



Cyfarfod a dyddiad: Meeting and date:	Audit Committee 10.6.21					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	End of Year Reporting Documentation – Annual Reports					
Cyfarwyddwr Cyfrifol: Responsible Director:	Louise Brereton, Board Secretary					
Awdur yr Adroddiad Report Author:	Dawn Sharp, Assistant Director – Deputy Board Secretary					
Craffu blaenorol: Prior Scrutiny:	Audit Workshop – 25 May 2021					
Atodiadau Appendices:	Appendix 1 – Health Board Annual Report (including Annual Governance Statement) Appendix 2 - Quality, Safety and Experience Committee Annual Report Appendix 3 – Finance and Performance Committee Annual Report Appendix 4 – Digital and Information Governance Annual Report Appendix 5 – Strategy, Partnerships and Population Health Committee Annual Report Appendix 6 – Remuneration and Terms of Service Committee Annual Report Appendix 7 – Mental Health Act Committee Annual Report Appendix 8 – Local Partnership Forum Advisory Group Annual Report Appendix 9 – Healthcare Professionals Forum Advisory Group Annual Report Appendix 10 – Stakeholder Reference Advisory Group Annual Report Appendix 11 – Audit Committee Annual Report					
Argymhelliad / Recommendation:						
The Committee is asked to (1) approve the Annual Report for submission to Welsh Government; and (2) approve the suite of Committee Annual Reports.						
Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)						
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						N
<i>If this report relates to a 'strategic decision', i.e. the outcome will affect how the Health Board fulfils its statutory purpose over a significant period of time and is not considered to be a 'day to day' decision,</i>						

then you must include both a completed Equality Impact (EqIA) and a socio-economic (SED) impact assessment as an appendix.

Sefyllfa / Situation:

Annual Governance Statement and Annual Report

The Annual Governance Statement (AGS) is part of the Health Board's statutory Annual Report to Welsh Government. Its content is in a standard format in accordance with the reporting arrangements prescribed in the Manual for Accounts. The Audit Committee has delegated authority to grant approval from the Board to submit this Statement, and all other elements of the annual report and accounts, to Welsh Government. The Annual Report will then be presented to the Annual Meeting scheduled for 29th July 2021.

Committee Annual Reports

In accordance with Standing Orders, all Board Committees are required to produce Annual Reports, these were reviewed in detail by Audit Committee Members at a workshop held on 25th May 2021. The audited Charity Annual Report and Financial Statements, providing the formally reported position for the charity for 2019-20 were approved by the Charitable Funds Committee on 8th December 2020, signed by the Auditor General on 9th December 2020 and reported to the Audit Committee for information at its 17th December 2020 meeting.

Cefndir / Background:

As detailed above.

Asesiad / Assessment & Analysis

The AGS and Annual Report follow the guidance as set out by Welsh Government. Internal and External Audit together with Welsh Government have received earlier drafts and any feedback has been incorporated within the version as now submitted.

High res cover to be added when creating final pdf



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University Health Board

Annual Reports and Accounts

2020/21



The Annual Report and Accounts are part of the Health Board's public annual reporting and set out our service delivery, environmental and financial performance for the year and describe our management and governance arrangements.

The Annual Governance Statement, which is provided as an Appendix to this document, forms part of the Accountability Report section of this Annual Report, and provides a detailed report on our governance, arrangements for managing risk and systems of internal control.

Copies of all these documents can be downloaded from the Health Board's website at <https://bcuhb.nhs.wales/about-us/governance-and-assurance1/>

or are available on application to the Health Board's Communications Team at BCUHB, Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG, by telephone on 01248 384776 or by e-mail to bcuhbpressdesk@wales.nhs.uk.

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PART ONE – Performance Report

Performance Overview

Chief Executive's Introduction

I am delighted to introduce the Annual Report for the Betsi Cadwaladr University Health Board for 2020/21, having taken up my post as the organisation's new Chief Executive at the start of 2021.

I was born in Wrexham and so I am especially pleased to have the opportunity to return to North Wales and to contribute to the provision and development of high quality health services for members of our communities across the region.

Any reflection on the performance of the Health Board on 2020/21 must begin with reference to the Covid-19 pandemic, our response to this and the significant and ongoing impact that this has had on the delivery of health services.



My arrival in North Wales coincided with the second wave of the Covid-19 pandemic. I have therefore seen first hand some of the remarkable dedication of colleagues in caring for patients with Covid-19, whilst also maintaining essential services as far as possible for patients with other urgent treatment needs. I am also aware of the considerable planning and effort that went into the initial phase of the emergency response to the pandemic, and the multi-agency collaboration that took place with our partners in order to keep our population safe.

Our response to the Covid-19 pandemic has illustrated the capability that exists across the organisation in terms of the flexibility and innovation that colleagues brought to bear on a very uncertain and rapidly changing situation. We have learned quickly, from both our own experiences and those elsewhere, and this report outlines some of the ways that services have adapted to respond to the ongoing challenges presented by Covid-19.

Throughout the pandemic, the Health Board has been mindful of the four dimensions of potential harm arising from Covid-19:

- Direct harm caused by Covid-19
- Harms that would arise from an overwhelmed NHS and social care system
- Harm from reduction in non-Covid-19 healthcare activity
- Harm arising from wider societal actions and lockdown

Despite our best efforts, across North Wales lives have been lost and some patients are now experiencing long term effects from Covid-19. This includes members of our own staff, while other colleagues have lost family members and friends.

While we have avoided the care system becoming overwhelmed, the effects of reduced activity in other areas of healthcare have been significant. We continued to deliver urgent services, but there was a notable reduction in the number of patients being referred with suspected cancer during the first quarter of the year. Waiting lists for routine treatments have grown significantly as a result of the pausing of elective services and with the ongoing limitations on capacity. The full health impact of lockdown may take some time to emerge, but we will be vigilant in respect of any emerging trends, especially within our mental health and community services.

Since December 2020, we have overseen the very successful roll out of the vaccination programme in North Wales. This has been a very large and complex undertaking, made possible by the collaboration and support of many partners and the valued contribution of numerous volunteers. The progress of this programme provides us with hope that we can reduce the health effects of any further peaks in Covid-19 infection rates and minimise any future disruption to our wider health services.

In March 2020 the Welsh Government paused the Integrated Medium Term Plan (IMTP) process. In place of the IMTP, Quarterly Planning Frameworks have been issued by Welsh Government, with the Health Boards producing quarterly operational plans that address the priorities set out in these frameworks.

This means that the Health Board has still not been able to prepare an IMTP that would enable us to meet our usual performance targets while remaining within our financial allocation. However, in 2020/21, the Health Board has reported a surplus against its financial allocation for the year, although financial performance in previous years means that we have not met our statutory target to achieve breakeven over the three year period 1 April 2018 – 31 March 2021.

Another notable area of progress has been the announcement by the Minister for Health and Social Services that the Health Board was to be taken out of Special Measures and de-escalated to Targeted Intervention status. We still have a considerable way to go on our improvement journey, but this decision reflects both the progress that has been made to date on the areas that originally caused concern, and confidence that this progress will continue further.

Looking forwards, the Health Board faces a number of key challenges. We must continue our response to Covid-19 and its impact, including work to reinstate our planned care pathways and to begin to tackle the waiting list position. We will also be focusing on primary and community care services, improving unscheduled and emergency care and mental health services.

While the issues of capacity, waiting times and the ease with which patients can access our services while measures to counter the spread of coronavirus are still needed, it is also essential that we maintain focus on the quality of those services. This means that we need to be honest with ourselves about areas where we are not meeting the standards we should, and I am keen that we foster a culture of transparency and openness that will both help us to improve what we do, and strengthen the trust of our communities in the work of the Health Board.

As a part of this work, the Health Board has been working with our Trade Union partners on 'Speak Out Safely'. This is a comprehensive programme to encourage and support employees to raise concerns and highlight issues that could reduce the safety and quality of our services.

In 2021/22 we will also be launching 'Mewn Undod mae Nerth' / Stronger Together', a strategic plan to work with our staff, patients and partners to design a route map for the Health Board's future organisation and system development. This aims to integrate our existing quality, performance and productivity improvement activities within a single cohesive framework.

A further aspect of quality that is important to me is the Welsh language. I believe that every individual has the right to receive care in the language of their choice and I am keen to build on the work that is already taking place across the Health Board to promote the use of Welsh. Since my return to North Wales I have started to take Welsh lessons and I hope that other colleagues will also choose to take advantage of the options that the Health Board's Welsh language team provide for learning or improving confidence in using the language.

I would like to close by expressing my thanks for the warm welcome that I have received as I have been visiting teams and departments across the Health Board. I am committed to driving forward improvements, but I believe it is important to approach this work with a sense of humility, listening to the insights of those who deliver, and those who receive, our services.

Jo Whitehead
Chief Executive

Areas of Responsibility

The Health Board is responsible for improving the health and wellbeing of a population of over 670,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). This encompasses prevention of ill health as well as treating illness and providing excellent healthcare services.

The Health Board is responsible for the provision of primary, community and mental health as well as acute hospital services. It operates three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases, and also delivers prison health care services within HMP Berwyn, Wrexham. The Health Board coordinates the work of 98 GP practices, and NHS services provided by 89 dental practices, 74 optometry practices and opticians and 152 pharmacies in North Wales.

In 2020/21 the Health Board had a revenue income of £1.81 billion and employed approximately 19,006 people (15,716 whole time equivalents).

During 2020/21, the need to respond to the immediate demands of the global Covid-19 pandemic meant that the organisation's operational priorities had to be realigned. Integrated Medium Term Planning arrangements were paused across NHS Wales and quarterly Operating Frameworks were developed which reflected the continued need to respond to Covid-19 and the potential for future peaks in Covid-19 demand, whilst also maintaining other priority services. New services have had to be introduced including Test, Trace and Protect and, in the second half of the year, the mass Covid-19 vaccination programme for North Wales.

We are also continuing our work towards improving how we work to the sustainable development principle in our everyday business, to meet the spirit and the intent of the Well-being of Future Generations Act. The Act sets out duties for the Health Board with the other public sector bodies in Wales to contribute towards achieving seven national well-being goals, to broaden our outlook and to think longer term in doing so.

As well as improving health and delivering clinical and care services, the Health Board has a wider public sector duty to support national policy, for example in respect of matters such as promoting equality and human rights, the environment, sustainable development, the Welsh Language and in moving forward socio-economically disadvantaged groups.

To achieve our goals we work closely with partner organisations such as local authorities and the voluntary sector, to discuss and address health inequalities, promote community engagement and exploit joint working opportunities. The bodies include:

- Welsh Ambulance Services Trust;
- Public Health Wales;
- North Wales Community Health Council;
- Local Authorities (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham);
- Neighbouring NHS bodies in England and Wales;
- The Community Voluntary Councils;
- Partnership Service Boards / Regional Leadership Boards;
- Mid Wales Healthcare Collaborative.

Impact of Covid-19

The Covid-19 pandemic has had a major impact on the services delivered by the Health Board through the year.

The immediate priority was to ensure an effective response to Covid-19 demands on our health services across the region and to ensure those services would not be overwhelmed, so that we could continue to treat patients through both the initial and subsequent peaks in Covid-19 infections. However we also had to maintain other essential services for patients, redesign services to minimise the risk of the spread of infection and ensure that staff and patients were properly supported and protected.

At the start of the year, all non-urgent elective activity had already been paused in line with direction from Welsh Government. This was done so that our facilities could be reconfigured and staff redeployed to respond to large numbers of emergency admissions and to reduce the number of patients coming into our hospitals and clinic buildings to reduce the opportunity for transmission of the virus.

The physical reconfiguration included:

- expanding our critical care capacity,
- creating separate ward areas for patients with Covid-19,
- adjusting bed spacing on our wards where this was needed to comply with social distancing guidelines
- installing physical segregation measures and screens and
- introducing controlled access, one-way systems and segregation of patient flows.

Additional infection prevention and control measures were also introduced, with enhanced cleaning and disinfection regimes, restrictions on staff movement between different areas and much greater use of personal protective equipment by staff.

Although elective services were gradually restarted as infection levels continued to fall after the first wave of the pandemic, the pausing of services has had a significant impact on waiting times for planned treatment. Restrictions on planned activity had to be reinstated in late 2020 and early 2021 as the second wave of the pandemic spread across North Wales, and were still in place at the end of March 2021.

Many of the additional measures that have been introduced to protect against the risk of transmission of the virus need to continue on a sustained basis, and will remain in place as services reopen following the second wave. These measures limit the capacity of our services, for example due to wider bed spacing, fewer people being able to be in our clinical areas at any particular time and the increased time that needs to be allowed for changing PPE and cleaning between patients.

The way that many services are delivered have had to evolve rapidly, and new services have had to be introduced to respond to the pandemic. These changes have included much greater use of telephone, video and online systems to provide new ways for patients to contact services and to enable consultations to take place without the need for face to face contact.

Working with our partners, including local authorities and third sector organisations, we are delivering 'home first' services, discharge to assess pathways and support to care homes. We have set up the Test, Trace and Protect service for North Wales and are operating multiple Covid-19 testing stations, including mobile units that can be deployed to areas of high incidence. In December 2020 we launched the North Wales Covid-19 vaccination programme, which has been running at great pace since that time.

Partnership working was also central to the arrangements to create and equip three temporary field hospitals for North Wales, located in Bangor, Llandudno and Queensferry on Deeside. Although only one of these facilities was required to admit inpatients, they have also been used to provide temporary accommodation for services that needed to relocate as part of the general adjustments to services and to address social distancing requirements. Since late 2020 they have also played a key role as mass vaccination centres.

Primary and community care services

Our primary care contractors and service providers have faced significant challenges as a result of the Covid-19 pandemic. Many practice and clinic facilities offer limited opportunity for social distancing, and many of their patients were amongst the groups most vulnerable to the effects of Covid-19. They have therefore had to introduce new ways of working to restrict the number of patients attending in person.

GP practices

At the start of the pandemic, our 14 local GP Clusters (groups of local GP practices who work in cooperation and collaborate on service developments) developed and agreed contingency plans, which have continued to be reviewed to ensure response to support practices in the event of closure, loss of staffing due to illness and isolation and changes in demand.

These mitigation measures included arrangements for cross cover and resource sharing between practices. During the initial phase of the pandemic, Local Assessment Centres were established in some areas to provide a controlled environment within which to assess and treat suspected and positive Covid-19 patients, helping to protect individual practices from exposure to patients likely to be carrying the virus. Since then, practices have had opportunity to adapt their own premises and working practices to be able to provide services to these patients 'in-house'.

Most of our practices have adopted, or extended, their IT and telephone system solutions, which has enabled many patients to receive timely and appropriate healthcare assessment and advice during the pandemic, without the need to visit practices in person, where this is clinically appropriate.

These digital technology solutions have also enabled communication between the members of our multidisciplinary teams in order to support patients.

The roll out of the 'Consultant Connect' programme to all GP practices is continuing. This provides practices with immediate access to telephone advice from NHS Consultants. As well as supporting primary care colleagues with urgent care issues, including Covid-19, this also enables better support to be provided via GP practices to patients whose elective care has been delayed.

This is one example of how primary care and GP Clusters have provided additional and enhanced services throughout the pandemic to support patients and mitigate the decrease in core services such as phlebotomy, diabetes care, minor illness services delivered by Advanced Nurse Practitioners (ANPs) and in-house physiotherapy services.

Pharmacy

Community Pharmacies in North Wales have continued to provide services throughout the Covid-19 pandemic and the national lockdowns.

The service has seen surges in dispensing activity, especially at the start of the pandemic period, and have had to introduce changes to the way they operate, including restrictions on the number of people allowed into a pharmacy at any time and alternative arrangements for submitting prescriptions and collecting dispensed medicines. Some pharmacies experienced significant staff absence for Covid-related reasons.

Although the vast majority of pharmacies remained open for their full hours, Welsh Government and the Health Board did allow flexibility on this, whereby pharmacies could operate behind closed doors, whilst remaining open for urgent requests, to enable them to catch up on dispensing activity at times of maximum demand.

It is recognised that, especially in the early stage of the pandemic, the combination of these factors did result in queues developing at some pharmacies on occasions, with patients having to wait to be supplied with their prescriptions. Most queues were relatively smooth, and patients did not have to wait long but, in some cases, staff were unable to maintain pace against the increased demand and wait times increased. These difficulties have become much less frequent as pharmacy staff and patients alike have become used to the new ways of operating.

To facilitate access to medicines for people who have been shielding and self-isolating owing to Covid-19, Welsh Government funded a scheme which included arranging deliveries or working with volunteers to ensure people were able to receive the medicines they needed.

Enhanced service provision reduced in March 2020, owing to a combination of a drop in demand and the need to address the rise in prescription numbers in that month. Service levels have since returned towards their long term position, although demand for some services, particularly those that serve temporary residents, remains lower. Many enhanced services have been made available via telehealth (Attend Anywhere and telephone), although demand for this has been comparatively low and most pharmacies have continued to provide services face to face.

Dentistry

Covid-19 has had a major impact on services provided by both general dental practitioners and the Health Board's Community Dental Service. Dental care involves close face to face contact, and many dental procedures are deemed to be aerosol generating, and thus present an increased risk of transmission of the SARs-Cov-2 virus that causes Covid-19.

As a result, dental practices had to cease most treatments in the initial phase of the pandemic, although most remained open to provide telephone consultations and advice, for prescribing and to provide simple, non-aerosol generating, emergency treatment. The Health Board established designated urgent dental centres that were equipped to treat patients requiring more significant emergency treatment.

Since July 2020, practices have been able to restore services on a staged basis, in line with guidance from the Chief Dental Officer for Wales. Practices in North Wales are now providing comprehensive dental services, although at reduced capacity to allow for enhanced infection control procedures including social distancing within practice premises, increased ventilation and fallow periods between patients to allow time for ventilation and cleaning.

This reduced capacity, following the initial pause on treatment, means that dental practices have faced a backlog of patients waiting to be seen, and so have had to prioritise patients according to clinical need, with routine check-ups waiting until patients needing active treatment have been seen.

The Health Board has commissioned, on a non-recurrent basis, additional capacity with High Street dentists to help meet the demand for urgent and emergency care. This will be in place until September 2021, when a further review will take place.

The Community Dental Service continues to provide a service to vulnerable people, but faces significant challenges to enhance the ventilation arrangements in its premises. These will need to be addressed in order to bring capacity back towards pre-pandemic levels.

Optometry

The pandemic has had a major impact on services provided by Community Optometrist Practices although they continued to offer urgent and emergency care under the Eye Health Examination Wales (EHEW) scheme throughout this period.

Initially, until the end of June 2020, routine eye examinations were paused, but patients could be seen for urgent ocular problems and also for practical assistance with matters such as breakages, repairs to spectacles and provision of replacement contact lenses.

Practices that were unable to stay open whether due to health, staffing or financial constraints, were able to direct patients to one of 15 “Emergency Practice Hubs” which were selected to provide coverage across North Wales. Any practice that was not an “Emergency Hub” could still provide services if they were able to do so, and many continued to look after their own regular patients during this period. In the first stages of the pandemic footfall was greatly reduced but towards the end of May numbers increased and the Emergency Hubs became busier.

From July 2020, routine eye examinations could recommence, and most practices reopened their doors under strict Covid-19 guidelines. These guidelines include patient distancing and enhanced cleaning of equipment between patients and limit capacity in all practices. There has been high demand for routine eye examinations and extended eyecare examinations (EHEW) following the pause in routine services, and practices have been asked to continue to prioritise urgent patients when necessary.

District nursing

In common with other services, our district nursing teams have had to adapt their ways of working to ensure that they can continue to provide services to our vulnerable patients in their own homes. Key changes have been to travel arrangements, as staff have been unable to travel with colleagues when making joint visits, and the use of additional PPE. This is especially challenging for staff who are working in the community and who have to find ways to safely put on and remove PPE before going into, and after leaving, patients’ homes, often in cold, wet or blustery weather. The dedication of staff has been illustrated by their willingness to work additional hours, postpone leave and even to move out of their homes to ensure that they could continue to deliver a 24 hour a day service and that patients continued to receive appropriate care.

The Tuag Adref / Homeward Bound service adjusted their working arrangements to coordinate all referrals through a single base. This enabled them to ensure that palliative care patients could still be cared for at home, and to provide increased support to avoid unnecessary admissions and facilitate early discharge from hospital, helping to reduce pressure on inpatient beds.

District nurses have also played a major role in the Covid-19 vaccination programme, acting as mobile vaccination teams to ensure that housebound and vulnerable individuals could be immunised.

Health visiting

The health visiting service is another that has adopted technology and adapted working practices to ensure that services could continue to be provided during the Covid-19 pandemic. Remote working, including community satellite hubs and virtual group work to reach all children and their families, was introduced.

Digital safeguarding spreadsheets and planners were developed to ensure service provision and governance based on need, and screening and risk assessments were carried out to identify high need and lower resilience families that continued to need face to face contact.

During the early stages of the pandemic the team worked from central hubs to ensure delivery of the Healthy Child Wales Programme by phone and using virtual platforms like 'Attend Anywhere' and Microsoft Teams although full 'face to face' delivery of the programme has since been reinstated.

Pre-school and school-based vaccinations have continued throughout the year.

Therapy services

The decision to pause non-essential services in March 2020 had a significant impact on therapy services with the redeployment of therapy staff and the reallocation of rehabilitation space to support hospital surge capacity. Some therapists moved to work in unfamiliar environments to support existing staff in critical care and on other wards. Other staff volunteered to work in the Test, Trace and Protect service and the temporary hospitals and, later in the year, to participate in the vaccination programme.

This had an inevitable impact on waiting times for non-essential therapy services and by August 2020 we had 4013 people, both adults and children, waiting longer than the 14 week access target for a first appointment, up from 35 before the pandemic.

To provide support to these patients, and those waiting for follow up care, therapy services were early adopters of digital solutions and were the first principal users of the Attend Anywhere digital platform within the Health Board.

These approaches, used alongside a gradual reopening of routine services following the first wave of the pandemic, meant that by the end of March 2021 the number of patients waiting for longer than 14 weeks for access to a therapy service had reduced to 1216.

The loss of access to space for rehabilitation services remained the key constraint for a full recovery in 2021, and a business plan to re-provide therapy space in the Wrexham area has been included in the Health Board's operational plan for 2021/22.

Rehabilitation remains a central component of the Health Board's recovery process and therapy staff are actively involved in programmes of work to support our population affected by the pandemic. These include both patients presenting with symptoms of Long Covid and patients who are experiencing long waiting times to access services such as orthopaedics.

Covid-19 testing and vaccination

Testing

Testing individuals for Covid-19 has been an essential part of the pandemic response, to identify individuals with the illness to help contain the spread of the virus, to help protect those we care for from the risk of infection and to reduce unnecessary staff absenteeism through unnecessary self-isolation.

Testing facilities have been rolled out across North Wales as the laboratory capacity within the national system to process samples has expanded. Processing of most samples in Wales is conducted under the auspices of Public Health Wales. Initially this was through their laboratories in Cardiff, with the necessary facilities being installed in North Wales from May 2020.

To improve ease of access for local residents, each of the six counties across North Wales now has at least one testing site, open seven-days-a-week. There are facilities available to drive in or come on foot. These include Regional Testing Sites, run as part of the UK government arrangements, and Community Testing Units, Local Testing Sites and Mobile Testing Units operated by the Health Board.

All test results are now turned around within 24 hours, with the average wait for a test result being within 3 hours. By the end of April 2021, approximately 793,000 Covid-19 tests had been carried out in North Wales, returning approximately 38,000 positive results.

PCR (Polymerase Chain Reaction) testing for Health Board staff with possible Covid-19 symptoms commenced in early March 2020 and has been the predominant method for testing symptomatic staff. In December 2020 the Health Board began to roll out Lateral Flow Tests for screening frontline staff without symptoms to identify asymptomatic carriers of the virus.

Immunisation

The Covid-19 vaccination programme in North Wales was launched in December 2020, following approval of the Pfizer vaccine for use in the UK. Planning for the programme had been underway in anticipation of this approval, which meant we were able to carry out vaccinations as quickly as supplies of the vaccines into North Wales would allow.

The programme has been delivered through a variety of routes – Hospital Vaccination Centres to enable early protection of frontline health and care staff, Mass Vaccination Centres to provide rapid vaccination of individuals using the Pfizer vaccine (whose handling requirements mean it has to be used quickly for large groups), and through all GP practices in North Wales. Mobile vaccination teams have carried out vaccinations for the housebound and in care homes, and additional vaccination sessions have been offered through community pharmacies and in Local Vaccination Centres, as vaccine supplies allow.

Invitations for vaccination were offered in accordance with the priority groupings established by the UK's Joint Committee on Vaccination and Immunisation. As at 31st March 2021, a total of 433,752 Covid-19 vaccinations have been given. 46% (322,394) of the North Wales population had received their first dose of the vaccine and 15% (111,358) had received their first and second doses.

The Health Board could not have achieved this rate of progress without the support and assistance of many individuals, including:

- Conwy and Flintshire County Councils and Bangor and Glyndwr Universities whose facilities have been the base for our mass vaccination centres
- our primary care contractors
- military services personnel
- local authority and North Wales Fire and Rescue staff who have assisted with the running of the vaccination centre booking telephone lines
- volunteer vaccinators and
- volunteers guiding and assisting those attending the vaccination centres.

With the second wave of the Covid-19 pandemic anticipated to occur during the winter of 2020/21, the year's annual 'flu vaccination campaign took on greater importance than ever, both to ensure that the more clinically vulnerable stayed as healthy as possible and to help reduce the usual seasonal pressures on our hospitals.

Flu vaccinations are delivered through GP practices, and in North Wales there is a strong track record of encouraging citizens to take up the offer of vaccination, with vaccination rates amongst the eligible groups typically amongst the highest in Wales, year on year. Vaccination rates increased considerably across Wales for 2020/21, with rates for the Health Board again exceeding the national figures:

	Clinical risk groups aged 6 mths to 64 years old 2019/20	Clinical risk groups aged 6 mths to 64 years old 2020/21	65 years and older 2019/20	65 years and older 2020/21
BCUHB	46.9%	54.2%	71.4%	78.2%
All Wales	44.1%	51.0%	69.4%	76.5%

Redesign of acute services to provide Covid-19 care

The emergence of Covid-19 presented significant challenges to our acute and hospital services

From experiences elsewhere we knew that we could expect to see large numbers of emergency admissions, with a significant proportion of acutely ill patients who would require respiratory support and critical care facilities.

It was also clear that some of these patients would experience slow recoveries that required extended hospital stays.

In addition, the high infectivity of the coronavirus mean that segregating patients with Covid-19 from the rest of the hospital, and limiting movement of staff between areas, would be essential in minimising the opportunities for the disease to spread.

Critical care and anaesthetics

From the outset our anaesthetic and critical care teams were heavily involved in preparing the response to the pandemic, including many aspects of training, additional equipment procurement and developing additional temporary critical care facilities.

Within each of our major hospitals, additional critical care beds were created by re-purposing the facilities and equipment in our operating suites and recovery areas. In Wrexham Maelor Hospital a new critical care unit has been developed by adapting an existing ward area. For the time being, the hospital's old intensive care unit has been retained and kept equipped to provide additional escalation capacity while the possibility of further waves of the pandemic remains.

The Health Board's usual establishment of 43 critical care beds was initially increased to a maximum of 65. In addition, further surge beds were identified on each of our acute hospital sites that could be stepped up according to clinical demand to provide patients with intensive care. These arrangements have provided sufficient capacity to meet all the demands during the first and second waves.

Critical care consultants moved to a 12 hours per day, seven days per week resident service and, together with the anaesthetic consultants, provided round the clock care flexing up and down to meet the demands of Covid-19.

Some of the temporary changes to working practices that were introduced are now being factored into longer term working models for the service going forward.

Temporary hospitals

To ensure that we had sufficient bed capacity for recovering patients, the Health Board, working with partner organisations including Bangor University, Conwy and Flintshire local authorities and the military, established three temporary hospitals. These were located in Canolfan Brailsford at Bangor University, Venue Cymru in Llandudno and Deeside Leisure Centre in Queensferry. At the suggestion of a member of the public, these were known as the Ysbytai Enfys (Rainbow Hospitals), acknowledging how the rainbow has become a symbol of thanks for the work of the NHS during the pandemic.

Together, the three hospitals had capacity to accept up to 850 patients, with the intention that they be used as step-down facilities for recovering patients who no longer needed respiratory support to release beds in the Health Board's three main hospitals. The scale of this response was in line with national modelling work predicting the demand from Covid 19.

As emergency admissions surged during the second wave of the pandemic, 45 beds in Ysbyty Enfys Deeside were brought into use to ease pressure on beds at Wrexham Maelor Hospital. It has not been necessary to admit patients to the other two hospitals, although they have continued to support the NHS response, principally in their role as mass vaccination centres.

Emergency Care

Following the first lockdown in March 2020, there was a significant initial reduction in the number of attendances and ambulance conveyances to the three Emergency Departments (ED) in North Wales. There was a then steady rise in numbers between May and September 2020, followed by a further fall between September and February 2021. The number of monthly attendances jumped by over 2000 during March 2021 but total attendances remained below pre-pandemic levels. There has also been a marked decrease in GP direct admissions during the year.

In response to the pandemic we introduced screening for all patients for Covid-19 before entering an ED, and any patients displaying potential Covid-19 symptoms were segregated. Separate red and green pathways were introduced to segregate patients, including within resuscitation rooms to allow patients requiring this level of care to be treated safely, regardless of their Covid-19 status.

Senior clinicians from each of the EDs worked with operational and nursing colleagues and engaged with primary care clusters and the Welsh Ambulance Service to identify alternative pathways across North Wales for emergency care and direct admission routes to help reduce the number of patients presenting to the EDs.

Arrangements varied across each hospital depending on the local site layout - examples included children and young people being directed straight to a children's ward or to a 'Children's ED' that had been set up within paediatric outpatients (although very seriously ill children were still treated in the main ED), the use of a 'Bone Shop' supported by the Trauma and Orthopaedic Team and the creation of 'Surgical ED' in a separate part of the hospital to cater for all patients of a surgical nature.

All teams rose to the challenge, with administrative staff who normally worked day time hours agreeing to change job roles and to include overnight shift patterns to set up reception services for the additional EDs. Retired Consultants returned to support our current clinical teams and surgical teams developed new skills as part of this change in working requirements. This collaborative work bred innovation, and the opportunities that have been identified to streamline and improve pathways will inform our recovery and future development plans.

At the start of the pandemic period our surgical teams worked with the EDs to implement and extend our same day emergency care (SDEC) services at each site, where patients are seen by senior surgeons soon after presenting at the hospital and given rapid access to diagnostics and treatment. This enables rapid assessment and management of those attending with suspected surgical emergencies, which evidence has shown reduces the number of patients requiring admission and leads to better outcomes for patients. Further development of these services is continuing with multi-disciplinary input from pharmacy and therapies staff and discharge 2 recover and assess teams.

Welsh Emergency Departments Frequent Attenders Network (WEDFAN) teams are multi-disciplinary teams that identify patients that make repeated visits to EDs and gather and share information about their presentation. They then develop intervention plans and work with the patients individually, alongside any services they engage with or may need to engage with to support the patients to get their needs met appropriately. This work both improves the lives of this group of vulnerable and complex patients and reduces a considerable burden on unscheduled care services. Outcomes from the project demonstrate reduced number and length of attendances and improved well-being for the patients. The team have maintained the service during the pandemic period.

For the 2020/21 winter period, when seasonal pressures were expected to coincide with an increase in Covid-19 prevalence, an interim Tactical and Operational structure was established to coordinate the response to increased emergency pressures across acute and area community services.

The virtual Tactical Control Centre (TCC) and command arrangements provided enhanced senior leadership, improved continuity between in and out of hours and strengthened accountability. This enabled the Health Board to use its capacity in the most effective and collaborative way over the winter period, ensuring patient safety and minimising the risk of harm during a period of very high demand.

Training and deployment of staff

Since the start of the pandemic there has been a requirement to re-deploy staff to areas of need throughout the Health Board, to support areas facing increased pressures and to help areas facing staff shortages as a result of colleagues needing to isolate or shield, or who were unwell.

Redeployment of clinical nursing and midwifery staff was managed by the operational divisions on a risk based approach. An additional Covid-19 expertise competency was added to the electronic staff record, which defined four categories (those staff with critical care and ventilation experience, those with non-invasive ventilation experience, general registrant and basic registrant) which enabled staff to be identified and redeployed according to existing experience, knowledge and skills.

During the second phase of the pandemic, deployment was managed on a risk based approach. Between October 2020 and March 2021 a Nurse Staffing Deployment Meeting was held twice a week, attended by Directors of Nursing, Workforce and other key staff to agree and allocate staff based on the Covid-19 Pandemic Staffing Levels red / amber / green rating definitions.

The redeployment of non-clinical staff involved a process which developed into a database portal, which supported the allocation of staff based on their existing experience, knowledge and skills.

Staff were offered development and training to ensure they were equipped for their re-deployment roles.

'Back to the Floor' training was offered by the Corporate Nursing Education Team from March to June 2020, and was accessed by a total of 2199 nursing, midwifery, healthcare assistant, allied health professional and administrative staff during this period. Many staff attended multiple sessions, depending on their own assessment of the knowledge and skills they identified would be required for their area of redeployment.

Critical care upskill training was developed by HEIW (Health Education and Improvement Wales) in conjunction with local universities and made available via their website.

A wide range of training and induction materials were made available online via the Health Board's intranet. For the second phase of the pandemic, Back to the Floor sessions were filmed and made available to staff on the Corporate Nursing Education web pages.

Infection control measures and personal protective equipment (PPE)

Personal Protective Equipment (PPE)

At the start of the pandemic period, there were major concerns nationally regarding the UK's ability to source sufficient PPE to meet the significantly increased requirements to protect frontline workers.

As part of the Health Board's operational response, a series of work streams were established to meet the challenges of PPE provision, and the logistical challenges of ensuring distribution and adequate supply to clinical areas. These work streams covered communications, supply and demand, PPE logistics and operations, donations, clinical governance and risk, and responding to national guidance.

This work was coordinated by a dedicated steering group under the Executive leadership of the Deputy Chief Executive / Director of Nursing. The group met each week, and was responsible for assessment of the immediate need for PPE, ordering, distribution, storage, communications, and future forecasting of PPE requirements.

For the majority of PPE items, stocks were maintained at sufficient levels to meet demand though the first wave of the pandemic, with all PPE hubs receiving appropriate stock levels for their operational needs. There was, however, an initial national shortage of visors. In North Wales this was addressed through the generosity of community manufacturers, who produced and donated products to the Health Board.

Respirator masks were another item where the national position meant that close monitoring and careful management and distribution was required within the Health Board to ensure local stock levels remained sufficient. The national position on these items has now stabilised.

Regular communication took place across the organisation to ensure that staff were aware of the latest national guidance on the appropriate PPE required for differing clinical situations.

Training and guidance was provided to ensure that staff understood the correct way to put on, remove and dispose of PPE to ensure that this was done safely. A consultant anaesthetist based in Wrexham Maelor Hospital who had volunteered in the Ebola outbreak in Sierra Leone in 2015 produced an online video demonstrating the effective use of PPE, which attracted thousands of views.

The Health Board's Health and Safety Team lead the programme for fit-testing of respirator masks to ensure that each member of staff who requires this level of protection has been individually assessed and that the masks they use fit effectively and provide the necessary level of protection. Dedicated staff have been recruited to deliver the programme on an ongoing basis.

Estate redesign and physical adaptations

The Health Board's estate and facilities teams have played a major role in the response to the pandemic. As well as coordinating the work to create the field hospitals, they have carried out widespread alterations at a local level. These have included:

- access and egress controls on hospital sites to help manage patient flows on site - the number of access points into buildings and departments have been restricted, and one way systems introduced;
- installation of signage and floor markings to support social distancing;
- adaptations to clinical and non-clinical workspaces to support social distancing;
- installation of protective screens and partitioning;
- installation of additional gel and mask stations; and
- creation of segregation pods on the three acute sites.

Work on infrastructure has included alterations and improvements to oxygen flow and supplies at all three major acute hospitals.

