Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 2 – Senedd
Meeting date: 29 January 2020
Meeting time: 09.15

For further information contact:
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Committee Clerk
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Informal pre-meeting (09.15-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Provision of health and social care in the adult prison estate: Evidence session with the Prison Officers Association

(09.30-10.15) (Pages 1 – 14)

Ricky McNeil, Prison Officer and POA Branch Official, HMP Berwyn

Research Brief

3 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from item 4 and 5 of today's meeting

(10.15)

4 Provision of health and social care in the adult prison estate: Consideration of evidence

(10.15-10.30)

5 Inquiry into hospital discharge processes: scope and approach

(10.30-10.45) (Pages 15 – 20)

Hospital discharge processes scoping paper

6 Provision of health and social care in the adult prison estate: Evidence session with the Minister for Health and Social Services

(10.45–11.45) (Pages 21 – 28)

Vaughan Gething AM, Minister for Health and Social Services

Matt Downton, Head of Mental Health & Vulnerable Groups, Welsh Government

Alistair Davey, Deputy Director, Enabling People, Welsh Government

Paper 1 – Welsh Government

7 Papers to Note

(11.45)

7.1 Letter from Betsi Cadwaladr University Health Board with additional information following their general scrutiny session with the Public Accounts Committee on 3 October 2019

(Pages 29 – 34)

7.2 Letter from the Welsh Language Commissioner regarding the Health and Social Care (Quality and Engagement) (Wales) Bill

(Pages 35 – 38)

8 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting

(11.45)

9 Provision of health and social care in the adult prison estate: Consideration of evidence

(11.45–12.00)

10 Welsh Government Draft Budget 2020–21: Consideration of draft report

(12.00–12.30)

11 Sepsis: Consultation summary

(Pages 39 – 60)

Agenda Item 2

Document is Restricted

Agenda Item 5

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Agenda Item 6

Health and Social Care in the Prison Estate: Evidence Paper for the Health, Social Care and Sport Committee – January 2020

Introduction

Healthcare in public sector prisons in Wales is planned and delivered by the NHS and overseen by Local Health Boards, as it is for all citizens of Wales. Prison health has been identified as a priority for 2019/20 for the Health Boards in Wales and an additional £1million of recurrent (annual) funding has being provided. Recognising that the delivery of healthcare and improving health outcomes in the prisons can only be exercised and delivered in partnership, Welsh Government has worked collaboratively with Her Majesty's Prison and Probation Services (HMPPS), Public Health Wales and Local health Boards to develop a new Partnership Agreement for Prison Health. The fundamental focus of the Partnership Agreement is to drive improvements in the health and well-being of those held in Welsh prisons, underpinned by the statutory obligations of each partner organisation, a whole prison approach, and the shared objective of ensuring that "those in prison can live in environments that promote health and well-being and where health services can be accessed to an equivalent standard of those in the community".[1]

People currently in prison are a vulnerable population who frequently present with complex needs and high levels of ill health. Therefore, alongside the Partnership Agreement for Prison Health, there are also commitments being taken forward across a number of different Welsh Government policies, strategies and delivery plans, with the view to improving their health and well-being.

For social care, the Social Services and Well-being (Wales) Act 2014 introduced the rights of those in youth detention accommodation, prison or bail accommodation to have their social care needs assessed and met by the local authority in which the prison is based. A dedicated statutory code of practice[2] including dedicated pathways[3] for those entering and exiting the secure estate have been published by the Welsh Government to support practitioners deliver those rights.

In October 2018, HM Inspectorate of Prisons published a Thematic Report Social Care in Prisons in England and Wales.[4] In December 2018, the Welsh and UK Governments published an Action Plan[5] to respond to the recommendations in that Report. The Plan set a number of actions to ensure social care provision within the prison estate

[1] https://gov.wales/partnership-agreement-prison-health-wales

[2] https://gov.wales/sites/default/files/publications/2019-05/part-11-code-of-practice-miscellaneous-and-general.pdf

[3] https://gov.wales/care-and-support-needs-those-secure-estate-additional-guidance

[4] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf

[5] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Action-Plan-Social-Care-in-Prisons.pdf

as mandated by the Social Services and Well-being (Wales) Act 2014 and the equivalent legislation for England in the Care Act 2014 is consistent in meeting the needs of the men and women in custody, equitable to those in the community. Welsh Government, working in partnership with local and national government partners, has delivered the Action Plan in Wales. Continued improvement against the Action Plan forms part of the HMPPS in Wales assurance visits to prisons in Wales. In addition, progress against the Action Plan continues to be reviewed with Chief Officers of Social Services, through CIW routine evaluation of relevant local authorities.

