Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 0		Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	2		0	0	0

KEY: YWM - Ysbyty Wrexham Maelor / YGC - Ysbyty Glan Clwyd / YG - Ysbyty Gwynedd.

Accompanying narrative:

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour¹¹ set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020¹² and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.

¹¹ [The NHS Duty of Candour | GOV.WALES](#)

¹² [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual assurance reports may be lower than those in previous years.

Previously BCUHB have reported hospital acquired pressure damage in its totality for both avoidable and unavoidable incidents. The work undertaken on an All Wales basis has highlighted that this is inconsistent with other health boards / trusts who only report avoidable incidents. In line with the agreed reporting metrics and to ensure consistency across Wales from 6th April 2024 onwards BCUHB will only report avoidable hospital acquired pressure damage. For transparency the numbers of closed unavoidable hospital acquired pressure damage incidents (grade 3, 4 and unstageable) recorded during this reporting period have been displayed separately in the table above.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	0	0	0	3	0



Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	0	0	0	0	1
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	0	0	0	1	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0	0

Accompanying narrative:

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Directors of Nursing & Midwifery in August 2023, along with the amended measures for the adult acute medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. 6th April 2024.

The quality indicators for the paediatric inpatient wards will be as follows:

- Hospital acquired pressure damage (grade 3, 4 and unstageable) (avoidable and unavoidable)
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
-

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained

- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)

Actions taken if the nurse staffing level was not maintained in wards where section 25B applies

As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:

- Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service for example.
- Shared learning through the Ward Managers and Matrons monthly meetings
- Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys
- Daily incident reviews within the IHCs and Divisions with Heads of Nursing and Matrons allows insight into the Falls and Hospital Acquired Pressure Ulcers (HAPU) incidents reported enabling an initial review within the target timescale of 24 hours of reporting and a focused review within 72 hours with escalation of major and catastrophic incidents
- Weekly harms scrutiny meetings are in place and supported by relevant leads e.g. practice development nurses, fall champions, HAPU lead nurse.
- Increased audit activity in areas of concern to support improvement work
- Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation
- A quality and assurance dashboard is currently in development which upon completion will provide strategic and operational oversight of patient experience, patient harms incidents, patient complaints and staffing metrics.

Section 25A: Duty to have regard to provide sufficient nurses

Requirements of Section 25A

(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients across all of its nursing services. This section will provide a summary of the wider work that has been undertaken in relation to Section 25A areas during 2023/24.

The processes for maintaining the nurse staffing levels, including the recruitment, retention and education strategies described previously within this paper are applicable to all areas where nursing services are provided.

BCUHB has developed a Calculating Nurse Staffing Levels Standard Operating Procedure¹³ which informs the process which all nurse staffing level reviews, undertaken in any nursing service, should follow. Whilst the statutory requirement to undertake nurse staffing level reviews following the triangulated approach, described within Section 25C of the Act, may only apply to those wards that pertain to Section 25B, the Executive Director of Nursing & Midwifery has endorsed this as the approach to be used for all nurse staffing level reviews. The triangulated approach requires that information related to the following needs to be considered when calculating the nurse staffing levels in any setting where nursing services are provided:

- Patient acuity/dependency/workload (using validated tools wherever possible)
- Care quality indicators (pertinent to the service in question)
- Professional judgement (as applicable within the clinical setting under review)

In addition, nationally endorsed professional nursing workforce guidance/standards are used to underpin the review processes wherever they exist.

BCUHB nursing services which have undertaken/commenced reviews of their nurse staffing levels using the above approach over the 2023/24 reporting period are:

- Community hospital wards
- Emergency quadrant wards and departments
- 24/7 medical & surgical wards who do not pertain to Section 25B of the Act
- Mental Health and Learning Disability wards

Upon the conclusion of all 24/7 nursing ward and department nurse staffing level reviews a paper will be formally presented to Board detailing the outcome and associated recommendations of these.

¹³ Calculating Nurse Staffing Levels Standard Operating Procedure is currently in draft format awaiting ratification



Conclusion & Recommendations

The report provides assurance to the health board that in line with statutory guidance the health board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The Board are asked to note and support the following next steps:

1. Undertake a review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The BCUHB People Strategy & Plan is an essential enabler to the delivery of a sustainable nursing workforce, which is further supported by the All Wales National Workforce Implementation Plan and the subsequent Nurse Retention Plan, which place a focus on retention and innovation.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will ensure the planned roster is accurately displayed on the ward boards at the ward entrance and that patient information regarding the Nurse Staffing Levels (Wales) Act is readily and easily available.

Appendix 2: Annual Assurance Report

Health Board/Trust:	Betsi Cadwaladr University Health Board
Period of the report	8th April 2023 (Spring review cycle) - 5th April 2024 (Autumn review cycle)
Adult Acute Medical Inpatient Wards	26

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Medical Inpatient wards

Site	Name of Ward	TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the start of this report (Spring 2023 calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the end of the period of this report (Autumn 2023 calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
YWM	Acton	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YWM	ACU	1	31.27	14.21	1	31.27	14.21	Yes	No	No change to staffing	No			
YWM	Bersham	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YWM	Bonney	1	19.9	19.9	1	19.9	19.9	Yes	No	No change to staffing	No			
YWM	Cunliffe	1	19.9	17.06	1	19.9	19.9	Yes	Yes	HCA staffing reconsidered due to harm profile.	No			
YWM	Fleming	1	11.37	5.69	1	11.37	5.69	Yes	No	No change to staffing	No			
YWM	Morris	1	17.06	21.32	1	17.06	21.32	Yes	No	No change to staffing	No			
YWM	Pantomime	1	15.63	14.21	1	15.63	14.21	Yes	No	No change to staffing	No			
YWM	Prince of Wales	1	14.21	14.21	1	14.21	14.21	Yes	No	No change to staffing	No			
YG	Aran				1	22.74	21.3	Yes	No	Stepped up in Autumn 2023 as an Act ward following return to medical ward after reconfiguration	Yes	Dec-23	Yes	Following a ward reconfiguration within YG site staffing was reviewed in December 2023
YG	Glaslyn	1	19.9	25.58	1	19.9	26.58	Yes	Yes	HCA staffing adjusted to include funded post previously omitted as historically recorded as other ward support role.	No			
YG	Glyder	1	14.21	11.37	1	14.21	11.37	Yes	No	No change to staffing	No			
YG	Hebog	1	22.74	22.74	1	22.74	22.74	Yes	No	No change to staffing	No			
YG	Moelwyn	1	28.43	22.74	1	28.43	22.74	Yes	No	No change to staffing	No			
YG	Prysor	1	12.79	10.95	1	12.79	10.95	Yes	No	No change to staffing	No			
YG	Tryfan	1	19.9	22.74	1	19.9	22.74	Yes	No	No change to staffing	Yes	Dec-23	Yes	Following a ward reconfiguration within YG site staffing was reviewed in December 2023 with Tryfan no longer meeting the definition of a 25B ward from this date
YGC	Ward 1	1	19.07	23.21	1	19.07	23.21	Yes	No	No change to staffing	No			
YGC	Ward 2	1	19.07	20.49	1	19.07	20.49	Yes	No	No change to staffing	No			
YGC	Ward 4	1	19.07	16.34	1	19.07	16.34	Yes	No	No change to staffing	No			
YGC	Ward 6 (formally Ward 11)	1	24.52	16.34	1	24.52	16.34	Yes	No	No change to staffing	No			
YGC	Ward 9	1	19.07	20.49	1	19.07	20.49	Yes	No	No change to staffing	No			
YGC	Ward 10	1	19.07	20.49	1	19.07	20.49	Yes	No	No change to staffing	No			
YGC	Ward 12	1	21.79	19.07	1	21.79	19.07	Yes	No	No change to staffing	No			
YGC	Ward 14	1	21.79	20.49	1	21.79	20.49	Yes	No	No change to staffing	No			
YG	Alaw	1	16.24	14.21	1	16.24	14.21	Yes	No	No change to staffing	No			
YGC	Enfys	1	17.06	17.06	1	17.06	17.06	Yes	No	No change to staffing	No			

Appendix 2: Annual Assurance Report

Health Board/Trust:	Betsi Cadwaladr University Health Board
Period of the report	6th April 2023 (Spring review cycle) - 5th April 2024 (Autumn review cycle)
Adult Acute Surgical Inpatient Wards	17

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Surgical Inpatient wards

Site	Name of Ward	TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the <u>start</u> of this report (Spring 2023 calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the <u>end</u> of the period of this report (Autumn 2023 calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
YWM	Arrivals	1	14.21	11.37	1	14.21	11.37	Yes	No	No change to staffing	No			
YWM	Erddig	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YWM	Mason	1	19.9	24.16	1	19.9	24.16	Yes	No	No change to staffing	No			
YWM	Glyndwr	1	25.58	17.06	1	25.58	17.06	Yes	No	No change to staffing	No			
YWM	U5 (formally Samaritan)	1	13.4	7.72	1	13.4	7.72	Yes	No	No change to staffing	No			
YG	Tegid	1	25.58	19.9	1	25.58	19.9	Yes	No	No change to staffing	No			
YG	Dulas	1	28.43	19.9	1	28.43	19.9	Yes	No	No change to staffing	No			
YG	Ogwen	1	19.9	25.58	1	19.9	25.58	Yes	No	No change to staffing	No			
YG	Enlli	1	14.21	14.21	1	14.21	14.21	Yes	No	No change to staffing	No			
YGC	Ward 3	1	21.79	21.79	1	21.79	21.79	Yes	No	No change to staffing	No			
YGC	Ward 5	1	21.79	19.07	1	21.79	19.07	Yes	No	No change to staffing	No			
YGC	Ward 7	1	21.79	21.79	1	21.79	21.79	Yes	No	No change to staffing	No			
YGC	Ward 8	1	19.07	19.07	1	19.07	19.07	Yes	No	No change to staffing	No			
ABH	Ward 6 Abergele	1	13.62	16.34	1	16.34	20.24	Yes	Yes	Staffing reconsidered as part of the orthopaedic surgical services review.	No			
YGC	Ward 19a Glaslyn	1	11.13	7.68	1	11.13	7.68	Yes	No	No change to staffing	No			
YWM	Bromfield	1	11.37	5.69	1	11.37	5.69	Yes	No	Stepped up in Spring 2023 as an Act ward following return of elective Gynae patients after covid reconfiguration.	No			
YG	Ffrancon	1	11.37	8.53	1	11.37	8.53	Yes	No	Stepped up in Spring 2023 as an Act ward following return of elective Gynae patients after covid reconfiguration.	No			

Appendix 2: Annual Assurance Report

Health Board/Trust:	Betsi Cadwaladr University Health Board
Period of the report	6th April 2023 (Spring review cycle) - 5th April 2024 (Autumn review cycle)
Adult Acute Medical Inpatient Wards	3

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within this appendix but further information can be found within the main body of the annual assurance report

Paediatric Inpatient wards

Site	Name of Ward	TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the start of this report (Spring 2023 calculation cycle) <i>including uplift 26.9%</i>		TOTAL (WTE) band 7 supernumerary ward manager	Required Establishment at the end of the period of this report (Autumn 2023 calculation cycle) <i>including uplift 26.9%</i>		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
			TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
YWM	Childrens Unit	1	28.43	8.53	1	28.43	8.53	Yes	No	No change to staffing	No			
YGC	Childrens Unit	1	28.43	11.37	1	28.43	11.37	Yes	No	No change to staffing	No			
YG	Childrens Unit	1	26.6	11.37	1	26.6	11.37	Yes	No	No change to staffing	No			



Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	Executive Meeting 8 th May 2024 Board Committee Meeting 30 th May 2024 This annual report refers to the reporting period 6 th April 2023 – 5 th April 2024 and forms part of the 3 yearly assurance report for the reporting period from 6 th April 2021- 5 th April 2024, that will be presented to Welsh Government during April 2024 (caveated) and September 2024 (finalised).		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	Total lowest number of <u>Medical</u> Wards = 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9 Total highest number of <u>Medical</u> wards = 26 Ysbyty Gwynedd 8 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9	Adult acute <u>surgical</u> inpatient wards have remained unchanged/static during the reporting period: Total <u>Surgical</u> wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6	Paediatric inpatient wards have remained unchanged/static during the reporting period: Total <u>Paediatric</u> Wards = 3 Ysbyty Gwynedd 1 Ysbyty Glan Clwyd 1 Ysbyty Wrexham Maelor 1
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	Adult acute medical inpatient ward staffing levels have been reviewed / recalculated on two occasions outside of the bi-annual calculation process. Following a ward reconfiguration within the Ysbyty Gwynedd site both Aran & Tryfan wards were recalculated in December 2023 with Tryfan ward no longer meeting the definition of a Section 25B ward from this date	Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.	Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.

The process and methodology used to calculate the nurse staffing level.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients.

This report will focus on the wards to which Section 25B of the Nurse Staffing Levels (Wales) Act pertains within BCUHB¹. In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² in order to appropriately calculate planned nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since the operational inception of the Nurse Staffing Levels (Wales) Act 2016 in April 2018. The narrative detailed within the annual assurance report appendices has attempted to demonstrate the rationale for any changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

Methodology used to calculate the nurse staffing level:

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes the triangulated method of calculation that must be applied when undertaking the nurse staffing level calculations / reviews. The triangulated methodology involves collecting, reviewing and interpreting data relating to Patient Acuity, Care Quality Indicators, and Professional judgement.

Patient Acuity data is measured using Welsh Levels of Care³ evidence-based workforce planning tool. This measure of patients' levels of acuity indicates how much care is required in order to determine the nurse staffing level that is required to meet reasonable requirements of care. Within BCUHB the RL Datix SafeCare system⁴ captures acuity data on a shift by shift basis, however across Wales, in all wards where section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, formal acuity audits are undertaken every 6 months (January and June). To support the acuity audits a monthly dashboard⁵ has been developed which provides information regarding patient acuity, patient flow and nurse staffing levels.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

⁴ RL Datix (formally known as Allocate) SafeCare is a daily staffing software system that displays real time nurse staffing levels and patient acuity enabling informed decision making on staffing levels across a hospital site. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement reasons and mitigating actions taken.