Domestic services teams have worked closely with infection prevention and control staff, and have provided increased cleaning and decontamination.

Communication

Communication with the public has been a key element of our response to the pandemic. This has been needed to support public health messages to help promote behaviours that will assist with limiting the spread of infection, to explain changes to the way services are being delivered during the pandemic period and to advise patients how they can continue to access the care they require. Many members of staff have provided excellent interviews to various media channels to support key messages.

Throughout the pandemic we have worked with partners, including Welsh Government, Public Health Wales, local authorities and the third sector to ensure that our messages are timely, accurate, consistent and clear.

Multiple communication routes have been used, including the Health Board's social media channels, updates on our website, through local press and media and via stakeholders.

A daily report of media activity is sent to the Board each weekday and a full report of all communications activity and impact is distributed each Friday.

More recently, communication has focused on the roll out of the vaccination programme across North Wales, explaining how citizens are being prioritised and invited for vaccination, when they can expect to be called and when to contact the Health Board if they are concerned that they have not received and expected invitation. An individual with extensive communications experience was employed on a temporary basis to support the programme.

Data on progress is published regularly on our website and a weekly briefing is sent out to elected members and key partners. A broader briefing is also issued on a weekly basis by the Chair and Chief Executive to stakeholders and to the workforce.

Delivery of Non-Covid care and treatment

As has already been noted, the pandemic has had a considerable impact on health services for conditions unrelated to Covid-19. Many routine services were suspended to enable staff and facilities to be redeployed to ensure we had capacity to treat emergency admissions. We have also had to reduce the capacity of services as a result of the additional infection prevention measures needed to operate safely while the coronavirus continues to circulate in the population.

However, it has been essential that we continue to deliver health services for patients with conditions other than Covid-19 that require emergency care or where delaying treatment could have an adverse impact on a patient's eventual outcome.

Cancer

Throughout the pandemic our staff and services have strived to keep waiting times to a minimum for all patients referred as urgent or urgent, suspected cancer. They have worked hard to redesign clinical pathways, processes and physical spaces to enable us to see as many patients as we can as safely as possible.

Initially, the Covid-19 pandemic had a significant impact on the number of Urgent Suspected Cancer referrals the Health Board was receiving from our General Practices; in April 2020 the number was down to 37% of the monthly average for 2019. However, after a joint communications campaign by the Health Board and Welsh Government reminding of the importance of people with symptoms to still visit their GP, referral rates picked up quickly and were at pre-pandemic levels again by July 2020.

During 2020/21 the way waiting times for patients in Wales with cancer are monitored and reported changed. From December 2020 onwards, the previous 31 day and 62 day cancer treatment time targets have been replaced with the unified Suspected Cancer Pathway target.

This requires us to start a patient's treatment within 62 days of the first suspicion of cancer emerging, wherever that arose - for example it could be a GP referral for suspected cancer, an emergency admission to hospital, following an unexpected finding on a scan, from a screening programme, or during an outpatient review of a routine patient.

Our Cancer Services teams track all patients from the point of suspicion through to the start of treatment to ensure we treat as many as possible within 62 days. We receive daily feeds from our patient administration systems of all patients referred for an appointment or a scan with a suspicion of cancer, or any day case or inpatient procedure being carried out on a suspected cancer basis, so that we can track their pathways and alert specialty managers to any delays.

In December 2020, the first month of the new target, we were the best performing Health Board in Wales with 71.7% of patients with cancer treated within 62 days of suspicion.

There has been a marked increase in referrals into the cancer pathway towards the end of the year, with around 1,000 additional referrals across February and March 2021 when compared to the average monthly numbers prior to the pandemic period.

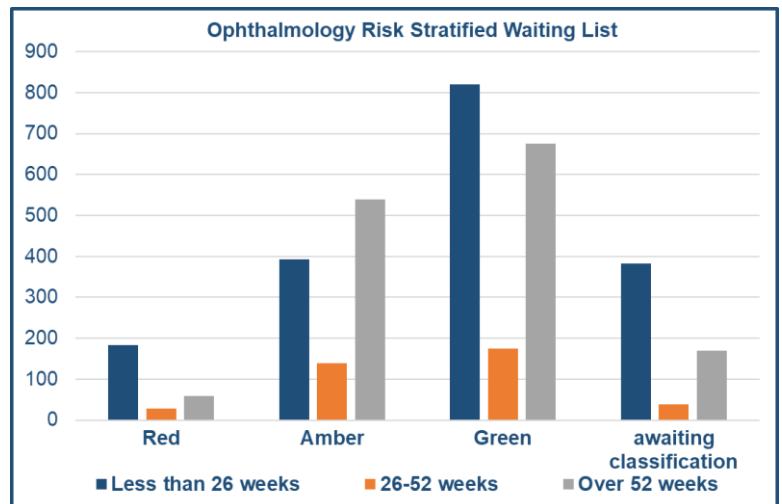
The number of patients subsequently diagnosed as requiring treatment for cancer also rose and in March 2021 we treated 463 patients in the month (around 120 more than average). Despite the very large number of referrals, at the year end our performance against the pathway was at 70%, again the best in Wales.

Eye care

At the start of the pandemic non-urgent eye care treatments were suspended, although we continued to treat emergency cases and to run clinics for age-related macular degeneration (AMD).

Some elective activity has since restarted, but the need to maintain distancing within our ophthalmology departments, which are of limited size, mean that the capacity of our services is significantly reduced. As a consequence, there has been a severe impact on waiting times. We have searched for external accommodation that could be used to provide additional facilities that would enable us to mitigate these limitations, but have not been able to identify any appropriate options.

Our ophthalmic clinicians carried out table top case reviews of all patients affected by the pause in activity to prioritise them for treatment once services recommenced. Patients have been categorised into red, amber and green groupings, with patients in the red group being those with the greatest risk of an irreversible effect on their vision if treatment is significantly delayed.



Our ophthalmology services have worked in partnership with primary care to introduce new care pathways for patients with diabetes and glaucoma which means they are reviewed in primary care and a report then sent to the clinician to identify the next treatment steps. Other measures that are being put in place that will help address waiting times within the service are increasing the number of clinic sessions that are being scheduled and the recruitment of an additional consultant to take up post during the first half of 2021/22.

Waiting lists and risk stratification

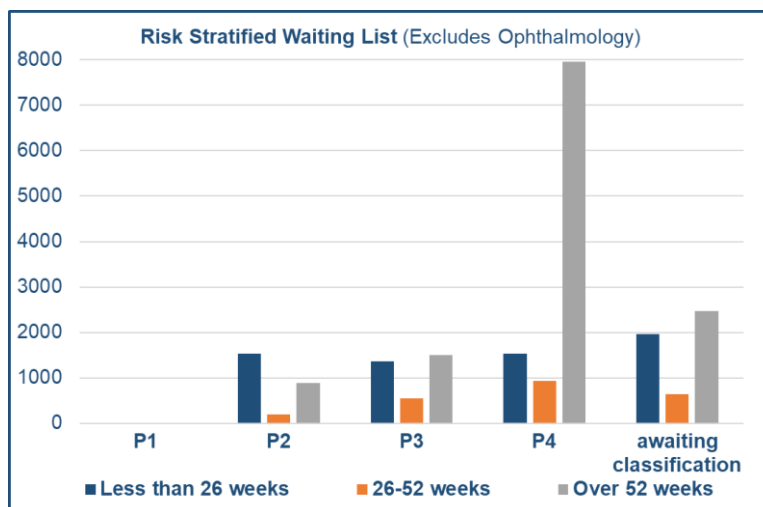
A referral to treatment (RTT) pathway covers the four stages of a patient will pass through after being referred to hospital treatment in the NHS in Wales. These are time spent waiting for any initial hospital appointments (outpatient - stage 1), tests, scans or other procedures that may be needed before being treated (diagnostics - stages 2 and 3) and then the wait for treatment to start (inpatient or daycase -stage 4).

The target is that at least 95% of patients should wait less than 26 weeks from referral to treatment. Urgent referrals take priority with any patient referred as urgent, or urgent suspect cancer, being put on a two-week outpatient pathway. The second stage of the pathway allows up to 8 weeks for a diagnostic test, however those on an urgent or urgent suspected cancer pathway would again be prioritised with a two week diagnostic pathway.

The Covid-19 pandemic has reduced our capacity to deliver planned care services within our hospitals and this has led to a significant increase in both the number of patients on our waiting lists and the length of time those patients are waiting for treatment. This has necessitated a new approach to monitoring and managing our waiting lists.

Along with all Health Boards in Wales and with support from Welsh Government and the Royal Colleges, the Risk Stratification model has been adopted, alongside the traditional RTT model. The Risk Stratification model is a clinically driven approach where each patient case on the waiting list is reviewed by a clinician and allocated a clinical risk value of between one (P1) and four (P4) based on the clinical consequences of waiting for treatment for different conditions.

The highest priority (P1) are those cases where treatment is needed to prevent loss of life or serious and irreversible harm. The lowest priority cases (P4) are those where the eventual outcome of surgery should not be affected by an extended delay, although we recognise that these lower priority patients may be experiencing adverse effects from their condition, such as pain or restrictions on their mobility, while they wait. As noted in the previous section, in ophthalmology three priority groups have been used.



At the end of March 2021, the number of patients waiting 36 weeks or more on a Referral to Treatment pathway was 51,433 (compared to 11,798 at the end of March 2020) and the number waiting over 52 weeks was 43,423 (compared to 3,113 at the end of March 2020). These figures illustrate both the impact of the Covid-19 on our planned care services, and the scale of the challenge in treating the numbers who are now waiting when the capacity of services is constrained by the ongoing measures needed to counter the threat from Covid-19.

Our therapy staff are providing support to patients who are experiencing long waiting times to access services such as orthopaedics. Although rehabilitation has been provided to recovering patients after illness, injury or surgery for a long time, the provision of therapy prior to planned surgery, now referred to as prehabilitation, is a relatively recent development which is being expanded in response to the situation created by the pandemic.

Prehabilitation is designed to ensure that patients are as fit as possible for surgery, especially in advance of major complex procedures that carry a higher risk of post-operative complications. Whilst every effort is made to prevent harm to patients, evidence indicates that 60% of patients who undergo major and / or complex surgery without prior prehabilitation training may suffer serious complications, and that 5-10% of those who suffer such complications may not survive.

We know that around 60% of patients aged over 60 do not regularly achieve the recommended levels of exercise, with an adverse effect on their underlying fitness. Prehabilitation is an evidence-based preventative medicine package of supervised high intensity exercise training, dietary optimisation and psychology intervention.

International studies show that prehabilitation halves the post-operative complication rate, reduces length of stay in hospital, reduces hospital readmission and has long-term health benefits. When first piloted in the Health Board in 2019, with four week long courses, patients reported that they felt empowered, healthier, stronger, more confident and better prepared for major surgery. Our outcome data reflected the international studies - the complication rate for participants was 51% lower than the non-prehabilitation group, with shorter lengths of stay in hospital.

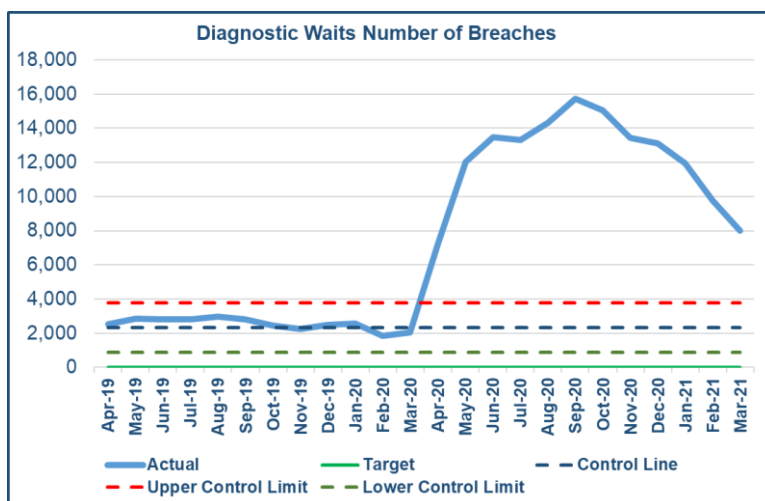
Using prehabilitation packages while patients are waiting for surgery will help keep patients fit and active, improving mobility, and could help reduce day to day symptoms and pain levels. This should help reduce the stress and anxiety that can result from waiting a long time for treatment, and also ultimately improve treatment outcomes.

Diagnostics

During the first few months of the pandemic, as a result of capacity restrictions caused by infection control measures and social distancing and the pause of non-urgent activity, the number of patients waiting over 8 weeks for a diagnostic test rose rapidly, hitting to a peak of just over 15,700 by September 2020.

Since that time, as we have gradually restarted and extended services, we have made good progress in addressing this backlog. While we still have a considerable way to go, the number of patients whose waiting time exceeds the eight week target had been approximately halved, to just over 8,000 by the end of March 2021.

The largest number of delays are in endoscopy, cardiology and radiology, and reducing these is one of the areas of focus in the Health Board's Annual Plan for 2021/22.



Screening

In March 2020, at the start of the Covid-19 pandemic, Public Health Wales suspended all the national screening programmes (Breast, Cervical, Abdominal Aortic Aneurism, Bowel).

Each of the programmes were restarted between July and September 2020, although running at a lower capacity than before the pandemic.

This resulted in a reduction in the number of referrals into the Health Board from the screening services for suspected cancer, although numbers have increased throughout quarters 3 and 4 of 2020/21, and have continued to rise into 2021/22.

Outpatients

It was clear from an early stage of the pandemic that we would not be able to see patients in clinics in the same volumes as before the emergence of Covid-19, and that a new approach would be required. Our clinicians, managers and administrative support staff worked hard with IT colleagues to put in place the arrangements and infrastructure to enable our clinicians to hold virtual appointments, either by telephone or video, where it was appropriate to do so.

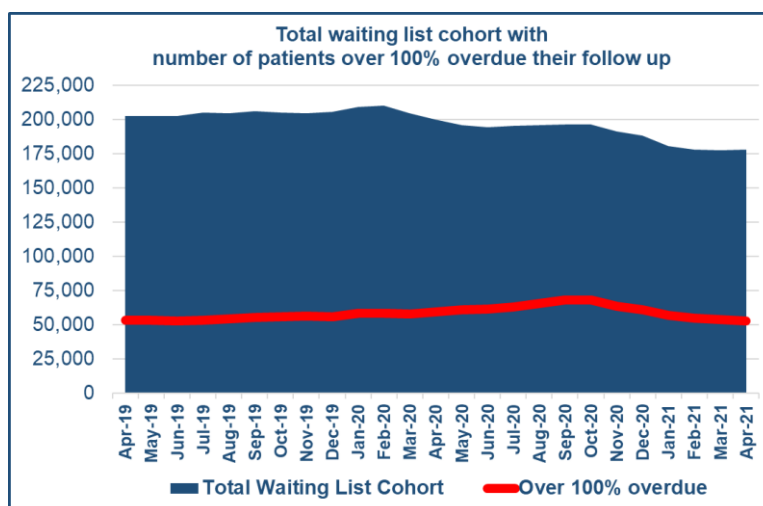
Many patients have welcomed these developments as they save them travelling, sometimes for significant distances, and then waiting in our outpatient departments to be seen. Having successfully proved this technology can be used to deliver safe and effective consultations, it is being rolled out further across our services.

We have also used similar technology to enable GPs to virtually ‘connect’ with consultants in secondary care to enable them to gain specialist advice and guidance, enabling more patients to be treated locally in GP practices, without the need to attend a hospital site.

We have undertaken a full review and validation of our waiting lists to ensure that we are only offering appointments to patients who still need, and wish, to be seen.

In addition, the pandemic has been a catalyst for modernising the outpatient follow up model. Where it is appropriate and clinically safe to do so, patients are now discharged from follow up with an option for either ‘See on Symptom’ (SoS) or ‘Patient Initiated Follow Up’ (PIFU). This allows patients to come back into the system without having to see their GP for a re-referral, rather than being routinely offered future follow up appointments.

As a result of these measures, the total number of patients waiting for follow up appointments has been reduced over the past year, while the number of patients who are more than 100% over their planned follow up due date has been consistently reduced over the last six months of 2020/21



Mental Health & Learning Disabilities Services

Rates of referral into Mental Health and Learning Disabilities Services were significantly reduced at the start of the pandemic and, although they rose through the year, were still below pre-pandemic levels at the end of the year.

All of the services provided by the division have had to adapt to ensure service users can still be supported, including providing one-to-one and groups sessions through virtual sessions using telephone, video and online technologies.

In March 2020 the services implemented a telephone assessment and follow up system across the areas.

To reduce face to face contact and the risk of infection transmission, tele-mental health is being used for online assessments, reviews and delivery of interventions.

Cognitive Behavioural Therapy is being delivered online via SilverCloud web-based software, with support through Consult Connect. There is now free public access to SilverCloud in Wales; this has been promoted through a social media campaign by the Health Board, resulting in 1295 referrals being made from North Wales. Where individuals are judged as not being appropriate to use the SilverCloud service they are signposted for additional support from Tan y Maen.

In addition, the Attend Anywhere web-based communication platform is being rolled out to enable video appointments to take place between patients and clinicians. The first phase of this was completed in October 2020, with further extension of this scheme being planned.

The Substance Misuse Services (SMS) is using Zoom to continue to provide some *Moving on in my Recovery Groups*.

However other options of interventions and assessment have been made available to enable individual preference and to avoid discrimination to individuals who do not have access to the necessary technology or who are unable to use it.

Prevention remains at the forefront of planning and service delivery and developments started prior to the pandemic to support this have been prioritised. This has included early intervention into psychosis, the ICAN project and work with Psychology to promote the stepped care initiative.

Our ICAN Work initiative is the first large scale individual placement support programme in Wales. This programme of work is being delivered in partnership with third sector partners CAIS and Rhyl City Strategy, Welsh Government and Bangor University. It focuses on supporting people with mild to moderate mental health needs by providing person-centred, specialist support to help individuals access or re-access employment opportunities following job loss or unemployment; or to support people to remain in work. This started as a nine month pilot project but was extended, through additional Welsh Government funding, to provide support to more people through the lockdown period.

Since May 2020 the ICAN Community Hub Partner - Tan y Maen in Blaenau Ffestiniog - has supported 330 people to access digital support during the lockdown period, mainly through the digital support app 'Daylio' which helps users track their wellbeing and to identify patterns and actions that are helpful to them.

The stepped care initiative aims to promote the delivery of efficient and effective psychological therapy and interventions in community mental health teams (CMHTs) and local primary mental health support services (LPMHSS), through provision of training to relevant staff, appropriate supervision, and consultation to aid practice standards and the use of robust outcome measures.

The division used learning from the first wave of the pandemic to develop its Covid-19 Clinical Pathway Winter Plan. This recognised that patients experiencing a mental disorder have greater needs than the general population and have higher comorbidity with physical health conditions. This potential source of increased demand for services was taken into consideration, and Covid-19 Clinical Pathway Groups were set up to deliver standard operational policies in line with recommendations from the Mental Health and Learning Disability Clinical Reference Group.

More recently, the division has supported the roll out of the Covid-19 vaccination programme to inpatients in mental health and learning disability services and assisting with the identification of service users in the community that may be difficult to contact.

It is recognised that the reduced referral rates and the impact of the pandemic and lock down mean that our mental health services may face increased demands over the coming months. The new methods of working and new technologies that have been introduced in response to the pandemic will be continued through the recovery phase in 2021/22 and beyond to provide accessible, effective and efficient means of delivering support to our service users.

Treating people as individuals

Our patients, carers, relatives and other service users have a diverse range of needs and meeting these is integral to achieving effective care outcomes and delivering a positive patient experience.

We have a mandatory responsibility to design and deliver care which takes account of all stated or implied needs which are important to individual patients, their carers, and loved ones, and to the health care professionals delivering care. However, the difficulties presented by the Covid-19 pandemic, and some of the measures we have had to take in response, have challenged our employees and volunteers to become increasingly innovative in identifying and meeting these needs. This has been especially important for people with sensory loss or cognitive impairments.

Feedback from our patients and other service users enables us to learn and innovate and clearly indicates that communicating openly and honestly contributes to safe, effective care, a positive experience, as well as a sense of being valued and respected.

However reduced face to face interaction and the additional barriers created by greater use of personal protective equipment which obscure facial expression have made communicating effectively more difficult. This risks creating greater difficulties for service users with sensory loss in accessing and participating in services on the same basis as other service users, and increasing the sense of isolation that this can cause.

The Health Board offers a number of initiatives to ensure that patients and other service users with sensory loss can still independently access and receive care of the same standard as other services users. These include

- collaboration with the Centre for Sign Sight and Sound to fund the Accessible Health Care Scheme (AHCS) which provides direct support in accessing our services;
- provision of British Sign Language interpretation under the national WITS (Wales Interpreter and Translation Service) scheme, including the provision of remote interpretation services;
- piloting of the use of clear masks to facilitate lip reading as part of a nationally evaluated project;
- development of our PALS (Patient Advice and Liaison Service) and Patient Champions programme; and
- development of an Accessible Health Care Toolkit which provides a guide to best practice.

The limitations on visiting which have been needed to help protect patients, and visitors, from the risk of Covid-19 infection have meant that inpatients have been less able to keep in touch with, and benefit from the support of, family and friends. This has been particularly difficult for our more vulnerable patients, including the elderly and those with dementia and cognitive impairment. To mitigate the effects of this we have supplied iPads and supported patients with video calling to friends and extended our letter to loved ones service.

Hospital and community teams, with additional support from specialist palliative care services, have worked closely together to support the palliative and end of life care needs of patients and families, including those affected by Covid-19. Key areas of focus have included advance care planning, support and guidance for families and carers, managing symptoms to support comfort, together with systems to ensure timely access to medications. A number of services also worked together to provide access to bereavement support. We recognise the impact of restrictions on visiting and contact for those receiving end of life care and their families and we have tried to enable visiting to take place where this could be arranged safely.

Putting things right

Under the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (known as Putting Things Right or 'PTR') the Health Board is required to provide assurance and evidence to the organisation's community and stakeholders that we are continuing to deal with and learn from concerns.

During the year, the following concerns were recorded by the Health Board:

- Complaints 3887 received
- Incidents 34471 reported
- Claims 255 new clinical negligence and personal injury claims opened

The Covid-19 pandemic had an impact on the number of complaints and claims received and the number of incidents reported. During the first quarter of 2020/21 there was a significant drop in the numbers being recorded by the Health Board, since when there has been a steady increase back to pre-pandemic numbers.

Every complaint received is initially acknowledged and, subsequently, provided with a response that addresses the dissatisfaction that the complainant has expressed. There are a small number of these complaints where the failing is considered to be a breach of our duty of care. Any such case that has, or may have, caused actual harm is investigated robustly, to identify root causes or potential risks so that we can eliminate or mitigate the opportunity for any similar breach of care in the future.

Under the PTR regulations, where the Health Board is undertaking an investigation of a concern in accordance with Regulation 23 and it is determined that a qualifying liability exists or may exist, the Health Board must determine, in accordance with the provisions, whether or not an offer of redress should be made (described as a Regulation 26 response). If it is established that qualifying liability exists, then an offer of redress may be made by the Health Board (described locally as a Regulation 33 response).

For this report, the criteria above are used to define whether a concern is deemed well-founded: to consider or establish qualifying liability, it must first be agreed that that Health Board has breached its duty of care. Included in these concern responses will also be those concerns whereby the potential financial compensation may exceed the £25,000 limit. During 2020/21 the Health Board issued:

- Regulation 24 response: 1(in excess of financial limit)
- Regulation 26 responses: 6
- Regulation 33 responses: 3

During the year, the Health Board received 122 enquiries from the Public Service Ombudsman for Wales.

Complaints

Most complaints received are managed as 'early resolution', meaning that they are resolved within two days of receipt and to the satisfaction of the complainant. Those that have not been resolved within this timescale, or that are more complex, often with allegations of harm having been caused, have been managed under PTR.

It is recognised that complaints may bring a number of different aspects of care to our attention, and these are treated individually within our response. The substance of the concerns are categorised in relation to the principal subject, in accordance with Welsh Government reporting requirements, to support the identification of emerging themes and specific areas of concern which result in focussed improvement work.

The three subjects most frequently identified from complaints received during the year were:

- Communication issues (across all services)
- Clinical treatment/assessment (across all services)
- Appointments (mainly in relation to surgical services)

Communication is a broad theme and, at times, the range of problems encountered is complex. During the current Covid-19 pandemic, a major problem encountered is families accessing information from clinical areas about their loved ones. This has been heightened by the restrictions on hospital visiting that had to be imposed to reduce the risks of spread of infection.

Actions that have been taken to improve issues around communication include:

- purchasing iPads for use in acute areas so that patients can have video calls with their relatives and carers during restricted visiting
- introducing a 'letters to loved ones' services whereby relatives and carers can send a message via phone, letter or email and it will be delivered to the patient
- development of a bereavement and liaison support service with the aim to listen, offer advice and support to families at such a difficult time
- production of procedural guidance and a 'readers panel' (with patient & carer involvement) for written information and
- developing information in a variety of formats to increase the choice for our patients with sensory loss and language requirements.

A new complaints process has been developed for the Health Board and the roll out of this was ongoing at the year end.

It is recognised that not every concern expressed is a complaint but may be a question, expression of opinion or enquiry. A focus of the new ways of working will be on early resolution of concerns such as access to services and waiting times for appointments and procedures, which is one of the themes that result in a large volume of complaints for the Health Board. As part of the new arrangements, the Health Board's Complaints Team is now working more closely with the Patient Advice and Liaison Service (PALS) to focus on first contact and early resolution of complaints and enquiries.

The Public Services Ombudsman for Wales (PSOW) has been returning an increasing number of cases to the Health Board with instruction that they are to be re-investigated under PTR to consider redress. A further aim of the revised complaints procedure is to also improve the robustness of the process for investigation, adjudication, and response in complex complaints and those that allege harm. This will, in part, address the issues found by PSOW.

Incidents

Most incidents that are reported are classed as 'negligible' in that no harm was caused to the patient by the event that occurred.

The three most common types of incident recorded on the Health Board's incident reporting system are:

- Pressure sore/decubitus ulcer
- Slips, trips, falls and collisions
- Abuse etc. of staff by patients

The Health Board has set up a strategic oversight group to scrutinise falls incidents. This brings together clinical, governance and corporate staff to analyse the information that we gather from these incidents, to identify any emerging themes and trends or hotspots and to make recommendations for improvements. A similar approach is being planned to address the issue of pressure sores, where currently local groups provide oversight.

Due to national changes to reporting arrangements because of the Covid-19 pandemic, the number of serious incidents reported to Welsh Government was limited to a small number of categories. Internal processes ensured all serious incidents were reviewed using a proportionate investigation approach.

The decrease in incident reporting that was noted during the first quarter of 2020/21 corresponded with the period of decreased bed occupancy and outpatient activity as elective services were paused at the start of the year as part of the preparations for the initial phase of the Covid-19 pandemic. This was not replicated for the further phases of the pandemic, during which incident reporting returned to, and has since remained, at pre-pandemic numbers.

During the year we have seen an increased number of incidents categorised as 'exposure to electricity, hazardous substance, infection, etc.' This has been due to the Covid-19 pandemic and the reporting of area outbreaks and individual cases of the virus (amongst both staff and patients). The Health Board has engaged with all Wales developments to adopt a standard approach to investigating these cases under the PTR regulations.

In 2020/21, five 'never events' have been reported. These are serious adverse incidents that our systems and processes should ensure are never able to happen. Three out of the five are in relation to wrong site surgery and a lack of or failure to use a LocSSIPs (Local Safety Standard for Invasive Procedures) is a common theme. Our approach to LocSSIPs and NatSSIPs (National Safety Standard for Invasive Procedures) is currently being re-designed to address the failings found during the investigation into these events. The Health Board is also working to develop a human factors approach to investigations, recognising the importance of the role of human behaviours when working in a highly complex and challenging system.

As with the complaints' procedure, the incident process has undergone a comprehensive review and implementation of a new incident management process is underway. Daily incident review meetings commenced in late 2020. These daily meetings are chaired by members of the Patient Safety and Experience Department and attended by service governance leads. Initially, the focus is on reviewing any major or catastrophic incidents reported in the previous 24 hours. The immediate Make it Safe response is reviewed and a decision is taken on the level of investigation (concise or comprehensive) required. Actions from these meetings are tracked, using the incident reporting system, through to conclusion. Further improvements to process and methodology will be implemented during 2021/22.

Claims

There was a reduction in claims activity for the majority of 2020 into 2021, with only March 2021, showing a return to pre-pandemic levels.

Although 255 cases have been opened, almost half of these are 'pending' with disclosure of records being requested. There are 92 cases that are currently active.

Surgery (secondary care) had the greatest number of cases for clinical negligence closed within the year, whilst Estates and Facilities was the speciality that had the highest number of cases for personal injury closed.

Actions and improvements made following investigation of clinical negligence claims and redress cases, and personal injury claims, include:

- Significant changes to the management and assessment of thromboprophylaxis, introducing a patient pathway and establishing training.
- Pathology services introduced a system to review complex and difficult microscopy slides on regular basis.
- Following a case of occupational stress, the Dignity at Work Policy was reviewed against the new All Wales Healthier Working Relationships Policy. All disciplinary letters have been updated and now include details of how to contact Occupational Health for emotional support. To ensure that disciplinary and grievance procedures are dealt with in a timely manner timescales are set at the start of the investigations and exception reports are now completed each month and shared with the Associate Director of Human Resources to monitor disciplinary hearings. 'A Step into Management' training is in place for managers to ensure they have the skills to deal with complex employment relations cases.

In early 2020, information to support learning from an adverse event within the Emergency Department in Ysbyty Glan Clwyd was requested. Despite several requests, insufficient information was provided. The Welsh Risk Pool Committee requested that the National Safety and Learning Team conduct a review to confirm that an effective governance system was in place within the department to ensure that any such events were managed appropriately, and that learning was shared and embedded into practice. Reimbursement of all claims and redress cases from the department was deferred until assurance had been provided.

The review and index event led to the department undertaking a complete assessment of the governance systems and processes in place and a complete overhaul and new initiative development. A system was designed using the Microsoft Teams application. An integrated governance map was drawn out and divided into teams, each stream with a lead clinician. The review by the national team found there is now substantial assurance that an effective and sustainable governance framework is in place in the Emergency Department.

Delivering in partnership

The Covid-19 pandemic has demonstrated the importance of the Health Board's partnerships and joint working with other organisations.

Through the year, we have collaborated with colleagues across other health bodies, local authorities, academic institutions, third sector organisations and the military, amongst others, to deliver an effective response to the challenges presented by Covid-19. The Health Board is a member of the North Wales Strategic Coordination Group which coordinates the cooperative working between statutory agencies across the region.

Some of these arrangements are described in greater detail elsewhere in this document, including the work to establish the field hospitals and the delivery of the vaccination programme.

We are immensely grateful to all of the organisations who have supported the Health Board over the past year, especially in relation to the response to the pandemic, the creation of the temporary hospitals and the delivery of the vaccination programme, by allowing us to make use of their premises and facilities, sharing their knowledge and expertise and providing staffing support.

Working with the Local Resilience Forums

The Health Board is categorised within the Civil Contingencies Act (2004) as a “Category 1 Responder” and is therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Health Board must meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015). Furthermore, as best practice, we have adopted and conform to the NHS England Core Standards for Emergency Preparedness and Resilience (EPRR).

A governance structure provides oversight and coordination of the Health Board’s emergency preparedness arrangements. This structure links into the North Wales Resilience Forum, which provides the coordinated planning and preparedness across all agencies involved in civil protection activities.

On a national basis, the Resilience Team are part of the Emergency Planning Advisory Group, a Welsh Government led forum which brings health resilience managers and practitioners together to ensure consistency in preparedness and shared knowledge relating to response. Furthermore, the Board liaises with the NHS England resilience planning structure and a number of all-Wales specific working groups such as those relating to the management of mass casualties and the pre-hospital medical response to major incidents.

To support cross-border working, the Resilience Team also attend the Health Resilience Partnership Team Meetings in Cheshire and Merseyside and a representative from Cheshire is invited to attend the Health Board’s Civil Contingencies Group to support cross-border working.

Local delivery of Test, Trace and Protect

We worked with the six local authorities in North Wales, Public Health Wales and Welsh Government on the introduction of Test, Trace and Protect in North Wales. Test, Trace and Protect is the Welsh Government strategy to enable us to resume our lives gradually and safely and involves:

- Testing people who have symptoms, while they self-isolate and request a test
- Tracing people who have been in contact with someone who has tested positive, asking them to self-isolate and
- Protecting the community, especially the most vulnerable.

Contact tracing is an essential part of the Test, Trace & Protect approach as it helps us to understand how the disease is passing from person to person and to reduce the number of people being exposed to Covid-19. It helps us to live with the virus as work continues to find more effective treatments and as the vaccination programme continues. Working with local authorities, Local Contact Tracing Teams have been established in each of the local authority areas.

Management plans for excess deaths

We anticipated a higher level of deaths occurring across North Wales as a result of the Covid-19 pandemic and put in place additional mortuary capacity at our acute hospital sites.

This included purchasing temporary storage units from a specialist supplier, which were located in Wrexham Maelor Hospital and Ysbyty Glan Clwyd, a unit on loan from the Mass Fatalities Group that was placed in Wrexham and further facilities provided by the Cabinet Office and Welsh Government which were based at Ysbyty Glan Clwyd, Ysbyty Gwynedd and Ysbyty Alltwen in Porthmadog.

Further facilities were also available in Wrexham and Mochdre which could have been brought into use had this been necessary.

Throughout the pandemic, the Health Board had regular meetings with funeral directors and the Local Resilience Forum and Mass Fatalities Group to monitor storage capacity and demand.

Supporting social care – ensuring safe discharge

During the pandemic, it became evident that the existing methodology for managing and monitoring Delayed Transfers of Care (DToC) out of our hospitals was no longer sufficient to ensure the safe and timely discharge of our patients in the continuing context of Covid-19. A new methodology was developed in partnership between Welsh Government and all the health boards and local authorities across Wales.

The new methodology is called Discharge to Recover then Assess (D2RA). This brings multiple agencies together, working in partnership to enable the timely discharge of patients from acute hospital beds into their own home or place of care in a swifter and safer manner, ensuring that all the right care packages and support required by social care colleagues are available.

This has enabled us to seek to ensure we have the capacity for those requiring urgent acute hospital care, whilst supporting recovery and minimising the risks for those who no longer need to be in an acute hospital bed.

Supporting nursing homes

During the early stages of the Covid-19 pandemic it was recognised that there was an increased risk for residents of care homes to be susceptible to the rapid spread of Covid-19. A robust partnership approach was taken to ensure our response and support to care homes was timely, effective, and consistent, focusing on the implementation of the key actions within the Welsh Government Single Care Home Action Plan.

Areas of joint working and support to care homes involving the Health Board, Public Health Wales and local authority colleagues have included Covid-19 testing, infection prevention and control, outbreak incident management and vaccination of staff and residents.

This work identified that many care homes and providers had only limited business continuity plans in place and were not equipped to effectively prevent or manage an infection outbreak. The Health Board is continuing to provide support to ensure better resilience in the future. It has also confirmed the importance of 'eyes on' quality visits to identify when more pro-active support is required, as well as assurance that safe, effective care is being provided.

Workforce management and Wellbeing

Ensuring safe staffing levels

At the outset of the pandemic, we recognised that staffing levels could be vulnerable to the impact of staff members having to shield, having to self-isolate or falling ill, and that this could coincide with increased emergency demands on our services.

Planning to address this was therefore an immediate priority for the Health Board. Workforce surge plans were put in place at the beginning of the pandemic and have been continuously revisited through the year.

As well as ensuring that we had appropriate numbers of staff available to deliver care, this work also included ensuring that our staff were kept safe in the work environment, and that they had appropriate training and understanding of the roles they were asked to take on as part of the pandemic response.

Provisions for safe staffing in the Covid-19 environment, including undertaking individual Covid-19 risk assessments, implementing measures to support social distancing, physical adaptations to the work environment and ensuring that staff were supplied with, and trained in the use of, appropriate personal protective equipment, were implemented and monitored in line with Welsh Government guidance.