What the evidence tells us

The vulnerabilities of people in prison, in terms of having poorer health outcomes, are widely recognised. According to Public Health Wales there is "a large body of evidence that suggests the prison population is at a substantially higher risk of having or developing mental health problems compared to individuals of similar age and gender in the community."[6] The House of Commons Justice Committee reported in 2013 that it is "broadly recognised that many prisoners have the biological characteristics of those who are ten years older" than the wider population: "…they may have chronic health and mental health disorders, as well as disabilities that, in the community, would be typical among those who are significantly older."[7] There is also evidence that people in prison have a higher burden of communicable diseases such as human immunodeficiency virus (HIV), hepatitis B, hepatitis C, syphilis, gonorrhoea, chlamydia and tuberculosis (TB), compared with the general public.[8] The higher prevalence rates of suicide and self-harm amongst people in prison than the general population[9] – as well as substance misuse[10] – are also recognised.

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[6] Public Health Wales (2013) Prison Health Needs Assessment: Technical Report. Thematic review 2013: mental health needs and provision across the Welsh prison estate. http://www.wales.nhs.uk/sites3/Documents/457/MHNA%20Technical%20report%20v1.3%20%28Final%29.pdf

[7] House of Commons Justice Committee (2013) Older Prisoners – Fifth Report of Session 2013-14. https://publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/89.pdf

[8] European Centre for Disease Prevention, European Monitoring Centre for Drugs and Drug Addiction. (2018) Public Health Guidance on Active Case Finding of Communicable Diseases in Prison Setting. https://ecdc.europa.eu/sites/portal/files/documents/Active-case-finding-communicable-diseases-in-prisons.pdf

[9] The most recent data published by the Office of National Statistics (July 2019) identified that male prisoners were at an increased risk of dying by suicide compared with the general male population. The risk of male prisoners dying by suicide was 3.7 times higher than the general male population during the nine-year period 2008 to 2016. *Office for National Statistics (2019) Drug-related deaths and suicide in prison custody in England and Wales: 2008 to 2016.* https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/drugrelateddeathsandsuicideinprisoncustodyinenglandandwales/2008to2016

[10] Ministry of Justice (2019) National Prison Drugs Strategy. Her Majesty's Prison and Probation Service (HMPPS). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792125/prison-drugs-strategy.pdf

Partnership Agreement for Prison Health

With the view to improving the health, wellbeing and social care outcomes of those in prison and addressing those inequalities which currently exist – the Welsh Government, Her Majesty's Prison and Probation Service (HMPPS), Health Boards and Public Health Wales have developed a Partnership Agreement for Prison Health, setting out agreed key priorities.

The Partnership Agreement is based on taking forward a "whole prison approach" to improving health and well-being – recognising that it is not just about providing access to clinical healthcare and treatment.

FOUR KEY PRIORITIES:

1. Ensuring prison environments in Wales promote health and well-being for all.

2. Developing consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.

3. Producing a standardised clinical pathway for the management of substance misuse in prisons in Wales.

4. Developing standards for medicines management in prisons in Wales.

https://gov.wales/partnership-agreement-prison-health-wales

Each priority has been developed into a work stream, underpinned by specific key actions and milestones. There is also a focus on the development of key outcome indicators and performance measures – which will be used to monitor progress. The four work streams will be reporting to a new Prison Health and Social Care Oversight Group, which will have overall responsibility for the delivery of the Partnership Agreement.

- *Prison Environment:* This work stream is being led by HMPPS, recognising the policy levers for improving health outcomes that relate to the wider prison environment and its day to day regime. It considers factors such as diet and nutrition, sleep, time out of cell activity, employment, the environmental needs of older people in prison, social support and access to local and national health promotion schemes that are available in the community (such as smoking cessation). The work stream will support improvements in enabling men in prison to live in a health promoting environment with equivalent access to health promotion services as those in the community.

- *Mental Health*: This work stream is being led by Welsh Government, in partnership with the Royal College of Psychiatrists. Work is underway to develop the draft standards, which will include "universal mental health standards" (e.g. to cover admission and assessment / case management / treatment) as well as specific interventions for dementia, crisis care, learning disability, brain injury and autism spectrum disorder. The standards will help to drive forward progress to ensure there is consistency across the prisons in Wales, in terms of mental health services. It is also important to recognise, however, that not all of the "mental health demand" amongst prisoners in Wales will require specific mental health interventions and treatment. The wider prison environment work stream, as well as support for prisoners through "tier 0" provision (including peer mentoring / buddy schemes / group based support) will also be important.

- *Substance Misuse:* This work stream is being led by Welsh Government, in partnership with Public Heath Wales. A draft Substance Misuse Treatment Framework (SMTF) for prisons is being developed and will include the clinical treatment pathway – from initial assessment in the prison to follow-on care and support following release – for alcohol and drugs and for co-occurring mental health and substance misuse issues.