⁵ [Acuity report - Power BI Report Server](#)

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and must be considered during the calculation process. The quality indicators shown to have an association with low nurse staffing levels are identified as:

- Patient falls - any fall that a patient has experienced whilst a patient on the ward
- Pressure ulcers - total number of hospital acquired pressure ulcers considered to have developed, or worsened, while a patient on the ward;
- Medication administration errors - any error in the preparation, administration or omission of medication by nursing staff
- Complaints – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

In addition to the indicators set out above, any other indicator that is sensitive to the nurse staffing level may be considered. Examples may include, but are not limited to, patient experience, unmet care needs, failure to respond to patient deterioration, staff experience & well-being and compliance with mandatory training and performance development reviews.

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

During the process of calculating the nurse staffing levels using the triangulated approach there is no pre-determined hierarchy in terms of the evidence, with equal weighting given to all the information that informs this process. The designated person⁶ will make the determination of the nurse staffing levels based on an analysis of all the information collected about the ward and the contributions of those staff involved in the process.

⁶ The designated person must act within the health boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the health boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a Nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.

In line with the Nurse Staffing Levels (Wales) Act 2016, and following consideration of these factors, an uplift of 26.9% is applied to both the registered nurse (RN) and health care support worker (HCSW) establishments to cover staff absences⁷. As per the requirements of the Nurse Staffing Levels (Wales) 2016 Act all Band 7 Ward Managers are supernumerary and are therefore not included in the required establishment figures.

Process used to calculate the nurse staffing level:

In line with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations are to be approved by a designated person who is authorised to undertake this calculation on behalf of the Chief Executive Officer. The designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment. Within Welsh health boards the designated person is the Executive Director of Nursing.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: Initial Review

The review process is commenced at ward level with the Ward Manager presenting ward acuity data, care quality indicators, and professional judgement. Each ward completes the designated proforma to evidence the review process and application of the triangulated methodology described above. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.

The Integrated Health Community (IHC) Director of Nursing (DON) / Associate Director of Nursing (ADoN) leads the site reviews to calculate nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Manager, and colleagues from finance. The review is informed by both qualitative and quantitative information comprising of information and data gathered using the triangulated methodology covering Patient Acuity, Care Quality Indicators, and Professional judgement.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout and geographical position
- Detail of service and patient pathway changes
- Ward based initiatives, improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, dementia support workers, ward administrators etc.).

⁷ The 26.9% covers absences relating to annual leave, sickness and study leave but excludes maternity leave.

	<ul style="list-style-type: none"> • Workforce/Staffing related metric data i.e. budgeted and actual establishments, Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave. • Patient flow/activity related data for the previous 12 months. • Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff. <p>Step 2: Health Board Wide Review A health board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent health board wide approach. The review includes sharing good practice and lessons learnt and providing assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models must include an uplift of 26.9% and that a supernumerary Band 7 Ward Manager has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁸, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery Each Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person. In attendance are the Executive Directors for Workforce & Organisational Development; & Finance (or their nominated deputies). Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person and on approval, these are formally presented to the Board in November each year.</p> <p>The formal autumn 23 presentation to the Executive Director of Nursing & Midwifery took place on 5th October 2023 with the Finance Director for Commissioning & Strategy and the Deputy Director of People in attendance with the outcome of these presented to Board on 30th November 2023⁹.</p> <p>The formal spring 24 presentation to the Executive Director of Nursing & Midwifery took place on 12th April 2024 with the Chief Finance Officer (East) and the Associate Director Workforce Optimisation in attendance with the outcome of these presented in appendix 3.</p>
<p>Informing patients</p>	<p>In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about</p>

⁸ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing

⁹ bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/agenda-bundle-health-board-301123-final-revision-published-to-web-11223/

the Act. Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.

It is acknowledged that this particular method has been limited at times and during the COVID-19 pandemic, as patient information boards are displayed in communal areas, the stringent infection control protocols in place may have led to inconsistencies in the approach to displaying the required patients' information.

Ward Managers and Senior Nurse Managers have been issued with renewed guidance regarding their duties to inform patients under the Nurse Staffing Levels (Wales) Act 2016 and regularly assurance is sought via the Nursing Workforce & Staffing meetings that these duties are being met. During 2024 audits will be undertaken across the wards pertaining to Section 25B to measure compliance with the informing patient requirements, the results of which will be shared with the respective Integrated Health Community Nurse Directors and Associate Directors of Nursing and the Executive Director of Nursing & Midwifery.

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>	6 th April 2023 – 5 th April 2024		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May)	42	813.94	730.47
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) calculation cycle	42	792.73	541.43
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov)	43	839.4	759.51
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) calculation cycle	43	836.98	741.30
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 43		
<p>Accompanying narrative: In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of</p>			

NB: First cycle: spring 2023 following January audit
Second cycle: autumn 2023: following June audit

additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.

During the reporting period 40 wards have seen **no** changes to their required establishment, 2 wards have required a change and 1 additional ward has met the definition of a ward pertaining to Section 25B of the Act. Of the 2 wards requiring a change to establishment, 1 was due to service redesigns across the orthopaedic speciality. Changes associated with service redesigns will be monitored and staffing levels adjusted as appropriate as these progress and mature.

Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. The narrative detailed within the annual assurance report appendices demonstrates the rationale for any changes to the nurse staffing levels. Financial implications of the Autumn 2023 nurse staffing level calculations review will be considered within the 2024/25 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The nurse staffing reviews have again identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the Integrated Medium Term Plan (IMTP). Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, build throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Although staffing requirements associated with escalated beds is not included in the data relating to Section 25B wards this information will continue to be captured as part of the nurse staffing levels review process and included within the respective Integrated Health Community IMTP plans.

The extent to which wards pertaining to Section 25B have repurposed during this reporting period is less than was seen across previous reporting periods. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the health board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult acute medical and surgical wards. Acuity data for wards pertaining to Section 25B during the reporting period in June 2023 shows that an average of 78% of patients requiring care were Level 3 and 4, with 10% of patients requiring Level 5 care.

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

As a health board there has been underpinning work to secure and assure plans for maintaining Nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained locally and nationally. There are a range of both short and long term actions being taken by the



health board to improve the extent to which a sufficient workforce is available to work within the registered nurses (RN) and healthcare support workers (HCSW) establishments across all health settings. People Services continue to work closely with senior nursing and midwifery colleagues to maximise recruitment and retention of nursing and midwifery staff initiatives which include:

- Initiatives being led by People Services and Corporate Nursing teams to develop and implement innovative approaches to recruitment of registered nurses and healthcare support workers
- Continued engagement with the national All Wales International Nurse Recruitment Programme with 231 FTE Internationally Educated Nurses recruited since October 2022.
- Bachelor of Nursing Part Time and Open University fast track for healthcare support workers employed by the organisation to ensure that we are able “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis in line with the All Wales Framework. Ongoing work at a national basis regarding the potential professional regulation/ registration of these care workers.
- Annual establishment reviews for areas exempt from Section 25B of the Act to ensure the health board is fulfilling its statutory duty to provide sufficient nurses to allow them to care for patients sensitively wherever nursing services are provided or commissioned.
- Utilisation of the RL Datix SafeCare system to provide live visibility of staffing levels and patient demand to ensure the deployment of resource effectively. Weekly reports are provided to the DoN/ADoN to ensure targeted support to areas of poor compliance.
- Introduction of the roster autocascade system to ensure the efficient sourcing of temporary staffing; and Wagestream to provide financial wellbeing for all staff.
- Continual review and enhancements of BCUHB careers framework
- Introduction of quarterly nursing workforce optimisation presentations by the IHC DoN/ADoN to the Executive Directors of Nursing & Midwifery; Finance; and People Services or their nominated deputies. The meetings focus on several workforce elements including staffing establishments, vacancies, recruitment, rostering compliance and temporary staffing utilisation.
- Short-term mitigation remains through the use of temporary staffing (bank and agency workers) and deployment of substantive staff internally



Extent to which the required establishment has been maintained within paediatric inpatient wards NB: First cycle: spring 2023 following January audit Second cycle: autumn 2023: following June audit	6 th April 2023 – 5 th April 2024		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	3	83.46	31.27
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle	3	79.45	31.27
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)	3	83.46	31.27
WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle	3	80.98	28.95
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 3		
<p>Accompanying narrative:</p> <p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</p> <p>The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. Financial implications of the Autumn 2023 nurse staffing level calculations review will be considered within the 2024/25 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.</p> <p>Acuity data for the paediatric inpatient wards during the reporting period in June 2023 shows very few patients at level 1 on the paediatric wards, with the majority of patients being levels 2 and 3. There were no days without some patients at level 4 or 5 across the units. The paediatric wards have a very high turnover with average length of stay lower than that seen on adult wards. This is supported by the flow data with an average of 41 admissions recorded across the three paediatric units per day.</p>			

Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	46575	14451 31.03%	4216 9.05%	12150 26.09%	10862 23.32%	89.49%
<p>Accompanying narrative: During April 2023 to April 2024 BCUHB has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge who utilises their professional judgement to record the appropriateness of the staffing levels on each of these shifts.</p> <p>This is the third year of reporting in this way and significant improvements have been made in the quality of the data being reported with overall data completeness rising from 37.82% (first year) to 89.49% across the adult medical and surgical Section 25B during this reporting period. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.</p>							
Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	3142	2066 65.75%	145 4.61%	578 18.40%	151 4.81%	93.57%
<p>Accompanying narrative:</p>							

	<p>During this reporting period the paediatric inpatient wards have utilised both the Health Care Monitoring System (HCMS) and SafeCare system to enable the capture and analysis of data. Operational pressures impacted on the organisations ability to implement SafeCare to the paediatric wards within the desired timeframe, with the paediatric ward in Ysbyty Maelor Wrexham having successfully moved to capturing data fully within the SafeCare system from 1st February 2023 and the paediatric wards in Ysbyty Glan Clwyd and Ysbyty Gwynedd Bangor completing this from 1st June 2023.</p> <p>Whilst there has been a slight decrease in the data completeness across the paediatric inpatient wards from 98.54% during the last reporting period to 93.57% in this reporting period it is important to note that the frequency of data capture has increased as the HCMS system enabled the data to be captured once daily whilst the SafeCare system provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients three times daily. Data completeness is monitored and validated at regular intervals throughout the year.</p> <p>From 1st June 2023 the information reported for the extent to which the planned roster has been maintained within the paediatric inpatient wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the nurse in charge who utilises their professional judgement to record the appropriateness of the staffing levels on each of these shifts.</p>
<p>Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.</p>	<p>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.</p> <p>Each health board/trust is committed to implementing the RL Datix SafeCare system with each organisation at different stages of implementing this system within their areas, prioritising section 25B wards. Prior to the national steer BCUHB had implemented SafeCare across all their Section 25B adult acute medical & surgical wards, with the paediatric inpatient wards having completed their implementation in June 2023. Whilst SafeCare has been implemented health boards/trusts have also utilised the Health Care Monitoring system (HCMS) which has been adapted to ensure consistency in the data collection and analysis to aid reporting.</p> <p>Due to the transitional arrangements whereby health boards/trusts are implementing the RL Datix SafeCare system alongside the HCMS system to capture the data required to inform the calculation and reporting of the nurse staffing level, the data presented in the above tables will be a combination of information generated from SafeCare and HCMS. Within BCUHB all data presented for the adult acute medical and surgical wards is generated from SafeCare whilst the paediatric inpatient wards has been generated from both SafeCare and HCMS for this reporting period.</p>

	<p>BCUHB has worked closely with the All Wales SafeCare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has been developed and is in use across BCUHB. Enhancements continue to be made to the SafeCare system to ensure the reporting requirements of the Act can be met.</p>
<p>Process for maintaining the Nurse staffing level</p>	<p>The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the health board takes ‘all reasonable steps’ to maintain its staffing levels. As a health board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.</p> <p>The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.</p> <p>Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”. There are established processes in place within the Integrated Health Communities (IHC) nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.</p> <p>The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board:</p> <ul style="list-style-type: none"> • The RL Datix SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care. • Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff. • Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services • Nurse staffing escalation processes are outlined in the BCUHB - Nurse Staffing Levels Policy and BCUHB Paediatric Escalation Policy • Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover. • Where appropriate study leave and non-essential meetings are stood down

- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times
- An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.
- Annual workforce planning undertaken which informs nursing education commissioning
- Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.
- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- A streamlined fast track recruitment process
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development
- Continued investment in education and development for staff including subscription to Florence Nightingale Foundation, Clinical Skills Modules and internally facilitated Continuing Professional Development programme to ensure wide range of opportunities available to staff
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Career progression for healthcare support workers through completion of Qualification and Credit Framework Level 2 and 3 which enable progression to the Level 4 Certificate in Healthcare Practice.
- Maximising opportunities for healthcare support worker development through Level 4 Certificate in Healthcare Practice qualification fast track route for healthcare support workers employed by the organisation into pre-registration nurse training, to ensure that we are able “grow our own”, options available include Open University and Part Time Bachelor of Nursing routes
- Supporting career progression for health board employed healthcare support workers with an international nursing registration to progress to Band 5 registered nurse once successfully completed Objective Structured Clinical Examination.
- Updating and implementation of fast track process for student nurses wishing to join the bank as a healthcare support worker
- The appointment of new graduates via the streamlining process continues to be a success as does the internationally educated nursing recruitment programme.

- The provision of pastoral support and a structure preceptorship programme for graduates and internationally educated nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback
- Staff wellbeing strategies are in place

Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction. The BCUHB People Strategy & Plan is an essential enabler to the delivery of a sustainable nursing workforce, which is further supported by the All Wales National Workforce Implementation Plan and the subsequent Nurse Retention Plan, which places a focus on retention and innovation.

This reporting period has seen the funded establishments across the Section 25B wards¹⁰ for registered nursing posts increase from 912.8 (WTE) in April 2023 to 973.3 (WTE) in March 2024, an overall funded increase of 60.5 (WTE). Actual registered nursing staff in post have also risen across the period from 739.3 (WTE) in April 2023 to 824.5 (WTE) in March 2024, an increase of 85.2 (WTE). Successful recruitment into the Section 25B wards has meant that the vacancy rates for registered nurses within these areas has fallen from 19.0% (April 2023) to 15.3% (March 2024).

Across the healthcare support worker funded establishments for the Section 25B wards¹⁰ posts have increased from 611.5 (WTE) in April 2023 to 825.1 (WTE) in March 2024, an overall funded increase of 213.6 (WTE). Actual healthcare support worker staff in post have also risen across the period from 681.9 (WTE) in April 2023 to 752.4 (WTE) in March 2024, an increase of 70.5 (WTE). Following the significant investment in the funded healthcare support worker establishments during 2023/2024 the vacancy rate for this staff group initially rose to 16.8% during June 2023 however successful recruitment has seen this reduce month on month to its current level of 8.8% (March 2024).