Identifying and training staff to undertake new roles

The Health Board put in place a redeployment process to ensure that all staff who were required to suspend their normal duties to support the Covid-19 pandemic were redeployed in a controlled way, taking into account their skill base and any existing conditions that might need to be considered.

A programme of re-training was put in place specifically to support nursing and medical staff who were asked to work in clinical locations or specialities different to their usual role. This was the case for staff moving both to work in areas for patients with Covid-19 and for those moving to work in non-Covid-19 areas. This training was carried out at four levels, with individuals' training details recorded on the Electronic Staff Record system and then linked to an online redeployment portal that allowed staff to be utilised according to their skills in a timely and appropriate manner.

Training and use of retired staff

At the beginning of the pandemic, the Health Board received an overwhelming number of expressions of interest from retired staff, offering to support the response to the Covid-19 pandemic.

We were immensely grateful for these offers, and we were delighted to welcome back many colleagues who supported the Health Board in a number of ways. Over the year, they joined the Test Trace and Protect service in clinical advisor roles, nurses came back onto the nurse bank to work on our wards and some retired GPs supported in a number of roles across the community.

More recently, over 200 retired staff volunteered to assist with the roll out of the Covid-19 vaccination programme across North Wales, in roles ranging from vaccinators to traffic marshals across our Mass Vaccination Centres.

Training appropriate to the roles was again provided, through a mix of online and on site learning.

Wellbeing initiatives for staff

We have recognised that delivering care during the pandemic has brought placed additional pressures on our staff. In response, during 2020/21, the Health Board has provided a range of services to support staff mental health and wellbeing. These have included locally based services and ensuring that staff have access to national services such as Silver Cloud and the Health for Health Professionals support service.

To enhance the range of local support services available to our employees, which included counselling and support from the Health Board's Occupational Health and Wellbeing service (with over 5,000 contacts during 2020), an additional staff wellbeing support service (SWSS) was set up and led by the Health Board's Clinical Psychology service. This provided psychological support and interventions for staff working across the Health Board through a combination of drop-in, face to face and virtual sessions. During 2020 the service had over 2,300 contacts with staff.

During the last quarter of 2020/21, a multi-disciplinary Wellbeing Cell used our learning from the pandemic to further develop the overarching model for staff mental health support services. Improvements will be implemented during the first quarter of 2021/22, supported by an evaluation framework so we can assess their impact on supporting staff to stay well at work during the post pandemic recovery phase.

Risk assessments and shielding of staff

The Health Board has issued regular updates to all staff during the Covid-19 pandemic to provide details of current advice and support, including in relation to health and safety and shielding. The guidance is regularly updated in line with Welsh Government advice to ensure the safety of our staff and the patients we serve.

The national workforce risk assessment tool has been used for all staff to ensure their health and safety at work. This has included identifying where staff needed to shield or be supported to work from home or where adjustments were needed in the workplace to protect their safety and well-being.

The risk assessment tool was managed robustly in partnership with Trade Union colleagues, and expert advice was provided by Health and Safety, Occupational Health, and clinical colleagues to ensure that colleagues were deployed appropriately. The redeployment portal supported redeployment of staff where required, including shielding staff, ensuring that the majority of staff could continue working on adjusted / alternative duties.

Review of COVID-19 staff deaths

Tragically, four Health Board staff members have passed away with Covid-19 since the pandemic began in March 2020. Each death has been reviewed through internal and external investigations to establish whether there may be a link to work related activity and if further controls need to be implemented in the workplace.

The investigation process involves reviewing all contacts, activities, and risk assessments to ensure that the work environment is as safe as possible, and using the findings to identify any further lessons that could be learned.

To support this learning process, the Occupational Health and Safety Team undertook site social distancing visits and provided guidance documents with advice for staff on staying safe and keeping well.

The NHS and social care coronavirus life assurance scheme has been applied in each case where a member of staff passed away during the pandemic.

Role of Employee and Professional Advisory Groups

Several formal meetings were stood down during the pandemic. However, frequent meetings were held with our medical workforce to support the pandemic response. We also arranged weekly meetings with our Trade Union partners to discuss general and health and safety issues. Regular partnership meetings were re instigated in summer 2020, as well as continuing the more informal meetings.

Local Partnership Forum

The Local Partnership Forum met three times during the year, with one meeting cancelled during the pandemic. A key focus of the meeting was the pandemic response including the vaccination campaign, as well as receiving updates on a range of issues including corporate planning and the work of the subgroups.

Decision making and governance

The appended Annual Governance Statement (AGS) provides a comprehensive overview of the Health Board's internal governance arrangements, and an assessment of their effectiveness and the assurance that they provide.

The Board, supported by its committees, is accountable for the overall strategy and direction of the Health Board and for ensuring high standards of governance and financial stewardship. Detail on these Board and committee arrangements can be found in **sections 10 - 14 of the Annual Governance Statement.**

To enable the Health Board to respond quickly and effectively to the emerging pandemic, adjustments were made to the Health Board's management and governance arrangements in early 2020.

Within the Health Board, a command structure was introduced, coordinated by a Health Emergency Control Centre and supported by dedicated workstreams covering key aspects of the pandemic response effort. To facilitate partnership working between agencies, a regional Strategic Coordination Group was set up with our key public sector and emergency service partners.

A more detailed account of these changes can be found in the Annual Governance Statement. **Section 2** describes the overall approach taken to maintain strong governance whilst allowing for rapid decision making via remote Board and committee meetings. **Sections 9 and 25** provide further information on our partnership working and stakeholder engagement.

The Health Board's Emergency Planning arrangements have been outlined earlier in the performance report in the context of our work with the Local resilience Forum. Further information on this is available in **section 8 of the Annual Governance Statement.**

Section 7 of the AGS sets out our broader service planning arrangements and how these were adjusted as our experience of the impact of the pandemic progressed, and focus widened from the immediate response to the reinstatement of elective services.

Assurance on our governance arrangements is obtained from a number of sources. These include audit reports from internal and external auditors, feedback and reports from Health Inspectorate Wales, the Community Health Council and, crucially, feedback from patients and service users, staff and members of the public.

The Audit Wales Structured Assessment 2020 noted that *"Our structured assessment work considered the Health Board's ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. We found that the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic."*

A full review of effectiveness and further information on feedback from auditors is provided in **sections 31 - 33 of the Annual Governance Statement.**

Conclusion and forward look

The last year has undoubtedly been the most challenging that the NHS has faced. In North Wales, responding to the pandemic has required us to adapt the way many of our services are delivered and to swiftly develop and implement new services such as Test Trace and Protect (TTP), the three temporary Enfyf hospitals and a mass vaccination programme. We have also redeployed staff into other pressurised services, for example critical care, to increase their capacity to an unprecedented scale.

At the same time, many of our planned care services have been severely interrupted or stopped, delaying treatment for many thousands of patients. This has been the cause of significant concern for the organisation and our clinical teams.

However, the way our services have responded, with a range of genuine service improvements and innovations driven by the need to work differently due to the pandemic, coupled with the success of new services such as the vaccination programme, offer encouragement for the future.

There are many examples of different specialisms and localities working cooperatively to maintain, and in some cases extend, services. There has been a real receptiveness to working in new ways: we have embraced new digital technologies and strengthened our partnerships with local authorities and many other organisations.

Away from the pandemic, we have demonstrated sufficient progress to be taken out of 'special measures' and into 'targeted intervention', although we are clear that much work remains to be done to build a high-performing organisation.

Looking ahead, Covid-19 will remain as our most significant focus at least for the first half of 2021/22, even as we move into a service recovery phase. We face significant challenges restoring services in our hospitals and in primary care, mental health and community based services. Delivering for the tens of thousands of people who are now waiting to receive care is one of our core priorities, alongside looking at enhanced pathways for urgent and emergency care, and re-engaging with our vital longer term work to improve population health.

Our plans for 2021/22 also include working in partnership with local government, primary care, and the third sector on reducing inequalities reduction and improving local population health. We will also be engaging with our workforce, partners, and the wider communities of North Wales as we plan for the Health Board's future strategic development.

The digital legacy of Covid-19 will inform future change and will be reflected in the demand and capacity modelling assumptions and local solutions. As we continue to develop the benefits of digital technology we will work to make sure this does not have an adverse impact on health inequalities.

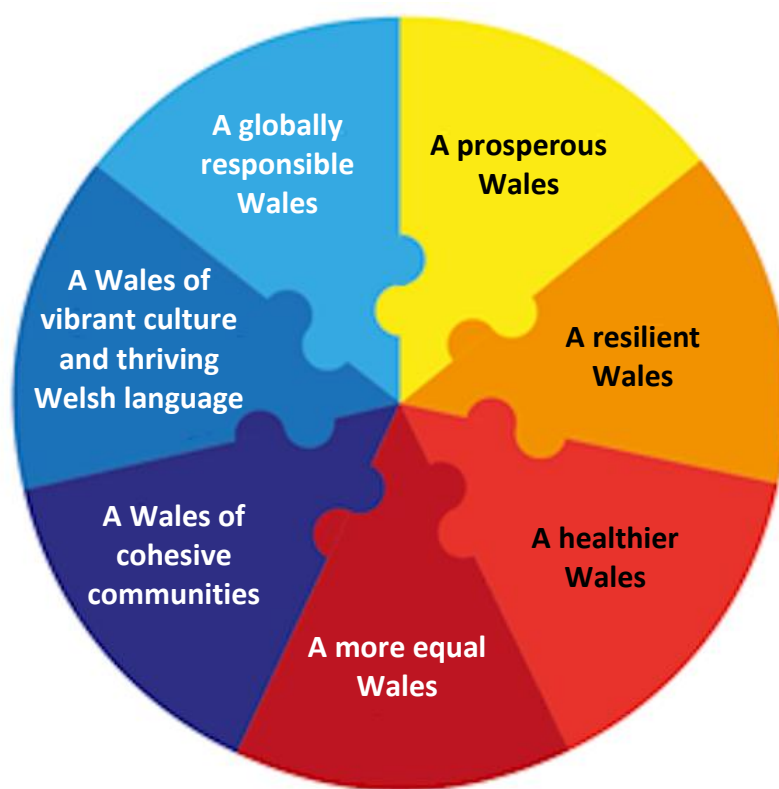
Further details of our plans can be found in the Health Board's Annual Plan for 2021/22 which is available on our website at here - <https://bcuhb.nhs.wales/about-us/our-plans/>

Looking further ahead, the Health Board is continuing to work with Bangor University on proposals to expand medical education in the region with the creation of a North Wales Medical and Medical Sciences School. We welcomed the announcement in September that the Minister for Health and Social Services was establishing a task and finish group to explore the proposals that we are putting forward.

Well-being of Future Generations (Wales) Act

The **Well-being of Future Generations (Wales) Act** gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations.

The Well-being of Future Generations Act requires us to think more about the long-term, work better with people, communities and other organisations, seek to prevent problems and take a more joined-up approach. The Act puts in place seven well-being goals, and we need to maximise our contribution to all seven:



The Health Board, along with the other public bodies in Wales, is required to set and publish well-being objectives and to adopt the sustainable development principle. Sustainable development should be embedded within existing corporate processes and not treated as a separate exercise to the setting of objectives that guide the actions and decisions of the organisation.

In developing our long term strategy for health, well-being and healthcare (*Living Healthier, Staying Well* – published in March 2018), thousands of people contributed their time, their opinions and their feedback to help design the strategy together, and also to give us their views on our well-being objectives. As a result, we refreshed the Health Board’s objectives and these are as set out below:

- To improve physical, emotional and mental health and well-being for all;
- To target our resources to those with the greatest needs and reduce inequalities;
- To support children to have the best start in life;
- To work in partnership to support people - individuals, families, carers, communities - to achieve their own well-being;
- To improve the safety and quality of all services;

- To respect people and their dignity;
- To listen to people and learn from their experiences.

In achieving these objectives we will

- Use resources wisely , transforming services through innovation and research;
- Support, train and develop our staff to excel.

The well-being objectives have been made explicit in the Board governance process and all reports made to the Board and to Committees must identify the contribution to the relevant goals. All initiatives must identify how they contribute to the well-being objectives and how they have used the five ways of working.

Adopting the five ways of working

There are five ways of working set out in the Act that support the Sustainable Development principle:



Collaboration



Long Term



Prevention



Involvement



Integration

Moving forward, throughout the development of our Annual Plan we have sought to use the five ways of working to inform our decisions and help us prioritise the actions we will take to work towards our own well-being objectives and in turn, contribute to the seven national well-being goals.

Further work with partners has been taken forward through the formal partnership boards – the North Wales Regional Partnership Board and the four Public Services Boards (Gwynedd & Anglesey, Conwy & Denbighshire, Flintshire, and Wrexham).

Public Services Boards' Well-being Plans

Public Service Boards (PSBs) are promoted by Welsh Government as the key bodies collectively responsible for improving the well-being of communities across Wales.

By law, Public Service Boards' contributions to the achievement of the seven well-being goals must include:

- Assessing the state of economic, social, environmental and cultural well-being in their areas;
- Setting local objectives that are designed to maximise their contribution within their areas to achieving those goals;
- The taking of all reasonable steps by statutory members of boards (in exercising their functions) to meet those objectives.

It is therefore of significant strategic importance that Public Service Boards are able to deliver their contributions effectively and that the Health Board actively participates in their work to ensure that our strategies and strategic plans are aligned with, and support achievement of, local well-being objectives and delivery of local well-being plans.

During the year, we continued to work with our partners in the Public Service Boards to deliver against the identified priorities. However, the Covid-19 pandemic has had a considerable effect on public services and impacted on progress on the Public Service Board priorities.

Gwynedd and Anglesey PSB has two major well-being objectives:

- Communities which thrive and are prosperous in the long-term;
- Residents who are healthy and independent with a good quality of life.

Progress made in 2020/21 includes:

- Potential sites identified in Gwynedd and Anglesey for the development of innovative housing to low or neutral carbon standards, with viability studies underway;
- Schemes to promote the use of the Welsh Language have been actively explored;
- The development of an Integrated Health and Social Care Sub Group to establish collaborative working arrangements between health and care public sector partners, and to co-ordinate the work of the community transformation programme in accordance with the Welsh Government document 'A Healthier Wales (2018)';
- A vision statement to work towards mitigating the effects of climate change on the well-being of communities has been agreed.

In **Conwy and Denbighshire**, the PSB continue to work towards the identified priority areas as detailed in their Well-being Plan:

- Supporting good mental well-being for all ages;
- Supporting community empowerment;
- Supporting environmental resilience.

The Conwy and Denbighshire PSB paused most areas of work in 2020 due to the Covid-19 pandemic. However, the PSB took the opportunity to work in partnership with Wrexham Glyndwr University to review their purpose and how they can work effectively as a Board. They have also reviewed their priorities to ensure they remain relevant to the local community.

Moving forward, the PSB is keen to progress the Environmental Resilience priority, including relaunching the 'community green pledges' (a scheme to help communities to reduce their environmental impact) and the carbon reduction agenda. They have also identified new focus areas for digital inclusion and maximising green and blue spaces, which is hoped will support the recovery from the pandemic.

Areas of progress in 2020/21 include:

- Sub Group established to address mental well-being in farming / rural communities and children in educational settings;
- Provision of a Dementia Aware community led programme;
- Development of a social prescribing performance management framework;
- Supported two 'green projects' (through a Natural Resources Wales PSB grant) to promote sustainable travel via E-bikes in Colwyn Bay and community access to green spaces via a community woodland in Rhyl.

For their well-being plan, **Flintshire** PSB have set five priority areas:

- Community safety;
- Economy and skills;
- Environment;
- Resilient communities;
- Healthy and independent living.

And for **Wrexham** PSB, there were 15 objectives set out, reflecting locally identified needs:

- All people have opportunities to learn and develop throughout their lives;
- Children and young people are given a healthy start in life;
- People can live healthily, happily and independently in their old age;
- People have positive mental health;
- People are able to make healthy choices;
- Our town is vibrant and welcoming;
- There are good employment opportunities in Wrexham;
- There is a range of things to do in their spare time;
- The economy in rural areas is well supported and can thrive;
- All people have access to good quality, appropriate homes throughout their lives;
- People can easily travel around the county and beyond;
- The Welsh language is thriving;
- Tourism supports the local economy;
- The county borough is a safe place to be;
- Our communities are prepared for the future.

In June 2020, the **Wrexham and Flintshire** PSBs came together to produce an assessment on the impact of Covid-19 on communities. Work subsequently commenced on the development of a joint plan which will assist in moving from the recovery phase to building mechanisms to support, energise and empower communities, partners, stakeholders and citizens. This work is being co-created with Glyndwr University and Do Well, focusing on a systems leadership approach. The joint PSBs have agreed four cross cutting themes for the next eighteen months – children and young people, poverty and inequality, environment / carbon and mental health. Each of these themes is being led by a different PSB partner.

Review of Public Services Boards

In 2019, the Welsh Audit Office (WAO) undertook a review of the PSBs in Wales (www.audit.wales/publication/review-public-services-boards). The review looked at membership, terms of reference, frequency and focus of meetings, alignment with partnerships, resources and scrutiny arrangements.

The WAO review concluded that PSBs are unlikely to realise their potential unless they are given freedom to work more flexibly and think and act differently noting that:

- Public bodies have not taken the opportunity to effectively organise, resource and integrate the work of PSBs
- PSB's are not being consistently scrutinised or held to account
- Despite public bodies valuing PSBs there is no agreement on how their role should operate now or in the future

Each of the four PSBs have developed Action Plans in response to the findings from the review. The Action Plans have been received and reviewed by the Strategic Partnerships and Population Health Committee (SPPH).

Regular updates are given to the Strategy, Partnerships and Population Health Committee throughout the year. Fuller details can be found on the Public Service Boards webpages:

- **Gwynedd and Anglesey:** <https://www.llesiantgwyneddaron.org/en/>
- **Conwy and Denbighshire:** <https://conwyanddenbighshirelsb.org.uk/>
- **Flintshire:** <https://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Flintshire-Public-Services-Board.aspx>
- **Wrexham:** <https://www.wrexhampsb.org/>

The **Well-being of Future Generations (Wales) Act** requires each PSB to undertake a local well-being assessment every 5 years. All four PSBs will review and update their assessments in the 2021/22 financial year. The work will be informed by a programme of engagement in the coming months.

Regional Partnership Board (Part 9 Board)

The Regional Partnership Board (RPB) is established under the Social Services and Well-being Act to bring together Local Authorities, Health Boards and other partners to develop care and support for individuals and their carers.

Under the long-term national plan for health and social care, the role of the RPB has been re-emphasised and we have been working towards ensuring that we have shared values and priorities. The allocation of Transformation Funding from Welsh Government has enabled us to continue to implement the transformation programmes in the following areas:

- Community services
- Mental health
- Learning disabilities
- Children and young people

These priority areas are consistent with our well-being objectives and will enable us to take forward our contribution to these in partnership.

During the year, with our RPB partners we established the North Wales Research, Innovation and Improvement Hub (which reports to the Strategic Research and Innovation Partnership and the RPB). The Hub co-ordinates research, innovation and improvement activity on how health and social care services in North Wales can work better together. With RPB partners, we also signed the Regional Autism Agreement and approved the North Wales Dementia Strategy. Through the Regional Workforce Board, a Memorandum of Understanding was agreed between the Health Board and the six North Wales local authorities for the provision of health and social care services within care homes.

In 2020, Welsh Government asked RPBs to carry out a rapid review of the **Population Needs Assessment** that was originally published in 2017. The review summarises the available research about the impact of Covid-19 on people who receive care and support and changes to the way these services have been delivered. The RPB has used the information from the rapid review to inform its winter plans and recovery and reconstruction work. The conclusions from the review will be used as part of the population assessment update due to take place during 2021 and to be published in March 2022. The rapid review can be found on the RPB website: www.northwalescollaborative.wales/wp-content/uploads/2020/11/NW-Population-Assessment-Rapid-Review-2020-1.0.pdf

Delivering services to patients and service users in their preferred language is a key factor in delivering high quality care, and is particularly important for our more vulnerable patients, children and older persons. In 2018, *The Welsh Language Standards No 7 Regulations* set out the standards that the NHS in Wales must meet in facilitating and promoting use of the Welsh Language, becoming operational in May 2019.

The Health Board's Welsh Language Services consists of four areas that support the organisation to address our patients' language needs to provide the best possible care and to meet these legislative requirements:

- Our Welsh Language Standards Compliance Team ensures that we have robust mechanisms in place to deliver legislative compliance under the Welsh Language (Wales) Measure 2011.
- Our Welsh Language Officers initiate projects and schemes that support services and divisions to be in a better position to provide care to our most vulnerable patients in their language of need, in line with the operational elements of 'More than just words', the Welsh Government's Strategic Framework for Welsh Language Services in Health, Social Services and Social Care
- Our dedicated Welsh Language Training Programme offers a variety of courses, tailored to service needs, to new and current staff by our in-house Welsh Language Tutor. Additional training support is provided by a Support Officer, funded by the Welsh Government's Work Welsh Scheme, who provides operational support once staff return to the workplace. Developing the workforce on a strategic level is essential to ensure we have the best possible skill mix within the organisation, and our Bilingual Skills Policy and Procedure, updated during 2019-2020, establishes our commitment to mainstreaming Welsh language requirements into our workforce planning and recruitment.
- The Translation Team ensures that the Health Board is able to provide information to patients in their preferred language, in accordance with the legislation. The team have also been developing their skills to provide simultaneous translation support to facilitate language preference in clinical and corporate settings.

In addition, all members of the Welsh Language Services team support activities to highlight the importance of, and promote the use of the language by all colleagues.

The onset of the Covid-19 pandemic has affected some elements within the service. Although there have been fewer opportunities for active face-to-face engagement, the team has directly supported the pandemic response through:

- Working on the establishment and delivery of the Care Home Testing Hub to ensure that the system was operating bilingually from the outset, meaning that users were able to discuss test results and concerns in the language of their choice.
- Ensuring that Health Board Covid-19 testing sites and mass vaccination centres offer a fully bilingual environment.
- Providing fast-paced translation services to respond to urgent translation request arising from the rapidly evolving situation, including daily briefings to staff and partners, press releases, and patient letters and information leaflets. An out of hours translation service was established for urgent communications.

Despite the restrictions and added pressures of the COVID-19 pandemic, the Health Board has continued to deliver services in Welsh at its acute and community hospitals, with the award-winning Language Choice Scheme remaining operational on hospital wards throughout north Wales. Orange 'Cymraeg' magnets are placed on white boards above patients' beds and on ward boards, allowing the workforce to plan services based on language choice, pairing Welsh speaking members of staff with Welsh speaking patients. The Scheme also facilitates planning on a broader scale, as multi-disciplinary teams attending to deliver care on wards can also utilise the orange magnets to plan language-appropriate care. Work is ongoing to digitise the scheme by placing the orange 'Cymraeg' logo on electronic whiteboards.

Following on from the success of the Health Board's previous Welsh Language Weeks in 2018 and 2019, a much more understated Virtual Welsh Language Week was held in October 2020. Services were moved online and the week's primary focus was consequently the dissemination of useful Welsh language-related information for staff.

In the same manner, work undertaken to highlight the importance of Welsh language as a skill within the health sector moved from a roadshow visiting various school and colleges in past years, to an online digital platform. A video seminar was developed in conjunction with *Coleg Cymraeg Cenedlaethol*, offering an alternative approach and accessibility of this vital message, reaching a wider variety of sources, including students studying nursing and medical degrees.

Another service area which has seen continuous demand is Welsh language training for staff. Due to Covid-19, training was moved online, with a greater focus on self-study with support from the Health Board Welsh Language Tutor. Online taster, intensive and fast-track courses have also been delivered at various levels throughout the year, and our Support Officer has transformed learning practices to provide that necessary online support bubble once staff return to the workplace.

Under the Welsh Language Standards, a full report on compliance is produced for each year, and these are published at <https://bcuhb.nhs.wales/about-us/governance-and-assurance/welsh-language/>

Signed:

Jo Whitehead

Chief Executive and Accountable Officer

Dated: 10th June 2021

PART TWO – Accountability Report

Corporate Governance Report

Directors' Report

The Board

The Health Board's Chairman is Mark Polin. The Interim Chief Executive was Simon Dean until 31st August 2020. Gill Harris was appointed as Acting Chief Executive with effect from 1st September 2020 to 31st December 2020. Jo Whitehead was appointed as Chief Executive from 1st January 2021.

During the year we welcomed Prof Arpan Guha as Interim Executive Medical Director, Louise Brereton as Board Secretary and Linda Tomos, Independent Member, to the Board.

The full membership of the Board is detailed within [Appendix 1](#) of the Annual Governance Statement, and in the Remuneration Report on [pages 65 to 74](#) of this document.

The Annual Governance Statement also sets out full details of the Board's supporting committee structure ([Section 14](#)) and their membership ([Appendix 1](#)).

Audit Committee

In line with the standards of good governance required of the NHS in Wales, the Audit Committee has the key role of advising and offering assurance to the Board that the organisation has effective governance arrangements in place and supporting sound decision-making. Its membership during the year comprised:

Chair	Cllr Medwyn Hughes	Independent Member
Vice Chair	Lyn Meadows	Independent Member
Members	Jacqueline Hughes	Independent Member
	Eifion Jones	Independent Member
	Linda Tomos	Independent Member (from 10 th November 2020)
In attendance (Lead Director)	Justine Parry	Acting Board Secretary (to 26 th April 2020)
	Dawn Sharp	Acting Board Secretary (from 27 th April 2020 to 10 th January 2021)
	Louise Brereton	Board Secretary (from 11 th January 2021)
In attendance	Simon Dean	Interim Chief Executive (to 31 st August 2021)
	Gill Harris	Acting Chief Executive (from 1 st September to 31 st December 2020)
	Jo Whitehead	Chief Executive (from 1 st January 2021)
	Sue Hill	Executive Director of Finance

Register of Directors' Interests

All Board members are required to declare any interest they have that could affect their impartiality with regard to their work within the Health Board.

The declarations made by Directors and Board Members for 2020/21 are published in **Note 34** of the Annual Accounts, on **page 73A** of this document.

Data security

Lead responsibility for information governance in the Health Board rests with the Deputy Chief Executive Officer, with the Assistant Director of Information Governance and Assurance undertaking the designated role of the Health Board's Data Protection Officer in line with the Data Protection Act 2018. The Senior Associate Medical Director is the Health Board's appointed Caldicott Guardian, and the Executive Finance Director is the Senior Information Risk Owner (SIRO).

The Health Board self-reported one data security breach that triggered referral to the Information Commissioner's Office and Welsh Government. This self reported incidents has been closed by the Information Commissioner's Office with no further action required by them due to the immediate actions and improvements put in place by the Health Board. The ICO made two recommendations which the Health Board has implemented. The Health Board did not incur any financial penalties during the year. Information relating to our information governance performance is included in section 30.1 of the Annual Governance Statement.

Compliance with cost allocation requirements

The Freedom of Information Act is part of the Government's commitment to greater openness in the public sector. The underlying principle is that all non-personal information held by a public body should be easily available, unless there is a cost or an exemption applies.

We are committed to comply with this Act and any associated Welsh Government guidance and endeavour to make information available to the public via our Publication Scheme:

<https://bcuhb.nhs.wales/use-of-site/publication-scheme/>

Statement of the Chief Executive's responsibilities as Accountable Officer of the LHB

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by Welsh Government.

The Accountable Officer is required to confirm that, as far as he or she is aware, there is no relevant audit information of which the entity's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

The Accountable Officer is required to confirm that the annual report and accounts as a whole is fair, balanced and understandable and that they take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed:

Jo Whitehead

Chief Executive and Accountable Officer

Dated: 10th June 2021

Statement of Directors' responsibilities in respect of the accounts

The Directors are required, under the National Health Service Act (Wales) 2006, to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Health Board and of the income and expenditure of the Health Board for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The Directors confirm that they have complied with the above requirements in preparing the accounts.

The Directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by Welsh Ministers.

By Order of the Board, signed

Mark Polin
Chairman
10th June 2021

Jo Whitehead
Chief Executive
10th June 2021

Sue Hill
Director of Finance
10th June 2021

Annual Governance Statement

Our Annual Governance Statement describes our governance arrangements, committee structure and the system of internal control. It also includes information about:

- The role and composition of the Board
- Our committee arrangements
- Our arrangements to manage risk
- How the Health Board responded to being placed in Special Measures, now de-escalated to Targeted Intervention
- Quality and Governance processes
- The opinion of the Head of Internal Audit
- Our planning arrangements

The full Annual Governance Statement is provided as an appendix to the Annual Report and Accounts.

Policies for the remuneration of staff and senior managers

Senior Managers are defined as those who have authority or responsibility for directing and controlling the major activities of the Health Board as a whole, this definition includes those employees and Independent Members who are regular attendees at Board meetings. The names and titles of Board members are disclosed in the salary table below.

From October 2004, the NHS Agenda for Change process was introduced to achieve consistency in contracts and terms and conditions across NHS Wales. An all-Wales contract is issued to all staff and managers (excluding directors) upon appointment. Reforms to the NHS Agenda for Change pay structure were agreed for the three years commencing 1st April 2018. As part of this, the value of the top pay points for Bands 2 to 8b were increased in 2020/21 by 1.67%.

In addition, the Welsh Government announced in March 2021 a one off non-consolidated non-pensionable bonus payment of £735 for all directly employed NHS staff with at least one month's continuous service in the NHS in Wales between 17 March 2020 and 28 February 2021 for Local Health Boards or NHS Trusts.

NHS Wales has adopted the Living Wage. Therefore the pay of staff below the Living Wage minimum figure is adjusted to meet the Living Wage hourly rate. For 2020/21 the pay of staff in Agenda for Change Band 1 (pay points 1 to 3) and Band 2 (pay points 1 to 2) was adjusted to meet the minimum hourly rate of £9.30 per hour.

Medical and dental staff are governed by medical and dental terms and conditions which apply across NHS Wales. These employees received a 2.8% uplift to basic pay for 2020/21.

The Health Board applies the NHS Wales policy on incremental progression for staff on Agenda for Change pay scales, which includes the operation of the Performance Appraisal Development Review process.

Directors are not part of this process and a very senior manager pay scale has been introduced by the Welsh Government. Pay awards are determined nationally and applied locally based upon instructions from Welsh Government. For 2020/21, a 2.0% consolidated increase was applied to all pay scales for individuals holding executive and senior posts. The Health Board does not operate a performance related pay system for very senior managers. All contracts for substantive roles are permanent and notice periods for very senior managers are three months.

Independent Members are appointed for a term of up to four years (and can be appointed for a maximum of eight years). Independent Members receive nationally determined remuneration during their period of appointment.

The Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee was established in January 2015. The Committee is designed to provide assurance and advice to the Board on remuneration and terms of service for the executive team and other senior staff, as set out by Welsh Government. It also provides assurance on remuneration and terms of service arrangements for all staff and performs specific delegated functions. The Committee has been chaired by the Health Board Chair, Mark Polin, since he joined the organisation in September 2018.

During the 2020/21 reporting period the Committee met on four occasions. These were meetings held in public, which were followed by a private section of the agenda when sensitive or confidential information was discussed. In addition, one extraordinary private meeting was convened.

The main business of the Committee during the year covered:

- The Committee's annual report for 2019/20
- An update of the Committee's terms of reference
- Consideration of current 'Upholding Professional Standards in Wales' cases.
- Primary Care Performers list updates
- Health Care Professionals' Council and General Pharmaceutical Council Wales Professional Registration Report 2019/20
- General Medical Council (GMC) and Nursing & Midwifery Council (NMC) Revalidation update 2020
- Matters pertaining to Executive recruitment, appointment, interim arrangements and remuneration
- Executive team objectives and performance assessment.
- Draft annual Remuneration Report 2019/20
- Workforce policies
- Managed practices harmonisation of pay and terms & conditions
- Primary care pay uplifts
- Professional standards case management
- Annual raising concerns / Safe haven report 2018/19
- Raising concerns review

The Committee members during the year were:

Chair	Mark Polin	Health Board Chair
Members	Lucy Reid Jacqueline Hughes Cllr Medwyn Hughes	Health Board Vice Chair Independent Member Independent Member
In attendance	Simon Dean Jo Whitehead Prof Arpan Guha Louise Brereton	Interim Chief Executive (to 31 st August 2020) Chief Executive (from 1 st January 2021) Executive Medical Director (from 1 st October 2020) Board Secretary (from 11 th January 2021)
Lead Officer (in attendance)	Sue Green	Executive Director of Workforce and Organisational Development

Remuneration relationships

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. This information can be found in Note 9.6 to the Annual Accounts, on page **33A** of this document.

The NHS and social care financial recognition scheme bonus of £735 payment to reward eligible NHS staff has not been included in the NHS Remuneration Report calculations. This bonus payment is not a contractual payment, but a one off payment to reward eligible staff for their commitment and tireless efforts in the most challenging circumstances.

The highest paid director post during 2020/21 was the Executive Medical Director, the same as in 2019/20.

In 2020/21 ten employees received remuneration in excess of the highest-paid director (compared to fifteen employees in 2019/20).

The Public Services Staff Commission has issued guidance on the transparency of remuneration packages for Public Sector bodies in Wales. This requires that packages in excess of £100,000 are disclosed in bands of £5,000. The table below provides a summary of those receiving in excess of £100,000, with further detail provided in the second table.

Staff Group	Number of Remuneration Packages over £100,000
Chief Executive and Executive Board Members	11
Directors and other Senior Managers	31
Clinical Staff	540
Agency clinical staff (net of estimated commission)	62

£'000	Chief Executive & Board Members	Directors & other Senior Managers	Clinical Staff	Agency
100-105		8	32	7
105-110	2	12	48	5
110-115	1	1	42	4
115-120		5	32	2
120-125		1	39	2
125-130			31	6
130-135	1	1	43	1
135-140	1	1	29	5
140-145	3		29	2
145-150			34	
150-155			25	2
155-160		1	19	1
160-165			22	3
165-170	1	1	23	4
170-175			15	2
175-180	1		13	2
180-185			12	2
185-190			14	2
190-195			11	
195-200			7	1
200-205			4	1
205-210	1		5	
210-215			2	
215-220			2	
220-225			4	1
225-230				
230-235				2
235-240				
240-245			1	
245-250				

250-255			1	1
255-260				2
260-265				
265-270			1	
270-275				1
275-280				
280-285				
285-290				
290-295				
295-300				
300-305				
305-310				1
Total	11	31	540	62

Exit packages and severance payments

During 2020/21 the Health Board agreed one exit package payment for a very senior manager, details of which are included in the notes to the tables of remuneration below. Details of all severance payments agreed during the year can be found in Note 9.5 to the Annual Accounts, on page 32A of this document.