- *Medicines Management:* This work stream is being led by Welsh Government, in partnership with the Royal Pharmaceutical Society – with the view to developing a consistent approach to prescribing in Welsh prisons through standards for medicines management. Consideration will be given to medicine delivery, storage and preventing diversion.

In relation to social care, the work streams will continue to inform (and be informed by) national activity and developments led by Ministry of Justice and Welsh Government, arising from the delivery of the recommendations within the Thematic Report. Scoping is underway to identify key issues and priorities to ensure those in prison access their rights to care, treatment and support.

We will want to continue to support MoJ and HMPPS to review and revise key operational requirements and to work through the Prison, Health and Social Care Partnerships to identify and address any barriers to effective partnership working and the implementation HMPPS in Wales Strategy for the management of Older Persons in custody in the Welsh Region, published in July 2019.

Additional Developments

Alongside the Partnership Agreement – and in direct response to addressing the health, well-being and social care needs of people currently in prison – actions to support this group are also included in the Welsh Government's mental health, substance misuse, suicide and self-harm prevention, sexual health, dental health, dementia, end of life and palliative care, and housing strategies / delivery plans.

For example:

Both the Substance Misuse Delivery Plan 2019-22 and the Mental Health Delivery Plan 2019-22 have actions to address many of the issues faced by vulnerable groups, including those in prison and ex-offenders. Specifically, we recognise the challenges faced in co-occurring substance misuse and mental health and this was highlighted in our consultation on both Delivery Plans, both with commissioners, providers and service users. In direct response, we have established a "Deep Dive Group" made up of a range of clinicians, providers and commissioners, including representatives from the housing sector, to address barriers to progress in this area. We acknowledge that this group is amongst the most vulnerable and for those who faced periods of imprisonment, continuity of care both within the prison and community is critical. Given the co-morbidity of substance misuse and mental health problems, commitments (in both Delivery Plans) will help to ensure that more people are able to access the support they need both in the prison and community.

The importance of working with housing and homelessness services has also been highlighted as a priority within the new Substance Misuse Delivery Plan 2019-22 and the Mental Health Delivery Plan 2019-22. To support continuity of care, we continue to work across government to reduce the number of people being released without housing – and will be investing almost £1.3million in new services for people with housing and complex needs including ex-offenders, with a focus on supporting Housing First. As these projects are implemented we will monitor the effectiveness of targeting. Close work is being taken forward across Welsh Government departments to ensure the actions within these plans support the Strategy for Preventing and Ending Homelessness. In addition – as part of the development of the new Substance Misuse Treatment Framework for Prisons (priority 3 in the Partnership Agreement for Prison Health) and delivering new standards for mental health services in prisons (priority 2 in the Partnership Agreement for Prison health), there will be a specific focus on improving transfer of care on release. We have made £100,000 available in this financial year (2019-20) to specifically fund residential treatment for people who are homeless or being discharged from prison. Alongside this, the *Accommodating Offenders in Wales: Strategic Framework* sets out the approach the Welsh Government and HMPPS in Wales will take to prevent and address homelessness for all Welsh offenders. It sets out Wales' key aspirations and vision for providing housing solutions to all offenders in the Welsh criminal justice system.

We are also taking forward actions to reduce drug related deaths through the distribution of naloxone. The supply of take-home naloxone (THN), along with training on the identification and response to opioid poisonings remains a vital and cost-effective intervention in the prevention of fatal opioid poisonings. Since 2009, THN has been supplied to individuals identified 'at risk' of opioid poisoning by substance misuse services, Integrated Offender Services (IOS), prisons, and approved homelessness services / hostels. Amendments made to the Human Medicines Act Regulations (2015)5 have since provided opportunities for increased distribution and a wider range of individuals to carry THN including family, friends and carers of people at risk, professionals, and volunteer programmes. Following release from prison, opioid users are at increased risk of fatal and non-fatal drug poisoning. The SMTF for prisons will specifically look at ensuring a range of support is put in place for individuals on release from prison, including ensuring access to appropriate Opioid Substitution Therapy (OST) and support, to further strengthen arrangements already in place with a standard approach. The following prisons are currently distributing naloxone which is

fully funded via the Welsh Government Substance Misuse Team: HMP Berwyn, HMP Cardiff, HMP Eastwood Park, HMP Parc, HMP Stoke Heath and HMP Swansea. Since the implementation of a national THN programme, THN has been supplied on 3,116 occasions to either new individuals or as a re-supply within a prison setting, and 1,190 individuals have been supplied with THN for the first time whilst in prison. In 2018-19, THN was supplied in prison on 700 occasions (18 per cent of all supply events) to either new individuals or as a re-supply.