¹⁰ Applicable to those wards pertaining to Section 25B as at 31st March 2024. As previously stated the number of wards pertaining to Section 25B will have fluctuated throughout this reporting period.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)		Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL		TOTAL	TOTAL	TOTAL
	Avoidable	Unavoidable			
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	YWM 17 44	YWM 21	YWM 3	YWM 0	YWM 1
	YGC 16 43	YGC 70	YGC 3 2	YGC 0	YGC 2 4
	YG 11 40	YG 87	YG 6 5	YG 0	YG 0
	Oncology & Haematology 1 0	Oncology & Haematology 8	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	46 38	186	12 10	0	3 2
Total number of incidents/ complaints not closed and to be reported on/during the next year	YWM 3 7		YWM 0	YWM 0	YWM 0
	YGC 11 44		YGC 0 4	YGC 0	YGC 3 40
	YG 6 8		YG 0 2	YG 0	YG 0 7
	Oncology & Haematology 0 4		Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology 0 4
	Womens Gynaecology 0		Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0 4
TOTAL	20 30		1 4	0	3 19
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	YWM 5 4		YWM 0	YWM 0	YWM 0
	YGC 3 2		YGC 0	YGC 0	YGC 0
	YG 0		YG 1	YG 0	YG 0
	Oncology & Haematology 0		Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0



	Womens Gynaecology 0		Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	8 6		1	0	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	YWM 1		YWM 0	YWM 0	YWM 0
	YGC 2 4		YGC 0	YGC 0	YGC 0
	YG 0		YG 0	YG 0	YG 0
	Oncology & Haematology 0		Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology 0		Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology 0
TOTAL	3 2		0	0	0

KEY: YWM - Ysbyty Wrexham Maelor / YGC - Ysbyty Glan Clwyd / YG - Ysbyty Gwynedd.

Accompanying narrative:

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour¹¹ set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020¹² and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.

¹¹ [The NHS Duty of Candour | GOV.WALES](https://www.gov.wales)

¹² [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](https://www.gov.wales)

- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual assurance reports may be lower than those in previous years.

Previously BCUHB have reported hospital acquired pressure damage in its totality for both avoidable and unavoidable incidents. The work undertaken on an All Wales basis has highlighted that this is inconsistent with other health boards / trusts who only report avoidable incidents. In line with the agreed reporting metrics and to ensure consistency across Wales from 6th April 2024 onwards BCUHB will only report avoidable hospital acquired pressure damage. For transparency the numbers of closed unavoidable hospital acquired pressure damage incidents (grade 3, 4 and unstageable) recorded during this reporting period have been displayed separately in the table above.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	0	0	0	3	0



Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	0	0	0	0	0 4
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	0	0	0	1	0
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0	0

Accompanying narrative:

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Directors of Nursing & Midwifery in August 2023, along with the amended measures for the adult acute medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. 6th April 2024.

The quality indicators for the paediatric inpatient wards will be as follows:

- Hospital acquired pressure damage (grade 3, 4 and unstageable) (avoidable and unavoidable)
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
-

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained



- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)

Actions taken if the nurse staffing level was not maintained in wards where section 25B applies

As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the health board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:

- Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service for example.
- Shared learning through the Ward Managers and Matrons monthly meetings
- Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys
- Daily incident reviews within the IHCs and Divisions with Heads of Nursing and Matrons allows insight into the Falls and Hospital Acquired Pressure Ulcers (HAPU) incidents reported enabling an initial review within the target timescale of 24 hours of reporting and a focused review within 72 hours with escalation of major and catastrophic incidents
- Weekly harms scrutiny meetings are in place and supported by relevant leads e.g. practice development nurses, fall champions, HAPU lead nurse.
- Increased audit activity in areas of concern to support improvement work
- Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation
- A quality and assurance dashboard is currently in development which upon completion will provide strategic and operational oversight of patient experience, patient harms incidents, patient complaints and staffing metrics.

Section 25A: Duty to have regard to provide sufficient nurses

Requirements of Section 25A

(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients across all of its nursing services. This section will provide a summary of the wider work that has been undertaken in relation to Section 25A areas during 2023/24.

The processes for maintaining the nurse staffing levels, including the recruitment, retention and education strategies described previously within this paper are applicable to all areas where nursing services are provided.

BCUHB has developed a Calculating Nurse Staffing Levels Standard Operating Procedure¹³ which informs the process which all nurse staffing level reviews, undertaken in any nursing service, should follow. Whilst the statutory requirement to undertake nurse staffing level reviews following the triangulated approach, described within Section 25C of the Act, may only apply to those wards that pertain to Section 25B, the Executive Director of Nursing & Midwifery has endorsed this as the approach to be used for all nurse staffing level reviews. The triangulated approach requires that information related to the following needs to be considered when calculating the nurse staffing levels in any setting where nursing services are provided:

- Patient acuity/dependency/workload (using validated tools wherever possible)
- Care quality indicators (pertinent to the service in question)
- Professional judgement (as applicable within the clinical setting under review)

In addition, nationally endorsed professional nursing workforce guidance/standards are used to underpin the review processes wherever they exist.

BCUHB nursing services which have undertaken/commenced reviews of their nurse staffing levels using the above approach over the 2023/24 reporting period are:

- Community hospital wards
- Emergency quadrant wards and departments
- 24/7 medical & surgical wards who do not pertain to Section 25B of the Act
- Mental Health and Learning Disability wards

Upon the conclusion of all 24/7 nursing ward and department nurse staffing level reviews a paper will be formally presented to Board detailing the outcome and associated recommendations of these.

¹³ Calculating Nurse Staffing Levels Standard Operating Procedure is currently in draft format awaiting ratification



Conclusion & Recommendations

The report provides assurance to the health board that in line with statutory guidance the health board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.

Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with [BCUHB - Nurse Staffing Levels Policy](#) and the [BCUHB Paediatric Escalation Policy](#)

The Board are asked to note and support the following next steps:

1. Undertake a review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The BCUHB People Strategy & Plan is an essential enabler to the delivery of a sustainable nursing workforce, which is further supported by the All Wales National Workforce Implementation Plan and the subsequent Nurse Retention Plan, which place a focus on retention and innovation.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will ensure the planned roster is accurately displayed on the ward boards at the ward entrance and that patient information regarding the Nurse Staffing Levels (Wales) Act is readily and easily available.

JOINT COMMISSIONING COMMITTEE (JCC) MEETING BRIEFING – 16 JULY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 16 July 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The papers for the meeting can be accessed using the link below:
[Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.](#)

1. Minutes of Previous Meetings

The minutes of the JCC meeting held on the 21 May 2024 were **approved** as a true and accurate record of the meeting.

2. Action log and matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Patient Story

Members received the first patient story from Alan Owen who suffered a sudden cardiac arrest in 2022 and was transported to Cardiff via the Emergency Medical Retrieval Service (EMRTS) where he underwent emergency cardiac surgery and was fitted with two stents and an Implantable Cardioverter Defibrillator (ICD). CB explained that Alan has become a patient experience advocate and had written a book about his road to recovery to help others.

Alan provided members with a powerful story on experiencing a cardiac arrest whilst participating in a walking-football tournament at Caldicott leisure centre during 2022. He expressed his gratitude to all the NHS services and the public who saved his life and helped him overcome this traumatic event.

Members discussed the need to ensure that more people survive a sudden cardiac arrest and the importance of the community response, the timely arrival of specialist care on the scene via EMRTs and transfer to the specialist cardiac centre.

Members **noted** the patient story and thanked Alan for sharing his story.

4. Chairs Report

Members received the Chair's Report and **noted** updates on key meetings attended by the Chair as well as the following:

- **JCC Development Programme** – the Chair and lay members have continued to participate in induction sessions and two sessions took place on the 4th June 2024.
- **Annual Attendance at Health Board Meetings** – The Chair is keen to ensure open and transparent communication as the JCC exercises key commissioning responsibilities on behalf of the seven Health Boards (HBs). The JCC will report annually to each HB, whenever possible, in person and a letter has been issued to HB Chairs to request that this opportunity is built into HB forward plans.
- **Lay Member Recruitment** – WG is currently in the process of recruiting the final two Independent Lay Members, which will take the JCC to a full complement of six including the Chair. Interviews are scheduled for early September with a view that appointments will be made from 1 October 2024.

Members **noted** the report.

5. Interim Chief Commissioner’s Report

Members received the Interim Chief Commissioner’s Report and **noted** updates in relation to the following:

- Overarching assessment of delivery of Quarter 1 Transition Plan
- Establishing the JCC Sub-Committee Structure and work programme
- Public Health Input
- Infected Blood Inquiry
- Sexual Assault Referral Service (SARC) Update
- - Business Continuity for the upgrade works within Princess of Wales Hospital Maternal and Neonatal Unit
- North Wales Mother and Baby Unit (MBU)
- Extra Corporeal Membrane Oxygenation (ECMO).

Members **noted** the report.

6. Joint Commissioning Committee Risk Register

Members received a report presenting a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former Emergency Ambulance Services (EASC), National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC).

Members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work is undertaken to fully develop and implement the CTMUHB Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite as part of the JCC development programme.

Members noted that a significant amount of work had gone into developing the new risk register, and it was important to emphasise that it was a work in progress and there was still much more work to be undertaken to strengthen and develop it in conjunction with risk owners, commissioners and providers.

Members (1) **Noted** the report, (2) **Noted** the work undertaken to date to produce a transitional amalgamated risk register, (3) **Noted** the review work undertaken by the commissioning teams to produce a refreshed, updated version of the transitional amalgamated risk register to be presented to the JCC meeting on 16 July 2024, (4) **Approved** the JCC risk register as at 30 June 2024, (5) **Noted** the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it; and (6) **Noted** that the CTMUHB Audit & Risk Committee (ARC) meeting for hosted bodies on 15 August 2024 will receive an update on the progress of the JCC risk register.

7. NHS 111 Wales Commissioning Arrangements

Members received a report providing an update on NHS 111 Wales Commissioning Arrangements.

Members noted that responsibility for the commissioning of NHS 111 Wales transferred to the NHS Wales Joint Commissioning Committee (NWJCC) on the 1 April 2024 and that Quarter 1 had seen transitional arrangements in place, with the previous programme team continuing to hold meetings of the Commissioning Board and Delivery Assurance Group (DAG).

Members noted that the transitional arrangement had ended, and the NWJCC Team would now assume full responsibility for the commissioning of the service. The JCC Team had submitted a request to WG for resources to support this function and it was noted that WG had confirmed that some funding would be available which would enable the commissioning function to be established.

Members (1) **Noted** the report, (2) **Approved** the adoption of the commissioning arrangements for NHS 111 Wales into the existing committee arrangements until such time as the formal sub-committee structure of the NWJCC is fully established, (3) **Approved** the proposed actions outlined for each of the risks of the previous programme and the development of specific risks required for the NWJCC to monitor in relation to their responsibilities in commissioning the service; and (4) **Noted** the NWJCC team capacity to undertake the commissioning of the NHS 111 Wales service is limited without additional resource.

8. Emergency Medical Retrieval and Transfer Service (EMRTS) Review Update

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) recommendation to develop a

bespoke road based enhanced critical care response for rural and remote areas and recommendation 4.

Members noted that:

- as part of the EMRTS Review a recommendation was agreed to develop a bespoke road-based enhanced/critical care response for rural and remote areas,
- Recommendation 4 was made in order to respond to the concerns raised by residents during the public engagement processes around the provision of emergency healthcare in rural and remote areas that would not fall into the remit of the EMRTS, this included 999 incidents for example such as falls, strokes and chest pain
- the Recommendation 4 Task and Finish Group had been established in line with the timescale agreed at the last NWJCC meeting. The group met on 28 June 2024 and as agreed, was chaired by the Interim Director of Commissioning – Ambulance and 111.
- the Task and Finish Group’s project plan included a communications plan linked in with the national Communications and Engagement leads across NHS Wales, and that a Stakeholder Update had already been issued to the stakeholder distribution list summarising the current implementation position and that more detailed content was in development,
- the NWJCC continued to work closely with Wales Air Ambulance Charity Trust (WAACT) as its strategic partner in the delivery of pre-hospital critical care as we jointly implement the Review recommendations and future improvements to service delivery, and that the charity continued to actively engage with their stakeholders and the EMRTS on the implementation of the recommendations; and
- the EMRTS leadership team had welcomed the certainty the decision provided for them and the operational teams, that the leadership team continued to focus on the development of the operational implementation plan and that the team had met with staff at their bases and will continue to engage with colleagues across Wales through the changes required as part of this important service development.

Members (1) **Noted** the first meeting of the Recommendation 4 Task and Finish Group meeting held on 28 June 2024, (2) **Approved** the revised Terms of Reference for the Task and Finish Group, (3) **Discussed** and **Approved** the approach to communication and engagement relating to the additional bespoke road-based service (Recommendation 4), (4) **Noted** the Wales Air Ambulance Charity Trust position in relation to the decision of the NWJCC, the engagement with their stakeholders, the work being undertaken to secure an appropriately located operational base and the work with EMRTS on the joint transition plan, (5) **Noted** the EMRTS Leadership team position in relation to the decision of the NWJCC, and that the team will continue to engage with colleagues across Wales,

(6) **Noted** the petition that will be considered by the Petitions Committee for debate, (7) **Noted** the commissioning approach, (8) **Noted** the work to update the previous legal advice following the decision made at the NWJCC in April 2024; and (9) **Noted** the receipt of the Letter Before Action in relation to a potential judicial review.

9. Implementation of Legacy Plans – Quarter 1

Members received a report providing an update for assurance against the Quarter 1 deliverables of the extant predecessor organisation legacy Plans.

Members noted that prior to the formation of the JCC, WHSSC and EASC produced plans in line with the Welsh Government NHS planning requirements, which were approved by the respective Joint Committees in March 2024. These plans remained extant in 2024/2025 as part of the legacy arrangements and the NWJCC has responsibility for assurance of their delivery.

Members **Noted** the assurance on delivery of the legacy Plans at the end of Quarter 1.

10. Development of Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028

Members received a report outlining the proposed process for the development of the inaugural JCC Integrated Medium Term Plan (IMTP) 2025-2028.

Members (1) **Noted** the feedback on legacy planning arrangements and plans that had been received from DOPs, DOFs and CEOs/Chairs, (2) **Noted** that the JCC Standing Orders stated that the JCC will develop an Integrated Medium Term Plan (IMTP) for 2025-2028, (3) **Agreed** the approach laid out in section 3.4; and (4) **Agreed** the process and timeline for developing the 2025-2028 JCC IMTP.

11. Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPIs)

Members received a report outlining the options in relation to achieving the Welsh Government key performance indicators (KPIs) in 2024/2025 for the plastic surgery service for South Wales provided by SBUHB.

Members noted:

- that the waiting list and waiting times for plastic surgery had increased and that some patients were waiting in excess of the 104 weeks WG waiting time target,
- that the WHSSC Integrated Commissioning Plan (ICP) for 2024/25 did not include allocated funding above the SLA baselines to address long waits in plastics and achieve the 104 weeks target because choices were made on the balance of performance and finance in line with the difficult choices facing all HBs - the WHSSC Joint

Committee agreed not to accelerate improvement beyond a continued steady improvement towards the targets. However, following the approval of the ICP, WG published targets to achieve the 104 week waiting time target by March 2025. Members noted that this target was further revised through the NHS Wales CEO letter in May 2024 with revised Ministerial KPIs of no patients waiting over 104 weeks by the end of December 2024,

- that the NWJCC and SBUHB had worked collaboratively to consider the options for additional activity and cost to commissioners of achieving the WG KPIs for elective waiting times and members discussed these.

Following the detailed discussion around the affordability of the additional activity required and the other priorities HBs were needing to balance, members approved Option 2 subject to further urgent due diligence by the JCC Management Group.

Members (1) **Noted** the information presented within the report (2) **Advised** on the approach to the options in table; and (3) **Approved** Option 2 subject to additional due diligence by the Specialised Services Management Group.

12. Gender Identity Services for Children and Young People – Final Report of the Cass Review

Members received a report providing further information following the request made by the JCC on 21 May 2024 on the Cass Review recommendations. Members welcomed the additional work that had been undertaken and information that had been provided. It was agreed that the commissioning pathway for the service would continue, but recognised that it would be appropriate to review this in the future if further evidence became available.

Members (1) **Noted** the recommendations of the Cass Review and **supported** the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan; and (2) **Endorsed** the establishment of an 'Expert Clinical Advisory Group' to inform the review of the policy and specification for the adult gender identity service and associated terms of reference.

13. NWJCC Performance Report – April 2024

Members received a report providing an integrated overview of the performance of services commissioned by NWJCC up to the end of April 2024 for scrutiny and assurance.

Members (1) **Noted** the Performance Report for services commissioned by the NWJCC.

14. Financial Performance Report Month 2

Members received the month 2 and 3 financial positions.

Members noted that:

- the NWJCC financial position for 2024-2025 reported at Month 2 was a £1.6m overspend against the ICP financial plan to date, with a forecast year-end overspend of £655k at this point,
- the NWJCC financial position for 2024-2025 reported at Month 3 was a £2.8m overspend against the ICP financial plan to date, with a forecast year-end overspend of £2.5m,
- there had been a £1 million deterioration in position between the month 2 position and month 3 position with a £2 million deterioration in the year end forecast; and
- in relation to the savings target WG had requested a 2% savings target which amounted to a £10 million savings target. To date, only £802,000 savings were reported. Members noted that if this continued the NWJCC would be looking at a significant overspend at year end.

Members **noted** the month end financial position for Months 2 and 3 which was concerning and agreed the need for a recovery plan to ensure that the current rate of overspend was brought back in to balance. This would be brought to the JCC for consideration in September, having been worked up by the Director of Finance with commissioning teams and Health Board Directors of Finance

15. All Wales Molecular Radiotherapy (MRT) Programme

Members received a report setting out the context, challenges and opportunities for an All Wales Molecular Radiotherapy (MRT) service.

Members (1) **Noted** the report, (2) **Noted** the All-Wales MRT programme strategic report at for publication; and (3) **Supported** continuation of the programme as outlined in the All-Wales MRT programme strategic report subject to Welsh Government (WG) confirmation of continued funding to support a dedicated resources for the programme.

16. Corporate Governance Report

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members noted the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work of the JCC, and noted the results of the former WHSSC committee effectiveness survey for 2023-2024 and that the results will be used to inform the work of the JCC development programme.

Members (1) **Noted** the report, (2) **Approved** the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work, (3) **Noted** the results of the former WHSSC committee effectiveness survey for 2023-2024; and (4) **Received assurance** that the Annual Committee effectiveness self-assessment for 2023-2024 was completed for the previous WHSSC Joint Committee.

17. Ambulance Services Performance – Update

Members received a presentation on emergency ambulance services performance.

Members noted:

- All Wales Daily EMS Performance Tracker,
- Verified Incidents, Conveyances, Emergency Department (ED) attendances and lost hours,
- Lost Hours and Total Arrivals per HB,
- The top 10 conveyed by nature of condition,
- Lost Hours by Age Profiles 2023,
- Monthly Indicators Dashboard,
- Performance Plan – Actions.

Members discussed the data, patient pathways and demand and capacity. Members welcomed the deep dive into the data and requested additional granular detail and agreed that further discussion was required to tackle the challenges would be included the JCC Development Session in August 2024.

Members **noted** the presentation.

18. Other Reports

Members also **noted** update reports from the following joint Sub-Committees/groups:

- Audit and Risk Committee (ARC) Assurance Report
- Management Group Briefings
- Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)
- Quality Patient Safety Committee (QPSC)
- South Wales Trauma Network Delivery Assurance Group (DAG)
- Neonatal Transport DAG
- Non-Emergency Patient Transport Service (NEPTS) DAG Minutes
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Minutes



Agenda Item

29 – 24/204

Health Board

Joint Commissioning Committee Governance Framework

Dyddiad y Cyfarfod / Date of Meeting	26/09/2024
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Jacqui Maunder, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder, Committee Secretary
Noddwr yr Adroddiad / Report Sponsor	Ian Green, Chair of the JCC

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	Date	Outcome
Sub Committee Structure Chair of the JCC Chief Commissioner JCC SLT Working Group of NHS Wales DoCG / Board Secretaries SLT Development Day JCC Development Day NHS Wales Directors of Corporate Governance (DoCG) peer group NHS Wales Joint Commissioning Committee (JCC)	August 2024 17 September 2024	Noted Feedback has assisted in developing the drafts Endorsed
Hosting Agreement and Memorandum of Agreement Chief Commissioner DoCG / Board Secretary CTMUHB	06 September 2024	Noted Feedback has assisted in developing the drafts

NHS Wales Directors of Corporate Governance (DoCG) peer group	17 September 2024	Endorsed
NHS Wales Joint Commissioning Committee (JCC)		

Acronyms / Glossary of Terms	
JCC	NHS Wales Joint Commissioning Committee
LHB	Local Health Board
HBs	Health Boards
SFI's	Standing Financial Instructions
SOs	Standing Orders
MoA	Memorandum of Agreement
DoCG	Directors of Corporate Governance
SoD	Scheme of Delegation
HA	Hosting Agreement
CTMUHB	Cwm Taf Morgannwg University Health Board
ToR	Terms of Reference
ARC	CTMUHB Audit and Risk Committee

1. SITUATION/BACKGROUND

The purpose of this report is to present an update on developing the final elements of the NHS Wales Joint Commissioning Committee's (JCC) ("*Joint Committee*") governance framework and to request that the 7 x Health Board (HB) Board meetings approve the documents at their September 2024 Board meetings.

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.

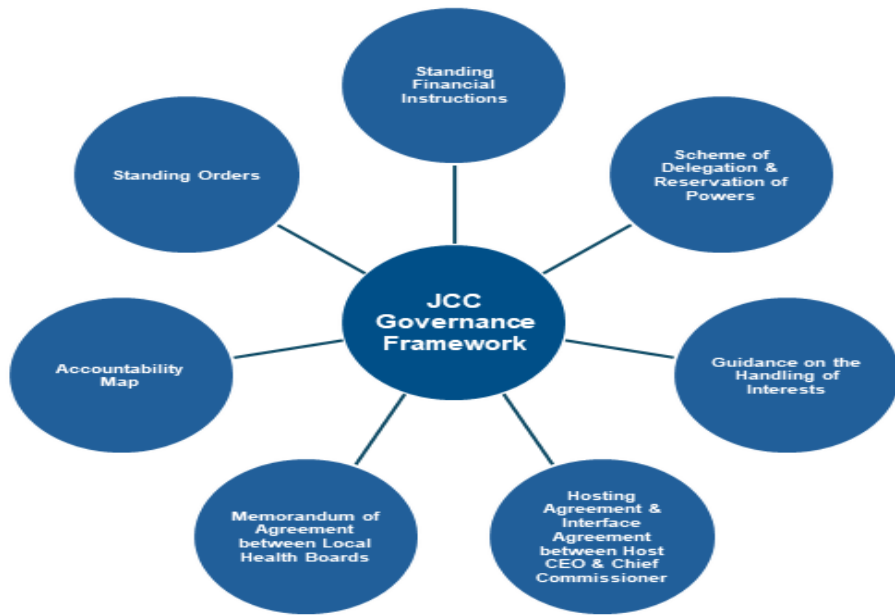
This report and the accompanying documents were presented to the NHS Wales Directors of Corporate Governance (DoCG) peer group on 6 September 2024 and the documents were discussed and subsequently refined to reflect the advice and discussion, resulting in the final proposal presented to the Joint Committee for endorsement on 17 September 2024. The group supports the documents being presented to the HBs for final approval recognising that the documents will be kept under review with a formal review proposed in April 2025 following a full year of operation of the JCC to be conducted in partnership with HB DoCGs.

1.1 JCC Governance Framework

The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of HBs and have been developed within that context.

The Governance Framework and an **Figure**

Figure
Framework



is following provided in

governance

1.2 Standing Orders and Standing Financial Instructions

The 7 x HBs approved the JCC Standing Orders (SOs) and Standing Financial Instructions (SFIs) in March 2024, and the Joint Committee adopted the JCC Standing SO's and SFIs at its inaugural meeting on 8 April 2024, and they were included as a schedule to each of the Health Boards (HBs) own SOs and have effect as if incorporated within them.

The Joint Committee were advised that work was ongoing during the transition phase to finalise other elements of the governance framework including the Hosting Agreement (HA), the Memorandum of Agreement (MoA) and the Scheme of Delegation (SoD).

2. MEMORANDUM OF AGREEMENT (MoA)

To ensure the effective operation of the JCC as a Joint Committee, a MoA between all 7 x HBs has been established, which sets out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officers of each constituent HB as individual officer members of the JCC. The MoA is presented at **Appendix 1** for approval by the 7 x HBs at the September HB Board meetings.

It is acknowledged that whilst the JCC continues to transition into the new organisation, work will continue to focus on ensuring clarity of role and relationship of the JCC with HBs as commissioners and providers, and with the newly formed NHS Executive.

The draft MoA is presented to the Board for approval noting a formal review will be undertaken in April 2025 in partnership with HB DoCGs.

3. HOSTING AGREEMENT (HA)

A HA between the Host Body Cwm Taf Morgannwg University Health Board (CTMUHB) and the six other HBs has been established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This is supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government (WG).

During engagement on the development of the draft HA, it has been identified that further work is required to ensure clarity on roles and responsibilities of the JCC in relation to:

- The Handling of Concerns; and
- Consultation & Engagement relating to service change

Work has already commenced with the establishment of working groups with HB representation to develop protocols in relation to each of these areas. Engagement with DoCGs and other HB Executive leads will be essential in ensuring the processes are agreed and reflect the statutory responsibilities of the HBs and the role and delegations of the JCC.

Draft protocols will be developed and shared with DoCGs for review and comment prior to submission to the Joint Committee in November 2024. Subject to the detail and proposed approach, the protocols may then require an amendment to the Scheme of Delegation (SoD) which, if necessary, will be brought back to the Joint Committee for endorsement before final approval by HB Boards.

Noting the development of the supporting protocols described above, the HA is presented at **Appendix 2** for approval by the 7 x HBs at the September HB Board meetings.

4. PROPOSED JCC SUB-COMMITTEE STRUCTURE

Section 5.5 of the JCC SO's stipulate that the Joint Committee may and, where directed by the HB 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 HBs, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent HBs.

As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

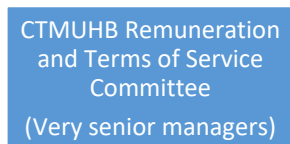
- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance.

To fulfil the provisions of structure outlined in to the Joint Committee at 22 August 2024, September

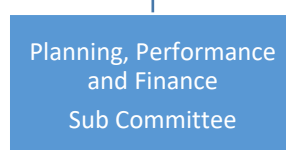
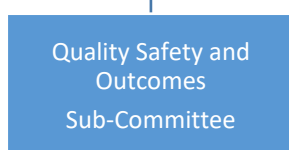
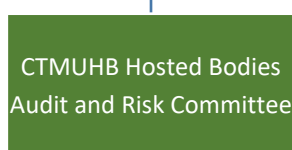


the SOs the sub-committee **Figure 2** below was presented their development session on and to the JCC meeting on 17 2024 and were supported and endorsed.

Figure 2 –



Proposed JCC Sub-Committee Structure



The Terms of Reference (ToR) have been drafted for both the Quality, Safety and Outcomes sub-committee at Appendix 3, and for the Planning, Performance and Finance sub-committee at Appendix 4. The draft Terms of Reference for both sub-committees have been shared and discussed with HB DoCGs, with their comments and contributions reflected in the final proposed versions attached. The documents are presented for approval by the 7 x HBs at the September HB Board meetings.

The ToR for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and have been updated to reference the newly established JCC. The revised ToRs will be presented to the CTMUHB board meeting on 26 September 2024 for approval. An update will be taken to the JCC meeting scheduled for 12 November 2024 confirming the new ToR for the ARC for hosted bodies.

It is proposed that the new sub-committee structure comes into force on 1 December 2024, to coincide with the appointment of the new Joint Committee Lay Members. **As the sub committees are meetings held in public, the papers will be published on the JCC website.**

Joint Committee members will note that the revised statutory sub-committee structure no longer includes the legacy sub-committees of the Welsh Health Specialised Services Committee (WHSSC), specifically the All Wales Individual Patient Funding Request (IPFR) panel, the WHSSC Management Group (MG) and the Welsh Kidney Network (WKN). Consideration of the most appropriate reporting arrangements in the new governance model for the JCC will take account of the proposed establishment of a new JCC Collaborative Commissioning Leadership Group (CCLG) to be chaired by the Chief Commissioner. The Joint Committee is advised, until the proposals for the new CCLG are fully developed, the current transition reporting arrangements for the IPFR panel, Specialised Services Management Group and the WKN continue reporting directly to the Joint Committee. The JCC Director of Transition & Transformation is working with the Interim Chief Commissioner and representation from the Joint Committee to draft ToR for the proposed CCLG which will then be shared with HB CEOs prior to being brought back to the Joint Committee on 12 November 2024.