Senior manager salary and pension disclosures and single total figure of remuneration

The total figures in the table below (the Single Total Figure of Remuneration) for each Senior Manager includes a figure for the in-year pension benefit, calculated using information supplied by the NHS Pensions Agency. The figure does not represent the actual amount paid to an individual during the year and reflects an accounting assessment of the increase in long term benefits adjusted for inflation. These figures can be influenced by many factors including changes to a person's salary, additional contributions made by individuals and underlying valuation factors on the scheme as a whole.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV: This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Mr S Dean Interim Chief Executive 01/04/20 – 31/08/20 (note 1)	95-100	--	--	60-65	160-165	215-220	25-30	--	--	20-25	50-55	210-215
Miss Jo Whitehead Chief Executive 01/01/21 – 31/03/21	50-55	1,000	1	--	55-60	210-215						
Mrs G Harris Executive Director of Nursing and Midwifery & Deputy Chief Executive 01/04/20 – 31/08/20 and 01/01/21 – 31/03/21	110-115	--	(note 2)	--	110-115	165-170	160-165	--	(note 2)	--	160-165	--
Acting Chief Executive 01/09/20 – 31/12/20	65-70	--	(note 2)	--	65-70	195-200	--	--	--	--	--	--

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Mrs D Hickman Acting Executive Director of Nursing and Midwifery 01/09/20 – 31/12/20	40-45	--	(note 3)	--	40-45	130-135						
Dr D Fearnley Executive Medical Director 01/04/20 – 30/09/20	110-115 (note 4)	--	5 (note 5)	--	165-170	225-230	150-155 (note 4)	4,000	(note 6)	--	150-155	225-230
Prof A Guha Acting Executive Medical Director 01/10/20 – 31/03/21	110-115 (note 4)	--	(note 3)	--	110-115	225-230						
Mr A Thomas Executive Director of Therapies and Health Sciences 01/04/20 – 31/03/21	105-110	--	30	--	135-140	--	105-110	--	22	--	125-130	--

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Dr J C Stockport Executive Director of Primary Care and Community Services 01/04/19 – 31/03/21	140-145	6,000	(note 2)	--	145-150	--	135-140	3,500	(note 2)	--	140-145	--
Ms T Owen Executive Director of Public Health 01/04/20 – 31/03/21 Acting Deputy Chief Executive 01/09/20 – 31/12/20	130-135	--	67	--	200-205	--	125-130	--	28	--	150-155	--
Mrs S Hill Executive Director of Finance 01/04/20 – 31/03/21 (Acting into post 01/04/20 – 31/12/20)	140-145	--	39	--	180-185	--	125-130	--	(note 7)	--	125-130	135-140

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Mr M Wilkinson Executive Director of Planning and Performance 01/04/20 – 31/03/21	140-145	--	49	--	190-195	--	135-140	--	109	--	245-250	--
Mrs S Green Executive Director of Workforce and Organisational Development 01/04/20 – 31/03/21	140-145	--	48	--	190-195	--	135-140	--	29	--	165-170	--
Mrs D Sharp Acting Board Secretary 01/04/20 – 10/01/21	85-90	--	(note 8)	--	85-90	100-105	50-55	--	(note 8)	--	50-55	85-90
Mrs L Jones Acting Board Secretary 01/04/20 – 03/04/20	0-10	--	(note 9)	--	0-5	70-75	20-25	--	(note 9)	--	20-25	70-75
Mrs J Parry Acting Board Secretary 01/04/20 – 27/04/20	5-10	100	(note 10)	--	5-10	75-80	10-15 (note 11)	400	(note 10)	--	10-15	70-75

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Mrs A L Brereton Board Secretary 11/01/21 – 31/03/21	20-25	--	7	--	25-30	<i>100-105</i>						
Mr A Roach Associate Board Member Director of Mental Health and Learning Disability 01/04/20 – 30/11/20	50-55	--	28	30-35 (note 12)	110-115	<i>120-125</i>	115-120	--	47	--	165-170	--
Mrs L Singleton Acting Associate Board Member Director of Mental Health and Learning Disability 01/04/20 – 01/06/20	15-20	--	(note 13)	--	15-20	<i>90-95</i>	30-35	--	(note 13)	--	30-35	<i>85-90</i>
Mr G Doherty Chief Executive 01/04/19 – 09/02/20 (note 14)							180-185	--	(note 2)	--	180-185	<i>210-215</i>

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Dr E Moore Executive Medical Director & Deputy Chief Executive 01/04/19 – 31/07/19							65-70	2,100	(note 2)	--	65-70	195-200
Ms D Carter Acting Executive Director of Nursing and Midwifery 01/04/19 – 31/08/19							50-55	--	(note 2)	--	50-55	130-135
Interim Director of Operations 17/10/19 – 31/03/20							60-65	--	(note 2)	--	60-65	130-135
Mr R Favager Executive Director of Finance 01/04/19 – 28/04/19 (note 15)							10-15	700	(note 2)	35-40	45-50	145-150
Mrs G Lewis-Parry Board Secretary 01/04/19 – 31/08/19							45-50	--	(24)	--	20-25	100-105

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Mr M Polin Chairman 01/04/20 – 31/03/21	65-70	--	--	--	65-70	--	65-70	--	--	--	65-70	--
Ms L Reid Vice Chair 01/04/20 – 31/03/21	55-60	--	--	--	55-60		15-20	--	--	--	15-20	55-60
Independent Member 01/04/19 – 30/11/19	--	--	--	--	--	--	10-15	--	--	--	10-15	15-20
Cllr C Carlisle Independent Member 01/04/20 – 31/03/21	15-20	--	--	--	15-20	--	15-20	--	--	--	15-20	--
Mr J Cunliffe Independent Member 01/04/20 – 31/03/21	15-20	--	--	--	15-20	--	15-20	--	--	--	15-20	--
Cllr R M Hughes Independent Member 01/04/20 – 31/03/21	15-20	--	--	--	15-20	--	15-20	--	--	--	15-20	--
Mrs L Meadows Independent Member 01/04/20 – 31/03/21	15-20	--	--	--	15-20	--	15-20	--	--	--	15-20	--

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Ms H Wilkinson Independent Member 01/04/20 – 23/11/20 (includes a period of voluntary leave of absence)	5-10	--	--	--	5-10	15-20	15-20	--	--	--	15-20	--
Mr H E Jones Independent Member 01/04/20 – 31/03/21	15-20	--	--	--	15-20	--	10-15	--	--	--	10-15	15-20
Mrs E L Tomos Independent Member 27/10/20 – 31/03/21	5-10	--	--	--	5-10	15-20						
Ms J Hughes Independent Member 01/04/20 – 31/03/21	(note 16)	--	--	--	--	--	(note 16)	--	--	--	--	--
Prof N Callow Independent Member 01/04/20 – 31/03/21	(note 17)	--	--	--	--	--	(note 17)	--	--	--	--	--
Mr Ff Williams Associate Board Member 01/04/20 – 31/03/21	(note 18)	--	--	--	--	--	(note 18)	--	--	--	--	--

	2020/21						2019/20					
Name and Role	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)	Salary	Benefit in kind	Pension benefit	Other payments	Total	Full year equivalent salary (if part year)
	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000	(bands of £5,000) £'000	(to nearest £100) £	(to nearest £1,000) £'000	(bands of £5,000) £	(bands of £5,000) £'000	£'000
Mr G Evans Associate Board Member 01/04/20 – 31/03/21	(note 19)	--	--	--	--	--	(note 19)	--	--	--	--	--
Mrs M Edwards Associate Board Member 01/04/20 – 31/03/21	(note 18)	--	--	--	--	--	(note 18)	--	--	--	--	--
Mrs M W Jones Vice Chair 01/04/19 – 30/11/19							35-40	--	--	--	35-40	55-60

As a result of the recommendations from the independent financial review conducted by PricewaterhouseCoopers in June 2019, the Health Board implemented a financial recovery programme during the year and engaged an interim Recovery Director in July 2019, which was supported by funding by Welsh Government. The Recovery Director was in post until the 21st April 2020. The cost of the contract for the period falling in 2020/21 was £24,284 (2019/20: £353,450 plus expenses of £16,888). VAT was payable on the contract sums.

Notes

1. Mr S Dean was seconded from the Welsh Government as the Interim Chief Executive with effect from the 10th February 2020 to the 31st August 2020. During the period of secondment Mr S Dean's substantive employers were the Welsh Government. Costs totalling £162,326 were incurred in 2020/21 in relation to the secondment. These included salary of £97,403 (of which £6,711 was back pay from 2019/20), pension costs of £21,314, National Insurance costs of £11,649, expenses of £4,906 and non-recoverable VAT of £27,054. (2019/20: costs of £50,495 in relation to the secondment, which included salary of £29,592, pension costs of £8,571, National Insurance costs of £3,917 and non-recoverable VAT of £8,415).
2. These employees chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year.
3. These employees chose not to be covered by the NHS pension arrangements during the current reporting year.
4. Dr D Fearnley's and Prof A Guha's salaries include payment for their nationally awarded ~~Bronze~~ Clinical Excellence Awards.
5. Revised figures have been used for opening pension values due to an amendment to the Mental Health Officer (MHO) doubling calculation.
6. This employee commenced employment with the Health Board during 2019/20 and so prior year figures are not available to enable the in year pension benefit to be calculated.
7. During 2019/20 Mrs S Hill was the Acting Executive Director of Finance for the period 29th April 2019 to 31st March 2020. Outside of this period Mrs S Hill was employed by the Health Board in her substantive post and it was not possible to calculate the element of pension benefits that relate solely to her role as Acting Executive Director of Finance in 2019/20.
8. Mrs D Sharp was the Acting Board Secretary for the period 1st September 2019 to 10th January 2021. Outside of this period Mrs D Sharp was employed by the Health Board in her substantive post and it has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Board Secretary.
9. Mrs L Jones was the Acting Board Secretary for the period 18th December 2019 to 3rd April 2020. Outside of this period Mrs L Jones was employed by the Health Board in her substantive post and it has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Board Secretary.
10. Mrs J Parry was the Acting Board Secretary for the period 6th February 2020 to 27th April 2020. Outside of this period Mrs J Parry was employed by the Health Board in her substantive post and it has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Board Secretary.
11. During 2019/20 Mrs J Parry salary included £259 sacrificed in respect of the purchase of annual leave scheme.
12. Mr A Roach stepped down from his role as Associate Board Member Director of Mental Health and Learning Disability on the 30th November 2020. Other remuneration reported for Mr A Roach relates to a contractual payment.

13. Mrs L Singleton was the Acting Associate Board Member Director of Mental Health and Learning Disability for the period 20th November 2019 to 1st June 2020. At this date, the Executive Lead for Mental Health was confirmed as the Executive Medical Director. Mrs L Singleton continued as Acting Divisional Director of Mental Health and Learning Disability until 20th September 2020, at Divisional Director level not Board level. It has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Director of Mental Health and Learning Disability.
14. By mutual agreement, on the 9th February 2020, Mr G Doherty stepped down from his role as Chief Executive of the Health Board and was seconded to an NHS organisation in England. During 2020/21, Mr G Doherty received remuneration totalling £117,554, plus a contractual payment of £48,405. The secondment ended in October 2020, at which point Mr G Doherty left the employment of the Health Board. Mr G Doherty's salary as Chief Executive for the period 1st April 2019 to 9th February 2020, is reported in the table above. In addition to this, during 2019/20 Mr G Doherty received remuneration totalling £29,592 relating to the secondment.
15. Mr R Favager stepped down from his role as Executive Director of Finance on the 28th April 2019 and was seconded to an NHS organisation in England. In addition to Mr R Favager's salary as Executive Director of Finance for the period 1st April 2019 to 28th April 2019, as reported in the table above, Mr R Favager received remuneration totalling £99,723 during the period of his secondment, of which £91,524 was recharged to the NHS organisation to which he was seconded. The secondment ended on the 31st December 2019, at which point Mr R Favager left the employment of the Health Board. Other remuneration reported for Mr R Favager relates to a payment in respect of lieu of notice. This amount was agreed by the Board and made in accordance with Welsh Government guidance. Mr R Favager's salary includes £76 sacrificed in respect of the Cycle2Work scheme.
16. Ms J Hughes is an employee of the Health Board and is an Independent Member drawn from a Trade Union background. Ms J Hughes is not paid for her role as an Independent Member.
17. Professor N Callow is the University representative on the Board and is not paid by the Health Board.
18. Mr Williams and Mrs Edwards are not employees of, and are not paid by, the Health Board.
19. Mr G Evans is an employee of the Health Board and is an Associate Board Member and Chair of the Healthcare Professional Forum. Mr G Evans is not paid for his role as an Associate Board Member.

[illegible]

	Real Increase In Accrued Pension (bands of £2,500) £'000	Real Increase In Lump Sum (bands of £2,500) £'000	Total accrued pension at 31 March 2021 (bands of £5,000) £'000	Lump sum related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value as at 31 March 2020 £'000	Cash Equivalent Transfer Value as at 31 March 2021 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Notes
Dr D Fearnley Executive Medical Director 01/04/20 – 30/09/20	2.5-5.0	2.5-5.0	75-80	195-200	1,352	1,508	50	<i>note 4</i>
Prof A Guha Acting Executive Medical Director 01/10/20 – 31/03/21	--	--	--	--	--	--	--	<i>note 4</i>
Mr A Thomas Executive Director of Therapies and Health Sciences 01/04/20 – 31/03/21	0-2.5	0-2.5	50-55	125-130	1,010	1,082	41	
Dr J C Stockport Executive Director of Primary Care and Community Services 01/04/20 – 31/03/21	--	--	--	--	--	--	--	<i>note 2</i>

	Real Increase In Accrued Pension (bands of £2,500) £'000	Real Increase In Lump Sum (bands of £2,500) £'000	Total accrued pension at 31 March 2021 (bands of £5,000) £'000	Lump sum related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value as at 31 March 2020 £'000	Cash Equivalent Transfer Value as at 31 March 2021 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Notes
Ms T Owen Executive Director of Public Health 01/04/20 – 31/03/21	2.5-5.0	2.5-5.0	50-55	105-110	852	951	65	
Mrs S Hill Executive Director of Finance 01/04/20 – 31/03/21 (Acting into post 01/04/20 – 31/12/20)	2.5-5.0	--	15-20	--	209	259	25	
Mr M Wilkinson Executive Director of Planning and Performance 01/04/20 – 31/03/21	2.5-5.0	0-2.5	65-70	155-160	1,262	1,363	59	
Mrs S Green Executive Director of Workforce and Organisational Development 01/04/20 – 31/03/21	2.5-5.0	0-2.5	25-30	35-40	347	406	32	

	Real Increase In Accrued Pension (bands of £2,500) £'000	Real Increase In Lump Sum (bands of £2,500) £'000	Total accrued pension at 31 March 2021 (bands of £5,000) £'000	Lump sum related to accrued pension at 31 March 2021 (bands of £5,000) £'000	Cash Equivalent Transfer Value as at 31 March 2020 £'000	Cash Equivalent Transfer Value as at 31 March 2021 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Notes
Mrs D Sharp Acting Board Secretary 01/04/20 – 10/01/21	--	--	--	--	--	--	--	<i>note 5</i>
Mrs L Jones Acting Board Secretary 01/04/20 – 03/04/20	--	--	--	--	--	--	--	<i>note 6</i>
Mrs J Parry Acting Board Secretary 01/04/20 – 27/04/20	--	--	--	--	--	--	--	<i>note 7</i>
Mrs A L Brereton Board Secretary 11/01/21 – 31/03/21	0-2.5	--	10-15	--	86	110	2	
Mr A Roach Associate Board Member Director of Mental Health and Learning Disability 01/04/20 – 30/11/20	0-2.5	2.5-5.0	60-65	180-185	1,220	--	--	<i>note 8</i>

[illegible]

Notes

1. These employees were not employed by an NHS organisation and so were not covered by the NHS pension arrangements.
2. These employees chose not to be covered by the NHS pension arrangements in the prior year, as well as the current reporting year.
3. These employees chose not to be covered by the NHS pension arrangements in the current reporting year.
4. Revised figures have been used for opening pension values due to an amendment to the Mental Health Officer (MHO) doubling calculation.
5. Mrs D Sharp was the Acting Board Secretary for the period 1st September 2019 to 10th January 2021. Outside of this period Mrs D Sharp was employed by the Health Board in her substantive post and it has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Board Secretary.
6. Mrs L Jones was the Acting Board Secretary for the period 18th December 2019 to 3rd April 2020. Outside of this period Mrs L Jones was employed by the Health Board in her substantive post and it has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Board Secretary.
7. Mrs J Parry was the Acting Board Secretary for the period 6th February 2020 to 27th April 2020. Outside of this period Mrs J Parry was employed by the Health Board in her substantive post and it has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Board Secretary.
8. Mr A Roach retired during 2020/21 and is in receipt of his pension.
9. Mrs L Singleton was the Acting Associate Board Member Director of Mental Health and Learning Disability for the period 20th November 2019 to 1st June 2020. At this date, the Executive Lead for Mental Health was confirmed as the Executive Medical Director. Mrs L Singleton continued as Acting Divisional Director of Mental Health and Learning Disability until 20th September 2020, at Divisional Director level not Board level. It has not been possible to calculate the element of pension benefits that relate solely to her role as Acting Director of Mental Health and Learning Disability.

Staff Report

The average number of full time equivalent (FTE) staff employed by the Health Board during 2020/21 is reported below.

Professional Group	Average FTE 2020/21
Professional, Scientific and Technical	734
Additional Clinical Services	3,292
Administrative and Clerical	3,065
Allied Health Professionals	949
Estates and Ancillary	1,296
Healthcare Scientists	250
Medical and Dental	1,561
Nursing and Midwifery Registered	5,029
Students	106
Total	16,282

The actual number of staff in post as at 31st March 2021 was 19,006 and the gender composition is provided in the table below.

Staff Composition	Female	Male	Total
Director	6	4	10
Manager (Band 8C and above)	116	84	200
Staff	15,198	3,598	18,796
Total	15,320	3,686	19,006

*For the purpose of this report manager is defined as a member of staff at Band 8c and above (or equivalent level for medical staff) based in a corporate function or operational Division with significant managerial and decision-making responsibilities affecting the whole organisation. Managers exclude the posts Nurse Consultant, Consultant Midwife and Clinical Scientist Consultant

The sickness absence data for 2020/21 is provided below:

	2019/20	2020/21
FTE Days lost (long term)* ¹	210,949	230,669
FTE Days lost (short term)* ¹	90,391	91,138
Total days lost	301,340	321,808
Average working days lost	12	12
Total staff employed in period (headcount)* ²	18,104	19,261
Total staff employed in period with no absence (headcount)* ²	5,416	8,136
Percentage staff with no sick leave	32.65%	43.19%

*1 - These figures are calculated on a Full Time Equivalent basis. Sickness absence is measured using calendar days on the Electronic Staff Record system, which includes all days from the start to end of a period of absence, including weekends or days when a member of staff would not have been rostered to work. Therefore the number of working days lost is lower than the days lost figure.

*2 - Average over 12 months

The overall percentage sickness absence in 2020/21 was 5.48% (2019/20, 5.30%). Factors such as social distancing, working from home, recording of shielding and self isolation leave as special leave have impacted on the percentage of staff without sick leave.

Off payroll engagements and consultancy

The Health Board is required to disclose off-payroll and consultancy expenditure. The tables below outline the details of the off payroll engagements that the Health Board has in place. It should be noted that HMRC introduced new rules in relation to compliance with tax regulations that took effect from 6th April 2017. These changes have widened the responsibilities of the Health Board in managing the off payroll engagements and most engagements will be subject to tax and National Insurance at source.

The Health Board has undertaken IR35 assessments for all relevant off-payroll engagements.

Number of existing engagements, for more than £245 per day and of over six months duration, as at 31 March 2021	270
<i>Of which...</i>	
Number that have existed for less than one year at time of reporting	90
Number that have existed for between one and two years at time of reporting	38
Number that have existed for between two and three years at time of reporting	32
Number that have existed for between three and four years at time of reporting	110
Number that have existed for four or more years at time of reporting	0

Number of new off-payroll engagements for more than £245 per day and that will last for longer than six months, or that reached six months in duration between 1 April 2020 and 31 March 2021	95
<i>Of which...</i>	
Number assessed as covered by IR35	82
Number assessed as not covered by IR35	13
Number engaged directly (via PSC contracted to the department) and are on the departmental payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR 35 status following the consistency review	0

Number of off-payroll engagements of board members and / or senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021.	3
(Number of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year, including both off-payroll and on-payroll engagements)	33*

*The Board Members and Senior Officials who are deemed to be Senior Managers are those individuals whose salary details are disclosed on pages 65 to 74 of this report. The off-payroll engagements refer to the Interim Chief Executive, the Recovery Director and the Interim Director of Governance.

During the year the Health Board incurred expenditure of £0.059m on external consultancy services.

Equality and Human Rights

Our Strategic Equality Plan (SEP) for the period 2020-2024 was agreed and published in March 2020. It is published on our website at <https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/>

At that time, it was our intention to focus on strengthening performance management of the SEP across all functions of the Health Board. However, as a result of the pandemic and the necessary focus on the Health Board's response to Covid-19, we have adopted a more responsive approach to equality issues as they have become apparent. It is well recognised that Covid-19 has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged.

During the year we reviewed and communicated emerging evidence to inform a range of activity that has taken place. We have maintained engagement with communities, individuals and groups, our staff and experts to inform our equality work and have been grateful for the insight and support of so many as we work together across North Wales. Further detail on our progress is published in our Equality Annual Report 2020/21, available at <https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/equality-and-human-rights/statutory-employment-reports-2019-20-commentary/annual-equality-report-2020-21/>

Signed:

Jo Whitehead

Chief Executive and Accountable Officer

Date: 10th June 2021

The Health Board is required to compile and publish an Accountability Report, the content of which is prescribed by the Welsh Government.

Regularity of expenditure

HM Treasury defines regularity as the requirement for all items of expenditure to be dealt with in accordance with the legislation authorising them, any applicable delegated authorities and rules of Government Accounting.

The Health Board is empowered to incur expenditure by the National Health Service (Wales) Act 2006 and receives revenue and capital resource allocations from the Welsh Government.

The Health Board's budget setting process aims to ensure that resources are allocated across the organisation for legitimate purposes. The Health Board has delegated arrangements with budget holders who must operate in accordance with their Accountability Agreements and the Standing Financial Instructions (SFIs) of the Health Board.

Arrangements are in place to monitor compliance with the SFIs and these are reported to each Audit Committee through the Conformance Report. In addition to a comprehensive Internal Audit programme the Health Board has a Local Counter Fraud Team.

The Health Board complies with recognised reporting standards to the extent that they are applicable to the Public Sector and the accounts are produced in accordance with the Manual for Accounts produced by the Welsh Government. Monthly financial monitoring returns are submitted to the Welsh Government with explanations for variances.

The Health Board reported a surplus of £0.490m against its Revenue Resource Limit for the year. The Health Board has not met its statutory target to achieve breakeven over the three year period 1 April 2018 – 31 March 2021 and has recorded a cumulative deficit of £79.485m.

No further issues have arisen during 2020/21 which impact on the regularity of expenditure.

Fees and charges

Fees and charges are not routinely charged to NHS patients unless the Health Board is permitted under the legislation to make a charge. Examples would include dental work and access to health records. It is confirmed that, to the best of our knowledge, the Health Board complies with Welsh Government directives in respect of charge rates.

Remote contingent liabilities

The Health Board is required to account for all remote contingencies in accordance with International Accounting Standard 37 (IAS37). These are fully disclosed in Note 21 in the Statement of Accounts.

Other remote contingencies not accounted for within IAS37 would include letters of comfort and third party guarantees given by management. To the best of our knowledge, the Health Board does not have any such liabilities that require disclosure.

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Betsi Cadwaladr University Health Board for the year ended 31 March 2021 under Section 61 of the Public Audit (Wales) Act 2004. These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Tax Payers Equity and related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Betsi Cadwaladr University Health Board as at 31 March 2021 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Qualified opinion on regularity

In my opinion, except for the irregular expenditure of £79.485 million explained in the paragraph below, in all material respects, the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Basis for qualified opinion on regularity

The Health Board has breached its resource limit by spending £79.485 million over the £4,922 million that it was authorised to spend in the three-year period 2018-19 to 2020-21. This spend constitutes irregular expenditure. Further detail is set out in the attached Report.

Basis of opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I am independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Emphasis of matter – Clinicians’ pension tax liabilities

I draw attention to Note 21 of the financial statements, which describes the impact of a Ministerial Direction issued on 18 December 2019 to the Permanent Secretary of the Welsh Government. My opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body’s ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor’s report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Report on other requirements

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and the Annual Governance Statement has been prepared in accordance with Welsh Ministers’ guidance;
- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and the Performance Report has been prepared in accordance with Welsh Ministers’ guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report or the Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;;
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed; or
- I have not received all the information and explanations I require for my audit.

Responsibilities

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for the preparation of financial statements which give a true and fair view and for such internal control as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors and Chief Executive are responsible for assessing the board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management and those charged with governance, including obtaining and reviewing supporting documentation relating to Betsi Cadwaladr University Health Board's policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, posting of unusual journals and accounting estimates; and
- Obtaining an understanding of Betsi Cadwaladr University Local Health Board's framework of authority as well as other legal and regulatory frameworks that the Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of the Board.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to the audit team and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of Betsi Cadwaladr University Health Board's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Responsibilities for regularity

The Chief Executive is responsible for ensuring the regularity of financial transactions.

I am required to obtain sufficient evidence to give reasonable assurance that the expenditure and income have been applied to the purposes intended by the Senedd and the financial transactions conform to the authorities which govern them.

Report

Please see my Report.

Adrian Crompton
Auditor General for Wales
15 June 2021

24 Cathedral Road
Cardiff
CF11 9LJ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Betsi Cadwaladr University Health Board's (the Board's) financial statements. I am reporting on these financial statements for the year ended 31 March 2021 to draw attention to three key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion, the failure of the second financial duty, and the implications of the ministerial direction on senior clinicians' pensions. I have not qualified my 'true and fair' opinion in respect of any of these matters.

Financial duties

Local Health Boards (LHBs) are required to meet two statutory financial duties – known as the first and second financial duties.

For 2020-21 Betsi Cadwaladr University Health Board failed to meet both the first and the second financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2018-19 to 2020-21.

As shown in Note 2.1 to the Financial Statements, the LHB did not manage its revenue expenditure within its resource allocation over this three year period, exceeding its cumulative revenue resource limit of £4,922 million by £79.485 million.

Where an LHB does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the LHB's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires LHBs to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium term plan. This duty is an essential foundation to the delivery of sustainable quality health services. An LHB will be deemed to have met this duty for 2020-21 if it submitted a 2019-20 to 2021-22 plan approved by its Board to the Welsh Ministers who then approved it by the 30th June 2019. This duty is unchanged from last year because due to the pandemic, the duty to prepare a new three-year plan for the period 2020-21 to 2022-23 was paused, leaving the previous year's duty in place.

As shown in Note 2.3 to the Financial Statements, the LHB did not meet its second financial duty to have an approved three-year integrated medium term plan in place for the period 2019-20 to 2021-22.

Ministerial direction on senior clinicians' pensions

NHS Pension scheme and pension tax legislation is not devolved to Wales. HM Treasury's changes to the tax arrangements on pension contributions in recent years included the reduction in the Annual Allowance limit from over £200,000 in 2011-12 to £40,000 in 2018-19. As a result, in cases where an individual's pension contributions exceed certain annual and / or lifetime pension contribution allowance limits, then they are taxed at a higher rate on all their contributions, creating a sharp increase in tax liability.

In a Written Statement on 13 November 2019, the Minister for Health and Social Services had noted that NHS Wales bodies were: 'regularly reporting that senior clinical staff are unwilling to take on additional work and sessions due to the potentially punitive tax liability'. In certain circumstances this could lead to additional tax charges in excess of any additional income earned.

On 18 December 2019, the First Minister (mirroring earlier action by the Secretary of State for Health and Social Care for England) issued a Ministerial Direction to the Permanent Secretary to proceed with plans to commit to making payments to clinical staff to restore the value of their pension benefits packages. If NHS clinicians opted to use the 'Scheme Pays' facility to settle annual allowance tax charges arising from their 2019-20 NHS pension savings (i.e. settling the charge by way of reduced annual pension, rather than by making an immediate one-off payment), then their NHS employers would meet the impact of those tax charges on their pension when they retire.

The Ministerial Direction was required because this solution could be viewed by HMRC to constitute tax planning and potentially tax avoidance, hence making the expenditure irregular. Managing Welsh Public Money (which mirrors its English equivalent) specifically states that 'public sector organisations should not engage in...tax evasion, tax avoidance or tax planning'.

A Ministerial Direction does not make regular what would otherwise be irregular, but it does move the accountability for such decisions from the Accounting Officer to the Minister issuing the direction.

The solution applies only to annual allowance tax charges arising from an increase in the benefits accrued in the NHS Pension Scheme during the tax year ended 5 April 2020. For the tax year ended 5 April 2021, the Chancellor increased the thresholds for the tapered annual allowance and, as a result, it is anticipated that the risk to the supply of clinical staff has been mitigated.

The LHB currently has insufficient information to calculate and recognise an estimate of the potential costs of compensating senior clinical staff for pension benefits that they would otherwise have lost, by using the 'Scheme Pays' arrangement. As a result no expenditure is recognised in the financial statements but as required the LHB has disclosed a contingent liability in note 21 of its financial statements.

All NHS bodies will be held harmless for the impact of the Ministerial Direction, however in my opinion any transactions included in the LHB's financial statements to recognise this liability would be irregular and material by their nature. This is because the payments are contrary to paragraph 5.6.1 of Managing Public Money and constitute a form of tax planning which will leave the Exchequer as a whole worse off. The Minister's direction alone does not regularise the scheme. Furthermore, the arrangements are novel and contentious and potentially precedent setting.

I have not modified my regularity opinion in this respect this year because as set out above, no expenditure has been recognised in the year ended 31 March 2021. I have however placed an Emphasis of Matter paragraph in my audit report to highlight this issue and, have prepared this report to bring the arrangement to the attention of the Senedd.

Adrian Crompton
Auditor General for Wales
15 June 2021

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1. Introduction

- 1.1 This Annual Governance Statement covers a period of unprecedented challenge for the Betsi Cadwaladr University Health Board ('the Health Board'). The COVID-19 pandemic declared by the World Health Organization on 11.3.20 has presented a severe threat to population health and therefore created very significant pressures on a global scale. The Health Board has had to respond at pace to this major incident, in order to plan and provide services for COVID-19 patients whilst simultaneously seeking to minimise the impacts on other patients and prepare for a return to business as usual. Further detail on the Health Board's work with its partners on the multi-agency COVID-19 response and the associated temporary changes to governance arrangements is included in Section 2 of this Statement.
- 1.2 The Health Board was placed in special measures on 8.6.15, as a result of long-standing concerns regarding leadership, governance and progress. A improvement programme has been ongoing throughout the intervening years and on 24.11.20, the Minister for Health and Social Services announced in a written statement that the Health Board would be taken out of special measures with immediate effect and de-escalated to targeted intervention status. Further detail on improvements made, ongoing challenges and reports submitted is provided in section 4 of this Statement.
- 1.3 During the reporting period, there has been some changes to Board membership and key appointments have been made. Simon Dean's secondment to the role of Interim Chief Executive and Accountable Officer ended on 31.8.20, upon his return to Welsh Government. Gill Harris, Executive Director of Nursing & Midwifery and Deputy Chief Executive, took over as Acting Chief Executive and Accountable Office from 1.9.21, until I (Jo Whitehead) took up the substantive role of Chief Executive and Accountable Officer from 1.1.21. Two significant governance roles were appointed to during the reporting period, with Simon Evans-Evans commencing in the newly-created position of Interim Director of Governance on 28.9.20, and Louise Brereton commencing as substantive Board Secretary on 11.1.21. Further details on changes to Board membership are included at Appendix 1.
- 1.4 At the time of signing off this Statement and the annual accounts, the Health Board had not submitted a Board approved Integrated Medium Term Plan (IMTP) for 2020/23. In response to COVID-19, Integrated Medium Term Plan (IMTP) planning arrangements were paused across NHS Wales and quarterly Operating Frameworks were developed, which reflected the continued need to respond to COVID-19 and the potential for future peaks in COVID-19 demand. The Health Board's approach was to continually review its planning assumptions throughout the year, working with partners. An annual plan has been developed for 2021/22 and is refreshed quarterly. Moving beyond this, a 3 year IMTP will be developed for 2022/25 (a draft is expected by December 2021) in order to ensure that there is a clear direction on how services will change and develop to meet the needs of the population, and to align with A Healthier Wales: Our Plan for Health and Social Care. The Board has been working under an annual financial plan delivering a £40m deficit, but received strategic support from Welsh Government to cover the deficit, both in 2020/21 and for the subsequent three year period and has been able to report a small surplus of c£0.5m, equating to 0.03% of the Health Board's resource allocation.

- 1.5 During 2020/21 work continued to address the Health Board's corporate and collective responsibilities under the Well-being of Future Generations (Wales) Act 2015 (WFG) and the Social Services and Well-being (Wales) Act 2014 (SSWB). Terms of reference for Committees of the Board include standard wording relating to responsibilities under the Well-being of Future Generations Act, thus supporting the embedding of the legislation's requirements into the day to day business of the organisation. The North Wales Population Assessment Regional Plan and Area Plan developed under the SSWB Act and the four Public Services Boards' Well-being Assessments and Well-being Plans required under the WFG Act have been taken into account in the Health Board's own corporate strategies and plans.
- 1.6 *A Healthier Wales: Our Plan for Health and Social Care*, sets out the long-term ambition of Welsh Government to bring health and social services together, and describes the importance of the role of the Regional Partnership Board in driving the development of models of health and social care at a local level, including primary and secondary care. In accordance with this, the Health Board has continued to work closely with the Regional Partnership Board, developing a shared approach to the transformation of services. Learning from the COVID-19 pandemic has however highlighted the need to focus on specific priority areas such as the mental health and well-being of our population.

2. Scope of Responsibility

- 2.1 The Board is accountable, via the Chairman, to the Minister for Health and Social Services for its governance, risk management and internal control. As Accountable Officer and Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These duties are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales. Welsh Government issued confirmation on 18.12.20 of my Accountable Officer status effective from 1.1.21.
- 2.2 In discharging this responsibility I, together with the Board, am responsible for putting in place arrangements for the effective governance of the Health Board, facilitating the effective implementation of the functions of the Board, and the management of risk.
- 2.3 As referred to in the introduction to this Statement, at the time of preparing this Annual Governance Statement (May 2021) the Health Board and the NHS in Wales is continuing to face significant pressure in planning and providing services impacted by COVID-19, particularly in respect of planned care backlogs.
- 2.4 The response to COVID-19 has meant the whole organisation has had to work very differently both internally and with staff, partners and stakeholders and it has been necessary to revise the way the governance and operational framework is discharged. In recognition of this, Dr Andrew Goodall, Director General Health and Social Services / NHS Wales Chief Executive wrote to all NHS Chief Executives in Wales, with regard to 'COVID -19- Decision Making and Financial Guidance'. The letter recognised that organisations would be likely to make potentially difficult decisions at pace and without a firm evidence base or the support of key individuals which under normal operating circumstances would be available. Nevertheless, the organisation is still required to demonstrate that decision-making has been efficient. It will need to stand the test of scrutiny in respect of compliance with Managing Welsh Public Money and demonstrating Value for Money throughout the COVID-19 crisis as the organisation returns to more normal operating conditions.

2.5 To demonstrate this, the organisation has recorded how the effects of COVID-19 have impacted on any changes to normal decision making processes, for example through the use of a register recording any deviations from normal operating procedures. Where relevant these, and other actions taken, have been explained within this Annual Governance Statement. Dr Goodall's letter was followed up on 4.5.20 by a Welsh Government guidance note on 'Discharging Board Committee Responsibilities during COVID-19 response phase'.

2.6 A COVID-19 Gold Command structure was established, with a Health Emergency Control Centre, underpinned by a range of sub-groups and work streams led by Senior Responsible Officers covering key elements such as temporary hospitals, personal protective equipment (PPE), vaccination and Test Trace and Protect (TTP), communication, service delivery and service changes, governance and risk. Robust reporting and meetings arrangements were put in place, with weekly situation reports (SITREPS), and decision and risk log updates being scrutinised at Executive level. A Cabinet, chaired by the Health Board Chair, was also established to maintain oversight of COVID-19 developments and decision-making. The Cabinet met from 1.4.20 to 6.7.20, when it was stood down due to the improving position nationally. The Cabinet was reinvoked from 4.11.20 to 4.2.21 in response to the second wave (terms of reference are included at appendix 3 in paper 20.50 [here: https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/)).

A north Wales Strategic Coordination Group (SCG) was established with senior emergency and public service partners, to oversee the response and associated planning at regional level. The Command structure was stood down on 22.6.20 (see section 14.5 onwards for further details).

2.7 Standing Orders were temporarily amended in accordance with national guidance. Mitigating steps were taken to maintain good governance. Committees and Advisory Groups, with the exception of the Quality, Safety and Experience Committee and Audit Committee, were stood down for April and May 2020. Full details of the temporary arrangements and rationale were set out in two 'maintaining good governance' papers approved by the Board on [15.4.20 \(https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/\)](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/) and [14.5.20 \(https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/\)](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/).

Following the standing down of the Command structure, on 28.7.20 the Audit Committee approved on behalf of the Board a re-set of the governance arrangements as part of steps taken to move towards a return to business as usual [here: https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/agenda-bundle-audit-committee-28-07-2020-v3/](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/agenda-bundle-audit-committee-28-07-2020-v3/) (item 3.0, AC20.54).