Wales is also committed to the WHO target of eliminating hepatitis C by 2030. The burden of this disease lies in certain vulnerable groups particularly those who misuse substances, many of whom will spend time in the prison estate. To support the local action required, a wide range of national actions are currently being progressed to support elimination and this includes the introduction of BBV opt-out testing in prisons. Since its introduction in prisons in Wales in 2016 there has been a year on year increase in uptake of the diagnostic test. BBV testing in Welsh prisons in 2018 equated to 44% of all new admissions and 7.5% of men tested in prisons were found positive for hepatitis C antibodies.[11]

A new Key Performance Indicator for Substance Misuse Area Planning Boards has also been introduced (from April 2019), focusing on the offer of a BBV test annually to all those accessing substance misuse services. In line with our aspiration for equivalence, it is intended that this new KPI should equally apply to substance misuse services in prisons – and will be monitored on an ongoing basis. Some prisons are also striving towards the micro-elimination of hepatitis C within their establishment by dedicating whole days to test everyone on a wing and eventually across the whole prison. Welsh Government has written to Prison Health Leads in Wales to promote this – and micro-elimination was achieved by HMP Swansea in September 2019.

Recognising the needs of an older prisoner population, the work stream to develop standards for mental health services will include a specific focus on dementia and there are also commitments in the Dementia Action Plan to provide workforce training. Alongside this, the End of Life Care Delivery Plan (updated in 2017) provides a framework for action to deliver high quality end of life care, regardless of diagnosis, circumstance or place of residence in Wales. One of the key priorities for 2017-2020 is to ensure that staff have responsibility for patients residing in care homes, nursing homes and other institutional settings, including prisons, are able to access support from specialist palliative care teams to provide end of life care. This will build on the Older Person's Strategy published by HMPPS in July 2019.

Governance

Local Health Boards have responsibility for health services in public sector prisons in Wales, which are governed by Heath and Social Care Partnership Boards, co-chaired by the prison Governor and representatives from the Local Health Board. A Prison Health and Social Care Oversight Group is also being established, which will meet on a quarterly basis. The Oversight Group will be jointly chaired by the Welsh Government and the HMPPS and will oversee the implementation of the Partnership

[11] Public Health Wales (June 2019) Blood Borne Virus Screening in Prisons in Wales, 2015-2018. Communicable Disease Surveillance Centre.

Agreement for Prison Health; provide strategic leadership and oversight for Prison Health and Social Care Partnership Boards; and provide a point of escalation for Health Boards and prisons in relation to prison health issues. Welsh Government officials also meet with HMPPS on a monthly basis, and with NHS Teams and Health Board Leads on a quarterly basis.

Funding

In 2004-5 the Welsh Government received a recurrent transfer into the Welsh Block of £2.544m from the UK Government to support prisoner healthcare in public prisons in Wales. In respect of HMP Berwyn, there is a direct funding relationship between HMPPS and Betsi Cadwaladr University Health Board. It has been agreed that the funding for the prison health services at HMP Berwyn will be part of a future transfer to the Welsh Government once the prison is up to capacity and is fully operational.

To support the prison health priority, Welsh Government has allocated an additional £1million of recurrent funding to support local health boards to improve access to health services in the public prison estate. Swansea Bay UHB, Cardiff and Vale UHB and Aneurin Bevan UHB have all received funding which will support improved access to mental health and co-occurring mental health and substance misuse services in HMP Swansea, HMP Cardiff and HMP Usk and HMP Prescoed.

In 2016-17, following the introduction of the Social Services and Well-being (Wales) Act 2014, specific grant funding of £0.448m was distributed to local authorities, to fulfil their duty under the 2014 Act to provide care and support for those in the secure estate within their area. In 2017-18, £0.412m was again distributed as a specific grant. From 2018-19, and in line with the Partnership Agreement £0.391m was transferred to the revenue support grant and £0.371m for 2019/20 and future years.

To conclude

In 2020/21, Welsh Government will continue to focus on delivering the priorities in the Partnership Agreement for Prison Health. The Prison Health and Social Care Oversight Group will be overseeing future delivery and implementation – and we will also assess progress as part of the monitoring arrangements in place for the Substance Misuse and Mental Health Delivery Plans, and other strategies.

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

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Ms Sarah Beasley
Clerk
Health, Social Care and Sport Committee
National Assembly for Wales

Sent via e-mail:
SeneddHealth@Assembly.Wales

Ein cyf / Our ref: GD/LB/KKS/2423
Eich cyf / Your ref:
Dyddiad / Date: 15th January 2020

Dear Ms Beasley

Thank you for your e-mail dated 6th November 2019, requesting additional information for the Health, Social Care and Sports Committee, following the Betsi Cadwaladr University Health Board general scrutiny session PAC committee on 3rd October 2019. Please see the below requested information and accept my sincere apologies in the delay in responding.

1. Community CAMHS

CAMHS, in each of the 3 areas of North Wales (East, Central and West), have a Single Point of Access in place per county for referrers who provide professionals with advice and the triaging for referrals. All urgent referrals are prioritised and all urgent assessments occur within 48 hrs as per the target.