Objectives / Strategy	
Dolen i Nod(au) Strategol BIP CTM /Link to JCC Strategic Goal(s)	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.

Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the September Joint Committee Meeting.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to

		exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 .
Cyfreithiol / Legal	In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework terms of reference is reserved to HBs. National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

5. RECOMMENDATIONS

Board Members are asked to **Approve:**

- the terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- the terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee
- the Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC
- the continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG).

Board Members are asked to **Note:**

- the terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB board meeting on 26 September 2024 for approval.

6. NEXT STEPS

6.1 Health Board Approval

This report will be shared with HB DoCGs for inclusion in HB Board meetings for approval in September 2024.

6.2 JCC Scheme of Delegation (SoD) and Reservation of Powers

A SoD from HBs to the Joint Committee and from the Joint Committee to Sub-Committees and the Chief Commissioner was agreed in March 2024 as part of the governance framework for the establishment of the JCC.

Work to develop the SoD to reflect the new Sub-Committees and delegations beyond the Chief Commissioner is ongoing and will be influenced by the development of the operating model for the new JCC.

Any proposed amendments following discussion with the Director of Corporate Governance of CTMUHB as Host Body, will be brought back to the HB DoCGs for engagement and consultation prior to Joint Committee consideration and final HB Board approval.

Work to develop the SoD is ongoing and will be finalised following the approval of the JCC hosting agreement and memorandum of agreement, and following discussion with the DoCG of CTMUHB as Host Body to confirm within its respective SoD and Reservation of Powers any functions delegated to the Chief

Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

6.3 Review

A formal review of the governance framework for the JCC will be undertaken in April 2025 in collaboration with the HB DoCGs following a full year of operation as the new JCC.



MEMORANDUM OF AGREEMENT

RELATING TO THE

NHS WALES JOINT COMMISSIONING COMMITTEE

**Established under the National Health Service Joint
Commissioning Committee (Wales) Directions 2024**

THIS MEMORANDUM OF AGREEMENT is made on the **01 April 2024**
BETWEEN

1. ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
2. BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW
3. CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes y Coed Road, Cardiff CF14 4HH
4. CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taf, CF45 4SN.
5. HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park, Carmarthen SA31 3BB.
6. POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS.
7. SWANSEA BAY UNIVERSITY HEALTH BOARD having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

WHEREAS:

- A. In accordance with the [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) the Local Health Boards (LHBs) are required to establish a Joint Committee for the purpose of jointly exercising the relevant functions from 1 April 2024.
- B. The relevant functions of the Joint Committee are the planning, securing and commissioning of:
 - a. specialised services for:
 - (i) cancer and blood disorders
 - (ii) cardiac conditions
 - (iii) mental health and vulnerable groups
 - (iv) neurosciences and
 - (v) women and children.

Agenda Item 3.1.1
Appendix 1

- b. services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis
 - c. emergency medical services
 - d. non-emergency patient transport services
 - e. emergency medical retrieval and transfer services
 - f. NHS 111 services
 - g. sexual assault referral centres, and
 - h. other services as directed by the Welsh Ministers.
- C. The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) provides that the host Local Health Board (the Host LHB) must provide administrative support for the operation of the Joint Committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).
- D. The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee including its procedures and administrative arrangements.
- E. Each of the seven LHBs functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and tertiary services for the citizens in their respective areas. The JCC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning, securing and commissioning of services delegated to it and will establish the Joint Committee for the purpose of jointly exercising those functions.
- F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. The NHS Wales JCC Standing Orders provides further detail on this.

AGREEMENT

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Chair (JCC)'	the person appointed by Welsh Ministers to lead the NHS Wales Joint Commissioning Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs.
'Chief Commissioner'	Chief Commissioner of the NHS Wales Joint Commissioning Committee and Associate Member of the JCC
'Chief Executives'	the Chief Executives of the constituent LHBs and members of the JCC
'Committee Secretary'	the person appointed by the JCC as its principal advisor on all aspects of governance.
'Dispute Process'	the arbitration process agreed with Welsh Government.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board (CTMUHB)
'JCC'	The NHS Wales Joint Commissioning Committee
'JCCT'	The JCC Team employed by the host Health Board (CTMUHB), including the Chief Commissioner, to provide the relevant services.
'LHB'	Local Health Board established in accordance with section 11(2) of the Act
'Provider LHB'	a LHB which provides relevant services to the JCC as identified within the Directions:

2. CORPORATE IDENTITY

- 2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs.
- 2.2 The NHS Wales Joint Commissioning Committee will be referred to as the 'NHS Wales Joint Commissioning Committee acting on behalf of Local Health Boards' on stationery and signage.

3. PRINCIPLES

- 3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act.
- 3.2 The LHBs are required to establish a Joint Committee for the purpose of jointly exercising the relevant functions from 1 April 2024.
- 3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of services for their population.
- 3.4 In performing its role, the Joint Committee and each individual Chief Executive as a member, shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:
 - 3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit
 - 3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need
 - 3.4.3 Collaboration must not diminish clinical engagement
 - 3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population
 - 3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap

- 3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification
- 3.4.7 Collaboration should promote equity in service delivery.
- 3.5 Each LHB acknowledges the following principles:
 - 3.5.1 The accountability arrangements of the JCC, its members and the JCC Team, are as set out in the agreed Accountability Map attached at **Annex A**
 - 3.5.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services for residents within their area. Refer to Standing Order 2.19
 - 3.5.3 That any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 2.22
 - 3.5.4 That their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions. Refer to Standing Orders 6 and the Accountability Map at **Annex A**
 - 3.5.5 That each Chief Executive, as a member of the Joint Committee, will require the JCC Team of the Joint Committee to ensure that in the timetabling of the annual work Price sufficient time will normally be allowed to enable each Chief Executives to consult with their own LHB and appropriate local partners and stakeholders

- 3.5.6 That when an individual Chief Executive is unable to attend a meeting of the Joint Committee, they may nominate a deputy to attend on their behalf. The nominated deputy must be an Executive Director (and hold office in accordance with regulation 3(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009) of the same organisation who can fully engage and take decisions in the absence of the CEO. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 7.2
- 3.6 Each Chief Executive will agree to advise the Chair of any circumstances where there is an actual or perceived conflict of interest, including where it is considered that there may be a conflict of interest between the performance of the functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 8.5.
- 3.6.1 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may vary dependent on the type of interest declared and further detail on the options takes are set out within the JCC's Guidance on the Handling of Interests.
- 3.7 The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must be acting clearly in the interests of the JCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests. The Joint Committee's aim is to always achieve collective decision making in a collaborative manner through consensus. The Joint Committee will have a collective responsibility to try to resolve and minimise any local challenges or any disproportionate impact of national decisions on any one LHB or a specific geographical area. Refer to Standing Order 6.8
- 3.8 The Joint Committee will make decisions based on a majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

In order to ensure balanced and collective decision, Members are not permitted to abstain during voting, given that the JCC must discharge its collective duty for the population of Wales. Refer to Standing Order 7.20

4. ROLE OF THE NHS WALES JOINT COMMISSIONING COMMITTEE

As set out in Standing Order 2.20, the Joint Committee's role is to:

- Determine a long-term strategy for the commissioning of services delegated to the JCC
- Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and complements the LHBs Integrated Medium-Term Plans (IMTPs)
- In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions:
 - Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered
 - Develop policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
 - Determine annually those services that should be commissioned on a regional or national basis
 - Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers
 - Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales.
- Ensure the JCC operates within an appropriate governance framework.

5. ANNUAL WORK PROGRAMME AND PLANNING

- 5.1 The Joint Committee will operate its annual work programme, reporting and planning requirements in-line with Standing Orders. Refer to Standing Order 7.8 and 9.2.

- 5.2 The Joint Committee Chair shall report formally, regularly and on a timely basis to the LHB Boards on the Committee's activities. This includes written submission of Chair summary or highlight reports throughout the year and an in-person attendance at every LHB, meeting annually with Board Members. Refer to Standing Order 9.1.
- 5.3 The Joint Committee will operate its business in-line with its delegated powers and Scheme of Delegation and Reservation of Powers and any Scheme of Delegation to Officers. Refer to Standing Order 4 and 5.

6. ROLE OF JOINT COMMITTEE CHAIR

- 6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Cabinet Secretary for Health and Social Care as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Cabinet Secretary for Health and Social Care in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Cabinet Secretary for Health and Social Care undertakes a performance appraisal of the Joint Committee Chair and sets objectives accordingly. This is set out within the Accountability Map at **Annex A**.
- 6.2 As a Joint Committee of LHBs, the Joint Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the Joint Committee's role carried out on their behalf and to ensure that the Joint Committee's governance framework remains appropriate to the overarching governance framework of the 7 LHBs. This is set out within the Accountability Map at **Annex A**.

7. STATUS AND ROLE OF THE CHIEF COMMISSIONER AS AN ASSOCIATE MEMBER

- 7.1 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. Refer to Standing Order 6.15

- 7.2 The LHBs acknowledge that the Chief Commissioner will be an Associate Member of the Joint Committee and attend on an ex-officio basis. In accordance with the Directions, the Chief Commissioner will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 6.5.
- 7.3 The Associate Member will be entitled to engage and participate in the discussions. It will be the responsibility of the Joint Committee Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.
- 7.4 The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.5 In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.6 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.7 As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.

- 7.8 The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the LHBs and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.

8 ROLE OF COMMITTEE SECRETARY

- 8.1 The LHBs acknowledge that the role of the Committee Secretary, is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee. The role of the Committee Secretary is set out within Standing Order 6.16.
- 8.2 The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.
- 8.3 As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.
- 8.4 As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.

9 RELATIONSHIP WITH HOST

- 9.1 Cwm Taf Morganwg University Health Board is appointed as the Host Body under Ministerial Direction and is accountable for the delivery of the functions of host body, as required by the NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions). As the host body they are required to provide administrative support for the operation of the JCC and establish the JCC Team. Refer to Standing Orders 1.7
- 9.2 The Board of the Host Body will not be responsible or accountable for the planning, funding and securing of those services delegated to the JCC by the 7 LHBs, or as directed by Welsh Ministers, save in respect of residents within the areas served. Refer to Standing Orders 1.7
- 9.3 A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This is supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

10 AUDIT, PROCUREMENT AND FINANCIAL MANAGEMENT

- 10.1 The Joint Committee's Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions for the regulation of the NHS Wales Joint Commissioning Committee's financial proceedings and business. Refer to Standing Orders 3.1
- 10.2 The JCC's Standing Financial Instructions (SFIs) form an annex to the JCC's Standing Orders, which form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs align with the JCC's Scheme of Delegation and Reservation of Powers and are also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

10.3 The Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the arrangements in place in respect of accounting, audit, procurement and contracting arrangements.

11 FINANCIAL PRINCIPLES

11.1 The following represent the key financial principles to be adhered to by the LHBs:

- To achieve financial neutrality and stability, where possible, for LHBs
- To adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee
- To ensure that a risk sharing methodology will be reviewed and agreed annually.

12 BUDGET AND FUNDING

12.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 2.20

12.2 Each year the Joint Committee will prepare an Integrated Medium-Term Plan which shall outline an appropriate level of funding for the provision of services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCC Team. Refer to Standing Order 2.20 and Standing Financial Instructions 1.3

12.3 Each LHB shall be bound by the decisions of the JCC in the exercise of its delegated functions and will be required to make available to the Joint Committee the level of funds outlined within the agreed Integrated Medium-Term Plan, as per point 12.2 above.

12.4 The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.

- 12.5 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB level.
- 12.6 In cases where the performance report highlights an adverse variance to the Integrated Medium-Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.
- 12.7 In cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
- 12.8 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint committee is responsible for ensuring that a financial monitoring return is submitted to Welsh Government in the prescribed format and to the required deadlines.
- 12.9 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be handled in-line with the dispute process set out at Section 14.
- 12.10 The Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the arrangements in place in respect of accounting between the Joint Committee and the Host Body.

13 GIFTS AND HOSPITALITY

- 13.1 The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way. Refer to Standing Order 8.9.

- 13.2 The recording of gifts, hospitality and sponsorship for the JCC's Officer Members will be undertaken in accordance with the respective LHB's Standards of Behaviour Policy and reporting arrangements. Refer to Standing Order 8.9.

14 DISPUTES AND ARBITRATION

- 14.1 In accordance with the principles set out in this Agreement, the Local Health Boards (LHBs) will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the JCC Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.
- 14.2 In the event of any dispute between LHB(s) and the JCC and/or JCC Team, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.
- 14.3 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.2 it shall be referred to the Chief Commissioner and the Chief Executive of the respective LHB for further discussion.
- 14.4 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.3, the respective LHB Chief Executive and the Chief Commissioner should have a further meeting with the other six LHB Chief Executives (as parties to this agreement and officer members of the Joint Committee) to determine if the matter can be resolved in-line with the principles of this Memorandum of Agreement.
- 14.5 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.4 it shall be referred to the Chair of the JCC and the Chair of the respective LHB for further discussion. The LHB Chair may wish to engage its wider Board on this matter.
- 14.6 If a dispute still cannot be resolved in accordance with the provisions of paragraph 14.5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Care for resolution.

15 CONCERNS AND CLAIMS (PUTTING THINGS RIGHT)

- 15.1 Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.
- 15.2 Section 13 of the Hosting Agreement sets out the procedures to be followed for the management of concerns in respect of those services commissioned by the JCC and/or the functions delivered by the JCC Team.

16 COMMUNICATION

- 16.1 The Committee Secretary and the Directors of Corporate Governance of the respective LHBs will ensure robust communication methods are in place to support the effective operation of the Joint Committee.
- 16.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation.
- 16.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the respective LHBs.
- 16.4 Where a request under the Freedom of Information Act or Data Protection Act is received by the JCC/JCCT Team, the request will be dealt with in accordance with the Host Body's procedures. Where the request is considered to be an issue relating to a public body covered by the FOI Act then the request will be forwarded to that particular body to deal with.