See also section 14.5 onwards and section 21.

- 2.8 In approving the arrangements set out in the ‘maintaining good governance’ papers, the Board acknowledged that in unprecedented times, there are limitations on Boards and Committees being able to physically meet where this is not necessary and can be achieved by other means. In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings and it has not therefore been possible to allow the public to attend meetings of the Board and committees in person from 26.3.20. As part of efforts to conduct business in an open and transparent manner during this time, the following actions were taken:
- Use of technology in order to hold virtual meetings, including the provision of Welsh / English translation. From May, Board meetings were recorded and made available to the public online, with subsequent meetings being live-streamed;
 - Publication of agendas and papers as far in advance as possible with reference to Standing Orders;
 - Increased use of verbal reporting captured in the meeting minutes;
 - Provision for written questions to be taken from Independent Members 24 hours beforehand to assist with the flow and reduced time of meetings;
 - As well as a live action log, a pending log was kept of actions not progressed during the crisis;
 - Publication of a set of minutes from the meeting (a draft approved by the Chair) to the public website as soon as possible – ideally within 3 working days.
- 2.9 Assessments were made regarding decisions deemed to be time critical, that could not be held over until such time that it is possible to allow members of the public to attend meetings. In addition, increased use of Chair’s action (supported by enhanced processes as set out in the maintaining good governance papers) has been necessary to avoid delays to essential business. Although at the time of writing, the COVID-19 situation has greatly improved, due in no small part to the success of the vaccination programme, it is still as yet unknown when face-to-face Board meetings will resume. It will be necessary to keep this under review.
- 2.10 The nature of the unprecedented emergency situation, and the need to make decisions at pace, resulted in a small number of errors relating to the provision of primary care services for mental health patients, inappropriate discharges from therapies waiting lists, and the incorrect reporting of deaths to Public Health Wales. These errors have been rectified; further details are included at Appendix 7.

3. Background Information

- 3.1 The Health Board had a revenue resource allocation of £1.810bn (after COVID-19 allocation) for 2020/21 and a workforce headcount of 19,006 (excluding bank staff) as at 31.3.21. Further details on finance and additional Welsh Government support are provided in section 6 and in the Remuneration Report.
- 3.2 The Health Board is responsible for improving the health and wellbeing of the population of North Wales. This encompasses prevention of ill health as well as treating illness and providing excellent healthcare services.
- 3.3 The Health Board provides primary, community and mental health services as well as acute hospital services for a population of over 670,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham).

- 3.4 The Health Board operates three main hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Ysbyty Wrexham Maelor) along with a network of community hospitals, health centres, clinics, mental health units and community team bases.
- 3.5 The Health Board also coordinates the work of 98 General Practitioner (GP) practices including 13 managed practices, and NHS services provided by dentists, opticians and pharmacists in North Wales.
- 3.6 The clinical management of services is delivered by three Area Teams, a Mental Health and Learning Disabilities Division, and a single Secondary Care Division comprising three hospital site teams, all supported by the corporate departments.

4. Special Measures and Targeted Intervention

- 4.1 As referred to earlier, the Health Board was placed in special measures in June 2015. An improvement programme was underway throughout the intervening years, with notable successes and also areas of ongoing challenge acknowledged. This culminated in a written statement from the Minister for Health and Social Services on 24.11.20, announcing that the Health Board was removed from Special Measures with immediate effect and de-escalated to Targeted Intervention status.
- 4.2 The Health Board is very cognisant of the fact that its escalation status remains a very serious position for the organisation. As such, a comprehensive programme of work has been drawn together, spanning the next 18 months and beyond, designed to improve services for the benefit of patients and service users. A series of maturity matrices have been developed which taken together create a roadmap of improvement, underpinned by governance arrangements including a Targeted Intervention Steering Group, Executive Leads and link Independent Members. Engagement activity has already taken place, to ensure that the grass-roots of the organisation have co-designed their improvement activities. At the time of writing, preparations are in hand for the first in a series of self-assessments to benchmark the current position and measure progress going forward. This work will be independently assessed.
- 4.3 These maturity matrices cover each of the four Domains set out in the Improvement Framework issued by Welsh Government, as follows:
- Mental Health Service Management (adults and children);
 - Strategy, Planning and Performance;
 - Leadership (including Governance, Transformation, and Culture);
 - Engagement.

The levels of organisational maturity achieved will be measured according to the following scale:

- 0 - No Progress
- 1 - Basic Level
- 2 - Early Progress
- 3 - Results
- 4 - Maturity
- 5 - Exemplar

The Health Board will work closely with Welsh Government throughout the improvement journey. This work will be subject to external scrutiny by Audit Wales and Healthcare Inspectorate Wales.

Further detail is available [here](https://gov.wales/sites/default/files/publications/2021-03/targeted-intervention-framework-betsi-cadwaladr-university-health-board.pdf):

<https://gov.wales/sites/default/files/publications/2021-03/targeted-intervention-framework-betsi-cadwaladr-university-health-board.pdf>

5. Health & Social Care Advisory Service (HASCAS) / Ockenden

- 5.1 In May 2018 the independent HASCAS published its thematic report into the care provided to patients on Tawel Fan ward at the Ablett Unit, Glan Clwyd Hospital prior to its closure in December 2013. In addition, the Health Board commissioned a governance review to be undertaken by Donna Ockenden and received the findings at its meeting in July 2018.
- 5.2 In response to the publication of these reports, in 2018 the Health Board established an Improvement Group and Stakeholder Group to support and scrutinise delivery of the improvement actions. These meetings have continued to meet with a central action tracker held for all recommendations with lead officers accountable for making progress against allocated actions and for reporting assurance.
- 5.3 During the last year, the decision was taken to stand down the Improvement Group and Stakeholder Group and the last meetings were held. The decision was taken that sufficient progress had been made and that the remaining actions requiring completion, and ongoing monitoring of the improvements already made, should become part of business as usual governance processes. All actions were mapped to appropriate substantive meetings in the governance structure, who will oversee progress of the remaining work. The central action tracker will be maintained to ensure organisation-wide oversight and a report, which is intended to be a final report, is scheduled for the Board's Quality, Safety and Experience Committee in January 2022.

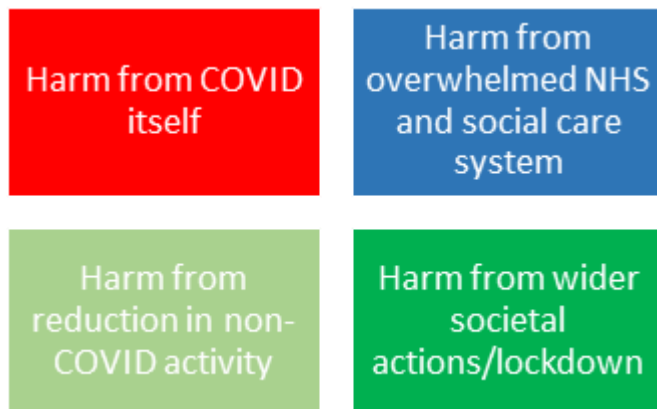
6. Financial Position

- 6.1 The financial plan for 2020/21 was to deliver a deficit of £40m, based on delivering savings of £45m. The initial plan did not take into account the impact of COVID-19 and as requested by Welsh Government guidance, the plan was updated throughout the year, in line with the changes in the Health Board's operational response to the the emerging global COVID-19 pandemic. As alluded to elsewhere in this Statement, this significantly impacted upon operational plans for the year whilst the Health Board managed the response to the pandemic and clinical services were reconfigured to enable both patients to be treated, and staff to work safely.
- 6.2 The Health Board has received c£170m funding from Welsh Government, relating to COVID-19 expenditure, both across the existing health system and to support key COVID-19 programmes, including the three field hospitals commissioned in North Wales; the Test Trace and Protect programme and the COVID-19 vaccination programme.
- 6.3 In November 2020, the Minister for Health and Social Care announced a strategic support package for the Health Board of £51m in 2020/21 and a further £82m per year for the following three years, in order to provide cover for the deficit, improve performance and provide additional capacity and capability to support transformation of existing services.

- 6.4 The Health Board has reported a draft surplus of c £0.5m (0.03%) for the year against a total allocation of c £1,810m (subject to external audit).

7. Integrated Medium Term Plan (IMTP) – Three Year Operational Plan

- 7.1 In response to COVID-19, IMTP planning arrangements were paused across NHS Wales and quarterly Operating Frameworks were developed which reflected the continued need to respond to COVID-19 and the potential for future peaks in COVID-19 demand. Our approach was to continually review our planning assumptions throughout the year, working with our partners.
- 7.2 The initial modelling of demand for the pandemic suggested an intense period of activity requiring significantly enhanced capacity; the emerging picture was that of a less intense, but prolonged period of activity with peaks which required surge capacity.
- 7.3 Significant effort was made in Q1 to develop surge plans, to flex critical care capacity to respond to the pressures of COVID-19 peak including temporary hospital capacity in non NHS settings. Our plans for Q2 and Q3/4 recognised that our system would need to plan progressively, through short planning cycles that maintained the flexibility and agility given the uncertainty around future COVID-19 demand, particularly as we monitored the impact of moving out of lock down.
- 7.4 As we moved into Q2 the focus of the plan was to ensure that we were able to deliver essential health services for our population and where possible recommence more routine care. The new framework and our plan reflected the need to consider 4 types of harm, and to seek to address each of them in a balanced way:



- 7.5 Our primary care services supported patients to access safe and effective care through triage and assessment through maximising the potential of digital technology. We promoted the availability of our services and communicated to the public about new models of care, access and self-care.
- 7.6 For our hospital services, we maintained a high state of readiness to respond in a timely way to COVID-19, fulfil our obligations to deliver 'essential services', and restart as many of our remaining services using the principles of harm reduction. A BCU wide risk stratification approach was applied to patients waiting to access outpatients or inpatients / day cases, to ensure that the highest priority patients were offered appointments at the soonest opportunity. In our mental health services, we prioritised improvements to primary care, rehabilitation, crisis care and psychological therapies service delivery.

- 7.7 We captured some learning from patient experiences in Q1 and Q2 with a view to using the information to help deliver improved care in Q3/4. Work to review lessons learnt identified many examples of innovation and good practice introduced which included:
- Introduction of a framework for improved integrated working between primary care and community services (adults, children's services, mental health and learning disabilities) within each cluster, and with Local Authority and third sector organisations;
 - Use of patient triage, digital technology and improved access to information for communication and care including remote consultation - 'Attend Anywhere' and 'e-Consult';
 - Strengthened staff engagement and support with Health & Wellbeing hubs facilitating workforce re-deployment strategies and supporting safe, agile and flexible working;
 - Developing clinical networks and pathways of care, engaging with clinicians to drive improvement and embed good practice, e.g. same day emergency care and enhanced day case surgery.
- 7.8 The response of our staff, partners and the many volunteers who came forward to support us resulted in significant achievements in 2020/21, as summarised below:
- Maintaining essential services for our patients;
 - Rapid establishment of the mass vaccination programme across North Wales;
 - Rapid establishment of the Test, Trace, Protect service;
 - Delivery of virtual consultation and the ability to allow staff to work more flexibly and to minimise the need for patients to visit sites;
 - Delivering 'home first' services, discharge to assess pathways and support to care homes in partnership with local authorities and third sector organisations;
 - Ensuring an effective response to COVID-19 demand on hospitals including the second peak of activity and managing local outbreaks with our partners;
 - Commissioning of 3 temporary Enfy's Hospitals in Llandudno, Deeside and Bangor, delivered high quality clinical facilities at speed and in conjunction with local authority and education partners;
 - Establishment of a clinical advisory group facilitating rapid roll out of new technology and pathways of care;
 - Removal from Special Measures and progression to Targeted Intervention escalation status, and achieving financial balance within the resources allocated by Welsh Government.
- 7.9 An annual plan has been developed for 2021/22 and is refreshed quarterly. Moving beyond this, we will develop a 3 year IMTP for 2022/25 (draft expected by December 2021) In order to ensure that there is a clear direction on how services will change and develop to meet the needs of the population, and to align with *A Healthier Wales*.
- 7.10 The Board recognised the importance of having an effective strategy and planning systems in place and a maturity matrix is being developed to support transition from the Board's Targeted Intervention status.
- 7.11 The development of an annual plan forms a key element of the Board Assurance Framework for 2021/22.

8. Emergency Preparedness

- 8.1 Betsi Cadwaladr University Health Board is categorised within the Civil Contingencies Act (2004) as a 'Category 1 Responder' and therefore required to meet the full legislated duties under the Act. In addition to these legal responsibilities, the Board must also meet the requirements set out within the NHS Wales Emergency Planning Core Guidance (April 2015). Furthermore, as best practice, the Health Board has adopted and conforms to the NHS England Core Standards for Emergency Preparedness and Resilience (EPRR). As a Category 1 Responder the organisation must plan and prepare for incidents and emergencies and adhere to the following duties:
- Assess the risk of emergencies occurring and use this to inform contingency planning;
 - Put in place emergency plans;
 - Put in place business continuity management arrangements;
 - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
 - Share information with other local responders to enhance co-ordination;
 - Co-operate with other local responders to enhance co-ordination and efficiency.
- 8.2 The Health Board has robust arrangements in place to ensure that the organisation can respond to the demands of an incident and meet the designated responsibilities as a category one responder, by providing a coordinated response that links the operational management, shares the resources required and supports the needs of the whole of the health and care community in North Wales.
- 8.3 The Health Board has a Major Emergency Plan supported by site specific and community and primary care incident plans that describe the response of the organisation to an emergency defined as a major incident. A complete review of the Major Emergency Plan and supporting site and community arrangements was undertaken during 2020 to incorporate lessons learnt from the first wave of the COVID-19 pandemic emergency. In addition, the Health Board has a suite of supporting plans to respond to a variety of incidents such as CBRNe and mass fatalities.
- 8.4 A governance structure provides oversight and coordination of the Health Board's emergency preparedness arrangements. This structure links into the North Wales Local Resilience Forum (LRF), which provides the coordinated planning and preparedness across all agencies involved in civil protection activities.
- 8.5 There is an annual programme of training and exercise to support staff who have specific roles within the Health Board's major emergency arrangements, providing command and control competencies in line with national occupational standards. There is bespoke training relating to pre-hospital medical response, in-hospital decontamination and emergency preparedness awareness. There was some disruption to the training and exercise schedule due to the ongoing emergency response to the pandemic, however, training packages for each of the levels of on call were updated and circulated to provide a background in the principles of EPRR and details of the Covid response structures. The delivery of training recommenced for Bronze and Silver on call in February 2021 and sessions were delivered weekly during February and March 2021. Exercises continued at a reduced level under the auspices of the LRF and representatives from the Health Board have taken part in a dual incident exercise (May 2020), shelter and evacuation exercise (November 2020), and mass fatalities workshop (January 2021). A 'Wales Gold Lite'

training session was also delivered in December 2020, with the majority of the members of the Gold on call rota in attendance.

- 8.6 The Business Continuity (BC) Policy underwent a formal review in November 2020. This was supported by a BC work programme which focused on ensuring plans in place for critical services, to enable recovery within tolerable timescales following a business disruption.
- 8.7 The Civil Contingencies Group (CCG) is the Board's internal forum which provides leadership relating to health emergency preparedness. A cycle of business has been developed, which demonstrates how the CCG provides assurance and governance relating to health preparedness as well as the coordination of specific health economy resilience. Throughout the emergency response, the CCG has met monthly to meet the additional demands of the organisation and to drive and deliver the EPRR workplan.
- 8.8 An annual resilience work programme supports the fulfilment of duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance. The work programme is reviewed at the CCG to ensure the duties are being met.
- 8.9 There is a Civil Contingencies Risk Register in place, along with individual divisional risk registers which provide a means of reporting and escalating risks.
- 8.10 Following the first wave of the COVID-19 health emergency, a debriefing programme was implemented across the COVID Command and Control structures to enable the organisation to reflect on the identification of lessons learnt and share good practice from the incident. The lessons learnt and recommendations identified were supported by the Executive Team and have been incorporated into the EPRR work programme.

9. Partnership Working

- 9.1 The Health Board has ensured during the course of the year that it works closely with partner organisations such as local authorities and the voluntary sector, to discuss and address health inequalities, promote community engagement and exploit joint working opportunities. The partner organisations include:
- Welsh Ambulance Services Trust;
 - Public Health Wales;
 - North Wales Community Health Council;
 - Local Authorities (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham);
 - Neighbouring NHS bodies in England and Wales;
 - The Third Sector, including Community Voluntary Councils and local volunteers;
 - The Charities Sector, including Tenovus, the Red Cross and Macmillan;
 - Public Service Boards / Regional Leadership Board;
 - Mid Wales Healthcare Collaborative;
 - Police;
 - Military.

- 9.2 In addition, the Health Board has a key working relationship with HMP Berwyn as a provider of healthcare services within the prison. The Health Board is responsible for meeting the health and wellbeing needs of those in HMP Berwyn. The aim is to contribute to a reduction in reoffending rates by improving the health and wellbeing of the individuals concerned.
- 9.3 Understandably, COVID-19 led to unprecedented collaboration with a wide range of partners in order to address challenges such as rapid construction of the three temporary hospitals and production of personal protective equipment (PPE). Key partners involved in the emergency response include Public Health Wales, local authorities, the military, care homes, academia, businesses and a wide range of volunteers from the communities served by the Health Board. As part of the multi-agency response, the Health Board is a member of the Strategic Coordination Group (SCG) and worked with strategic partners to launch Test, Trace, Protect (TTP). The scale of collaboration developed during the response to COVID-19 will aid in the transition and planning process as the Health Board progresses through the recovery phase. Audit Wales commented in its Structured Assessment 2020 that, throughout the pandemic, *‘we have seen improvement in partnership working’*.

10. The Role of the Board

- 10.1 The role of the Board is to:
- Formulate strategy for the organisation within the overall policies and priorities of the Welsh Government, responsive to the health needs of the local population;
 - Ensure accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that the systems of control are robust and reliable;
 - Shape a positive culture for the Board and the organisation;
 - Maintain high standards of corporate governance;
 - Ensure effective financial stewardship.
- 10.2 The Board functions as a corporate decision making body. Executive Directors and Independent Members are full and equal members sharing corporate responsibility for all decisions of the Board. The Board is supported by the Board Secretary who acts as principal advisor on all aspects of governance within the Health Board.
- 10.3 The Health Board’s stated purpose, vision, strategic goals, values and priorities are shown below. These are reflected within the Health Board’s overarching Strategy: Living Healthier, Staying Well and planning framework, and work is ongoing to embed them across the organisation at all levels:

Our Purpose

- To improve health and provide excellent care.

Our Vision

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

Our strategic goals (as defined within the Health Board's Living Healthier, Staying Well Strategy – currently undergoing a refresh at the point of writing this Statement)

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

- 10.4 Our purpose, vision and goals, together with its priorities, set out the aims of the Board. We have further work to do to translate these into specific objectives for improvement in population health and health services which we will include in our plans going forward.

Our Values

- Put citizens first;
- Work together;
- Value and respect each other;
- Learn and innovate;
- Communicate openly and honestly.

- 10.5 Our values guide the way the Board conducts its business and the way in which our staff engage with those who use our services and each other to deliver our strategic goals.

In respect of our priorities, those set out in the 2020/21 Annual Plan were as follows:

- Safe Unscheduled Care;
- Essential Services and Planned Care;
- Mental Health Services;
- Safe and Secure Environment;
- Effective Use of Resources.

Revised priorities listed within the draft Annual Plan for 2021-22 are as follows:

- COVID-19 response;
- Strengthen our wellbeing focus;
- Primary and community care;
- Recovering access to timely planned care pathways;
- Improved unscheduled care pathways;
- Integration and improvement of mental health services.

The priorities are supported by key deliverables/enablers:

- Making effective and sustainable use of resources;
- Transformation for improvement;
- Effective alignment of our people.

11. Board Composition

- 11.1 The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, which are reflected in its Standing Orders.
- 11.2 The Board meets on a bi-monthly basis and consists of the Chair, ten Independent Members (IMs), three Associate Members, the Chief Executive and eight Executive Directors. The Board Secretary is in attendance as principal governance adviser. There has been an Independent Member vacancy since November 2020.

12. Board Effectiveness and Standards

- 12.1 In order to improve its effectiveness and meet aspirations for openness and accountability, the Board aims to be transparent about the decisions it makes and the way in which it operates. The majority of Board and Committee meetings are normally held in public, albeit the pandemic has necessitated different arrangements during 2020/21 (see section 2.8).
- 12.2 All Board Members have a responsibility to abide by the Nolan principles of public life and must adhere to the Code of Conduct for NHS Boards. A robust electronic system is in place for declarations of interests and gifts & hospitality.
- 12.3 Board Members are required to declare any interests at the beginning of Board meetings and complete a return annually, and whenever any changes to their circumstances occur. Board Members are also required to declare gifts and hospitality received or offered, in line with the set guidance. Declarations are recorded on the corporate register, which is available for public inspection via the Office of the Board Secretary. The Standards of Business Conduct Policy and electronic declaration system (launched in November 2016) have continued to mature.
- 12.4 In the interests of good governance, scrutiny and challenge, all Health Board Committees are chaired by an Independent Member.

- 12.5 The Board's annual cycle of business / work plan is regularly reviewed and updated as necessary on an ongoing basis. The cycle of business is available on the Board's website [here](https://bcuhb.nhs.wales/about-us/governance-and-assurance/annual-plan-of-board-business/annual-plan-of-board-business/board-annual-cycle-of-business-sept-2020-pdf/):
<https://bcuhb.nhs.wales/about-us/governance-and-assurance/annual-plan-of-board-business/annual-plan-of-board-business/board-annual-cycle-of-business-sept-2020-pdf/>

13. Board Development

- 13.1 Following a tendering exercise, The King's Fund was appointed to deliver a bespoke board development programme to build upon the work already undertaken in previous years. Unfortunately, due to the pandemic, the programme was paused during 2020-21, with only three sessions being held during the year. However, the Board has continued to hold board workshops and briefing sessions designed to deliver core training and to update members on key strategic or service issues. A further tendering exercise was undertaken towards the end of the financial year with a view to securing a further bespoke development programme for the Board, to commence early in the new financial year 2021/22.

14. Board and Committee Arrangements

- 14.1 The Health Board's Committee Business Management Group's (CBMG) role is to oversee effective communication between its committees. This avoids duplication and ensures that business is managed effectively and efficiently through the governance framework, meeting statutory requirements and taking account of emerging best practice. The CBMG meetings remain extant, however some were stood down during the course of the year in view of the pandemic.

The Board's committee structure for 2020/21 has remained stable (albeit with some meetings stood down and additional groups created as part of the pandemic response), comprising eight committees and two sub-committees, namely the:

- Audit Committee;
- Remuneration and Terms of Service Committee;
- Mental Health Act Committee with its Mental Health Act Power of Discharge Sub-Committee;
- Finance and Performance (F&P) Committee;
- Digital Information & Governance Committee (renamed from the Information Governance & Informatics Committee);
- Quality, Safety and Experience Committee;
- Strategy, Partnerships and Population Health Committee;
- Charitable Funds Committee, with its Charitable Funds Advisory Group Sub-Committee.

Committee / Sub-Committee Membership is detailed in Appendix 1.

Health Board members' attendance at Board meetings is detailed in Appendix 2.

Board and Committee meetings held throughout the year are detailed in Appendix 3.

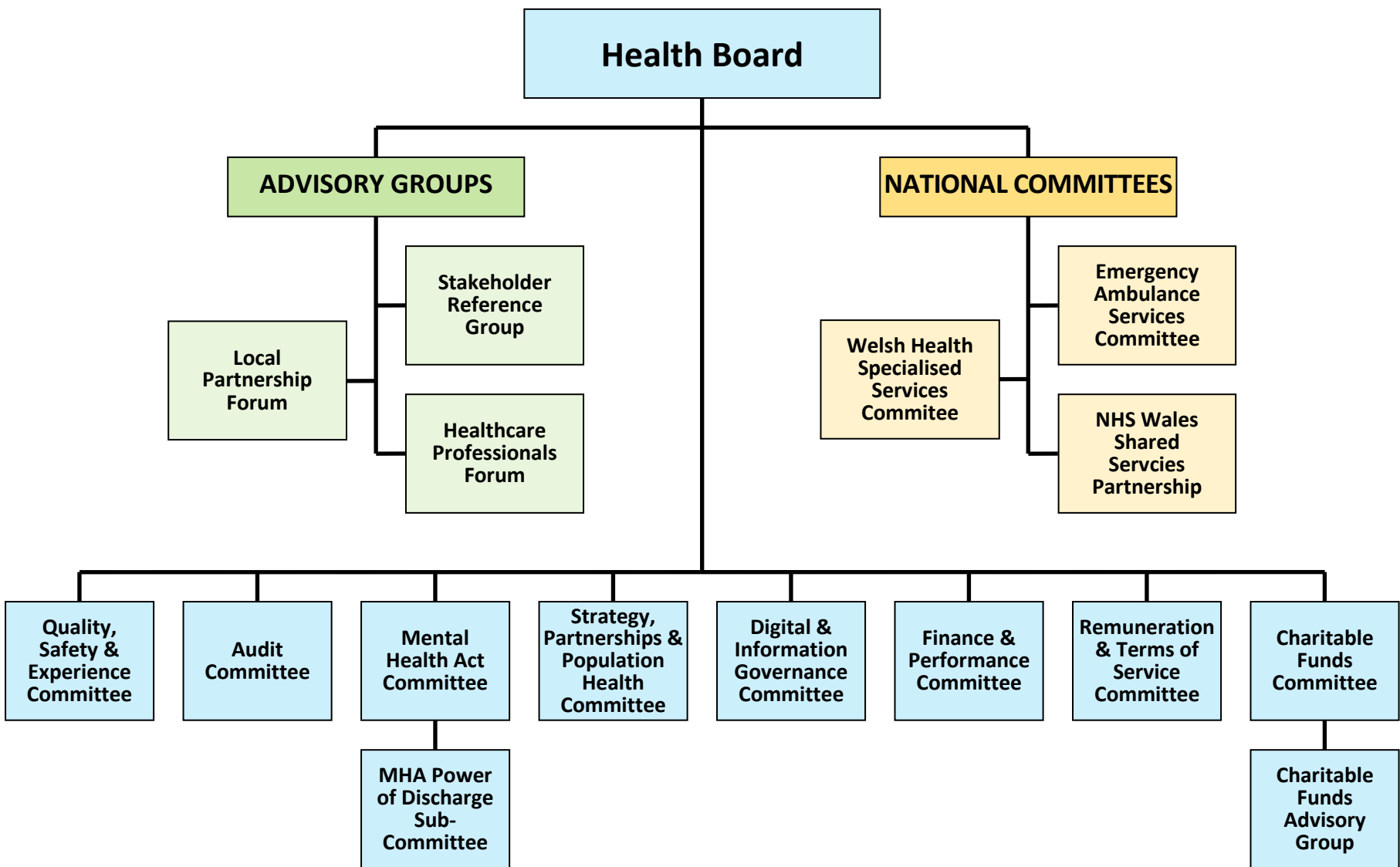
- 14.2 A review was completed during the year of the quality governance structure in line with discussions held pre-COVID-19, including specific consideration of the Quality and Safety Group. This work was part of the Quality Governance Self-Assessment Action Plan from January 2020. The remit and purpose of the review was to further clarify the assurances required by the Quality, Safety and Experience (QSE) Committee in working to its delegated function and authority from the Board. This included rationalising the flow of information and reporting up into QSE Committee. The Groups which became operational from 01.10.20, as ratified by the QSE Committee in August 2020, are as follows:
- Patient Safety and Quality Group;
 - Clinical Effectiveness Group;
 - Patient and Carer Experience Group; and
 - Strategic Occupational Health and Safety Group.
- 14.3 In addition to the Board's formal committees, the Health Board has three Advisory Groups, as illustrated in the structure diagram in Figure 1 below. These groups assist the Board in fulfilling its statutory duty to take account of representations from the community it serves and other key stakeholders. The three groups are the Stakeholder Reference Group (SRG), Healthcare Professionals Forum (HPF) and the Local Partnership Forum (LPF). Two of the Advisory Group Chairs are invited to attend the Board and committees as follows:
- Quality, Safety and Experience Committee – HPF Chair;
 - Strategy, Partnerships and Population Health Committee – SRG Chair;
 - Health Board – HPF and SRG Chairs as Associate Board Members.
- 14.4 Committee Chairs provide written assurance reports to the Board after each committee meeting, highlighting issues of significance and any key risks. These Chairs' reports are published with Health Board papers. Each Board Committee and Advisory Group is required to produce an annual report which is submitted to the Audit Committee, with an overarching assurance report then being prepared by the Audit Committee for the Board. The significant matters considered by the committees, and examples of actions taken during 2020/21 were as set out in section 14.10 onwards. These key issues feature as highlights in Committee Chairs' Assurance Reports. A fundamental review of the Board's Committee Structure has taken place during the year and is expected to conclude during Quarter 1 of 2021-22.
- 14.5 In addition to the formal Committee Structure, on 12.3.20, the Health Board initiated command and control structures following a Gold, Silver and Bronze (sub-regional) model. The Health Board also established a 'Cabinet' consisting of three independent members and three executive officers to oversee the response and enable timely decision-making and scrutiny. A further eleven work streams were set up within the command structure to address specific but significant challenges. By early April 2020 the Health Board had developed and agreed a COVID-19 strategy. This strategy helped to further shape and focus the work including the newly created work streams to help co-ordinate the required action. At this point, the Health Board also introduced a Covid Command Group within the pandemic response structure. This group enabled the whole Executive Team to have oversight of the totality of the COVID-19 response. The group enabled separation of oversight of the pandemic response to the Executive Team's 'business as usual', allowing greater time and focus on specific COVID-19 issues.

- 14.6 The revisions to the Health Board's governance and management arrangements supported rapid decision-making while maintaining necessary scrutiny. The structure was clear and successfully helped the Health Board respond to urgent and significant challenges. The Health Board developed COVID-19 daily situation (sitrep) reporting which included hospital admission numbers/trends including acute bed occupancy, critical care bed occupancy, delayed transfer of care, workforce capacity and sickness absence. On 15.4.20 the Board considered Welsh Government guidance on discharging Board committee responsibilities during COVID-19. In line with guidance, the Board approved temporary changes to its Standing Orders which included suspending its committees apart from the Audit Committee and the Quality and Safety Committee. The Health Board also reduced the breadth of agendas to focus on key risks and matters relating to COVID-19 and essential business. Revised standing orders appropriately detailed the alternative arrangements for those committees that had been 'stood down', identifying which committees would be responsible for considering key urgent items, making decisions and authorising expenditure (see sections 2.7 and 21).
- 14.7 At the same meeting in April 2020, the Board approved a revised approach to decision making. This required that, where possible, the full Board would retain decision making. If the full Board was not available, decision making operated with a quorum of three executives and three independent members that could be convened at speed to scrutinise and authorise decisions. 'Chair's Action' would be used as a last resort and would be recorded and ratified. During its pandemic response, the Health Board was required to use chair's action for a small number of decisions, for example in the approval of the field hospitals. Chair's actions were reported to the Board at its meetings on 14.5.20 and 23.7.20 in line with the Board approved 'Standard Operating Procedure on Chair's Action During COVID-19'. The Health Board also introduced decision logs into the command and control and work streams to provide evidence and justification for decisions being taken. The decision logs were routinely reported into the Command structure and were taken to board briefing meetings. The COVID-19 Command structure was stood down with effect from 22.6.20, and business as usual arrangements re-established.
- 14.8 However, with the arrival of a second wave of COVID-19, the Board further invoked the Cabinet meetings from November 2020. The revised Terms of Reference for the Cabinet were approved by Chair's action and reported to the November 2020 Board meeting in public session. To continue to strengthen transparency and reporting arrangements, a Chair's Assurance report was produced detailing the work of the Cabinet and will be reported to the Public Board Meeting in common with the approach for Committee Chairs Assurance Reports, with effect from March 2021. During this period the Chief Executive continued to deploy decision making through the established Executive Incident Management Team (EIMT). The EIMT initially met daily. COVID-19 daily situation (sitrep) reporting also continued. The EIMT reports formally to the Executive Team which continues to meet weekly.
- 14.9 The EIMT structure continues to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification. A Coronavirus Coordination Unit was also established which provides a mechanism for oversight and effective tracking of COVID-19 decision making. The purpose of the EIMT was agreed as below:
- Ensure executive oversight of key programmes of activity;
 - Provide direction and support for actions taken or required at tactical and operational levels;
 - Make and record key decisions based on clear risk assessment;

- Address issues escalated from tactical level and identify issues for escalation to Strategic Co-ordinating Group (SCG) or Board;
- Ensure clear, concise and timely briefing of Board and partners (through SCG).

This structure is still in place at the point of writing this Annual Governance Statement albeit with reduced frequency of meetings for the Cabinet and EIMT.

Figure 1: The Health Board's Committee and Advisory Group Structure



14.10 Audit Committee

The role and purpose of the Audit Committee is to advise and assure the Board and myself as Accountable Officer on whether effective arrangements are in place - through the design and operation of the Health Board's system of assurance - to support decision making. The arrangements must also be effective in securing the achievement of the organisation's objectives, in accordance with the standards of good governance determined for the NHS in Wales. Where appropriate, the Committee is responsible for advising on where, and how, the assurance framework may be further strengthened.

14.11 Key issues that have arisen during the year and which the Committee has dealt with are set out below:

- One of the most significant themes of Audit Committee meetings that took place during the year related to risks associated with COVID-19. The Committee noted the impact on committee business (business required as per the Standing Orders and Standing Financial Instructions) as well as the impact for auditors and their ability to execute their audit plans.
- A new Schedule of Financial Claims report is now received at each Audit Committee meeting. The report provides assurance of the processes in place for the oversight and approval of all claims settled over £50,000.
- A new committee breach log enables oversight of Standing Order breaches, for example those relating to the publication of Committee papers, where timeliness is not in accordance with Standing Orders; the report is received at each meeting of the Audit Committee.
- The TeamMate system continues to be utilised for the management of all Internal Audit and Audit Wales recommendations. The Audit Committee continues to hold Executives to account by requiring them to attend meetings to present evidence of implementation progress on key issues, for assurance purposes.
- The Audit Committee approved the Risk Management Strategy/Policy at the June meeting.
- An extraordinary meeting of the Audit Committee was held in July to discuss issues raised in the Auditor General Report on Refurbishment of Ysbyty Glan Clwyd (YGC). The report, and Audit Committee scrutiny, highlighted several areas for improvement. The Health Board and Welsh Government have since taken significant steps to strengthen their approaches to the management and approval of capital projects.
- The Audit Committee received the Legislation Assurance Framework in March and September and noted that a Task & Finish Group had been convened to assess the requirements of the socio-economic duty (provided for in powers under the Equality Act 2010) though the commencement of the duty had been postponed due to COVID-19 and would now come into force 31.3.21.
- The Audit Committee received and approved the Performance & Accountability Framework and agreed to review the impact and effectiveness in September 2021.
- The Audit Committee received and approved the structure/format of the Board Assurance Framework at the December meeting. The Corporate Risk Register was also received and reviewed at the December meeting.
- The Clinical Audit Plan was approved by the Audit Committee in December.

- In December, the Audit Committee also received the Ablett Redevelopment Report which had been prepared following concerns being expressed by Members of the Board as a result of being aware of a change in the project board's preferred option through media briefing associated with the nationally mandated, newly introduced pre-planning application process. The Audit Committee noted that whilst the policy had been followed, the Senior Responsible Officer (SRO) should have been an Executive Director. The Performance Audit Lead, Audit Wales noted that the report was a good example of internal management arrangements.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meeting are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/>).

14.12 Charitable Funds Committee

The purpose of the Health Board's Charitable Funds Committee is to make and monitor arrangements for the control and management of the Health Board's charitable funds. Awyr Las is the Health Board's umbrella charity for over 425 charitable funds that together support every ward, unit, department, specialty and community project right across the area of North Wales that is served by the Health Board. Awyr Las provides enhanced services over and above that which the NHS funds. Gifts from the public make a significant difference to the care and treatment that staff are able to provide.