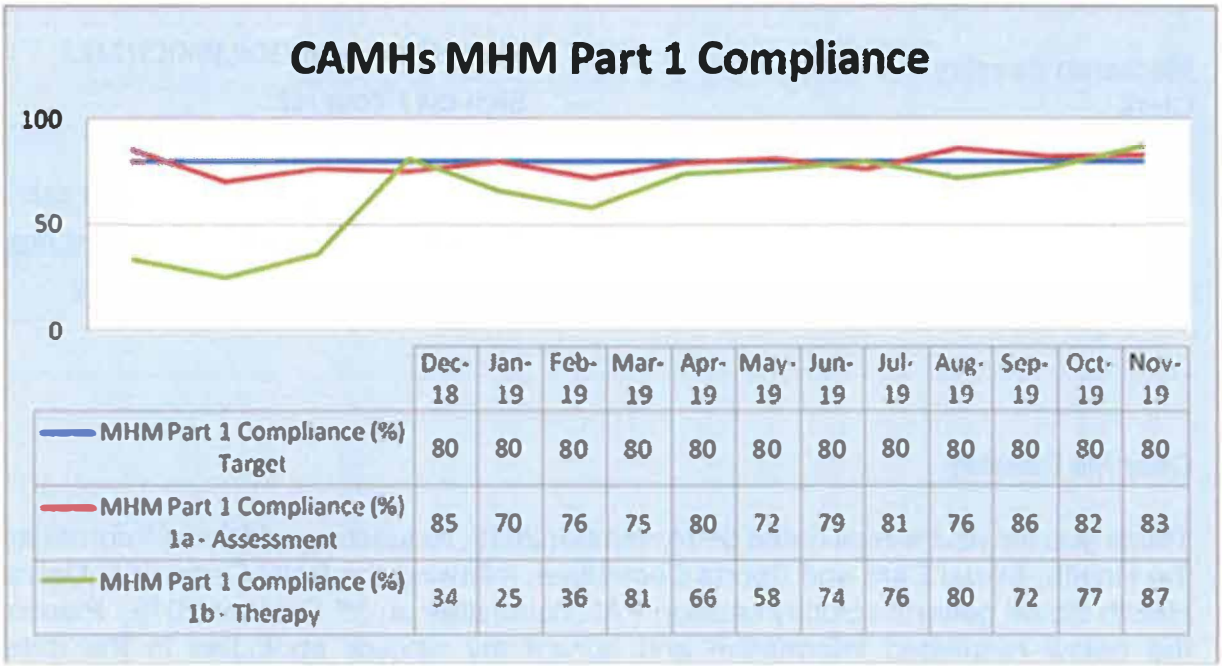
We have a 7 day per week CAMHS provision on our Paediatric wards for those young people in distress, for example self-harming or with complex behaviour, who present outside of core CAMHS single point of access hours.

Performance against the Mental Health Measure (for CAMHS)
At the end of November 2019 we achieved

- 83% against the 80% target for assessment (part 1a of the Measure), and
- 87% against the 80% target for intervention (part 1b of the Measure)

Teams across all 3 areas are working on further efficiencies to sustain this level of performance despite our current vacancy levels.

The chart below provides details of MHM Part 1 compliance regionally for assessments and therapy.



	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
MHM Part 1 Compliance (%) Target	80	80	80	80	80	80	80	80	80	80	80	80
MHM Part 1 Compliance (%) 1a - Assessment	85	70	76	75	80	72	79	81	76	86	82	83
MHM Part 1 Compliance (%) 1b - Therapy	34	25	36	81	66	58	74	76	80	72	77	87

2. NWAS (North Wales Adolescent Service) Tier 4 Inpatient CAMHS

- NWAS was commissioned and opened in 2009 with 16 beds across 2 wards. One ward was commissioned for acute admissions with short lengths of stay and the second with longer lengths of stay for planned treatments.

- In 2011, a decision was made by the Health board on the recommendation from the Royal College of Psychiatry to close the 2nd ward. This decision was made due to professional staff shortages.

- When closing the second ward, the decision was taken with WHSSC to reinvest this resource into providing a Tier 4 intensive, outreach team known as the Kite Team. The aim of which to keeping young people at home with their families in their local community, school and enabling step down and shorter lengths of stay.

- In 2017, significant additional staffing issues resulted in WHSSC placing NWAS in escalation. Since, there have been a number of helpful and supportive meetings with WHSSC. Recruitment improvements have resulted in incremental increases in bed capacity during 2018, with all 12 commissioned beds being open from the beginning of 2019. There are no referrals waiting for admission.

- Currently, the unit is commissioned by WHSSC to provide general Tier 4 care for 12 – 18 year olds, excluding learning disabilities, and with admissions to be Monday to Friday 9 – 5pm. The unit is resourced for 12 patients, which are all on one ward.