17 ROLE OF PUBLIC HEALTH

- 17.1 A Service Level Agreement will be entered into between the

Host LHB and Public Health Wales, should the Joint Committee consider it necessary and appropriate, describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

18 EQUALITY AND DISCRIMINATION

18.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

19 REVIEW

19.1 This Agreement will be reviewed on an annual basis or as Standing Orders and Standing Financial Instructions are amended.

SIGNED under hand and delivered the XX 2024:

SIGNED and DELIVERED
by **Aneurin Bevan University Local Health Board**
acting by

Nicola Prygodzicz, Chief Executive

SIGNED and DELIVERED
by **Betsi Cadwaladr University Local Health Board**
acting by

Carol Shillabeer, Chief Executive

SIGNED and DELIVERED
by **Cardiff and Vale University Local Health Board**
acting by

Suzanne Rankin, Chief Executive

SIGNED and DELIVERED

By **Cwm Taf Morgannwg University Local Health Board**
acting by

Paul Mears Chief Executive

SIGNED and DELIVERED

by **Hywel Dda University Local Health Board**
acting by

Phil Kloer, Interim Chief Executive

SIGNED and DELIVERED

by **Powys Teaching Local Health Board**
acting by

Hayley Thomas, Chief Executive

SIGNED and DELIVERED

by **Swansea Bay University Local Health Board**
acting by

Richard Evans, Interim Chief Executive



GIG
CYMRU
NHS
WALES

ANNEX A
Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee

NHS Wales Joint Commissioning Committee - Accountability Map
APPROVED – March 2024

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Health Boards	Health Board Chief Executives are equal members of the Joint Committee, delegated to act on the behalf of respective Boards.	The JCC is a Joint Committee of the 7 LHBs. Ultimately all 7 LHBs are bound by the decisions taken by the JCC, in-line with the powers delegated to it from the 7 LHBs or as directed by the Minister for Health and Social Services. The JCC is accountable to Health Boards via respective CEOs as set out below.		As a Joint Committee of Health Boards, each of the 7 LHB's ultimately remain accountable to Welsh Government for planning, securing and delivering health services to their respective populations.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Joint Committee		The Joint Committee will report to the individual LHBs on its activities. It is formally accountable to the individual LHBs, via the respective CEO as a JCC Member and a LHB Board Member, in respect of its role carried out on the LHB's behalf.		The Joint Committee may form part of the NHS performance management system, via the Chief Commissioner, as determined by Welsh Government. Ultimately, the 7 LHBs remain accountable for the performance of those activities delivered via the JCC on their behalf. The individual accountability of the Committee Chair is set out below.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Chair		As a Joint Committee of LHBs, the Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.	The Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to the Chief Commissioner (Tier 1 Director) (as described further below under Chief Commissioner arrangements and set out within the Hosting Agreement). The arrangements to support the relationship between the Chair and the Host Body CEO are further detailed in the Hosting Agreement.	The Committee Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Committee Chair and sets objectives accordingly.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Lay Members	On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.			The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
<p>Chief Commissioner (Tier 1 Director)</p>	<p>The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services.</p> <p>In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.</p>	<p>As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.</p>	<p>As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair.</p> <p>As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.</p> <p>The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board.</p> <p>Issues relating to the functions of the JCC delegated from the 7 LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The assurance for this will be to the 7LHBs.</p>	<p>The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the Health Boards, and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship will be set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.</p> <p>The Chief Commissioner will have a relationship with Welsh Government officials, with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p> <p>The Chief Commissioner and Officers of the JCC Team may seek advice where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.</p>

From	To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Tier 2		<p>Tier 2 roles will have a relationship with the JCC Chair and the wider Committee, recognising the professional advice that these roles will provide.</p> <p>Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.</p>	<p>As a Joint Committee of LHBs, Tier 2 roles will have a relationship with the Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.</p>	<p>Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.</p> <p>Where Tier 2 roles have regulated professional accountabilities, these roles will be professionally accountable to the appropriate member of the Executive Team of the Host Body (CTMUHB) and will be explicitly set out within the Hosting Agreement.</p>	<p>The Chief Commissioner and Officers of the JCC Team may seek advice from Welsh Government where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.</p> <p>Tier 2 Officers will have a relationship with Welsh Government officials with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p>

From	To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Secretary		<p>The Committee Secretary is accountable to the JCC Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner (Tier 1 Director) for</p>	<p>As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs.</p>	<p>As an employee of the Host Body (CTMUHB), the Committee Secretary will have a relationship with the Director of Corporate Governance of the Host Body (CTMUHB) with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.</p>	<p>The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a Senior Governance Professional within NHS Wales.</p>

	their performance as an employee of the Host Body and a member of the JCC Commissioning Team.			
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From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Host Body	<p>The Chief Executive of the Host Body for those elements set out within the Hosting Agreement will ensure the Chief Commissioner is discharging their responsibilities as an employee of the host body. The Host Body CEO and Chair will have a relationship with the JCC Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>The Host Body will enter into an agreement with 6 other LHBs for the delivery of the Hosting Agreement to support the effective functioning of the JCC on their behalf. The 6 LHBs will have a relationship with the Host Body CEO and Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>The Host Body's CEO will be responsible to the Board of the Host Body for the effective delivery of the Hosting Agreement. The Chair of the Host Body will have a relationship with the JCC Chair and the 6 LHB CEOs, relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>CTMUHB is appointed as Host Body for the JCC under Ministerial Direction, ultimately CTMUHB is therefore accountable to the Minister for Health and Social Services for the effective delivery of the Hosting Agreement. The dispute process in respect of these arrangements is set out in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>

HOSTING AGREEMENT
RELATING TO THE
NHS WALES JOINT COMMISSIONING COMMITTEE

THIS MEMORANDUM OF AGREEMENT is

BETWEEN

(1) CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD (“Cwm Taf Morgannwg CTMUHB”) having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taf, CF45 4SN.

And

ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having Headquarters at St Cadoc’s Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes y Coed Road, Cardiff CF14 4HH

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David’s Park, Carmarthen SA31 3BB.

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS

SWANSEA BAY UNIVERSITY HEALTH BOARD having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

A. Cwm Taf Morgannwg University Health Board (CTMUHB) has been identified as Host LHB to provide administrative support for the running of the JCC and to establish the NHS Wales Joint Commissioning Committee Team (JCCT).

B. This Agreement should be read in conjunction with the Memorandum of Agreement made between the seven Local Health Boards themselves which defines the governance arrangements for the JCC and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the JCC.

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C. The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities mean for each party.

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Chair (JCC)'	the person appointed by the Minister to lead the NHS Wales Joint Commissioning Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs.
'Chief Commissioner'	Chief Commissioner of the NHS Wales Joint Commissioning Committee and Associate Member of the JCC
'Chief Executives'	the Chief Executives of the constituent LHBs and members of the JCC
'Committee Secretary'	the person appointed by the JCC as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.
'Dispute Process'	the arbitration process agreed with Welsh Government.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board (CTMUHB)
'JCC'	The NHS Wales Joint Commissioning Committee
'JCCT'	The JCC Team employed by the host Health Board including the Chief Commissioner to provide the relevant services.
'LHB'	Local Health Board established in accordance with s 11(2) of the Act
'NHS Wales'	the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42)
Provider LHB'	a LHB which provides relevant services to the JCC as identified within the Directions.

'Provider Trust' the Trust which provides emergency ambulance services to the JCC

'Relevant Services' As per the Directions:

- a) specialised services for
 - 1. cancer and blood disorders,
 - 2. cardiac conditions,
 - 3. mental health and vulnerable groups,
 - 4. neurosciences, and
 - 5. women and children,
- a) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis,
- b) emergency medical services,
- c) non-emergency patient transport services,
- d) emergency medical retrieval and transfer services,
- e) NHS 111 services,
- f) sexual assault referral centres, and

other services as directed by the Welsh Ministers.

'Role of the Joint the role ascribed to the JCC
Committee' in section 4 of this Agreement.

2. ROLES AND RESPONSIBILITIES OF CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD

The responsibilities of CTMUHB are:

2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such JCCT officers;

2.2 To provide advice to the Joint Commissioning Committee on compliance with CTMUHB policies, Standing Financial Instructions (JCC and Host Body versions as appropriate), Procurement Rules, Human Resource policies and other procedures;

2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the JCCT, on behalf of the JCC, and to ensure that the individuals appointed and employed to support the functions of the JCC carry out those tasks which are stated as annexes to the Standing Orders to be the role of the JCC;

2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of CTMUHB to enable the JCCT's role to be carried out;

2.5 To hold the management budget for the JCC/Relevant Services and make payments and receive income as necessary.

2.6 To be authorised to appoint lawyers and other professional advisors in line with approved procurement procedures, and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the JCC.

2.7 CTMUHB will not be responsible or accountable for the commissioning of the Relevant Services save in respect of the residents within the geographical area of responsibility of CTMUHB.

2.8 In fulfilling its obligations and responsibilities under this Agreement, CTMUHB shall not be required to do or not do and shall not do or omit to do anything which does not comply with CTMUHB statutory powers and duties, Standing Orders and Standing Financial Instructions (JCC and Host Body versions as appropriate) corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

2.9 In line with the Welsh Risk Pool Services All Wales Policy on Insurance, NHS Indemnity and related risk management for potential losses and special payments CTMUHB provide the indemnity for the Chair (and Lay Members) of JCC. Should any claim or legal matter arise this would be processed by Legal and Risk Team responsible for CTMUHB.

3. EMPLOYMENT OF STAFF

3.1 All officers, including the Chief Commissioner, who are part of the JCCT, are to be employed by CTMUHB. The legal status of the employees would be CTM employees and with respect to any employment litigation with respect to JCCT members, CTM would be held liable.

3.2 As employees of CTMUHB, all JCCT members will be required to abide by CTMUHB policies, procedures and guidance and will be entitled to be treated as any other employee of CTMUHB and have the benefit of all applicable policies and procedures.

3.3 The CTMUHB Remuneration and Terms of Service Committee will provide advice to the CTM Board on the remuneration and the terms of service of the Chief Commissioner and any other members of the JCCT who fall within the Framework set out by the Welsh Government and are paid at executive and senior pay terms and conditions of service.

3.4 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair.

3.5 All other members of the JCCT will be accountable to the Chief Commissioner for their performance as an employee of CTMUHB and a member of the JCCT.

3.5 The human resource services which will be provided are identified at **Appendix B**.

4. PROCEDURES FOR TENDERS & PROCUREMENT Estates, Facilities and IT Support; Others (Communications; Corporate Support; Welsh Language; Equality and Diversity; Risk Management; Concerns and Information Governance)

4.1 CTMUHB will provide all the support services to the JCC as described at **Appendix C**.

4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by CTMUHB on behalf of the JCC in accordance with the CTMUHB procurement policy and Standing Financial Instructions.

4.3 CTMUHB shall not execute or, through performance create, any third party contract in respect of the JCC unless authorised to do so by the Chief Commissioner or an officer of the JCCT to whom the Chief Commissioner has delegated authority in line with the approved Scheme of Delegation

4.4 The seven Health Boards will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf Morgannwg in pursuance of paragraph 4.3.

4.5 CTMUHB shall provide the Chief Commissioner (as appropriate) with drafts of all third party contracts and the JCC shall be entitled to require CTMUHB to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Chief Commissioner and/or the JCC reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

5.1 The JCCT will utilise CTMUHB arrangements to assist it in discharging its governance responsibilities.

5.2 Where the JCC utilises CTMUHB sub-committee arrangements such as the Audit and Risk Committee, and the Remuneration and Terms of Service Committee, CTMUHB will ensure that the appropriate responsibilities are afforded to the JCC and the agenda is constructed to ensure relevant issues are to be properly managed to allow the JCC to satisfy itself from a risk management and controls assurance perspective.

5.3 The JCCT will adopt the risk assessing mechanisms of CTMUHB. Any adaptation to the agreed risk processes of the Host Body, which may be required owing the specific functions of the JCC/JCCT, should only be made after consulting with the Host Body Executive Director of Finance and the Director of Corporate Governance/Board Secretary.

5.4 As part of the agreed accountability arrangements, the Chief Commissioner will have accountability to the Chief Executive of CTMUHB in respect of ensuring adherence to all relevant legislation, policies and procedures. This accountability will be formalised in the form of quarterly meetings to take place between the Chief Commissioner and the Chief Executive of CTMUHB and will include a discussion on the Hosting arrangements as a standing agenda item.

5.5. Tier 2 roles, within the JCCT , which have regulated professional accountabilities e.g. the Medical Director will be professionally accountable to the relevant CTMUHB Executive Director e.g. the CTMUHB Executive Medical Director.. Arrangements will be established to put in

place quarterly meetings where any issues can be discussed and for re-validation.

5.6 CTMUHB will also work with members of the JCCT to establish regular meetings between relevant members of the CTMUHB Executive Team including the Executive Director of Finance, Executive Director of People and Director of Corporate Governance; and senior members of the JCCT including those responsible for finance and governance.

5.5 The Chief Commissioner will provide reports from the JCC to the Cwm Taf Morgannwg Board in line with the CTMUHB scheme of delegation to enable CTMUHB to assure itself that appropriate control measures are in place with respect to Hosting Arrangements.

5.6 The Chief Commissioner, with support from the Committee Secretary will produce an Annual Governance Statement for the JCC/JCCT.

6. BUDGET AND FUNDING

6.1 The JCC will transfer funds to CTMUHB on a quarterly basis in advance to allow CTMUHB to perform its functions on behalf of the JCC, provided that the JCC may attach conditions to the expenditure of such funds.

6.2 The seven Health Boards will meet the CTMUHB overhead costs reasonably incurred in the support of the JCC as may be agreed by the JCC acting reasonably at all times.

6.3 The Chief Commissioner or their Director of Finance will authorise the transfer of funds to CTMUHB in line with agreed funding levels, which funds shall be accounted for by CTMUHB as income to the JCC.

6.4 CTMUHB will set up and manage an Income and Expenditure Account for the JCC, namely a JCC Account. This includes all the income for the JCC received from the LHBS and all other JCC expenditure. This account shall be separate from all other CTMUHB funds. The Chief Commissioner or their Director of Finance will make decisions relating to expenditure from this account provided that CTMUHB shall not at any time be obligated to operate the JCC Account in deficit.

6.5 The Chief Commissioner and their Director of Finance shall be responsible for ensuring that all relevant reports, financial information and commentary are provided to CTMUHB so that the appropriate monitoring return can be prepared.

6.6 The Chief Commissioner and their Director of Finance will provide all the necessary information to the CTMUHB Executive Director of Finance to ensure that a consolidated set of financial statements can be prepared in

accordance with deadlines set out and agreed with Welsh Government and Audit Wales.