14.13 Examples of some of the key issues that have arisen during the year and which the Committee has dealt with are set out below:

- The charity's Annual Report and Accounts for 2019/20 were approved by the Committee. It was noted that Awyr Las had income for the year ended the 31st March 2020 totalling £2.6m, expenditure was £2.5m, with a loss on investments of £0.3m, giving a net decrease in funds of £0.2m. Expenditure included grants worth £2.2m, which were given to research, training, equipment and improvement of healthcare environments.
- The Committee welcomed the establishment of a COVID-19 appeal and fund, to allow patients, supporters and the public to donate towards the specific needs arising from the pandemic. The Committee approved a COVID-19 grants process, to ensure that these donations could be accessed by services and departments across the Health Board.
- As a result of the COVID-19 pandemic, the Committee moved the approval of all charity grant applications to a virtual basis, outside of Committee meetings. This ensured that funding to help support staff and patients could be accessed on a timely basis, when it was most needed.
- The Committee approved the transfer of the charity's investment portfolio to Brewin Dolphin, who will act as the charity's Investment Managers following a robust tender process. The Committee took this opportunity to instigate a review and strengthening of the charity's Ethical Investment Policy, to ensure the charity is investing in a way that reflects the Health Board's values and ethos and does not run counter to its aims.

- The Committee closely monitored the performance of the charity's investment portfolio throughout the year, in light of the impact of the pandemic on financial markets. COVID-19 resulted in a significant fall in the stock market at the end of the 2019/20 financial year, leading to losses in the portfolio valuation. However, 2020/21 has seen a strong performance in the portfolio and the losses incurred last year have been more than regained.
- The Committee approved the revised Reserves Policy for the charity, which increased the target level of reserves by £77,000 to £2,888,000.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meeting are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/charitable-funds-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/charitable-funds-committee/>).

14.14 Mental Health Act Committee (MHAC)

The purpose of Betsi Cadwaladr University Health Board's Mental Health Act Committee is to ensure that all the requirements of the Mental Health Act 1983 (as amended) are met by the Health Board.

Examples of some of the key issues that have arisen during the year and which the Committee has dealt with are set out below:

- Mental Health Act performance reports (*including compliance against legislative requirements and section activity*) were received and reviewed at each meeting.
- Healthcare Inspectorate Wales Monitoring information was received and reviewed at each meeting.
- As a result of partnership working with local authorities, the Probation Service and North Wales Police, data provided by the Criminal Justice Liaison Service demonstrated improvements in the appropriate use of section 136s.
- Concerns were expressed regarding weaknesses relating to Deprivation of Liberty Safeguards applications. A bid has been submitted to Welsh Government for funding to create a training package and a Standard Operating Procedure has been produced, with a view to strengthening the process.
- The Committee was concerned about the lack of progress in relation to the availability of section 12(2) doctors. A Task and Finish Group was established, led by the Executive Director of Public Health (who is now designated as the Executive Lead for mental health & learning disabilities), to develop a detailed proposal on the next steps in addressing the availability issues.
- An issue was escalated to the Board concerning adequacy of out of hours cover by Child & Adolescent Mental Health Services (CAMHS) practitioners. The concerns related in particular to those under 15 years of age, and to ongoing recruitment difficulties and availability of CAMHS clinicians.
- The Committee was pleased to note that, throughout the pandemic, the work of the Associate Hospital Managers had continued via utilisation of virtual platforms.
- The terms of reference and reporting arrangements for both the Mental Health Act Committee and Power of Discharge Sub-Committee were reviewed as part of the Health Board's governance review.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meeting are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/mental-health-act-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/mental-health-act-committee/>).

14.15 Finance and Performance Committee

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to financial management, performance management & accountability, capital expenditure & working capital as well as workforce of health services.

During the COVID-19 pandemic the Committee continued to meet on a regular basis, with the exception of April and May. In response to organisational capacity and priorities the agendas for some of the meetings were streamlined and refocused, however the Committee maintained its primary focus on finance and performance matters.

During 2020-21 the Committee continued to receive a range of standing and regular items as per its cycle of business, together with other matters agreed through the agenda setting process with the Chair and Lead Executive. Key issues considered by the Committee in 2020-21 and the actions undertaken to monitor and mitigate the ensuing risks were as follows:

- In respect of finance, improved financial monitoring was developed in year as the finance report was revised and developed. The COVID-19 pandemic caused significant risk to the financial plan which included volatility around cost estimates of TTP, the vaccination programme and also temporary hospitals. The uncertainty of the provision of Welsh Government COVID-19 response funding necessitated additional reporting mechanisms to be put in place and dedicated COVID-19 expenditure reporting was included within the finance report.
- In addition to the above, the Health Board's savings programme was impacted and assurance was provided that progress against an action plan was being closely monitored. The Committee also instructed that the performance funding provided by Welsh Government be reported separately within the finance report in order to ensure effective spend monitoring.
- In respect of performance, the Committee was well sighted on the impact of COVID-19 on waiting lists, planned care and unscheduled care performance; dedicated COVID-19 sections were introduced to the newly developed Quality and Performance (QaP) report in order to closely monitor these areas. Reports on planned care and unscheduled care were provided to each meeting to monitor progress and potential improvements.
- Transformational ways of working to improve services were considered by the Committee; the potential for a diagnostic and treatment centre (DTC) was discussed, which resulted in a Strategic Outline Case being prepared for the Board's consideration.
- Clinicians within services where activity was deteriorating were invited to attend a Committee meeting for a 'Ward to Board' discussion, with a view to bringing about improvements; the Committee also promoted the development of more effective primary care performance metrics.

- In respect of workforce matters, the Committee requested additional briefings during the year to augment detail provided within the QaP report, as quarterly workforce performance reporting was deferred due to Workforce & Organisational Development team members being redeployed to work on the pandemic response; prioritisation of the provision of staff COVID-19 testing and mental health support was also requested.
- The Committee's concerns regarding the pace of progress on the 2021/22 annual plan resulted in further Board workshops to ensure integration of the financial and operational elements of the plan.
- Concerns regarding the Corporate Risk Register were discussed, including the lack of alignment to the organisation's plan. A Board workshop session was scheduled to enable full Board discussion on the matter, as well as providing an opportunity to incorporate the impacts of COVID-19 into the corporate risks.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meeting are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/finance-and-performance-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/finance-and-performance-committee/>).

14.16 Quality, Safety and Experience Committee

- 14.16.1 The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety and patients and service user experience of health services.
- 14.16.2 During the COVID-19 pandemic the Committee has continued to meet on a regular basis, however, in response to organisational capacity and priorities the agendas for some of the meetings were streamlined and refocused. In addition, the attendance by Executive Team colleagues was afforded more flexibility to allow them to respond to operational requirements. During 2020-21 the Committee continued to receive a range of standing and regular items as per its cycle of business together with other matters agreed through the agenda setting process with the Chair and Lead Executive. These generally related to providing assurance against a current risk or issue, an all Wales issue requiring local consideration, providing scrutiny of an issue ahead of a forthcoming Health Board meeting, or maintaining a heightened focus on infection prevention and COVID-19 related matters.
- 14.16.3 A summary of key issues considered by the Committee in 2020-21 is as follows:-
- The Committee was well sighted on the impact of COVID-19 on waiting lists and as such established a new standing item on planned care, with the Interim Director of Planned Care attending each meeting to update members on the current position, risk stratification and plans to address the backlog and minimise harm.
 - Infection prevention and health and safety updates to the Committee during the year were more focused in terms of the impact of the pandemic. They included reports on avoidable infections, cluster outbreaks of COVID-19 amongst staff, post infection reviews and estates issues. The Committee requested that lessons identified as part of the cluster investigations be disseminated as a matter of urgency across all areas of the Health Board, primary care and care homes. The Committee also confirmed its clear support for requiring the wearing of face coverings in healthcare settings.

- The Committee expressed ongoing concerns around the need to undertake robust investigations and rapid reviews of serious incidents, and the need to improve and be able to demonstrate organisational learning arising from incidents. An improved level of corporate oversight on incident reporting and a review of the investigation processes were progressed in-year.
- In terms of risk management, the Committee welcomed the development of the Board Assurance Framework and the refreshed Corporate Risk Register. The Committee had remaining concerns regarding clarity and consistency of scoring, together with a need to review the organisation's risk appetite. A suggestion was made by the Committee that this be considered at a Board workshop.
- An exception report considered by the Committee highlighted the current risks across the Mental Health and Learning Disabilities Division, including vacancies across the leadership team and the need to plan for the anticipated increase in demand in services. A subsequent report to the Committee demonstrated progress in a number of areas. The Committee continued to require the Division to report on a regular basis and to focus papers on key areas of concern, such as engagement with stakeholders and capacity.

14.16.4 The Committee was keen to ensure that action plans from future significant quality-related reports (such as the Holden report and HASCAS/Ockenden review reports) were appropriately tracked. As a result it was agreed to utilise the same governance framework and methodology as that used for Healthcare Inspectorate Wales actions. In addition the Committee would also receive clear close down reports when all actions are complete and proactive periodic follow up to ensure actions have been sustained.

14.16.5 The Committee received regular updates on vascular services and the associated external review. The Committee requested that once the review report had been received that a robust implementation plan with critical oversight would be essential.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meetings are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/>).

14.17 Strategy, Partnerships and Population Health Committee

The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee does this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

During the reporting period, the Committee met on 5 occasions. A workshop was also held. Key issues dealt with by the Committee during the year are set out below:

- The Committee's prime focus was in regard to the development and monitoring of the annual plan. During the year the Committee requested that further evidence, supported by improved narrative, be included within delivery plan monitoring reports. This was in order to ensure an effective audit trail of agreed priorities which had been stood down due to non-delivery. In addition, the Committee sought greater clarity on the core priorities being developed, and reflected on the need for 'SMART' objectives with deliverable actions. Concerns were raised as the new reporting year approached on whether there would be adequate time to address accurate financial costings, especially in respect of financial assumptions, within the draft operational plan 2021/2. The Committee set a requirement for the planning process to be more streamlined and robust going forward, commencing earlier in the year and with a clear timetable.
- As regards emergency preparedness, the Committee requested further detail and reports on the COVID-19 pandemic major incident response and agreed in principle that capacity required strengthening within the Emergency Planning Resilience team.
- Regular monitoring of mitigating actions was introduced in respect of the EU Exit risk.
- The Committee received regular updates on Test, Trace and Protect (TTP).
- Regular reporting on Primary Care services was introduced into the cycle of business. During the year potential uncertainty regarding transformation funds was highlighted, including the risk of funding cessation. The Committee also sought to ensure that appropriate arrangements were developed for the reporting and monitoring of cluster plans.
- The Committee requested greater focus on mental health reporting going forward, to include partnership working.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meeting are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/strategy-partnerships-and-population-health-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/strategy-partnerships-and-population-health-committee/>).

14.18 Remuneration and Terms of Service (R&TS) Committee

14.18.1 The purpose of the Committee is to provide:

- Advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;
- Assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales; and
- To perform certain specific functions as delegated by the Board.

14.18.2 The Committee met on 5 occasions (including 1 extraordinary meeting) between 1.4.20 and 31.3.21, and was quorate each time. The meeting originally scheduled for April was stood down due to the need to prioritise pandemic response activity. Examples of some of the key items of business and issues that have arisen during the year, which the Committee has dealt with, are set out below.

- The R&TS Committee Annual Report 2019/20 and draft Remuneration & Staff Report 2019/20 –were approved for submission to the Audit Committee
- A range of papers covering Executive Team roles, recruitment, appointmentsacting/interim arrangements were considered and approved
- The Reserve Forces Training and Mobilisation All Wales Policy was noted
- The General Medical Council revalidation update 2020,the Nursing & Midwifery Council Registration, Revalidation and Fitness to Practice Annual Report 2019, Health and Care Professions Council and General Pharmaceutical Council for Wales Registration Report 2019/20 were noted
- Upholding Professional Standards in Wales updates were noted, with the Committee requesting enhancements to the reports in order to encompass primary care colleagues
- An update on GP managed practice staff harmonisation of pay and terms & conditions was noted
- Revised Committee terms of reference were approved, with the Committee taking the opportunity to strengthen scrutiny of members of the Performers List in primary care, whistleblowing and safe haven arrangements, and also to increase Executive/Director level attendance and expert finance input.
- Case management and professional standards review and process enhancements were noted
- An Annual Raising Concerns/Safe Haven Report 2018/19, Raising Concerns and Speak Out Safely reports were noted and supported
- A report on Managing the Primary Care Performers List in North Wales was noted
- Pay arrangements for employees and workers on ad hoc pay rates in primary care were approved
- An update on the Performance & Development Review of Executive Directors was considered, and the Committee has requested better assurance on objective setting going forward.

14.18.3 The robustness of the Committee's agenda planning arrangements were enhanced in year by the introduction in March 2021 of agenda setting meetings involving the Chair, Secretariat, Lead Director and Board Secretary.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meetings are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/remuneration-and-terms-of-service-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/remuneration-and-terms-of-service-committee/>).

14.19 Digital & Information Governance (IG) Committee

- 14.19.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety and security and appropriate access and use of information to support health improvement and the provision of high quality healthcare.
- 14.19.2 The Committee met on 3 occasions between 1.4.20 and 31.3.21. The following key items of business were discussed:
- Progress against informatics operational plans - the Committee reviewed progress against the digital operational plans; it was recognised that the Health Board was broadly on track. Informatics assurance reports were reviewed regularly by the Committee. The Committee agreed to arrange a workshop in order for members to review the future purpose and content of the report.
 - Continued progress on good information governance - information governance quarterly assurance reports were received by the Committee and were also reviewed to assess compliance with the Data Protection and Freedom of Information legislation.
 - In June 2020 the Committee considered the relevance of the controls and actions in place, along with the consideration of the risk scores relating to the following Corporate Risk Register risks: CRR10a National Infrastructure and Product, CRR10b Informatics - Health Records and CRR10c Informatics infrastructure capacity, resource and demand. Actions to further mitigate risks which had been put on hold due to the COVID-19 pandemic were raised accordingly with the Risk Management Group.
 - The Committee received regular updates from the NHS Wales Informatics Service (NWIS) regarding national updates and national digital initiatives
 - Concerns were raised regarding the impact of the Blaenavon Data Centre issues on the Welsh Patient Administration System (WPAS) project. The Committee noted that a report would be presented to Executives by the Chief Information Officer and that NWIS had appointed a project support manager to work with the Health Board on developing an implementation plan
 - The Welsh Community Care Information System (WCCIS) – this continued to be a significant risk in respect of the implementation timeline, ongoing costs and service impacts associated with the national programme.
 - The Committee noted and ratified the assurance provided within the Information Governance Annual Report 2019/20.
 - The Committee noted the assurances provided within the Caldicott Outturn Report 2020 with regards to compliance with Caldicott Principles and planned improvement actions. A 5 star Caldicott Principles into Practice (CPIP) rating was achieved.
 - The Committee reviewed and approved the Digital Strategy - Our Digital Future.
 - The Committee reviewed progress on corporate level risks allocated to it for ongoing monitoring. The Committee discussed the 3 additional risks reopened in relation to national infrastructure, cyber security and non-delivery of the WCCIS project.

The Committee maintains an action log in order to track responses to issues identified during meetings.

Minutes and papers from the Committee meetings are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/digital-and-information-governance-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/digital-and-information-governance-committee/>).

14.20 Advisory Groups

14.20.1 Items of business considered by the Board's Advisory Groups are detailed below. The Chair of each Group provides an Assurance Report to the Board after each meeting to highlight significant issues or advice. The Groups maintain an action log in order to track responses to issues identified during meetings.

14.20.2 Stakeholder Reference Group

The role of the Stakeholder Reference Group (SRG) is to provide:

- Continuous engagement and involvement in the determination of the Health Board's overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the Health Board operations on the communities it serves.

The SRG met on 4 occasions between 1.4.20 and 31.3.21. During the year the Group dealt with the the following key items of business:

- BCUHB planning updates
- Welsh Ambulance Services Trust – Long Term Strategic Direction
- Engagement with Stakeholders on development of Q2 Plan
- Third Sector Priorities / Alignment to BCU Plans
- Covid19 response linked to Q3/Q4 Plan and Winter Planning
- Digitally Enabled Clinical Strategy Engagement
- North Denbighshire Business Case
- Development of Diagnostic Treatment Centre (DTC) model
- Update on Mental Health and Learning Disability
- Primary Care update
- Vaccination Rollout
- Update on Digital Strategy engagement
- Targeted intervention and Maturity Matrices

Full details of the issues considered and discussed by the Group are documented within the agenda and minutes which are available on the Health Board's website and can be accessed [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/stakeholder-reference-group-srg/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/stakeholder-reference-group-srg/>).

14.20.3 Local Partnership Forum

The purpose of Betsi Cadwaladr University Health Board's Local Partnership Forum (LPF) is to:

- Consider national developments in NHS Wales workforce and organisational strategy and their implications for the board;
- Negotiate on matters subject to local determination;
- Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard;
- Establish a regular and formal dialogue between the Board's executive and the trade unions on matters relating to workforce and service issues;
- In addition the LPF can establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed they must report to the LPF as per the cycle of business.

Between 1.4.20 and 31.3.21, the LPF met on 3 occasions. Key items of business considered were:

- COVID-19 Pandemic Outbreak Management, including Test, Trace & Protect - Regular updates were provided describing the various measures the Health Board was taking – the regular touch-base meetings with trade union partners; infection control; TTP; staff-to-staff infections and how the Health Board intended to combat this; the increased use of epidemiology techniques; the reasoning surrounding the categorisation of staff to be vaccinated along with the current vaccination situation.
- The Flu Campaign - The Head of Occupational Health and Wellbeing provided details of the success and various improvements of the year's campaign.
- The Safe and Agile Working Programme - Numerous discussions took place regarding the problems and benefits brought about by the increase in staff working remotely.
- Finance - The Executive Director of Finance provided regular updates and clarifications.
- Special Measures - Updates were provided demonstrating actions taken with Welsh Government and local partners and the improving situation within the Health Board.
- Budget Strategy & Planning - The Executive Director of Planning and Performance provided regular updates which highlighted the challenges that COVID-19 had brought to the Health Board – the staffing of extra wards and temporary field hospitals and the solutions being put in place and the consequences. It was agreed that the positives that the pandemic had highlighted must be built upon.
- Raising Concerns / Safe haven Review and proposals - Various discussions took place regarding more effective ways of getting staff to discuss their anxieties.
- BCUnity BAME Staff Network - Information regarding the newly formed network was presented and discussed.
- Workforce Engagement - The Head of Organisational Development presented the findings of the NHS Staff Survey. Problems concerning the lack of adequate staff changing facilities were highlighted and brought to the attention of the Hospital Management Teams.

- Workforce Partnership Group - updates were discussed.
- Workforce Policy Group - discussion resulted in The Executive Director of Workforce & Organisational Development agreed to arrange a meeting with various trade unions small number of trade union colleagues, where they could discuss a more effective, speedier way of updating policies.
- EU Exit updates - regular updates were received regarding plans put in place to mitigate any effects EU Exit might have on the Health Board from both a staff and a medicines perspective.

Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](#):

(<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/local-partnership-forum-lpf/>).

14.20.4 Healthcare Professionals Forum

The purpose of the Healthcare Professionals Forum (HPF) is to facilitate engagement and debate amongst the wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the Health Board's decision making.

Between 1.4.20 and 31.3.21 the Forum met on 4 occasions. During the year the key items of business considered were:

- Corporate Planning – including updates on Annual Operational Plan / IMTP / 3 year plan.
- Quality Assurance update
- Clinical Services during Covid-19 and future of clinical pathways
- Diagnostic and Treatment Centres (DTCs)
- Digital Strategy
- Annual discussion with the Chief Executive.
- Membership.
- Chairs written updates.
- Members written updates.
- HPF Annual Report.
- Review and refresh of HPF terms of reference.
- Minutes of Quality, Safety & Experience Committee meetings.

Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](#)

(<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/healthcare-professionals-forum-hpf/>).

14.20.5 National Committees

The Board also receives and considers regular summaries, copies of minutes or reports from the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and the NHS Wales Shared Services (NWSSP) Partnership Committee. These can be accessed via Health Board papers [here](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/>).

15. The Purpose of the System of Internal Control

- 15.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.
- 15.2 The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Health Board's strategic goals and corporate objectives. This includes evaluating the likelihood of those risks being realised and the impact should they be realised, and the arrangements in place to manage them efficiently, effectively and economically. The pre-COVID-19 system of internal control as described in this Statement was in place for the year ended 31.3.20, however the Command structure established in response to the pandemic began planning revised governance arrangements from 12.3.20.
- 15.3 From April 2020, prioritisation of the pandemic response meant that it was necessary to agree temporary variations to normal systems. Revisions to governance arrangements such as standing down committees for April and May and departures from Standing Orders were agreed by the Board on [15.4.20](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/>) and [14.5.20](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/>) (item6), and a temporary approach to risk management was published on 22.4.20. The system of internal control incorporating these revised elements has been in place since 15.4.20, and with some further revisions from 14.5.20 to 21.6.20. The COVID-19 Command structure was stood down with effect from 22.6.20, and business as usual arrangements re-established, thus reverting to the pre-COVID-19 system of internal control. With the advent of the second wave of COVID-19 the Board invoked the Cabinet meetings from November 2020. In respect of COVID-19, the Chief Executive deployed decision making through the Executive Incident Management Team (EIMT) as opposed to a formal Command Structure as had been established during the first wave. The EIMT reports formally to the Executive Team which continues to meet weekly. The EIMT structure continues to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification.
- 15.4 In addition, the Health Board established the Financial Governance Cell, working in partnership with Internal Audit and Audit Wales, and undertook a self-assessment against the key principles of financial governance as set out in the Welsh Government Guidance of 30.3.20. The Health Board's Finance and Performance Committee received the key findings, including elements of good practice and learning opportunities.
- 15.5 The system of internal control has therefore undergone significant adaptation following the declaration of the COVID-19 pandemic, as described. These changes have continued and are likely to evolve throughout 2020/21.

16. Capacity to Handle Risk

- 16.1 The Health Board has a complex risk profile due to the diversity of services it provides, ranging from primary and community services through to acute hospitals, mental health services and prison healthcare. Furthermore, the Health Board covers a wide, culturally diverse geographic area, commissions services from NHS England, and experiences peaks in demand due to north Wales being a popular holiday destination.
- 16.2 The Lead Executive responsible for risk and assurance sits with the Deputy Chief Executive Officer/Executive Director of Nursing & Midwifery. The role of Senior Information Risk Owner is delegated to the Executive Director of Finance.
- 16.3 The Health Board has a risk management system in place to identify, assess, control and mitigate risks to the achievement of its operational and strategic objectives. The system includes a framework of processes which draw upon best practice and ISO 31000:2018, and are designed to support staff in identifying and managing emerging risks. The Health Board launched a new Risk Management Strategy and policy on 1.10.20. COVID-19 posed some challenges in terms of the smooth implementation of the new strategy, in that the progress of the associated risk management training programme was slowed down due to staff being redeployed to focus on the pandemic response.
- 16.4 The new Risk Management Strategy is written in a more reader-friendly style, to make it more accessible. It now includes a Vision Statement for risk management as well as the risk appetite statement. The Strategy can be accessed [here](https://bcuhb.nhs.wales/about-us/governance-and-assurance/corporate-risk-register/rm01-risk-management-strategy-and-policy-v5-1-pdf/) (<https://bcuhb.nhs.wales/about-us/governance-and-assurance/corporate-risk-register/rm01-risk-management-strategy-and-policy-v5-1-pdf/>). It is designed to promote a risk-aware culture and positive staff behaviours. It clarifies the move from a 5 to 3 tier risk management model. The Risk Management Information System (Datix) has been updated to reflect this change.
- 16.5 Two projects of note were undertaken over the last year, which have greatly shaped; informed and redefined the Health Board's risk management approach. These were a risk management training needs analysis, and a risk management gap analysis. These projects highlighted some areas for improvement which were subsequently strengthened. The Health Board's Risk Management Strategy is reviewed and updated yearly to reflect any changes to executive portfolios and to keep abreast of emerging issues. Work is underway to develop a new approach involving the adoption of enterprise risk management (ERM) standards. ERM seeks to ensure that risk management links with the organisation's objective setting, strategy design, and wider decision-making processes.
- 16.6 The Risk Management Group is chaired by the Deputy Chief Executive/Executive Director of Nursing & Midwifery. Throughout the pandemic, it has continued to seek to provide better advice, assurance and recommendations to the Executive Team on the appropriate escalation and management of risks.
- 16.7 Two externally facilitated Board Workshops took place in 2020, providing expert support to the Board in the design of its Board Assurance Framework (BAF). Development of a robust BAF will provide the Board with greater assurance on the effectiveness of its risk management arrangements.
- 16.8 In order to embed the Risk Management Strategy and good practice across the organisation, a series of bespoke risk management training sessions were delivered by an external specialist to 100 senior managers and staff during 2020. The corporate risk team also delivers its own training, and the aim is to deliver this to 1000 members of staff by 31.3.22. Furthermore, each Division is asked to adopt standard risk management procedures when implementing the Risk Management Strategy across their services.

- 16.9 In response to the pandemic, as a member of the Strategic Coordination Group (SCG), the Health Board has worked collaboratively with a wide range of multi-agency partners, in order to jointly manage the risks as they emerged. Simplified COVID-19 response risk management guidance was produced, to facilitate the timely identification, assessment, mitigation, management and escalation/de-escalation of COVID-19 risks. This guidance complied with the Civil Contingencies Act 2004 (as amended) as well as good practice guidance for Category 1 responders (see section 8). As the Health Board moves into the post-COVID-19 recovery phase, a level of uncertainty will remain and therefore the need for robust and integrated risk management arrangements will continue.

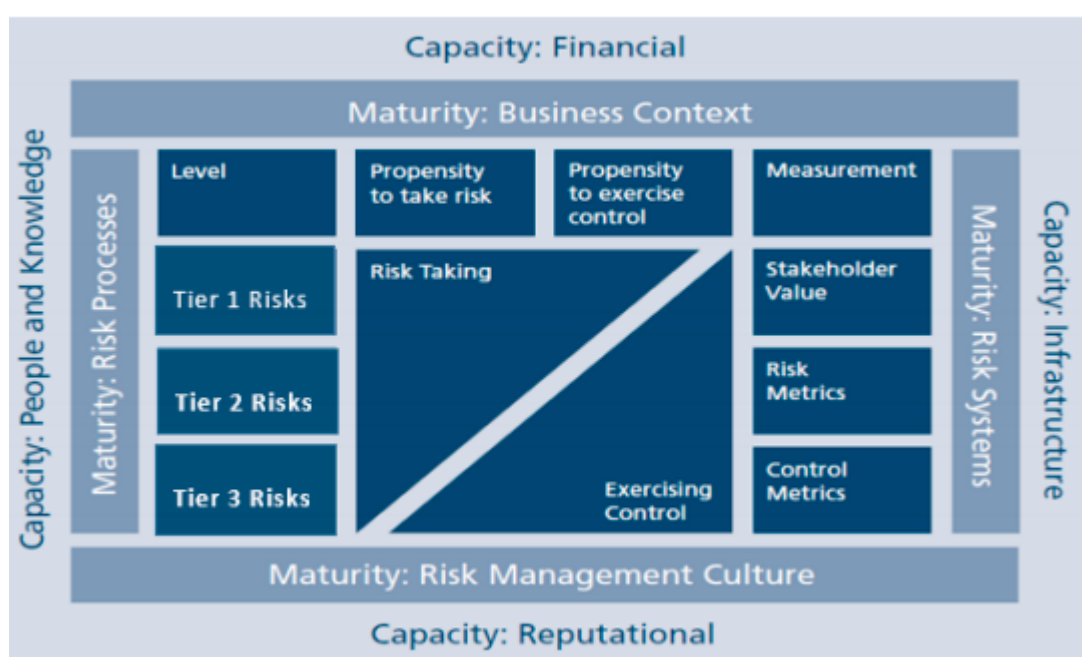
17. Board Assurance Framework

- 17.1 Following on from the previous work undertaken nationally between the All Wales Audit Committee Chairs and the Board Secretaries Network, it was deemed essential for the Health Board to have an effective system in place, in which identifying and managing risk is a continuous process.
- 17.2 As stated above, the revised Risk Management Strategy and Policy was implemented on the 1.10.20, and on 17.12.20, the Audit Committee approved the implementation of the revised Board Assurance Framework (BAF). The new design reflects work undertaken by the Board on the identification of its priority areas. It supports the effective management of the principal risks that could affect the Board's ability to achieve its agreed priorities. This has led to streamlining and re-design of the Corporate Risk Register (CRR), which now more effectively demonstrates how the Health Board is robustly mitigating and managing extreme risks to the achievement of its operational objectives.
- 17.3 Each principal risk (see section 18) has since been reviewed and updated to take account of any changes or completion of actions to support the mitigation of the risk and to reflect the impact of any further COVID-19 pandemic waves.
- 17.4 All Executive Directors are required to ensure the management of risk within their particular area of responsibility and this is explicit within the Risk Management Strategy. In addition, all staff are encouraged and empowered to use risk management processes as a mechanism to highlight areas they believe need to be improved. Where staff feel that raising issues may compromise them or may not be effective, they are encouraged to follow guidance on whistle blowing and raising concerns (the new Speak Out Safely process is being rolled out at the time of writing this Statement).
- 17.5 The implementation of the BAF and the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The design of both the new BAF and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively but also underlines their symbiotic relationship as both mechanisms have been designed to inform and feed off each other. This includes the evaluation, monitoring and review of progress, accountability and oversight of the principal risks and also the high level operational risks which could affect the achievement of the Health Board's agreed priorities. These are being monitored as part of an annual improvement plan with oversight by the Risk Management Group, and scrutiny and approval by the Executive Team.

- 17.6 During November 2020, once the principal risks had been agreed by the Executive Team, a series of meetings took place with all principal risk lead officers to populate each risk template. Support was provided by the corporate risk management team and each risk was quality assured and required Executive approval prior to inclusion in the resulting report.
- 17.7 A version of the report was presented and approved for submission to the Board by the Audit Committee on 17.12.20. Once the Board had formally ratified the implementation of the BAF, regular reviews of the principal risks commenced. These were undertaken by the Risk Management Group and the Executive Team, with oversight provided by the relevant Board Committee. Oversight of the system and process remains with the Audit Committee, which receives an update and copy of the full BAF twice a year.
- 17.8 The future management of the BAF formally transferred back to the Office of the Board Secretary from the corporate risk management team on 1.2.21. The risk management system and associated processes continue to be managed by the corporate risk team.
- 17.9 Risk appetite is defined as the amount and type of risk an organisation is able to take on in order to achieve its objectives. Risk capacity refers to the maximum amount of risk that an organisation is able to take on. These are underpinned by the Health Board's risk capability and the maturity of its risk management culture. The Health Board's risk appetite for individual risks will thus be different depending on its current performance, strategic objectives and risk maturity level. The risk appetite statement below sets out the amount and type of risks that the Health Board is able to take on in order to achieve its objectives and priority areas.
- 17.10 The Board accepts that there is an element of risk in every activity it undertakes and recognises that its risk appetite for any risk will change depending upon the individual risk and current performance. It also recognises that the transformation journey it has embarked on will involve taking on some transformation and project improvement risks which may sit outside its risk appetites. The Board is directly accountable for setting its risk appetites and risk culture. The Health Board will thus set two risk appetite statements as articulated below to demonstrate the various, often complex, risks it may take on or accept in order to achieve its objectives in priority areas. Its risk appetite statements will be measurable and shaped by three key determinants (the risk score, potential impact and type of risk); these will vary or change over time depending on the context, type and risk environment.
- *The first risk appetite statement: In order to achieve its objectives and priority areas as defined in its 3 Year Plan, the Health Board will be willing to accept safety, quality, regulation and compliance, public confidence, reputational and workforce risks which score from 1-8. The Health Board may be prepared to pursue risks which sit outside this risk appetite statement if the benefits for doing so outweigh inaction.*
 - *The second risk appetite statement: The Health Board will be willing to accept finance, IM&T, projects, improvement and transformational risks which score from 1-12 in order to achieve its objectives and priority areas. The Health Board may be prepared to pursue risks which sit outside this risk appetite statement if the benefits for doing so outweigh inaction.*

17.11 The Health Board's risk appetite statements align with its proactive, inclusive and enterprise-wide approach to risk management as well as its commitment to actively mitigate, control and manage risks which could compromise the achievement of its objectives in priority areas. However, as alluded to above, the Health Board realises that in some instances it may have to take on risks which sit outside its risk appetites in order to achieve its objectives and priority areas. It therefore recognises that agreement to pursue a risk outside the above risk appetites will be openly discussed at the appropriate governance meeting and a conscious decision made to do so based on the added value. Risk appetite and risk tolerance are at the heart of the Health Board's operational and strategic agendas as the latter implies the amount of risk it can actually cope with. The following figure highlights the contexts within which the Health Board's risk appetites have been set as it emphasises the importance of ensuring that any robust risk appetite must be measurable, underpinned by controls, organisational risk management culture and maturity.

Figure 2. Risk Appetite in context (IRM paper, 2011)



The Board recognises this is not a fixed concept and is in the process of refreshing the risk appetite statement at the time of writing

- 17.12 The Health Board involves its public stakeholders in managing risks that impact on them. With the advent of COVID-19, engagement of stakeholders has taken place through multi-agency partnership working and through the SCG, as mentioned earlier. Additionally the roles of the Stakeholder Reference Group and Regional Partnership Board are two significant elements of the governance structure that help to support arrangements for the management of risk facing the organisation(s) through collective dialogue.
- 17.13 A refreshed Risk Management Strategy and Policy, including the revised risk appetite statement referred to above, was being considered for approval at the point at which the annual accounts were also being considered for sign-off. Further detail on this will be provided in the 2021/22 Annual Governance Statement.

18. Principal Risks

- 18.1 The Health Board has identified a series of Board level risks which it refers to as 'principal risks' as set out in the Board Assurance Framework. In the absence of clearly articulated objectives, the Board has aligned its principal risks to the strategic priorities set out in the 2020-21 Annual Plan (see section 10.5). Further information on these risks is detailed in Appendix 5. At the time of writing this Statement, a remapping of the risks to the 6 updated strategic priorities as set out in the 2021-22 Annual Plan is taking place. Where a risk does not map directly to one of the priorities, it is linked instead to an 'enabler'.
- 18.2 The most significant risks the Health Board has faced during the year have been initially in relation to managing the pandemic, affecting its ability to carry out core functions. This has now manifested itself in a very significant risk relating to the delivery of timely access to planned care. This risk is being managed via a number of actions including, but not limited to, additional internal activity above the core being mobilised as part of the recovery plan. A business case is being developed for an orthopaedic modular ward and theatre on each site. Outsourcing of orthopaedic activity is being explored with the independent sector. Capacity planning is being undertaken to understand the clearance times for the over 52 week backlogs, as is a review of the Ophthalmology business case in light of Welsh Government Strategy in relation to cataract centres. Individual operational service risks have been captured as part of the Corporate Risk Register and have been linked to support the management of this significant risk.
- 18.3 As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. A number of new and emerging risks were identified. Whilst the organisation did have a major incident and business continuity plan in place, as required by the Civil Contingencies Act 2004, the scale and impact of the pandemic has been unprecedented. Significant action has been taken at a national and local level to prepare and respond to the likely impact on the organisation and population. This has also involved working in partnership on the multi-agency response as a key member of the Strategic Co-ordination Group. There does remain a level of uncertainty about the overall impact this will have on the immediate and longer term delivery of services by the organisation, although I am confident that all appropriate action is being taken.

19. Management of Key Risks

- 19.1 The [Corporate Risk Register](https://bcuhb.nhs.wales/about-us/governance-and-assurance/corporate-risk-register/corporate-risk-register/21-12c-appendix-2-corporate-risk-register-report-pdf/) (<https://bcuhb.nhs.wales/about-us/governance-and-assurance/corporate-risk-register/corporate-risk-register/21-12c-appendix-2-corporate-risk-register-report-pdf/>) (CRR) was regularly reviewed by the Risk Management Group and Board Committees during the past year. As part of the Risk Management Strategy, there is a requirement to ensure mitigating actions and controls are in place to enable the Health Board to effectively manage each risk. All identified Corporate Risks and their associated controls and mitigating actions are scrutinised on a cyclical basis as part of the Board committees' cycles of business. In line with the Health Board's Risk Management Strategy, during the year the Health Board identified constraints on the Board's ability to focus on and address key issues, due to the significant number of risks listed on the CRR.