- For those young people requiring enhanced care above that commissioned, for example 'PICU' and those requiring care in a secured facility, the All Wales WHSSC Framework is used, placing young people out of area until they are well enough to be stepped down into local care. NWAS is not currently able to admit patients out of hours, or for the enhanced Tier 4 care outlined above, and has not been commissioned by WHSSC to do so. This is a consequence of a lack of resident, medical staff on site and the geographical location of the unit.

- During 2018 and 2019, considerable work has taken place to reduce out of area placements. Out of area placements have halved over the past 2 years due to improved staffing in NWAS, resulting in our ability to meet all of our general Tier 4 demand within North Wales. During 2019 the 2 placements out of area have been for psychiatric intensive care or secure care.

- In the general scrutiny session, committee members referred to NWAS not accepting young people who are suicidal or self-harming. This is not the case. All admissions are risk assessed and depending on acuity of their presentation young people with depression, self-harming, suicidal ideation are all admitted if they cannot be managed in the community, with the support of the intensive outreach team.

3. **Neuro-Development**

    - BCUHB has implemented the All Wales pathway for children with neuro-development needs, involving multi-disciplinary assessment within the community paediatrics service, as well as a CAMHS assessment should that be necessary.

    - The target is for assessment within 26 weeks of referral and we do not currently meet this target consistently. At the end of November 2019, 27% of patients were seen within the target, with a waiting list of 1770 children. The number of children waiting has decreased over the 3rd quarter of the year. However, there are still a significant amount of children waiting for an assessment for over 26 weeks.

    - Recruitment processes are underway to increase capacity for neurodevelopmental care. The increase required is significant, and may require two or more recruitment rounds to complete the team capacity identified within capacity: demand modelling.

    - In the meantime a number of mitigating actions are being taken:

        - Additional temporary staffing and extra hours taken up by current staff.

        - A tender process for an independent provider has been prepared, and it is now progressing through procurement processes. This is being focused around meeting the needs of those children that have been waiting the longest.

4. Were we aware of the issues with endoscopy before they materialised and if so, what mitigating actions did we put in place?

Across the Health Board, the 3 endoscopy units have historically been in a position where they have struggled to meet demand, though we have generally been a good performer on the 8 week diagnostic target. As with most health services, the demand for endoscopy has been significantly increasing over time. However, within endoscopy services two separate but related issues have come together to compound the increase in demand and to significantly increase endoscopy waiting times: estates issues and consultant vacancies.

The poor infrastructure of the Wrexham Maelor Hospital (WMH) buildings caused one endoscopy room to be closed due to water ingress and there were issues in our second room due to failures with the air handling unit resulting in a loss of capacity on the site. We were aware of the wider issues due to the age of the buildings, risk assessments had been completed and this was on our risk register. There were regular reviews with Estates and remedial work did take place. While a chartered structural survey had been undertaken it was still not possible to accurately predict which particular area/roof might fail or when and where the power supply might fail.

The loss of physical capacity at Wrexham has been compounded by a number of consultant vacancies which have arisen and we have been unable to recruit to (December 2018 and February 2019). The Heath Board is in a very competitive market for staff at all levels, but particularly for consultant staff within those specialities where there are significant national shortages. Whenever we are aware that consultants are considering leaving to take up posts elsewhere we always intervene to attempt to resolve any local issues, and did so on this occasion, but unfortunately we are not always able to do so successfully particularly when some of those issues relate to the need for major investment in new estate. During 2019 our ability to cover vacant posts through our own consultants undertaking additional activity has been impacted on by the pension contribution situation.