7. OWNERSHIP OF ASSETS

7.1 All assets (including intellectual property rights) acquired by CTMUHB in connection with the JCC and JCCT shall belong to CTMUHB but be held upon trust for the JCC and JCCT.

7.2 CTMUHB shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the JCC shall require and within such timescales as are reasonably required.

7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the JCC income and accounted for accordingly.

8. ACCOUNTABILITY ARRANGEMENTS

8.1 The accountability arrangements of the Joint Commissioning Committee Team (JCCT) and the Chief Commissioner and their relationship with CTMUHB are set out in Appendix D.

9. DUTY OF CARE

9.1 CTMUHB shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services, which it is required to perform under this Agreement properly and efficiently in accordance with this Agreement and the Memorandum of Agreement and its overall responsibilities under the Act and all other appropriate legislation. CTMUHB shall keep the JCC informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this Agreement as the Host LHB.

10. CWM TAF MORGANNWG ORGANISATION

10.1 CTMUHB shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement.

10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

11. LEGISLATION

11.1 CTMUHB shall ensure that it, and its employees and agents, shall in the course of this agreement comply with all relevant legislation, Welsh Government Directions and Guidance and procedures.

11.2 Where responsibilities for compliance with legislation is delegated to the JCCT it will be set out within the Scheme of Delegation e.g. Duty of Quality, Safeguarding, the Equality Act 2010 etc.

12. INTERNAL AND EXTERNAL AUDIT

12.1 CTMUHB, through the NHS Wales Shared Services Committee arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government.

12.2 CTMUHB will ensure that relevant external audit arrangements are established with the Auditor General for Wales, which give due regard to the functions of the JCC.

13. MANAGEMENT OF CONCERNS (INCLUDING INCIDENTS, COMPLAINTS & CLAIMS)

13.1 Section 15 of the Memorandum of Agreement sets out the procedures to be followed for the handling of disputes and arbitration relating to the business of the JCC/JCCT and the responsibilities of the provider organisations.

13.2 Where a matter is regarded as an individual concern in respect of those services commissioned by the JCC and/or the functions delivered by the JCC Team, CTMUHB will only be responsible for the management of those concerns where liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of CTMUHB will be responsible for investigating and responding to the concern in accordance with *The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011*.

13.3 Individual concerns relating to patients resident outside CTMUHB's geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.

13.4 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

13.5 Individual concerns relating to emergency ambulance services will be referred to the Chief Executive of the provider organisation.

14. MANAGEMENT OF FOIA / DPA REQUESTS

14.1 For the purposes of Freedom of Information and Data Protection, CTMUHB is the organisation registered with the Information Commissioner's Office (ICO). In common with all other CTMUHB employees, members of the JCCT will be required to follow all the relevant CTMUHB information governance and data protection rules, policies and procedures, including the policy on Records Management and Schedule for the Retention and Destruction of Records. As the legal entity and organisation registered with the ICO, CTMUHB, would be held liable for any data breach or fine issued by the ICO which arose from activity within the JCCT.

14.2 Where a request under the Freedom of Information Act or Data Protection Act is received by the JCC/JCCT, the request will be dealt with in accordance with CTMUHB procedures. Where the request is considered to be an issue relating to a public body covered by the FOI Act then the request will be forwarded to that particular body to deal with.

15. NOTICES

15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive on behalf of CTMUHB and the Chief Commissioner (as appropriate) on behalf of the JCC.

16. DISPUTE

16.1 In the event of any dispute between CTMUHB and those involved in the JCC/JCCT, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.

16.2 If a dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Chief Commissioner and the Chief Executive of CTMUHB for further discussion.

16.3 If a dispute cannot be resolved in accordance with the provisions of paragraph 16.2 it shall be referred to the Chair of the JCC and the Chair of CTMUHB for further discussion.

16.4 If a dispute cannot be resolved in accordance with the provisions of paragraph 16.3, CTMUHB and/or the Chief Commissioner should have a further meeting with the other six LHBs to determine if the matter can be resolved.

16.5 If a dispute still cannot be resolved in accordance with the provisions of paragraph 16.4, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to Cabinet Secretary for Health and Social Care for resolution.

17. GENERAL

17.1 This agreement shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.

17.2 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this Agreement.

17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales.

17.4 In the event of the Cwm Taf Morgannwg Board determining (acting reasonably) that the performance by CTMUHB of its obligations under this Agreement is having a detrimental or prejudicial effect on the CTMUHB ability to fulfil its core functions, the Cwm Taf Morgannwg Board may instruct the Chief Commissioner and CTMUHB Chief Executive to review the operation of this Agreement.

17.5 In carrying out a review of this Agreement further to clause 17.4, the Chief Commissioner and CTMUHB Chief Executive shall consider the source and manner of any detriment identified by the Cwm Taf Morgannwg Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the JCC and CTMUHB as they may consider appropriate. At this point given CTMUHB is directed to host the

JCC by Welsh Ministers, the Welsh Government should also be advised of this.

17.6 The Cwm Taf Morgannwg Board shall consider the recommendations made further to clause 17.5 and may recommend to the JCC and the Chief Executive of CTMUHB that this Agreement and the associated governance arrangements are amended accordingly.

SIGNED under hand and delivered the XX 2024.

SIGNED and DELIVERED

by

Cwm Taf Morgannwg University Local Health Board
acting by

.....
[Paul Mears]
Chief Executive

SIGNED and DELIVERED

by **Aneurin Bevan University Local Health Board**
acting by

.....
[Nicola Prygodzicz]
Chief Executive

SIGNED and DELIVERED

by **Betsi Cadwaladr University Local Health Board**
acting by

.....
[Carol Shillabeer]
Chief Executive

SIGNED and DELIVERED

by **Cardiff and Vale University Local Health Board**
acting by

.....
[Suzanne Rankin]
Chief Executive

SIGNED and DELIVERED
by **Hywel Dda University Local Health Board**
acting by

.....
[Phil Kloer]
Interim Chief Executive

SIGNED and DELIVERED
by **Powys Teaching Local Health Board**
acting by

.....
[Hayley Thomas]
Chief Executive

SIGNED and DELIVERED
by **Swansea Bay University Local Health Board**
acting by

.....
[Richard Evans]
Interim Chief Executive

APPENDIX A

Role of the Joint Commissioning Committee (JCC) (refer to Standing Order 2.20):

The role of the JCC is to:

- Determine a long-term strategy for the commissioning of services delegated to the JCC
- Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and complements the LHBs Integrated Medium-Term Plans (IMTPs)
- In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions:
 - Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered
 - Develop policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
 - Determine annually those services that should be commissioned on a regional or national basis
 - Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers
 - Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales

Ensure the JCC operates within an appropriate governance framework
From the Standing Orders (2.20)

- .

APPENDIX B

EMPLOYMENT OF STAFF

Identified human resources services to be provided by Cwm Taf Morgannwg University Health Board

Service	Description
<i>Recruitment and Selection</i>	<ul style="list-style-type: none"> To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government.
<i>Employee Relations</i>	<ul style="list-style-type: none"> To provide support to the Joint Commissioning Team (JCCT) in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc.
<i>Policy Development</i>	<ul style="list-style-type: none"> To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and To provide training to JCCT Managers in the interpretation and use of policies and procedures.
<i>Remuneration and Payroll</i>	<ul style="list-style-type: none"> To provide advice on pay and associated terms and conditions of employment; To provide a comprehensive payroll service; and To undertake the matching and evaluation of all new and revised roles, including and re-banding which may be necessary. Ensure that Welsh Government is advised of any roles which require evaluation under Executive and Senior Pay arrangements and any approved roles at that level go through the Host Body Remuneration Committee processes.
<i>Training and Organisational Development</i>	<ul style="list-style-type: none"> To provide appropriate training and development to members of the JCC and JCCT

<i>HR administration</i>	<ul style="list-style-type: none"> To maintain securely employment records for Chair, Lay Members and JCCT and provide accurate workforce data and information as required.
<i>Well-Being and Occupational Health</i>	<ul style="list-style-type: none"> To provide a comprehensive well-being and Occupational Health service to members of the JCCT

APPENDIX C

3.1 Procedures for Tenders & Procurement

Service	Description
Procurement (Tendering and ordering goods and services)	<ul style="list-style-type: none"> Tendering for goods & services in accordance with SOs and SFIs Entering into procurement contracts and Agreements Raise orders for properly approved requisitions
Creditor Payments (Payment of suppliers, contractors and service providers) JCC Finance Team	<ul style="list-style-type: none"> Pay all duly authorised invoices Deal with supplier queries etc. Provide management information on payment performance in accordance with WG requirements
Systems maintenance and administration (ORACLE)	<ul style="list-style-type: none"> Process feeders into JCC ledgers and maintain financial management system Maintain passwords and hierarchies (cost centre and approval) Oracle training as and when required including external training if required Access to help desk facility Undertake testing of upgrades Liaise with Oracle Central Team and All Wales groups
Accounting Services (bank accounts, annual accounts consolidation, VAT) JCC Finance Team	<ul style="list-style-type: none"> Provision of bank accounts and petty cash facilities Consolidation of Annual Accounts and other returns as required by WG Provide VAT advice and consolidate VAT returns, including access to contracted out VAT advisory services Payment of Tax, National Insurance and Superannuation to appropriate authorities Reconciliation of all accounts due against the payroll system
Financial Governance (internal and external)	<ul style="list-style-type: none"> Responsible for the securing of internal audit service via external contract

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audit, counter fraud, audit committee) JCC Finance Team	<ul style="list-style-type: none">• Access to Local Counter Fraud Specialist• Advice on financial procedures and other issues of governance• Ensure appropriate external audit provision in place.
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3.2 Estates, Facilities and IT Support

Service	Description
Estates Maintenance	<ul style="list-style-type: none"> • To provide an efficient service in response to all aspects of estates maintenance in the running of the JCC offices.
Fire Safety	<ul style="list-style-type: none"> • To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and • To provide appropriate training to the Chair and Lay members of the JCC and officers who comprise the JCCT.
Health and Safety	<ul style="list-style-type: none"> • To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times; • To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989; • To provide advice and support on the operational delivery of health and safety arrangements in the JCC offices in accordance with CTMUHB policies and procedures; and • To provide appropriate training to the Chair and Lay members of the JCC and officers who comprise the JCCT.
IT Support	<ul style="list-style-type: none"> • To provide a comprehensive IT support service including : <ul style="list-style-type: none"> ○ User registration; ○ Resolution of faults reporting via the Helpdesk ○ Purchase and set up new IT equipment; ○ Supply of printing consumables • To provide support in relation to the management of files and databases; • To ensure the secure storage of data, back up, restore and recovery

3.3 Others

Service	Description
Communications (including internet and intranet)	<ul style="list-style-type: none"> • To provide some communications support on a range of activities to the JCC in addition to the JCC's own communications service.
Corporate Support	<ul style="list-style-type: none"> • To provide access to the Director of Corporate Governance and Board Secretary for advice and support on Corporate Governance matters as required. • To co-ordinate the Audit and Risk Committee, and Remuneration and Terms of Service Committee agenda and papers, circulate and take minutes of the meetings. • To provide access to the range of groups and committees including Information Governance Group, Equality Forum etc.
Welsh Language	<ul style="list-style-type: none"> • Offer advice and information about the Welsh Language • Promote and encourage the use of Welsh within the workplace • Encourage the use of bilingual aids within the workplace such as signage, stationery etc. • Provide Welsh Language taster lessons for staff • Give bilingual front-line telephone training • Translate small in-house, day-to-day, translations • Help co-ordinate the translation of larger documents • Attend public meetings to provide a Welsh Language service for Welsh speakers.
Equality, Diversity and Inclusion	<ul style="list-style-type: none"> • To provide advice and information to the JCC and JCCT; • To develop a work plan and meet quarterly to review progress against the plan;

	<ul style="list-style-type: none"> • To ensure that relevant training is provided to the members of the JCC and JCCT in relation to awareness raising and impact assessment; • To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda
Risk Management	<ul style="list-style-type: none"> • To work with the Committee Secretary to provide advice and information on all areas of Risk Management to the JCC/JCCT; • To support the development of a Risk Assurance Framework for the JCC • To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within the JCCT • To develop a work plan and meet quarterly to review progress against the plan
Concerns	<ul style="list-style-type: none"> • To provide training and awareness for all staff in relation to the management of concerns; • To provide advice and support in relation to the concerns process; • To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within the JCCT. • To be responsible for all claims relating to staff and services commissioned which relate to CTMUHB Residents
Information Governance	<ul style="list-style-type: none"> • To provide timely advice to all information governance related enquires; • To process requests made under the Freedom of Information and Data Protection Acts; • To provide training and awareness for all staff in all areas of Information Governance

APPENDIX D

Accountability Arrangements

1. The NHS Wales Joint Commissioning Committee (Wales) Directions 2024 state that the LHBs will jointly exercise the Delegated Functions from 1 April 2024.
<https://www.legislation.gov.uk/wsi/2024/135/contents/made>
2. This means that the Delegated Functions are those of the individual constituent LHBs and not CTMUHB.
3. The Directions state that CTMUHB will exercise its functions so as to provide administrative support for the running of the JCC and establish the JCCT.
4. The membership of the JCC consists of the Chief Executives of the seven LHBs or their nominated representative, the Chair and not more than five non-officer (lay) members who are appointed by the Cabinet Secretary for Health and Social Care. In addition the Chief Commissioner will be an Associate Member of the JCC.
5. The Chair is directly accountable to the Cabinet Secretary for Health and Social Care at Welsh Government
6. As per point 4, the Chief Commissioner will attend meetings as an Associate Member of the JCC and will have such responsibilities as may be prescribed by the JCC.
7. The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the JCC on behalf of the seven LHBs to the JCC for the planning, securing and commissioning of relevant services.
8. The Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the seven LHBs in respect of the role and functions delegated to the JCCT by the JCC on behalf of the seven LHBs.
9. As an employee of CTMUHB the Chief Commissioner will be accountable to the Chief Executive of CTMUHB in respect of the responsibilities delegated to the Chief Commissioner set within the Hosting Agreement in this regard, CTMUHB CEO will inform the

annual performance review of the Chief Commissioner undertaken by the Committee Chair.