- 19.2 In response to this situation, the CRR was re-written in December 2020. Due diligence was undertaken and risks were revisited and reprioritised. Those deemed still to be significant were transferred onto the BAF. Those considered no longer relevant were closed down and archived with the agreement of the Audit Committee, ratified by the Board on 22.9.20. The new CRR focuses on highlighting the management of significant operational risks whilst the purpose of the BAF is to provide assurance on the management of principal risks to the achievement of the Health Board's strategic objectives. Further details on the risks and actions taken in respect of the BAF and CRR are included in Appendix 6.

20. The Control Framework

- 20.1 As Accountable Officer, I have personal responsibility for the overall organisation, management and staffing of the Health Board. I am required to assure myself, and the Board, that the Health Board's executive and clinical management arrangements and overarching control framework are fit for purpose.
- 20.2 The control framework is designed to manage risk at a reasonable level rather than to eliminate all risk of failure to achieve strategic goals and corporate objectives (see also section 14). Governance and internal control of the organisation is an ongoing process designed to:
- Identify and prioritise risks to the achievement of the Health Board's purpose, vision, strategic goals and values;
 - Evaluate the likelihood of these risks being realised and the impact, should they be realised;
 - Manage these risks efficiently, effectively and economically.
- 20.3 The Board has agreed risk appetite statements referred to earlier in this document in section 17. Further details on compliance with corporate governance good practice is included in Section 23.

21. Standing Orders

- 21.1 The Health Board has agreed Standing Orders for the regulation of proceedings and business. The Standing Orders can be accessed [here](https://bcuhb.nhs.wales/about-us/governance-and-assurance1/standing-orders-and-financial-instructions/) (<https://bcuhb.nhs.wales/about-us/governance-and-assurance1/standing-orders-and-financial-instructions/>).
- 21.2 The Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice. Together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define its 'ways of working'. These documents, together with the Board Assurance Framework and Corporate Risk Register, and a range of policies and business standards agreed by the Board, make up the control framework within which the Board operates.

- 21.3 The Audit Committee routinely undertakes an annual review of the Standing Orders, as well as considering ad hoc amendments throughout the year to address matters such as Scheme of Reservation & Delegation responsibility changes due to the creation of new senior posts and Executive portfolio changes. Further information is available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/>). The Committee approves amendments on behalf of the Board, which then receives the changes made, for ratification. During the reporting period, the most significant event in respect of Standing Orders related to emergency changes in response to the pandemic, (see also section 2.7).
- 21.4 On [15.4.20](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/>), the Board approved temporary variations to Standing Orders covering decision making (including an enhanced Chair's action procedure), financial management arrangements, Board meeting arrangements (including the temporary revocation of the rights of members of the public to be in attendance), and the standing down of some committees and officer groups. On [14.5.21](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/>), the Board approved additional variations covering an updated Chair's action proforma, the introduction of voting rights for nominated deputies of Executives, streamlined committee annual report requirements and terms of reference for a new COVID-19 Cabinet. On [27.8.20](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/agenda-bundle-audit-committee-28-07-2020-v3/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/audit-committee/agenda-bundle-audit-committee-28-07-2020-v3/>) (item 3), the Audit Committee approved temporary variations (until 31.3.21) as set out in Welsh Health Circular 2020/011, covering arrangements relating to the tenure of Board members, the AGM date, SRG and HPF appointments and terms of office as well as changes to Welsh Health Specialised Services Committee and Emergency Ambulance Services Committee standing orders. Changes to the documents signed under seal process were also agreed at the same time, as well as a re-set of most of the changes agreed on 15.4.20 and 14.5.21.
- 21.5 In respect of Standing Financial Instructions (SFIs), a Conformance Report is provided at every Audit Committee meeting. The report highlights conformance with the SFIs in relation to:
- Procurement Procedures (Reporting of waivers of tenders and breaches of procurement requirements);
 - Payroll Procedures (Reporting of overpayments of salaries and wages);
 - Receivable and Payable Procedures (Reporting of aged balances over £10,000 and over 6 months old);
 - Losses and Special Payments requirements (Reporting of losses, special payments, and write-off of balances owed to the Health Board).
- 21.6 During 2020/21 the key issues included in the conformance reports presented to the Audit Committee were, in accordance with 21.4 above, conformance with the Intermediary Legislation (IR35), conformance with procurement procedures, including purchase order (PO) conformance and tender/quotation process deviations, receivables and salary overpayments, payables and approval of losses and special payments. The Health Board continues to work to ensure that payments are made within the 30 day target period.

22. Audit Wales Reports

22.1 Audit Wales published the following reports and documents relating to the Health Board during 2020. The Health Board has formally responded to each of these and actions arising from recommendations are tracked using the Audit Tracker / TeamCentral with progress formally monitored by the Audit Committee. In addition the Audit Committee monitors those recommendations which are applicable to the Health Board but which may have arisen from All Wales reviews.

22.2 The following table lists the reports issued to the Health Board in 2020.

Report Title	Date report issued
Financial audit reports	
Audit of the 2019-20 Accountability Report and Financial Statements	June 2020
Audit of the 2019-20 Funds Held on Trust Accounts	December 2020
Performance audit reports	
Review of interim director appointment arrangements	March 2020
The Refurbishment of Ysbyty Glan Clwyd	July 2020
Effectiveness of Counter-Fraud Arrangements	September 2020
Continuing Healthcare management arrangements	December 2020
Structured Assessment 2020	December 2020
Other reports	
2020 Audit Plan	March 2020
Annual Audit Report 2019	December 2020

These publications are available [here](https://www.audit.wales/publications) (<https://www.audit.wales/publications>).

23. Corporate Governance Code

23.1 For the NHS in Wales, governance is defined as “a system of accountability to citizens, service users, stakeholders and the wider community, within which healthcare organisations work, take decisions and lead their people to achieve their objectives.” In simple terms this means the way in which NHS bodies ensure that they are doing the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector.

23.2 The Health Board follows and is compliant with the principles and relevant aspects as described in HM Treasury Cabinet Office ‘Corporate Governance in Central Government Departments: Code of Good Practice 2011’ which are consistent with the ‘Good Governance Guide’ for NHS Wales Boards (second edition) issued by Welsh Government in 2017. In particular, the Board complies with the principles set out in relation to the role of the Board, Board composition, Board effectiveness and risk management. The Board Secretary, Deputy Board Secretary and Assistant Director of Corporate Governance have conducted a desk-top review to assess compliance during 2020/21 with the Cabinet Office Code of Good Practice. The outcome of the review was that there was deemed to be compliance with the code, and no areas of weakness requiring further action. The Code of Good Practice can be accessed [here](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/220645/corporate_governance_good_practice_july2011.pdf).

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/220645/corporate_governance_good_practice_july2011.pdf).

24. Quality Governance Arrangements

- 24.1 As part of the interim governance measures introduced by Welsh Government in response to the COVID-19 pandemic, an Annual Quality Statement (AQS) and Putting Things Right (PTR) Annual Report are not required for 2020/21. However, quality is at the heart of the Health Board's 2020/21 Annual Report and the statutory reporting requirements of the PTR Regulations are also detailed within the report.
- 24.2 The executive lead for quality (including quality governance) within the organisation is the Executive Director of Nursing and Midwifery, which complements the role of the Executive Medical Director and Executive Director of Therapies and Health Sciences. They are supported by the Associate Director of Quality Assurance and team. During the year, the Quality Assurance Team was strengthened by the appointment of a senior lead, two analysts and other specialist staff.
- 24.3 The quality governance structure beneath the Quality, Safety and Experience (QSE) Committee was strengthened by the introduction of a Patient Safety and Quality Group, Clinical Effectiveness Group and Patient and Carer Experience Group. These new executive led groups replace the previous Quality and Safety Group and allow for greater scrutiny and oversight of quality issues. The reporting templates from sub-groups and divisions have been improved. Governance structures in many of the divisions have also been strengthened during the year and aligned to the new corporate model, especially in Secondary Care and Mental Health and Learning Disability services. The governance teams in these divisions have been aligned under the Associate Director of Quality Assurance, strengthening the professional support and independence of these functions.
- 24.4 A new integrated quality dashboard is in pilot stage, with plans for organisation-wide rollout out in early 2021/22. This dashboard triangulates a range of measures across a range of data systems providing ward/team-to-Board visualisation of key indicators. This dashboard builds on the success of the harms dashboard is currently in place.
- 24.5 The Ward Accreditation programme continued during the year, providing assurance on how wards comply with the Health and Care Standards. In addition to formal accreditation visits, monthly audits are in place. Due to the COVID-19 pandemic, some activity was suspended or altered to accommodate necessary safety requirements. The programme was also extended to Emergency Departments during the year, with all three departments visited. In addition, work has commenced on developing a Community Nursing Accreditation framework which will be tested and rolled out in early 2021/22.
- 24.6 During the year, a new programme of quality governance reviews commenced, with a pilot taking place at Ysbyty Glan Clwyd. The reviews build on ward accreditation by assessing quality governance at a divisional or sub-divisional level against the Health and Care Standards, using elements of the self-assessment, data analysis and inspection methodologies in place across the UK. A plan is in place to roll out this programme across all divisions.
- 24.7 The QSE Committee has continued to receive updates against the Quality Governance Self-Assessment completed (and submitted to the Welsh Government) in January 2020. Audit Wales is conducting a review of quality governance in the Health Board during early 2021/22. We anticipate this review will provide a solid baseline and improvement priorities for 2021/22.
- 24.8 In addition to the above, the wider corporate governance review referred to earlier, incorporating the role of Board committees and sub-committees, will directly impact on the continued strengthening of quality governance arrangements.

24.9 Health and Care Standards (HCS)

- 24.10 The Health Board continues to work on compliance with the Health and Care Standards through the measures outlined above, such as the Ward Accreditation and Quality Governance Reviews which are mapped to the standards.
- 24.11 In addition, the strong working relationship with Healthcare Inspectorate Wales (HIW) has continued through monthly engagement meetings and ongoing dialogue. During the year a new central database was developed and launched. The database tracks all inspections and improvement plans, with evidence of improvement uploaded to provide assurance. Regular reports on the outcomes of HIW inspections are presented at the Patient Safety and Quality Group and QSE Committee.

24.12 Quality Improvement

- 24.13 The previous Quality Improvement Strategy (2017-2020) concluded at the end of March 2020 and the findings of an internal audit were to be used to shape the next iteration. Regrettably, due to the COVID-19 pandemic, work to develop a new strategy was put on hold to support the focus on front line clinical service delivery. At the time of writing, that work has recommenced and a new Quality Strategy will be developed early in 2021/22 underpinned by a Patient Safety Strategic Plan, a Patient and Carer Experience Strategic Plan and a Clinical Effectiveness Strategic Plan.
- 24.14 Quality improvement (QI) specialist capability is provided by the Nursing QI Team, Medical QI Team and Service Improvement Team. In addition, the organisation has a QI Hub (known as the BCUQI Hub) which provides a single point of access for staff training, support and guidance on improvement projects. The BCUQI Hub works closely with Improvement Cymru, the national quality improvement agency within NHS Wales, to deliver the Improvement in Practice staff training programme. During the year, a number of cohorts were trained in human factors as part of the commitment to embed this understanding and application in patient safety work.

25. **Engaging With Stakeholders**

- 25.1 The Health Board continues to maintain a focus on engagement to build and improve relationships with the public and work more closely with the Community Health Council. In previous years the impact of engagement activity has been measured using mechanisms that have included feedback from public and stakeholder surveys. The surveys have been a helpful tool in highlighting positive perceptions of the Health Board and healthcare services in addition to identifying areas for improvement. As a consequence of COVID-19 annual public perception and stakeholder surveys were not undertaken in 2020/21, however, the intention is to recommence this work in 2021/22.

25.2 By necessity a different approach to engagement was taken during 2020/21, the focus of engagement changed to meet the needs of Health Board's pandemic response. In addition the way in which engagement was undertaken shifted to an increase in online and survey work as many usual engagement activities were either not possible or curtailed. As an example, engagement was undertaken to gain a greater understanding of the public's experience of the pandemic/resultant restrictions, to identify areas of concern and opportunities for improvement. The "*Covid Conversations*" engagement programme involved a public survey and series of informal conversations with stakeholders to capture feedback regarding the Health Board's service changes, access to health care and the new ways of delivering services arising from the pandemic. The themes emerging from this work provided insights and information, which were shared with operational service leads and also identified areas for review and improvement including:

- Changes to health appointments;
- Impacts on health of postponed or cancelled appointments;
- Access to health services;
- Mental Health and wellbeing;
- Communications and access to information;
- Pharmacy services;
- Concerns and anxieties about COVID-19;
- Hospital visiting.

The key survey findings and the stakeholder conversations and insights are available on request.

25.3 Engagement was also undertaken to support the Test Trace Protect (TTP) programme to ensure information and key messages were appropriately targeted and disseminated. The Health Board Engagement Team has strong links with groups from the third sector and those representing specific communities including Portuguese, Polish, refugees, Gypsy Roma Traveller and LGBTQ. These relationships were particularly helpful in supporting engagement during the COVID-19 outbreaks in specific parts of North Wales, for example, Wrexham and Anglesey. Additionally, engagement with stakeholders has provided insight into the barriers that could prevent full participation in the TTP programme. As a result of engagement, advice has been provided regarding accessible information and resources to ensure that materials are offered in appropriate languages and alternative formats, for example, easy read.

25.4 Supporting the COVID-19 vaccination programme has also been an important focus of engagement activity. Given the fast pace of the vaccine roll out and the associated time constraints, engaging with harder to reach groups has proved challenging. To maximise impact and reduce duplication of effort, the Engagement Team has worked in partnership with local authorities, the third sector and Health Board operational service leads to identify and target at risk groups. The focus of this engagement has been to:

- Raise awareness of the health risks posed by COVID-19;
- Support awareness raising of the COVID-19 vaccination programme, its priorities and eligibility criteria;
- Encourage people who are eligible for the vaccine to protect themselves, their families and friends from COVID-19 in order to maximise reach to priority groups;
- Provide reassurance around the safety and efficacy of the COVID-19 vaccine;
- Identify barriers to access in order to continuously improve delivery of the programme.

25.5 Throughout the course of 2020/21 Health Board has continued to work with a wide range of stakeholder groups and networks including carers' forums, ethnic minority communities including 'Race Equality First' and the 'North Wales Regional Equality Network' and learning disability forums such as 'Autistic UK'. Specific feedback was requested from organisations and service users focussing on a number of key themes, detailed below:

- Barriers to taking up the vaccine;
- Concerns regarding the the vaccine;
- Any additional information needed to provide reassurance.

Feedback was provided to the Health Board vaccination programme to help improve vaccine take-up.

25.6 Engaging on the Health Board's transformation and improvement programmes aligned to strategy remains a priority and engagement on significant service redesign and the developing clinical services plan will be integral going forward. In 2020/21 public and stakeholder engagement activity took place in respect of a number of transformation and improvement programmes including:

- Nuclear medicine: Virtual options appraisal sessions;
- Pharmaceutical Needs Assessment: Public survey receiving 537 responses;
- End of Life Needs Assessment: Stakeholder sessions and engagement events;
- Video consultations: An engagement exercise to listen to views on the increased use of video consultations in primary care during the pandemic was carried out in November and December 2020. Two surveys were conducted, one public facing and one for practice staff. This work followed engagement in July 2020 to listen to public and patients about the impact of changes to health services during the first stage of the Covid-19 Pandemic;
- *Digital Health strategy*: Two phases of engagement relating to the development of 'Our Digital Future – Improving care through digital ways of working' the digital strategy for the Health Board took place in the autumn and spring of 2020/22.

25.7 The Health Board has continued to build on existing relationships and establish new ones with community groups and partners. The Health Board routinely supports third sector networks and forums and collaborates on work spanning a number of issues. For example, in November a joint engagement session with Ethnic Minorities and Youth Support Team Wales took place to explore how the Health Board and partners can improve communication, engagement and involvement with ethnic minority communities.

25.8 Staff Engagement

- 25.8.1 During the period 2020-2021 work has been ongoing to support engagement with both Health Board staff through a combination of both indirect and direct routes -indirectly through work supporting the organisation's wider workforce needs linked to the redeployment of clinical and non-clinical staff during the first wave of COVID-19. This work enabled staff who were shielding and/or unable to attend to their usual duties to find opportunities to work and stay engaged with the organisation through redeployment, for example to the Enfys hospitals, Track, Trace and Protect (TPP) and Community Testing Unit (CTU) programmes. Additional efforts in this period involved setting up, hosting and maintaining the on-boarding and deployment of public volunteers to support the changing nature of work required during the COVID-19 pandemic. This continued during the second wave when the focus shifted to on-boarding volunteers, retired health workers and existing staff to support the vaccination programme.
- 25.8.2 More direct engagement activity during this time included the National Staff Survey in the winter of 2020, team engagement activity through the BeProud Pioneer Programme, and supporting cohorts to complete management and leadership training. Staff development opportunities were maintained through the development and delivery of virtual sessions. Development of a new approach to supporting staff wellbeing got underway, the benefits of which will be more fully realised in 2021/22.
- 26.0 Raising Concerns/Speak Out Safely - A new Raising Concerns/Speak out Safely process for staff to raise concerns was developed during the latter part of 2020 and into early 2021. This has included the creation of new structures intended to help the organisation learn lessons and to support a more just and restorative culture. A Speak out Safely Guardian role and Raising Concerns multidisciplinary team (MDT) have been created to ensure that concerns are properly investigated and potential inhibitors to staff members' ability to speak out are addressed. An independent Speak out Safely platform – Work in Confidence – has been procured. This hosts anonymous two-way dialogue between staff members and the Guardian or member of the MDT. This additional level of support, when launched in May 2021, will help create conditions for an organisational culture that welcomes challenge, invites participation and takes seriously the ideas, comments and concerns of our staff.
- 27.0 NHS Staff Survey 2020 - Following the publication of *A Healthier Wales*, the creation of the draft Workforce & OD Strategy and the 2018 survey, there has been significant reflection and consensus building as to the purpose and subsequent approaches for future staff surveys across NHS Wales. As a result the 2020 NHS Staff Survey, launched on 4.11.20, was significantly different to previous staff surveys. The new approach entitled 'Our Reflections, Our Decisions, Our Future' was designed with fewer questions - 20 in total (down from 80 in the previous survey). The new approach was co-produced with key NHS partners across Wales, to facilitate feedback at team level and encourage those teams to make decisions locally on what improvements were required. Following the 2020 survey, the results dashboard was shared widely with divisions and services across the organisation, enabling teams to have conversations at a local level about their results and necessary improvements. More frequent surveys are planned for 2021, with an annual staff survey planned for the autumn.

- 28.0 Developing Healthier Working Relationships - In addition to the new approach to surveys, the national Staff Survey Project Group has been charged with implementing approaches which develop and build an in-house ongoing sustainable approach to measuring colleague experiences. The new approach will help develop the NHS Wales culture so that colleagues regularly give and receive feedback. The approach entitled 'Developing Healthy Working Relationships' was consulted on during the summer of 2020 and is due to be launched in 2021, and will focus on the development of working relationships at local/team level. The new 'Respect and Resolution Policy' will also support in providing a framework for individuals and teams to resolve conflict before any formal steps are implemented. This approach encourages open dialogue through, for example, 'cuppa conversations', resolution coaching and mediation.
- 28.2 Byddwch yn Falch / Be Proud -The team level surveys to improve staff engagement at local team level continues, with 16 teams having started the virtual programme from February and continuing into 2021/2022. The programme involves training team members (known as Pioneers) in the use of a variety of engagement tools to support team development and improvement plans.
- 28.3 Review of Staff Engagement - COVID-19 has had an impact on the way in which engagement activities such as staff recognition is carried out. Research has been undertaken over the past year to review a range of organisational approaches to engagement and consultation as we plan the way forward.

29. Other Control Framework Elements

29.1 Equality and Human Rights

Control measures are in place to ensure that the organisation's obligations under equality and human rights legislation are complied with.

- In January 2020 the Board approved the revised Strategic Equality Plan (SEP) and Objectives for the period 2020-2024. Following this, Covid -19 has further magnified inequalities for those with protected characteristics and socioeconomically disadvantaged groups, plans to deliver the SEP have been reviewed to reflect this.
- The equality and human rights policy framework is in place supported by a programme of training to raise awareness and build capacity in regards to the Public Sector Equality Duty (PSED) and to support staff to deliver on their responsibilities.
- Strengthening the embedding of the PSED and Socio-economic Duty (SED) requirements within the operation of the Health Board has been considered as part of the governance review.
- An Equality Accountability Framework has been developed this year to strengthen performance management of the SEP, for implementation during 2021/22.

Other measures include:

- An annual equality development session is facilitated for Board to ensure they are aware of their duty to have 'due regard' to the PSED and SED;
- The Annual Plan demonstrates how the Health Board meets the duties associated with equality and human rights and the arrangements for equality impact assessment (EqIA);
- The Workforce Strategy and policy development is informed by workforce equality information and EqIA;

- Equality and Human Rights Training is mandatory for all staff;
- A programme of EqIA training is facilitated alongside coaching support and guidance. Scrutiny of EqIA has been strengthened this year;
- Risks associated with compliance have been identified and included in the corporate risk register;
- The Equality and Human Rights Strategic Forum monitors compliance against the SEP;
- Progress is presented to the external Equality Stakeholder Reference Group. This group includes representation from members of the public with an interest in equality issues including the Community Health Council;
- Progress is reported to Welsh Government via the Advancing Equality Delivery Framework Measure.
- The Equality and Human Rights Annual Report is submitted to Board via the Strategy, Planning and Population Health Committee governance route; published and accessible to the public.

29.2 Pension Scheme

- 29.2.1 As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme and regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

29.3 Post Payment Verification

- 29.3.1 The aim of the Post Payment Verification (PPV) process is to ensure propriety of payments of public monies by the Health Board; this requires the PPV team to undertake probity checks on a continuous basis. This gives the necessary assurance to the Health Board that public monies have been expended appropriately and also provides assurance to contractors regarding their arrangements.
- 29.3.2 An adjusted three year rolling programme of Post Payment Verification visits for General Medical Services (GMS), General Pharmaceutical Services (GPS) and General Optical Services (GOS) was agreed, in accordance with NHS Wales agreed protocols. Due to the current climate, from 1.10.20 the PPV team has been concentrating solely on GMS scheduled for 2020-21. At the time of writing it has not as yet been confirmed when GOS and GPS visits will resume, due to the need to maintain staff and contractor safety given that these visits cannot be carried out remotely.
- 29.3.3 The NHS Wales Shared Services Partnership (NWSSP) applies risk analysis techniques and liaises with relevant Health Board colleagues, and depending on error rates found, undertakes re-visits or other appropriate action with the Health Board.
- 29.3.4 Regular updates against the agreed work plan and an Annual Report are received by the Audit Committee detailing the analysis. (See also section 14.15).

29.4 Carbon Reduction Delivery Plans

29.4.1 The organisation's resilience is based on having business continuity plans in place. Partnership agreements and information sharing with other public bodies are in place as part of continuous development of the Health Board's Carbon Reduction Strategy.

29.4.2 BCUHB ISO14001 Environmental Management System

The Health Board has a number of environmental aspects which, if not carefully managed and controlled, would have significant financial and environmental impacts. As part of its corporate commitment towards reducing these impacts, the Health Board has implemented and maintains a formal Environmental Management System (EMS), which is designed to achieve the following key principles:

- Sustainable development;
- Protection of the environment;
- Fulfilment of compliance obligations;
- Prevention of pollution;
- Continual improvement of the EMS to enhance environmental performance.

29.4.3 Effective environmental management will be achieved through the following processes:

- Promotion of the environmental policy to all relevant stake holders and interested parties;
- Identification of all significant environmental aspects and associated compliance obligations, including those resulting from legislation changes;
- Implementation of suitable and sufficient control procedures, covering normal, abnormal and emergency operating conditions;
- Establishing and monitoring key corporate objectives and targets, aimed at reducing environmental and financial impacts, in line with those specified by the Welsh Government;
- Provision of appropriate training to all relevant staff;
- Regular planned internal audits;
- Regular review of the effectiveness of the EMS by an Environmental Steering Group, chaired by a member of the Board.

29.4.4 The ISO 14001:2015 standard is now embedded throughout the organisation. Certification was achieved in May 2018. The ISO14001:2015 EMS has made the Health Board more aware of its responsibilities where its activities have a significant impact on the environment. This includes legal and regulatory accountabilities, and enables associated risks to be managed more efficiently.

29.4.5 Key EMS stakeholders have made the following commitments and changes:

- The key changes, the changes service providers need to make;
- Commitment and involvement in the EMS at all levels;
- Compliance with the Environmental Policy;
- Needs and expectations of interested parties;
- External and internal issues, compliance obligations and significant aspects;

- What each section of the standard means to their service/department;
- Performance, evaluation and monitoring.

29.4.6 ISO14001:2015 provides a framework to protect the environment and respond to changing environmental conditions in balance with socio-economic needs. ISO14001:2015 helps to achieve the intended outcomes of its EMS, which provide value for the environment, the Health Board and interested parties. Consistent with our Environmental Policy, the intended outcomes of the EMS include:

- Enhancement of environmental performance;
- Fulfilment of compliance obligations;
- Achievement of environmental objectives.

An assessment evidenced that the cornerstones of the system are in place, i.e. corporate and site specific aspects, objectives and targets plus environmental programmes in place across the sites. The internal audit programme that forms part of the EMS is on target. The audits are being carried out by the Health Board's environmental officers, who are qualified Institute of Environmental Management & Assessment (IEMA) lead auditors.

29.4.7 Waste Management

The Health Board continues to work in partnership with the Principle General Waste Contractor as its recyclable/domestic (clear bag) waste contractor to improve waste management within the Health Board and reduce its impacts on the environment, by diverting as much waste as possible from landfill. The recycling rate including waste diverted from landfill for the Health Board is approximately 97%; it is anticipated that recycling will continue to increase following measures that have been implemented to improve waste segregation. In conjunction with the Safe Clean Care Campaign to continually improve patient safety and reduce infections, spring clean events and autumn cleans took place in April 2020 and September 2020, during which furniture, electrical and metal waste were collected from 45 sites across the Health Board.

In respect of clinical waste due to the COVID-19 pandemic, NHS Wales' sole contractor for the collection and disposal of clinical waste cannot currently maintain its standard collection schedules under the current All Wales Contract, due to increasing volumes of waste being generated across its NHS customer base. This has resulted in a backlog of clinical waste stored at all hospital sites and clinics throughout the Health Board.

29.4.8 Welsh Government released consultation documents on proposals for draft legislation to encourage recycling and appropriate waste disposal from non-domestic premises. The legislation will:

- Require non domestic premises to present identified recyclable materials for collection separately;
- Ban certain separately collected recyclable materials from incineration and landfill;
- Ban the disposal of food waste to sewer from business premises;
- Make civil sanctions available for associated criminal offences.

The Health Board submitted its response to the consultation in December 2019 but has not as yet become legislation.

- 29.4.9 An implementation strategy to manage the Carbon Reduction Commitment (CRC) that was in place in previous years has now been phased out. It has been replaced by an increase on the climate change levy (CCL) which is applied directly to the utility bills.
- 29.4.10 A Corporate Carbon Action Plan has been developed in Welsh Government standard format. Implementation will be monitored and reported annually. Most items within the plan are dependent upon resource allocation from major capital development and annual discretionary capital allocations, which will vary year on year. The action plan progress will therefore be dependent upon corporate resource availability.

29.5 Local Counter Fraud Service

- 29.5.1 During 2020/21, the Local Counter Fraud team has undertaken a range of activities, leading to a number of benefits and outcomes. The Health Board has an Anti-Fraud, Bribery and Corruption Policy in place, approved by the Audit Committee and fit for purpose for 2020-21. The Anti-Fraud, Bribery and Corruption Policy is regularly publicised in electronic communications with staff and is available on the Health Board's web site.
- 29.5.2 The Local Counter Fraud team has commenced using fraud risk assessments as a live resource. Fraud risks have been integrated into the Health Board's general risk management framework, to ensure that these risks are appropriately managed and escalated as necessary. Fraud risks on the Corporate Risk Register are updated and reviewed on a regular basis. The Welsh NHS counter-fraud community both nationally and at a local level share all fraud alerts in real time (over the past year this has included scams and fraud alerts relating to the COVID-19 pandemic).
- 29.5.3 Those wishing to report fraud may do so anonymously via the NHS Counter Fraud Authority, Fraud and Corruption Reporting Line and online fraud reporting tool. Proactive fraud prevention activities are carried out throughout the year and reported both to the Audit Committee and Welsh Government. These include fraud awareness presentations/training, payslip messaging, sharing of alerts and use of successful fraud prosecutions as a deterrent – published via newsletter articles and social media communications.
- 29.5.4 As a result of this activity, up to Quarter 3 of 2020/21, financial recoveries of public money amounted to £14,000. This has been reported to the Audit Committee and Welsh Government.

29.6 Welsh Health Circulars (WHCs) and Ministerial Directions

- 29.6.1 A range of WHCs was published by Welsh Government during 2020/21 and have been centrally logged within the Health Board with a lead Executive Director being assigned to oversee implementation of any required action, as per the table in Appendix 4.
- 29.6.2 All Independent Members (IMs) are provided with a copy of WHCs upon receipt and a copy is stored on the paperless software system. This allows IMs who are Committee Chairs to ensure that the Board or one of its Committees is also sighted on the content as appropriate. Welsh Government publish WHCs on their [website](https://gov.wales/health-circulars) (<https://gov.wales/health-circulars>).

- 29.6.3 Ministerial Directions are published by Welsh Government as part of their [health and social care publications](https://gov.wales/publications?keywords=&field_policy_areas%5B43%5D=43) (https://gov.wales/publications?keywords=&field_policy_areas%5B43%5D=43). General Ministerial correspondence continues to be received and actioned by the Health Board with a logging and tracking system in place.

30 Data

30.1 Data Security

- 30.1.1 Lead responsibility for information governance in the Health Board transferred to the Deputy Chief Executive Officer in September 2019, with the Assistant Director of Information Governance and Assurance undertaking operational responsibility for the designated role of the Health Board's Data Protection Officer on behalf of the Chief Executive, in line with the Data Protection Act 2018. The role of Caldicott Guardian is delegated to the Executive Medical Director, with the Senior Associate Medical Director carrying operational responsibility. Operational responsibility for the role of the Senior Information Risk Owner transferred to the Executive Director of Finance on behalf of the Chief Executive, as noted in the revised Scheme of Reservation and Delegation ratified by the Board on 23.2.20.
- 30.1.2 The Health Board's information governance and cyber security status was regularly reviewed by the Digital and Information Governance Committee which has been in place since September 2019. There were no cyber security breaches in 2020/21. However, the Health Board responded to many alert notifications from the National Cyber Security Centre and other sources. The two most noteworthy related to our network monitoring software and Microsoft email servers. Proactive management of these risks mitigated potential malicious software attacks such as ransomware.
- 30.1.3 Assurance reporting to the Digital and Information Governance Committee on Data Protection compliance and practice (including mandatory training) and the Freedom of Information Act compliance continued throughout the year.
- 30.1.4 The Health Board undertook an annual self-assessment against the Caldicott C-PIp tool in July 2020. As alluded to earlier, the Health Board has now reached the Class 5 star rating with an increased score of 95%. This was as a result of improved compliance in a number of the standards.
- 30.1.5 In addition the Health Board has successfully completed and submitted the Welsh Information Governance Toolkit. The Toolkit is a self-assessment tool which enables the Health Board to measure its level of compliance against National Information Governance and legislative requirements. Scrutiny of the assessment is still to be agreed nationally, but the outcome of this year's assessment will form the basis of future information governance work programmes for 2021/22.
- 30.1.6 In line with the 2020/21 Internal Audit Plan a review of the Caldicott Principles into Practice (C-PIP) process was undertaken by Internal Audit. The objective was to review the Health Board's processes for completion of the C-PIP assessment and the collation of the appropriate evidence to support the assessed score in order to provide assurance to the Audit Committee that risks material to the objectives of the areas of coverage were appropriately managed.

The areas under the scope of the review for assurance were:

- A process exists for completion of the C-PIP assessment and maintenance of appropriate evidence; and
- The self-assessed scores are supported by the evidence and are appropriate.

In both areas the findings concluded there was appropriate processes in place for the submission of the assessment and the evidence supported the scores of the self-assessment. Substantial assurance was given with one minor recommendation and areas of good practice noted in the audit report.

- 30.1.7 The Health Board self-reported one data security breach that triggered referral to the Information Commissioner's Office and Welsh Government. This was in relation to patient information being sent to an incorrect address.
- 30.1.8 The above incident has been closed by the Information Commissioners Office (ICO) with no further action required by the ICO due to the immediate actions and improvements in place by the Health Board. The ICO made two recommendations which the Health Board has implemented. The Board did not incur any financial penalties during the year.
- 30.1.9 As part of the process to ensure lessons are learnt following incident investigation, the Information Governance Team has taken a number of steps, including:
- Notifying all the individuals/data subjects who have been affected by the incident and provided appropriate support where necessary;
 - Since the breach the Health Board has introduced new procedures to prevent a reoccurrence;
 - Compliance audits will be undertaken at the incident site and the other two main hospitals to ensure continuity and the same ways of working are being followed across all sites;
 - Quarterly information governance bulletins highlighting lessons learnt are disseminated across the organisation and are available to staff on the intranet site;
 - Staff have been reminded of the importance of reporting incidents on Datix (the Health Boards incident management system) to identify trends and to make improvements and also the need to externally report serious breaches to the ICO and Welsh Government within 72 hours of notification;
 - The Information Governance Team regularly reviews the content and delivery of the information governance training package to ensure staff fully understand their responsibilities when dealing with personal information. A review of the training programme is currently underway and will include virtual training.
- 30.1.10 Revised working arrangements continue to be implemented to support the Health Board's response to the COVID-19 pandemic. These include the use of virtual clinics, telephone and video consultations and agile working from homes.
- 30.1.11 This year has seen a significant increase in the number of Data Protection Impact Assessments (DPIA) being undertaken in order to accommodate the new ways of working. The Information Governance Department continue to work with ICT colleagues to ensure that the appropriate scrutiny and due diligence checks are carried out in line with the Health Board's data protection obligations.

30.2 Data Quality

- 30.2.1 The Health Board makes every attempt to ensure the quality and robustness of its data, and has regular checks in place to assure the accuracy of information relied upon. However, the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement.
- 30.2.2 Completeness of patient demographic data from source (i.e. the patient and/or GP) remains a national challenge. This has been highlighted again by the pandemic, and will require policy intervention to ensure a shift in the value of this data.
- 30.2.3 Formal assurance to the Board on data quality is provided by the annual report of the Digital and Information Governance (DIG) Committee's annual report. The Committee receives assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.
- 30.2.4 This year's DIG Committee annual report agreed a RAG status of Amber. Whilst the Committee received data quality information within regular assurance reports e.g. compliance with the timeframes for responding to requests for information, patch management and clinical coding performance, the Committee recognises that the complexity of opportunities for data issues required further work especially in the light of the impact of the pandemic.
- 30.2.5 The pandemic has impacted all aspects of health care and has highlighted the importance of high quality data more than ever. In particular:
- One of the key information systems implementations, the Welsh Patient Administration Systems (WPAS), was delayed due to a combination of COVID-19 and national data centre challenges. This has pushed back our hope for a single standardised administration system within this coming year. WPAS is the core patient information system for the organisation and underpins all other clinical and patient related information. Work continues with Digital Health and Care Wales (DHCW) to re-plan and implement a single WPAS as quickly as possible. Early indication of planning based on existing capacity in local and national teams that a single WPAS is unlikely before 2023.
 - COVID-19 introduced a significant growth in the need for real time data for information that was previously not regularly used or processed – in particular the need to develop ways of collecting, processing, validating and reporting intelligence on specific covid related laboratory tests was very challenging but ultimately positive in creating a real focus on data and intelligence.
 - The National Target for Compliance Audit has been postponed to 2021 due to COVID-19. There was no external audit on electronically coded data during 2020.
 - The introduction of the system to support Test, Trace and Protect (TTP)
 - The introduction of WIS (the Welsh Immunisation System) across the Health Board has been a significant undertaking. This has included:
 - the training and support of hundreds of staff across primary & secondary care
 - hardware at several mass and local vaccination centres
 - central clinic and appointment letter generation, along with innovative online booking solutions and text reminders services.