5. What have we done to address the issues that caused the increase in waiting times?

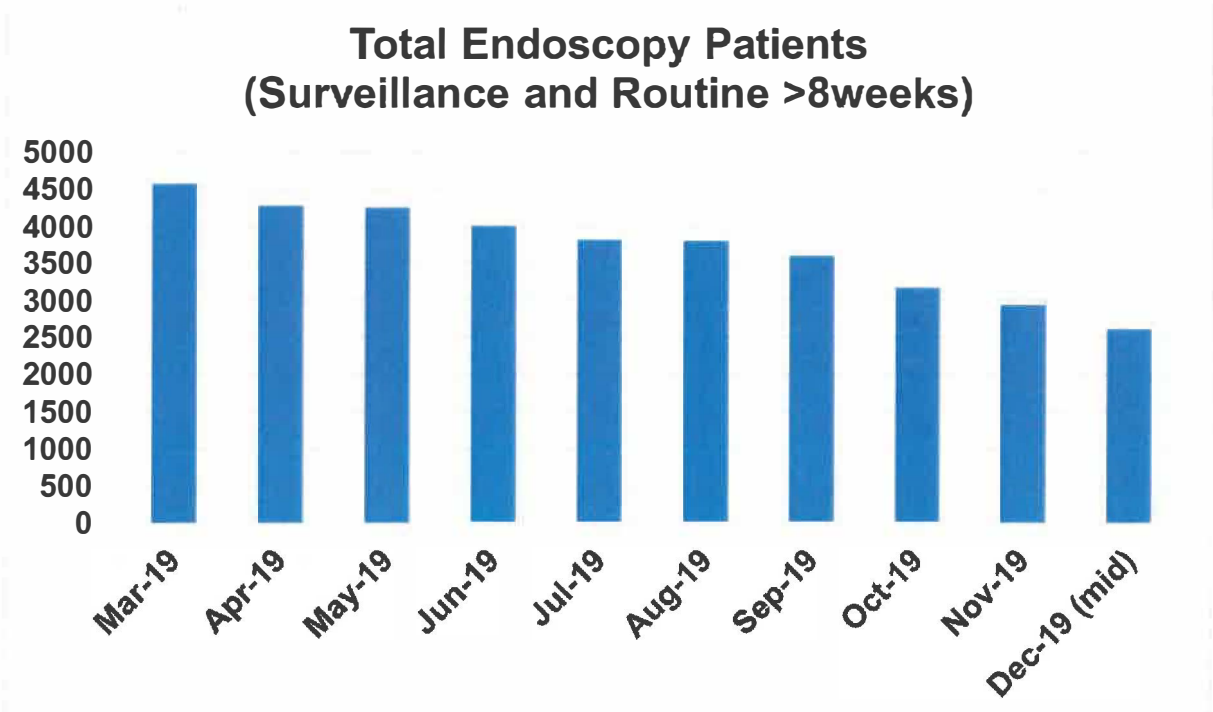
The following steps have been taken:

- Locum consultants have been put in place wherever possible
- A temporary mobile unit was brought onto the WMH site and was operational between January 18 and September 18 to increase capacity while we replaced the old endoscopy rooms with new capacity, which went live in October 2019 – as a result we now have an additional gain of one extra room compared to the old unit
- Extra week day/end activity has been commissioned across the Health Board e.g. a list has been running every Sunday at YYGC for Wrexham patients since August 2018.

- We have installed a mobile unit at Ysbyty Glan Clwyd, which has been delayed in terms of being available but will be operational from the 6th January 2020
- We have developed a Wrexham Maelor Hospital Business Continuity Programme Business Case, which includes a circa £60M investment and which received endorsement to proceed to the next stage on December 5th 2019
- We are ringing patients 48 hours before their appointment to further reduce the DNA rate and we are in the process of appointing additional pre-procedure nurses to triage and speak to patients. This will reduce cancellations on the day, through preparing patients for their scope and will improve our utilisation.
- We have undertaken a full capacity and demand review in collaboration with the NHS Wales Delivery Unit
- A North Wales Endoscopy Group has been established to plan our Endoscopy Services; working closely with the National Endoscopy Board which is jointly chaired by the Deputy Chief Medical Officer and the Deputy Chief Executive of NHS Wales.

6. Current Positon

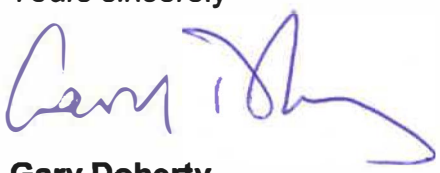
The Health Board has continued to make progress on reducing our surveillance waiting list and in Wrexham the number of overdue patients has reduced from 913 (April 2019) to 472 (mid December 2019). The chart below shows the number of patients overdue their surveillance or waiting >8weeks for their diagnostic endoscopy and the reduction since March 2019 from 4,563 to 2,601.



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

I trust the above provides you with the information you required from BCUHB, and if you require any further information, please do not hesitate to contact me.

Yours sincerely



Gary Doherty
Prif Weithredwr
Chief Executive

Aled Roberts
Comisiynydd y Gymraeg
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22 January 2020

Annwyl Gadeirydd

Health and Social Care (Quality and Engagement) (Wales) Bill

My officers have had the opportunity to consider the amendments proposed to the above Bill and I would like to make the following comments for the Committee's consideration when considering the proposed amendments. Firstly I will refer to the new Citizen Voice Body before discussing other amendments proposed in relation to Section 2 and Section 4.