10. In respect of the effective management and controls of finances and resources, as delegated by the seven LHBs, the Chief Commissioner will be accountable to the Director General/NHS Wales Chief Executive for propriety and regularity. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.
11. The Chief Executive of CTMUHB is only accountable to the Director General and Chief Executive of the NHS in Wales in so far as the functions relate to administrative support.
12. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.
13. The Director of Finance for CTMUHB is only accountable to the Director of Finance for the NHS in Wales insofar as their functions relate to administrative support.
14. JCCT Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCCT.
15. Tier 2 roles, which have regulated professional accountabilities, will be professionally accountable to the relevant CTMUHB Executive Director.
16. The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board.
17. Issues relating to the functions of the JCC delegated from the seven LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The assurance for this will be to the seven LHBs.



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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
Approved By	Joint Commissioning Committee
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Last Approved: NWJCC Meeting ()
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Version Control

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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 NWJCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (NWJCC – 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.

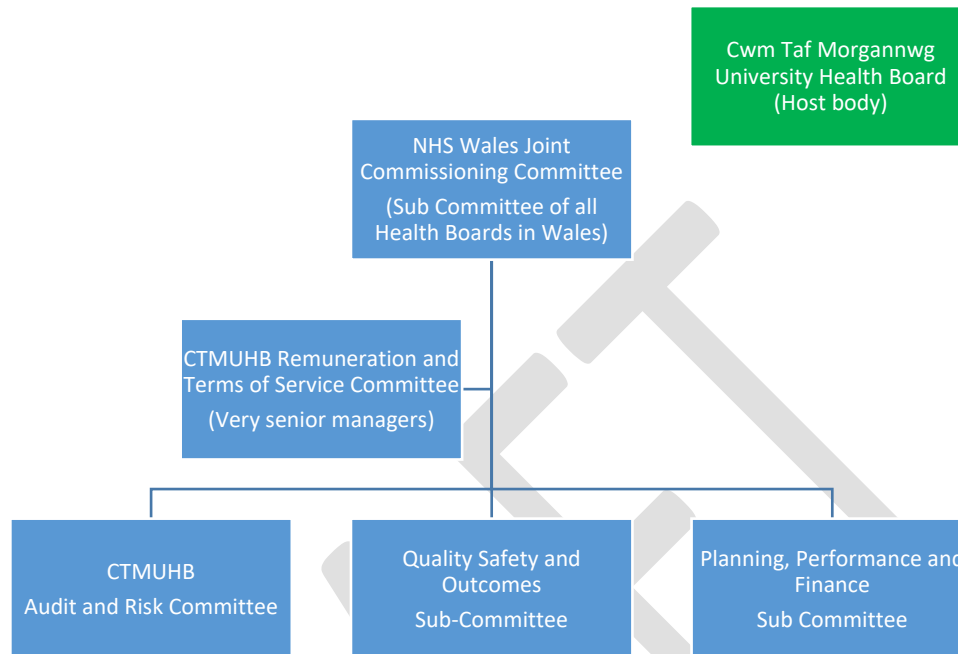
2. Purpose

- 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 NWJCC
- 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 NWJCC.

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

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

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)
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.

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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
Approved By	Joint Commissioning Committee
Issue Date	
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Last Approved: NWJCC Meeting ()
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Sub-Committee Arrangements:

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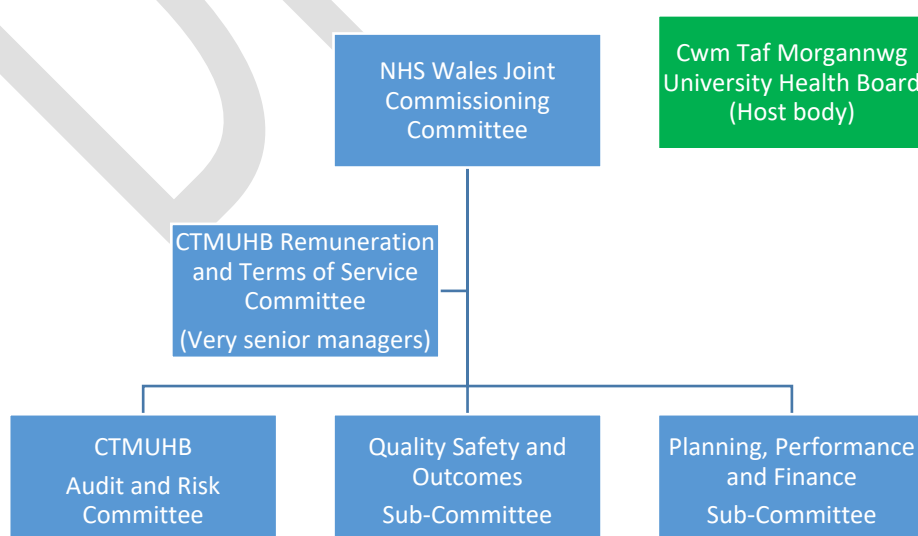
1. Introduction & Constitution

- 1.1 In accordance with JCC Standing Order 5.5 , the NHS Wales Joint Commissioning Committee (NWJCC – 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 NWJCC)
- 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 NWJCC'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 NWJCC
Vice Chair	Lay (Independent) Member of the NWJCC
Member	One further Lay (Independent) Member of the NWJCC

- 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

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)
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.



Update of Register of Approved Clinicians in Wales

Reporting Period:- 2nd July 2024 – 6th September 2024

	Approved Clinicians
Approvals and Re-approvals	12
Approvals suspended	1
Approvals re-instated/ returned to work in Wales	0
Left Wales (Removed)	3
Retired	0
No longer Registered & Retired:	1
Transferred from AC register (to S12 Register)	0
Removed from S12 – Became AC approved	0
Approval Ended	2
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: 2nd July 2024 – 6th September 2024

Approvals and Re-approvals: 12

Surname	First Name	Workplace	Date Approval Expires
Gogoi	Suraj	Betsi Cadwaladr University Health Board, Bryn y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy, LL33 0HH.	29 th January 2029
Maddock	Clementine	Swansea Bay University Health Board, Cefn Coed Hospital, Waunarlwydd Rd, Cockett, Swansea, SA2 0GH.	18 th July 2029
Ranjit	Bethany	Cwm Taf Morgannwg University Health Board, Pentre Municipal Offices Llewellyn Street, Pentre, CF41 7BT.	18 th July 2029
Downer	Simon	Aneurin Bevan University Health Board, Newport East Community Mental Health Team, 6 Gold Tops, Newport, NP20 4PG.	17 th February 2029
Pansari	Kalpana	Hywel Dda University Health Board, St Brynach's, Bro Cerwyn Centre, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PG.	24 th July 2029
Stanly	Thushara	Cygnnet Healthcare Ltd, Delfryn House, Argoed Hall Lane, Flintshire, CH7 6FQ.	3 rd May 2027
Bright	Catherine	Aneurin Bevan University Health Board, Secondary Care Liaison Team, Alders House, Llanfrechfa Grange, Cwmbran, NP44 8YN.	3 rd August 2029
Price	Ceri	Cwm Taf Morgannwg University Health Board, Ty Llidiard, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	6 th August 2029

Surname	First Name	Workplace	Date Approval Expires
Speedy	Kathryn	Cwm Taf Morgannwg University Health Board, Ty Llidiard, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	27 th August 2029
Azhar	Zeenish	Betsi Cadwaladr University Health Board, Plas Gororau, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YH.	2 nd September 2029
Vaidya	Bhushan	Cardiff and Vale University Health Board, Vale Locality Mental Health Team, Barry Hospital, Colcot Road, Barry, CF62 8YH.	3 rd September 2029
Wiredu	Solomon	Betsi Cadwaladr University Health Board, Hafod CMHT, Beechwood Road, Rhyl, LL18 3EU.	4 th September 2029

Approvals Suspended: 1

Surname	First Name	Workplace	Date Approval Expires
Ismail	*Memon (<i>approval later reinstated upon receipt of Certificate of Completion of Training - CCT</i>)	Swansea Bay University Health Board, Central Clinic CMHT, 21 Orchard Street, Swansea, SA1 5AT.	28 th February 2029

Approvals Reinstated/Returned to Work in Wales: 0

Surname	First Name	Workplace	Date Approval Expires

Left Wales/Removed: 3

Surname	First Name	Workplace	Date Approval Expires
Tahseen	Hina	Cygnnet Healthcare Ltd, Delfryn House, Argoed Hall Lane, Mold, Flintshire CH7 6FQ.	3 rd December 2025
Jebadurai	Jeshoor	Cardiff and Vale University Health Board, North Cardiff Team (MHSOP), University Llandough, Llanfair Unit, Penarth, CF64 2XX.	9 th January 2028
Koumaris	Vasileios	Swansea Bay University Health Board, Gwelfor Ward, Psychiatric Rehabilitation High Dependency Unit, Cefn Coed Hospital, Swansea, SA2 0GH.	10 th June 2026

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 1

Surname	First Name	Workplace	Date Approval Expired
Manjunatha	Harsha	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW.	16 th July 2024

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

Approval Ended: 2

Surname	First Name	Workplace	Date Approval Expired
Kamugisha	Chris	Hywel Dda University Health Board, Morlais Ward, Glangwili Hospital, Dolgwili Road, Carmarthen, SA31 2AF.	23 rd July 2024
York	Jessica	Betsi Cadwaladr University Health Board, Bryn Enfys, Ysbyty Bryn y Neuadd, Llanfairfechan, Conwy, LL33 0HH.	4 th August 2024

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expired

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

Reporting Period:- 2nd July 2024 – 6th September 2024

	Section 12(2) Approved Doctors
Approvals and Re-approvals	18
Approvals suspended	0
Approvals re-instated/ returned to work in Wales	3
Removed (Left Wales)	2
Retired	0
Registered without a licence to practise and retired	2
Transferred from AC register (to S12 Register)	0
Became AC approved	1
Approval Ended	1
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: 2nd July 2024 - 6th September 2024**

S12 Approvals and Re-approvals: 18

Surname	First Name	Workplace	Date Approval Expires
Bhagyappa	Kavitha	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW.	4 th July 2029
McGee	Rebecca	Aneurin Bevan University Health Board, Oak Street Surgery, Cwmbran, Torfaen, NP44 3LT.	8 th July 2029
Ahmed	Hady	Hywel Dda University Health Board, Heddfan Unit, Glangwili Hospital, Dolgwilli Road, Carmarthen, SA31 2AF.	9 th July 2029
Elsayed	Asmaa	Betsi Cadwaladr University Health Board, Ablett Unit, Glan Clwyd Hospital, Sarn Lane, Bodelwyddan, Denbighshire, LL18 5UJ.	10 th July 2029
Patel	Darchana	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ.	11 th July 2029
Morris	David	Swansea Bay University Health Board, Tonteg Hospital, Church Road, Pontypridd, CF38 1HE.	15 th July 2029
Majumder	Vivek	Cardiff and Vale University Health Board, Hafan y Coed Hospital University Hospital Llandough, Penlan, Penarth, CF64 2XX.	18 th July 2029

Supporting Pack Appendix 4

Surname	First Name	Workplace	Date Approval Expires
Ho	Wing Hang Serene	Cardiff and Vale University Health Board, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW.	21 st July 2029
Shah	Syed Kashir	Cwm Taf Morgannwg University Health Board, Mental Health Wellbeing Clinic, Zone 'R', Princess of Wales Hospital, Bridgend, CF31 1RQ.	31 st July 2029
Bhangu	Vikram	Betsi Cadwaladr University Health Board, Arfon CMHT, Bangor, Gwynedd, LL57 2PW.	31 st July 2029
Ashley	Elizabeth	Cardiff and Vale University Health Board, Hafan Y Coed, University Hospital Llandough, Penlan Road, Penarth, CF64 2XX.	4 th August 2029
Sharma	Ramesh	Aneurin Bevan University Health Board, St Pauls Clinic, Palmyra Place, Newport, NP20 4EJ.	8 th August 2029
Edwards	Hugh	Independent Section 12 Doctor, c/o Private Address.	13 th August 2024
Stuart	Kyle	Swansea Bay University Health Board, Llansamlet Surgery, 3 Frederick Place, Swansea, SA7 9RY.	13 th August 2029
Marnicki	Lorraine	Swansea Bay University Health Board, Cefn Coed Hospital, Cockett, Swansea, SA2 0GH.	20 th August 2029
Palmer	Jacqueline	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ.	25 th August 2029
Kelland	Samuel	Cwm Taf Morgannwg University Health Board, Zone R, Princess of Wales Hospital, Coity Road, Bridgend, CF31 1RQ.	2 nd September 2029
Forman	Sara Margaret	Independent Section 12 Doctor, c/o Private Address	3 rd September 2029

S12 suspended: 0

Surname	First Name	Workplace	Date Approval Expires

S12 Approval Reinstated/Transferred/Returned to Wales: 3

Surname	First Name	Workplace	Date Approval Expires
Crafer	Clare	Swansea Bay University Health Board, Tonna CMHT, Tonna Hospital, Tonna Uchaf, Neath, Swansea, SA11 3LX.	28 th July 2029
Williams	Carys	Independent Section 12 Doctor, c/o Private Address	30 th April 2029
Williams	Sion Cynfab	Powys Teaching Health Board, CAMHS, Brecon War Memorial Hospital, Cerrigcochion Road, Brecon, Powys, LD3 7NS.	3 rd August 2028

Removed (Left Wales): 2

Surname	First Name	Workplace	Date Approval Expires
Ho	Wing Hang Serene	Cardiff and Vale University Health Board, University Hospital of Wales, Heath Park, Cardiff, CF14 4XW.	21 st July 2029
Bekomsom	Frank	Swansea Bay University Health Board, Crisis Resolution and Home Treatment Team, Ward F, Acute Psychiatric Unit, Neath Port Talbot Hospital, Baglan Way, SA12 7BX.	27 th September 2028

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 2

Surname	First Name	Workplace	Date Approval Expired
Curran	Catherine	Independent Section 12 Doctor, c/o Private Address.	16 th July 2024
Clarke-Smith	Elizabeth	Independent Section 12 Doctor, c/o Private Address	2 nd August 2024

Transferred from AC Register & Became S12 approved: 0

Surname	First Name	Workplace	Date S12(2) Approval Expires

Transferred from S12 Register & Became AC approved: 1

Surname	First Name	Workplace	Date Approval Expired
Todd	Andrew	Formerly Swansea Bay University Health Board, CAMHS, Block D, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX.	10 th July 2024

S12 Approval Ended: 1

Surname	First Name	Workplace	Date Approval Expired
Shukla	Harendrakumar	Hywel Dda University Health Board, c/o Private Address.	13 th August 2024

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expires