1. **Adding the Citizen Voice body to Schedule 6 of the Welsh Language Standards (No.7) Regulations 2018 (amendment 66).**

In accordance with my letter of 4 December 2019 I would urge you to consider supporting this amendment. I highlighted in my letter that the best way to ensure that the new Citizen Voice body will be required to comply with Welsh language standards as soon as possible would be to amend Schedule 6 of the Welsh Language Standards (No.7) Regulations 2018 as proposed in this amendment. In my opinion this is essential in order to facilitate the smooth transition of these duties from the community health councils to the new organisation. It would also enable me to work with the Citizen Voice Body straight after it is set up. My officials have already worked over a number of years with officers of the existing community health councils to impose these standards in accordance with the Welsh Language (Wales) Measure 2011. In my view a delay in bringing the Citizen's Voice Body under the standards could mean that this investment of money and staff time could be wasted; acting in accordance with this amendment could indeed save money and costs. Furthermore, it is also true to say that the proposed governance

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structures detailed in Schedule 1 of the Bill would enable more operating standards to be imposed on the new body than on the existing community health councils.

Section 2

2. **Duty to secure quality - amendments 23, 29, 35 and 41**

These amendments propose that the phrase 'the availability and accessibility of health services through the medium of Welsh' be added to the interpretation of what is meant by the quality of health services and that this applies to Welsh Ministers, Local Health Boards, NHS trusts and Special Health Authorities. In my response to your consultation on the Bill in July 2019 I asked the Committee to ensure that the failure to provide health services in Welsh is fully recognized as a matter of lack of quality of health services and that this is reflected in this Bill and related provisions. Most of the above bodies are required to comply with language duties arising from Welsh language standards and it is important that there is no duplication of effort in this field. This amendment however recognizes that providing a service in Welsh is a matter of quality. I would therefore urge you to support these amendments.

3. **Guidance issued by Welsh Ministers in relation to the duties placed in sections 12A, 20A and 24A on Local Health Boards, NHS trusts and Special Health Authorities – amendments 4, 5, 6; 67 and 71**

If guidance is issued by Welsh Ministers in relation to the quality duty they should include full consideration of the importance of providing services in Welsh as a matter of the quality of health services. I would urge Committee members to emphasize this need when considering these amendments whether amendments 23, 29, 35 and 41 are accepted or not.

Section 2 amendments in relation to staffing

4. **Appropriate numbers (amendments 19, 25, 31 and 37)**

These amendments deal with the appropriate number of staff that Welsh Ministers, Local Health Boards, Special Health Authorities and NHS Trusts should have to provide a particular type of health service given particular issues including the nature of the service, local context etc. I would urge you to consider including here the needs of Welsh speakers in the area in question as a matter to be considered when considering the appropriate numbers of staff. With this in mind, adding a clause such as the one in italics below to these improvements would suitable in this regard:

“appropriate numbers**”** means the appropriate number of staff for the provision of a particular kind of health service, having regard to—
(a) the nature of the particular kind of health service,
(b) the local context in which it is being provided,
(c) the number of individuals being provided it,
(d) the needs of individuals being provided it, and

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(e) appropriate clinical advice.'.
(f) the needs of Welsh speakers where the health service is provided.

5. **Staffing duty (amendments 24, 30, 36 a 42)**

These amendments place a duty on the Welsh Ministers, Local Health Boards, Special Health Authorities and NHS Trusts to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers to ensure the health, well-being and safety of individuals receiving healthcare, to provide safe and high-quality services and to ensure the well-being of employees. Again at this point I believe that there is a need to ensure that there are sufficient numbers of Welsh speaking staff to provide services in Welsh. I would therefore propose that a clause such as the one in italics below is added to these amendments:

'"staffing duty" means the duty of the ..... to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in appropriate numbers for—
(a) the health, wellbeing and safety of individuals to whom health services are provided,
(b) the provision of safe and high-quality health services,
(c) *the provision of health services through the medium of Welsh*
.....

6. **Duty of quality: ensuring appropriate number of registered healthcare staff (amendment 68) and duty of quality: real-time staffing assessment (amendment 69)**

These amendments relate to ensuring that there are sufficient numbers of registered healthcare staff to ensure quality care. They are to some extent dependent on passing amendments 24, 30, 36, 42. Whether or not these amendments are accepted we ask you consider that the Bill should provide assurance that sufficient staff with Welsh language skills are trained in healthcare professions in Wales, and that information on the language skills of staff and within health services is taken into account in implementing the duties resulting from 25AA (1) and 25AB (1) as a result of the amendments.

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7. In the context of the improvements referred to in 4-6 above an amendment regarding a duty to ensure that a sufficient number of healthcare staff are able to provide services in Welsh in order to provide quality care would be a very positive step forward.

Section 4

7. **Amendment 2**
This amendment refers to guidance that Welsh Ministers must issue to bodies that the Citizen Voice Body can make representations it considers relevant to the provision of a health service or the provision of Social Services. These bodies are local authorities and NHS bodies. I would like to emphasise that these guidelines should consider the need to provide health and social services in Welsh.

I hope that these comments will be helpful as you consider the amendments to the Bill.

Yours sincerely

Aled Roberts
Welsh Language Commissioner

Agenda Item 11

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