- COVID -19 also highlighted existing data quality issues – such as limited data quality (e.g. incomplete data) on ethnicity, out of date addresses, landline and mobile numbers.
- There is a need for a policy shift towards regular checking of patient demographic details in primary and secondary care – both at registration and at regular intervals. Keeping this information up to date has significant benefits in terms of managing urgent referrals, and more recently, timely COVID-19 vaccination appointments.
- Real time data on patient flow requires a renewed focus as there is a clear need to be able to track patients and their location to a level of detail that has not been essential to date i.e. knowing every precise location of each patient can help protect staff and provide intelligence to better understand the spread of the disease or infection. This will have resource, process and technical implications for the organisation.
- The need for any Health Board's data to be accurate and up to date has always been well understood but the pandemic has highlighted how all stakeholders, such as general practice and care homes, need to re-consider their approach to data quality and the downstream effect of not holding up to date information about individuals.

31. Review of Effectiveness

31.1 As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the Internal Auditors, and the Executive Directors within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

31.2 My review has also been informed by:

- Feedback from Welsh Government and the specific statements issued by the Minister for Health and Social Services;
- External inspections by Healthcare Inspectorate Wales;
- Delivery of audit plans and reports by external and internal auditors;
- Feedback from the Community Health Council;
- Feedback from statutory Commissioners;
- Feedback from staff, patients, service users and members of the public;
- Assurance provided by the Audit Committee and other Committees of the Board;
- Audit Wales Structured Assessment.

31.3 From the various sources of evidence, including the Audit Wales Structured Assessment 2020 finding that:

“Our structured assessment work considered the Health Board’s ability to maintain sound governance arrangements while having to respond rapidly to the unprecedented challenges presented by the pandemic. We found that the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic.”

plus the reasonable assurance provided by Internal Audit (see section 32), overall I am satisfied with the effectiveness of the system of internal control. the Board and its committees demonstrate a level of rigour and challenge underpinned by key elements that support effectiveness, such as Independent Member Committee Chairs’ Assurance reporting to the full Board, the co-ordinating work of the Committee Business Management Group and the outputs of the Audit Committee. However, as noted by Audit Wales and other sources of evidence, there is scope for further improvement to the system of internal control and governance arrangements. As such, colleagues are working to continuously improve the effectiveness of the Health Board’s systems of governance in a number of ways through, for example:

- A review of governance structures being led by the Deputy Chief Executive and supported by the appointment of an Interim Director of Governance, focusing on Committee reporting and Groups reporting through accountable Executives;
- A facilitated and structured Board Development Programme aligned to collective and individual needs;
- Implementation of external review recommendations;
- Ongoing review of BCUHB wide policies and the agreement to purchase the associated Policy Datix Module to improvement the robustness of the overall management of the system;
- Integrated performance reporting and a revised accountability framework;
- Continued efforts to meet the expectations of the Targeted Intervention Improvement Framework (this having replaced the Special Measures Improvement Framework following de-escalation as referred to earlier in this Statement);
- Recommendations from internal audits;
- Ongoing work to improve the management of concerns and claims;
- A review of the Business Continuity Arrangements;
- Stakeholder engagement in the clinical strategy and plan development;
- Strengthening of the planning arrangements including an independent review of the function.

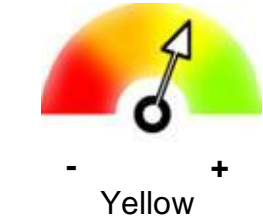
32. Internal Audit

32.1 Internal Audit provided me as Accountable Officer, and the Board through the Audit Committee, with a flow of assurance on the system of internal control. A programme of audit work was commissioned and delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focused on significant risk areas and local improvement priorities. The Audit Committee also oversees the progress-tracking of management actions taken in response to internal audit recommendations.

32.2 The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting the drive for continuous improvement. The programme has been impacted by the need to respond to the COVID-19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. The Internal Audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. Audit work carried out during the year conforms with the requirements of the Public Sector Internal Audit Standards. In forming the Opinion the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

32.3 The Head of Internal Audit has concluded:

“The scope of my opinion is confined to those areas examined in the risk based audit plan which has been agreed with senior management and approved by the Audit Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below.”

Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.
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“This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised. Particular focus should be placed on the agreed response to any Limited Assurance reports issued during the year and the significance of the recommendations made (of which there were three audits in 2020/21).”

32.4 Basis for Forming the Opinion

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements

- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module;
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations.

Detailed results have been aggregated to build a picture of assurance across the Health Board.

In reaching this opinion the Head of Internal Audit identified that a small majority of reviews during the year concluded positively with robust control arrangements operating in some areas. However, there were nine limited assurance reviews and action has been identified in a number of key areas.

From the reports issued during the year, three were allocated Substantial Assurance, nine were allocated Reasonable Assurance and nine were allocated Limited Assurance. No reports were allocated no assurance. Seven Assurance not applicable/Advisory reports were also issued.

32.5 In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited or no assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming their overall opinion.

32.6 A summary of the scope and objectives of audits carried out is set out below.

Substantial Assurance (Green)



In the following review areas the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Welsh Risk Pool Claims Management Standard (Draft)	To establish whether there is a robust control environment in place within the Health Board to manage and support claims reimbursements from the Welsh Risk Pool.
Caldicott Principles into Practice (C-PIP)	To review the Health Board's processes for completion of the C-PIP assessment and the collation of appropriate evidence to support the assessed score.
Environmental sustainability report	To assess the adequacy of management arrangements for the production of the Sustainability Report within the Annual Report.

Reasonable Assurance (Yellow)



In the following review areas the Board can take reasonable assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
Risk Management – Corporate Risks and Board Assurance Framework (Draft)	To ensure the Health Board has an effective system in place in which identifying and managing risk is a continuous process.
Performance measure reporting to the Board – Accuracy of information (Draft)	To validate the reporting of a sample of Performance Measure (s) going back to source data to confirm the integrity, accuracy and controls in place.
Budgetary Control & Financial Reporting (Draft)	To assess the effectiveness key financial controls and compliance in accordance with Finance policies/procedures.
Annual Quality Statement	To review the consistency of information published within the AQS with organisational data previously reported to the Board and its Committees.
Patient Safety Notices/Alerts/ Medical Device Alerts/Field Safety Notices (Draft)	To review the process operated in the Health Board for the receipt of a sample of notices to ensure they are disseminated to the right people in a timely way.
Approved Clinicians and Section 12(2) approval - Governance	To establish whether, within the Health Board, there is robust control and governance arrangements in place to ensure that applications for approval and re-approval, meet the professional requirements to undertake the functions of an Approved Clinician and Section 12(2) Doctor.
HASCAS & Ockenden external reports – Recommendation progress and reporting (Draft – based upon the review of eleven recommendations received to date)	To review the evidence supporting the eleven recommendations noted as completed to the Health Board at its meeting of the 5th September 2019.
Capital Systems (Draft)	To evaluate the systems and controls in place within the Health Board, with a view to delivering reasonable assurance to the Audit Committee that risks material to the objectives of the areas of coverage are appropriately managed.
Ablett Unit	To evaluate the systems and controls in place within the Health Board, with a view to delivering assurance to the Audit Committee that risks material to the objectives of the areas of coverage are appropriately managed.

Limited Assurance (Amber)



In the following review areas the Board can take only limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Security	To ensure the requirements set out in the Security Management Framework for NHS Trusts are being complied with.
Violence and Aggression – Obligatory responses to violence in healthcare (Draft)	To ensure robust arrangements are in place relating to Violence & Aggression.
Engagement of interim appointments	To review the Health Board's compliance with Standing Financial Instructions, procurement arrangements and pre-employment checks in respect of appointments made to interim senior roles.
Mental Health & Learning Disabilities Division – Governance arrangements	To review the governance arrangements in place for Mental Health and Learning Disabilities Division (MH&LD) in line with the previous internal audit review undertaken in February 2019 and follow-up on previous agreed management actions.
Delivery of Savings – Ysbyty Glan Clwyd Hospital	To establish whether there is a robust control environment in place within the Health Board to support the delivery of the Health Board savings plan.
Business Continuity - Informatics	To establish whether there is a robust control environment in place within the Health Board to ensure that effective business continuity measures are in place and comply with relevant policies, legislation, and best practice.
Roster Management	To ensure the Health Board was not paying for agency services it had not received due to a lack of internal control at ward level.
Control of Contractors	To evaluate the systems and controls in place within the Health Board, with a view to delivering reasonable assurance to the Audit Committee that risks material to the objectives of the areas of coverage are appropriately managed.
Statutory Compliance: Water Safety	To determine the adequacy of, and operational compliance with, the systems and procedures of the Health Board, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

No Assurance (Red)



No reviews were assigned a 'no assurance' opinion.

32.7 The audit results can be grouped by assurance domain as follows:

Assurance domain	Audit Count	Overall rating	Not rated	No assurance	Limited assurance	Reasonable assurance	Substantial assurance
Quality and Safety	3						
Corporate Governance, Risk and Regulatory Compliance	9						
Financial Governance and Management*	9						
Strategic Planning, Performance Management and Reporting	2						
Information Governance and Security	3						
Operational Service and Functional Management	2						
Workforce Management	1						
Capital and Estates Management	5						

Key to symbols:

- Audit undertaken within the annual Internal Audit plan including those issued as draft.
- * This domain outcome also includes the six financial system audits undertaken through the audit of NWSSP as they include transactions processed on behalf of the Health Board.

32.8 The Head of Internal Audit acknowledges that over the past year, due to the impact of COVID-19, it has been more difficult than usual for NHS organisations to implement audit recommendations within agreed timescales. He concludes that

“going forward, given that it is very likely that the number of outstanding recommendations will have grown during the course of the pandemic, Audit Committees will need to reflect on how best they will seek to address this position.”

33. External Audit – Structured Assessment and Annual Audit Report

- 33.1 On behalf of the Auditor General for Wales, staff of Audit Wales conducted a Structured Assessment, as referred to earlier in this Statement. The Assessment covered five main areas relating to finance and performance; strategic vision; turnaround and transformation; governance arrangements; and workforce issues of recruitment, productivity and modernisation. The Board accepted the Structured Assessment recommendations and approved the associated management response at its meeting on 21.1.21. Audit Wales' key messages following its Structured Assessment were:

“The Health Board has maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic. Whilst the Health Board's existing resilience plans didn't sufficiently meet the scale and complexity of the challenge posed by pandemic, the Board recognised these limitations early and took necessary action. This included introduction of command and control structures and work streams, and a Cabinet which consisted of three independent and three executive board members to support decision making and oversight.

“Throughout this time we have seen improvement in partnership working and stronger stakeholder communications, particularly in relation to the response to the pandemic. The Board has taken steps to conduct its business with transparency through webcasting its meetings and our observations of Board and committee meetings show that they are generally conducted well. However, the Board will need to ensure it that its approach to scrutiny balances the challenges which are necessary with what is also needed to foster cohesive and collective leadership and direction amongst Board members. The Health Board's senior management provided good leadership in response to the pandemic. However, given the challenging environment will continue, there is a need to ensure a resilient and cohesive executive team to effectively respond. The Health Board is continuing to review its governance arrangements with a focus on strengthening risk and quality assurance arrangements and is also maintaining its focus on quality and safety of services during the pandemic.

“The overall financial position remains exceedingly challenging. In 2019-20, the Health Board did not meet its financial duties and had a £38.7 million year-end deficit despite slightly over-delivering against its £35 million savings target. For 2020-21 the Health Board originally forecast a £40 million deficit, but there are significant risks that could lead to further deterioration. These risks include non delivery of savings and additional unfunded COVID-19 costs. The Health Board has continued to improve financial management arrangements and controls and has responded to most recommendations made as a result of recent externally commissioned financial reviews. Key financial controls set out in standing financial instructions, scheme of reservation and delegation and standing orders operated unchanged throughout the pandemic. But this meant that there was no realignment of financial authority to the command and control structure, and the Health Board should reflect on this should similar incident management arrangements be required in future. There are appropriate arrangements to monitor financial expenditure and financial compliance, however, for further reassurance, the Health Board is undertaking additional work led by a 'Financial Governance Cell' to review compliance during this period.

“Short-term planning approaches are helping to respond to immediate and complex challenges created by the pandemic, but performance recovery will need a longerterm and more strategic approach. During the pandemic the organisation has used capacity demand modelling to inform its quarterly plans and taken steps to secure sufficient workforce capacity to respond to a potential second COVID peak. It has introduced digitally enabled services is making some significant care pathway changes. The pandemic has demonstrated that the Health Board can deliver complex service change at pace. Organisational performance recovery may require further major service change for some specialties. This needs to be grounded in a longer-term clinical strategy, which has yet to be produced. The Health Board is setting up a strategy group to take this work forward. Engagement of key strategic partners including the Community Health Council will be essential and there is opportunity for the Health Board to capitalise on the change management successes of the last 6 months”.

33.2 Progress continues to be monitored via the audit tracker tool. At its January meeting, the Board also formally received and noted the Audit Wales Annual Audit Report 2020. This year’s audit work took place at a time when the Health Board was responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, the Auditor General re-shaped planned work programmes by considering how to best assure the people of Wales that public funds were well managed. The impact of the crisis on both resilience and the future shape of public services was taken into account, ensuring that the work did not hamper the Health Board in tackling the crisis, whilst ensuring continued support for both scrutiny and learning.

33.3 The Auditor General for Wales’ key messages as set out in the Annual Audit Report are detailed below. Further details of the full report can be accessed via the Audit Wales [website](https://www.audit.wales/publication/review-public-services-boards) (<https://www.audit.wales/publication/review-public-services-boards>):

“Audit of accounts - I concluded that the Health Board’s accounts were properly prepared and materially accurate, and my work did not identify any material weaknesses in the Health Board’s internal controls (as relevant to my audit). I have therefore issued an unqualified opinion on their preparation. However, I placed an Emphasis of Matter paragraph in my report to draw attention to disclosures in the accounts relating to a Ministerial Direction to fund NHS clinician’s pension tax liabilities in respect of the 2019-20 financial year. My opinion was not modified in respect of this matter. The Health Board did not achieve financial balance for the three-year period ending 31 March 2020 and so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board’s accounts. Alongside my audit opinion, I placed a substantive report on the Health Board’s financial statements to highlight the failure to achieve financial balance and to have an approved three-year plan in place.

“Arrangements for securing efficiency, effectiveness and economy in the use of resources - My programme of Performance Audit work has led me to draw the following conclusions:

the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic;
reasonable financial arrangements were put in place to respond to COVID-19, and until the recent additional financial allocation announced in November, there were significant risks to the Health Board’s financial position;

the Health Board's quarterly operational plans are helping it to respond to a range of complex service risks, but there is a need for a strategy to recover services to help ensure they provide sustainable capacity and improvements in productivity; the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs;

overall, I found that the interim appointments were made in accordance with SFIs but that the daily rate paid to the Interim Recovery Director was above most of the benchmark comparators;

the refurbishment of Ysbyty Glan Clwyd successfully removed the asbestos and created better facilities for patients, but there were several weaknesses in the governance and management of the project, which resulted in significant cost growth;

I found that weaknesses in governance and oversight have led to inefficiencies, variation and tensions in the management of continuing healthcare, but the Health Board has been developing an ambitious plan for improvement."

- 33.4 As reported in the last Annual Governance Statement, the Auditor General wrote to the Health Board on 19.3.20 to advise that Audit Wales had paused aspects of its work - site-based audits - in order to allow for prioritisation of the COVID-19 response. This continued to be the case in respect of site-based audits for the duration of the 2020-21 financial year.

34. Conclusion

- 34.1 As Accountable Officer, based on the review process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. Taking into account the evidence detailed in this Statement, together with feedback from Welsh Government including de-escalation from Special Measures into Targeted Intervention, from Audit Wales via their Structured Assessment and from Internal Audit's assurance assessment, I have concluded that overall, the effectiveness of the system of internal control is satisfactory, though some internal control/governance issues have been identified. These issues have been reported on in the preceding narrative which sets out the issues and the actions being taken.
- 34.2 The last twelve months have been difficult and challenging for the organisation. Reflecting upon the priority areas for improvement listed in the conclusion section of last year's Annual Governance Statement, I am satisfied that progress has been made as far as the circumstances of the pandemic have allowed (balancing the need to respond to COVID-19 against recovery, lessons learnt and opportunities for transformation, securing the lifting of special measures, performance in unscheduled care and on RTT, financial position, strategic and service planning capacity and capability, joint working with key strategic partners and continuing to apply the principles of best practice in public sector governance). However, there remain several key areas where there is further work to be done, and these contribute to the Health Board remaining on the Escalation Framework under Targeted Intervention arrangements.
- 34.3 In addition to progressing the work listed in section 31.3, and addressing the risks set out in section 19 of this Statement, the Health Board's key priority areas for improvement and focus in the year ahead will be:

- The ongoing COVID-19 response – the impacts of the pandemic on the NHS have been very significant and have resulted in serious challenges for the Health Board in terms of service recovery;
- Strengthening our well-being focus;
- Primary and community care;
- Re-introducing timely planned care pathways;
- Improving unscheduled care; and
- Integration and improvement of Mental Health Services.

In addressing these priority areas, the Health Board will continue to work jointly with key strategic partners, particularly via Public Services Boards and the Regional Partnership Board, and will uphold the principles of best practice in public sector governance.

- 34.4 As Accountable Officer, I am very clear on the improvements that need to be made at pace and the further work required to tackle the range of challenges facing the Health Board. I have confidence in the willingness and commitment of all staff within the organisation to strive to overcome the many challenges faced by the Health Board, in order to deliver success that translates into better performance and outcomes for patients.
- 34.5 This Annual Governance Statement has been developed in accordance with the Health Board's governance arrangements and was approved by the Audit Committee on behalf of the Board on 25.5.21. As the Accountable Officer, I am taking assurances on the accuracy of the Annual Governance Statement from the arrangements established by the Health Board.
- 34.6 As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2021/22 and beyond. I will ensure our Governance Framework considers and responds to this need.

Signed:

Jo Whitehead
Chief Executive and Accountable Officer

Date:

Appendix 1 Board and Committee Membership 2020/21

A number of changes to Board membership, including interim and acting up arrangements, have occurred during 2020/21 and are reflected in the table below.

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Mark Polin	Chairman		<ul style="list-style-type: none"> • Chair of the Board • Chair Remuneration and Terms of Service Committee • Chair Finance and Performance Committee 	
Lucy Reid	Independent Member Vice Chair	Community Primary Care & Mental Health	<ul style="list-style-type: none"> • Board Member • Chair Quality, Safety and Experience Committee • Chair Mental Health Act Committee • Member Remuneration and Terms of Service Committee <i>wef 22.6.20</i> 	<ul style="list-style-type: none"> • Concerns
Lyn Meadows	Independent Member	Community	<ul style="list-style-type: none"> • Board Member • Acting Chair Strategy, Partnerships and Population Health Committee • Vice Chair Audit Committee • Vice Chair Quality, Safety and Experience Committee 	<ul style="list-style-type: none"> • Nutrition • Cleaning, Hygiene and Infection Management
Cheryl Carlisle	Independent Member	Community	<ul style="list-style-type: none"> • Board member • Member Quality, Safety and Experience Committee • Member Mental Health Act Committee • Member Charitable Funds Committee 	<ul style="list-style-type: none"> • Carers • Children and Young People
Medwyn Hughes	Independent Member	Local Authority	<ul style="list-style-type: none"> • Board Member • Chair Audit Committee • Vice Chair Remuneration and Terms of Service Committee • Member Digital & Information Governance Committee <i>wef 23.12.19</i> 	<ul style="list-style-type: none"> • Patient and Public Involvement • Welsh language
Nichola Callow	Independent Member	University	<ul style="list-style-type: none"> • Board Member • Member Digital & Information Governance Committee • Member Strategy, Partnerships and Population Health 	
Helen Wilkinson	Independent Member <i>to 23.11.20</i> (includes a period of voluntary leave of absence)	Third Sector	<ul style="list-style-type: none"> • Board Member • Vice Chair Strategy, Partnerships and Population Health Committee • Member Finance and Performance Committee • Member Charitable Funds Committee 	<ul style="list-style-type: none"> • Veterans

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Jackie Hughes	Independent Member	Trade Union	<ul style="list-style-type: none"> • Board Member • Member Audit Committee • Member Remuneration and Terms of Service Committee • Member Quality, Safety and Experience Committee • Chair Charitable Funds Committee • Ex Officio Local Partnership Forum 	<ul style="list-style-type: none"> • Violence and Aggression • Equality
John Cunliffe	Independent Member	Community	<ul style="list-style-type: none"> • Board Member • Chair Digital & Information Governance Committee • Vice Chair Finance and Performance Committee • Member Strategy, Partnerships and Population Health Committee 	
Eifion Jones	Independent Member	Community	<ul style="list-style-type: none"> • Board member • Member Finance and Performance Committee • Member Mental Health Act Committee • Member Audit Committee 	
Linda Tomos	Independent Member <i>wef 10.11.20</i>	Community	<ul style="list-style-type: none"> • Board member • Member Finance and Performance Committee • Member Strategy, Partnerships and Population Health Committee Member Audit Committee • Member Charitable Funds Committee 	
Simon Dean	Interim Chief Executive <i>to 31.8.20</i>		<ul style="list-style-type: none"> • Board Member • In attendance Remuneration and Terms of Service Committee • In attendance Audit Committee (at least annually) • Joint Chair / Member, Local Partnership Forum • By invitation Finance and Performance Committee 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
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Mrs Gill Harris	Acting Chief Executive <i>wef 1.9.20 to 31.12.20</i>		<ul style="list-style-type: none"> As above except In attendance Finance and Performance Committee <i>wef 17.9.20</i> 	
	Executive Director Nursing and Midwifery / Deputy Chief Executive <i>wef 1.4.20 to 31.8.20 & wef 1.1.21</i>		<ul style="list-style-type: none"> Board Member Lead Director / In attendance Quality, Safety and Experience Committee Member Local Partnership Forum In attendance Mental Health Act Committee In attendance Finance and Performance Committee <i>wef 17.9.20</i> In attendance Audit Committee 	
Jo Whitehead	Chief Executive <i>wef 4.1.21</i>		<ul style="list-style-type: none"> Board Member In attendance Remuneration and Terms of Service Committee In attendance Audit Committee (at least annually) Joint Chair / Member, Local Partnership Forum In attendance, Finance and Performance Committee 	
Debra Hickman	Acting Executive Director Nursing and Midwifery <i>wef 1.9.20 to 31.12.20</i>		<ul style="list-style-type: none"> Board member Lead Director / In attendance Quality, Safety and Experience Committee Member Local Partnership Forum In attendance Mental Health Act Committee 	
Sue Hill	Executive Director of Finance (Acting to 31.12.20)		<ul style="list-style-type: none"> Board Member In attendance Audit Committee Lead Director / Member, Charitable Funds Committee Lead Director / In attendance, Finance and Performance Committee Member Local Partnership Forum In attendance Digital and Information Governance Committee 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Teresa Owen	Executive Director of Public Health Acting Deputy Chief Executive <i>wef 1.9.20 to 31.12.20</i>		<ul style="list-style-type: none"> • Board Member • In attendance Quality, Safety and <i>Experience</i> Committee • In attendance Strategy, Partnerships and Population Health Committee • Lead Director / In attendance Mental Health Act Committee <i>wef 1.9.20</i> 	
Sue Green	Executive Director of Workforce & Organisational Development (OD)		<ul style="list-style-type: none"> • Board Member • Lead Director/In attendance, Remuneration and Terms of Service Committee • In attendance Finance and Performance Committee • In attendance Strategy, Partnerships and Population Health Committee • Lead Director / Member, Local Partnership Forum • In attendance, Quality, Safety and Experience Committee 	
Mark Wilkinson	Executive Director Planning and Performance		<ul style="list-style-type: none"> • Board Member • Lead Director / In attendance, Strategy, Partnerships and Population Health Committee • Member Charitable Funds Committee • In attendance Finance and Performance Committee • Lead Director / In attendance Stakeholder Reference Group 	
David Fearnley	Executive Medical Director <i>to 30.9.20</i>		<ul style="list-style-type: none"> • Board member • In attendance Quality, Safety and Experience Committee • Lead Director / In attendance Digital and Information Governance Committee • In attendance Finance and Performance Committee • Member Charitable Funds Committee 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Arpan Guha	Acting Executive Medical Director <i>wef 1.10.20</i>		<ul style="list-style-type: none"> • Board member • In attendance Quality, Safety and Experience Committee • In attendance Digital and Information Governance Committee • In attendance Finance and Performance Committee • Member Charitable Funds Committee • In attendance Remuneration & Terms of Service Committee • In attendance Strategy, Partnerships and Population Health Committee 	
Chris Stockport	Executive Director Primary and Community Services		<ul style="list-style-type: none"> • Board member • In attendance, Quality, Safety and Experience Committee • In attendance Strategy, Partnerships and Population Health Committee • Lead Director / In attendance Digital and Information Governance Committee <i>wef 1.10.20</i> 	
Adrian Thomas	Executive Director Therapies & Health Sciences		<ul style="list-style-type: none"> • Board member • Lead Director / In attendance Healthcare Professionals Forum • In attendance Quality, Safety and Experience Committee 	
Louise Brereton	Board Secretary <i>wef 11.1.21</i>		<ul style="list-style-type: none"> • In attendance at Board • Lead Director / In attendance Audit Committee 	
Dawn Sharp	Acting Board Secretary <i>wef 1.9.19 to 10.1.21 for remuneration purposes</i> (includes a period of sickness absence)		<ul style="list-style-type: none"> • In attendance at Board • Lead Director / In attendance Audit Committee 	
Justine Parry	Acting Board Secretary <i>to 26.4.20</i> (covering Dawn Sharp's sickness absence)		<ul style="list-style-type: none"> • In attendance at Board • Lead Director / In attendance Audit Committee 	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Associate Board Members				
Andy Roach	Director of Mental Health and Learning Disabilities <i>to 30.11.20</i> (includes a period of sickness absence)		<ul style="list-style-type: none"> • Associate Board Member • Lead Director / In attendance Mental Health Act Committee • In attendance Quality, Safety and Experience Committee • Member Local Partnership Forum 	
Lesley Singleton	Acting Director of Mental Health and Learning Disabilities <i>to 2.6.20</i> (covering Andy Roach's sickness absence)		<ul style="list-style-type: none"> • Associate Board Member • Lead Director / In attendance Mental Health Act Committee • In attendance Quality, Safety and Experience Committee • Member Local Partnership Forum 	
Morwena Edwards	Associate Member	Director of Social Services, Gwynedd	<ul style="list-style-type: none"> • Associate Board Member 	
Ffrancon Williams	Associate Member	Chair Stakeholder Reference Group	<ul style="list-style-type: none"> • Associate Board Member 	
Gareth Evans	Associate Member	Chair Healthcare Professionals Forum	<ul style="list-style-type: none"> • Associate Board Member • In attendance Quality, Safety & Experience Committee 	

Summary of new and interim appointments, and turnover at Board level:

- Simon Dean's secondment to the Health Board ended on 31.8.20
- Gill Harris became Acting Chief Executive 1.9.20-31.12.20
- Jo Whitehead was appointed substantive Chief Executive from 1.1.21.
- Lesley Singleton was Acting Director of Mental Health and Learning Disability until 30.6.20
- Andy Roach, Director of Mental Health and Learning Disability, left on 30.11.20 (this post is no longer designated an Associate Board Member)
- Debra Hickman was Acting Executive of Director of Nursing & Midwifery 1.9.20-31.12.20
- Teresa Owen was Acting Deputy Chief Executive 1.9.20-31.12.20
- David Fearnley, Executive Medical Director, left on 30.9.20
- Arpan Guha became Acting Executive Medical Director on 1.10.20
- Sue Hill was Acting Executive Director of Finance until 31.12.20, then substantively appointed from 1.1.21
- Linda Tomos commenced as a new Independent Member on 27.10.20
- Helen Wilkinson, Independent Member, left the organisation on 23.11.20
- There were two Acting Board Secretaries in the reporting period until 11.1.21, when Louise Brereton was substantively appointed.

On 23.3.20 the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. At the time of suspension, the Board was carrying one Independent Member vacancy. When the suspension was lifted, an Independent Member appointment to the vacancy was made on 10.11.20. At the time of writing the Health Board was carrying an Independent Member vacancy, with effect from 23.11.20. Action taken to ensure the Board remains quorate and stable during this time has included re-engaging the previous Vice-Chair as a Special Adviser until October 2020.

Appendix 2 BCUHB Health Board member attendance at Board Meetings 2020 /21

(the meetings listed are those that would have been held in public under normal circumstances, however public attendance was disrupted due to COVID-19 regulations – see section 2.8)

Y = Present A = Apologies P = Part attendance

		15.4.20	14.5.20	21.5.20	23.7.20	24.9.20	12.11.20	21.1.21	11.3.21	30.3.21
Mark Polin Chairman	Member	A	Y	Y	Y	Y	Y	Y	Y	Y
Nichola Callow Independent Member	Member	Y	Y	Y	A	Y	Y	Y	Y	A
Cheryl Carlisle Independent Member	Member	Y	Y	A	Y	Y	Y	Y	Y	Y
John Cunliffe Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	A
Medwyn Hughes Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
Jackie Hughes Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
Eifion Jones Independent Member	Member	Y	Y	Y	Y	Y	Y	A	Y	A
Lyn Meadows Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
Lucy Reid Independent Member / Vice Chair	Member	Y	Y	Y	Y	A	Y	Y	Y	Y
Helen Wilkinson Independent Member <i>to 23.11.20</i>	Member	Y	Y	Y	Y	A	A			
Simon Dean Interim Chief Executive <i>to 31.8.20</i>	Member	Y	Y	Y	Y					
Jo Whitehead Chief Executive <i>wef 1.1.21</i>	Member							Y	Y	Y
Gill Harris Acting Chief Executive <i>wef 1.9.20 to 31.12.20</i>	Member					Y	Y			
Executive Director Nursing and Midwifery / Deputy Chief Executive	Member	Y	Y	Y	Y			P	Y	A

[illegible]

		15.4.20	14.5.20	21.5.20	23.7.20	24.9.20	12.11.20	21.1.21	11.3.21	30.3.21
Morwena Edwards representing Directors Social Services	Associate Member	A	Y	Y	Y	A	Y	Y	A	A
Ffrancon Williams Chair of Stakeholder Reference Group	Associate Member	Y	Y	Y	Y	P	Y	Y	Y	A
Gareth Evans Chair of Healthcare Professionals Forum	Associate Member	Y	Y	Y	A	Y	Y	Y	Y	Y

Appendix 3 - Meetings of the Health Board and Committees 2020/21

(the meetings listed are those that would have been held in public under normal circumstances, however public attendance was disrupted due to COVID-19 regulations – see section 2.8)

Meeting	Date								
Health Board	15.4.20	14.5.20	21.5.20	23.7.20	24.9.20	12.11.20	21.1.21	11.3.21	30.3.21
Quality, Safety & Experience (QSE) Committee	5.5.20	3.7.20	29.7.20	28.8.20	3.11.20	15.1.21	2.3.21		
Finance & Performance (F&P) Committee	4.6.20	16.7.20	27.8.20	30.9.20	29.10.20	21.12.20	28.1.21	25.2.21	25.3.21
Strategy, Partnerships & Population Health (SPPH) Committee	9.6.20	13.8.20	1.10.20	10.12.20	23.2.21				
Remuneration and Terms of Service Committee	15.6.20	20.7.20	7.8.20	6.10.20	1.2.21				
Mental Health Act Committee	19.10.20	8.12.20	12.3.21						
Charitable Funds Committee	25.6.20	10.9.20	8.12.20	9.3.21					
Audit Committee	29.6.20	28.7.20	17.9.20	17.12.20	18.3.21				
Digital & Information Governance Committee	19.6.20	25.9.20	26.3.21						

Appendix 4 Welsh Health Circulars 2020/21

WHC No	Date Received	Description	Lead	Action taken
2020/				
005	30.9.20	Recording of Dementia Read Codes	Executive Director of Primary Care & Community Services	15.12.20 - Forwarded to Consultant Nurse for Dementia who stated that the requirements are already in place. This information has been shared with West MAS and Read Codes are included on all correspondence with GPs/Primary Care.
006	3.4.20	Covid-19 Response – Continuation of Immunisation Programmes – revised	Office of the Medical Director	15.10.20 – Executive Director of Primary and Community Care confirmed that this had been actioned.
008	30.4.20	Reuse of Medication in Care Homes and Hospices	Office of the Medical Director	WHC 008 (Reuse of medication in care homes and hospices) has been discussed in the COVID-19 Care Home Cell and a memorandum drafted to clarify how this should be applied in North Wales. A checklist has been developed, to be completed and included in the patient’s notes in the event of any reuse.
009	21.5.20	The National Influenza Programme 2020 – 2021	Executive Director of Public Health	BCUHB Flu Plan 20-21 developed and taken through relevant groups and committees of the Health Board for approval and ratification. Flu vaccination performance data across North Wales is deemed to be excellent
011	9.7.21	Temporary Amendments to Model Standing Orders, Reservation and Delegation of Powers	Acting Board Secretary	The temporary changes were approved by the Audit Committee on 28.7.21 and ratified by the Board 24.9.21.
014	29.9.20	Ear Wax Management Primary Care and Community Pathway	Executive Director of Therapies & Health Sciences	A business case has been developed for further roll out of Primary Care Advanced Practice Audiology programme. This includes the implementation of the WHC for Ear Wax Management. This has been highlighted as a priority for 21/22 in the BCUHB draft Annual Plan submitted to WG at the end of March 21. Funding has been identified from the additional strategic financial support provided to the Health Board. Next steps will be final approval of the business case and agreement of an implementation plan.
015	14.9.20 and then reissued on 22.9.20	Policy on Single use and Reusable Laryngoscopes	Office of the Medical Director	This issue was picked up by the Infection Prevention and Control group.
016	21.12.20	Procedure for Performance Management, Removal or Suspension of NHS Chairs et al	Chairs, IMs and Associate Members	Information was circulated to the full Board on 22.12.20.

WHC No	Date Received	Description	Lead	Action taken
018	1.10.20	Last Man Standing	Executive Director of Primary Care & Community Services	Executive Director of Primary Care & Community Care confirmed that this has been actioned.
022	14.12.20	NHS Wales Annual Planning Framework 2021-22	Executive Director of Planning & Performance	The Board approved Plan was submitted to Welsh Government on 31.3.21 by the CEO's office.
023	23.12.20	EU Exit – Continuity of Medicine Supply at the End of the Transition Period	Office of the Medical Director	Noted and forwarded to the Office of the Medical Director.
024	22.12.20	Clinical Assessment of Covid-19 in the Community – Update December 2020	Executive Director of Primary Care & Community Services	This was all taken forward through the national working group and pathway and pulse oximeters, etc are being put in place.
025	22.12.20	2021-22 Health Board and Public Health Wales NHS Trust Allocations	Executive Director of Finance	The Health Board's financial plan has been updated to reflect the 2021-22 Health Board and Public Health Wales NHS Trust Allocations, and a draft Financial Plan was approved by the Board on 30.3.21.
2021/				
001	14.1.21	Consolidation Rules for Managing Cancer Waiting Times	Executive Director of Therapies & Health Sciences	New data collection and reporting systems have been put in place to meet reporting requirements in line with national timescales; implemented with effect from December 2020 as per the national requirement.
002	19.1.21	Board Champion Roles	Board Secretary	The Head of Corporate Affairs reviewed the WHC and highlighted necessary changes. The Chair will review this matter with Independent Member colleagues.
003	10.3.21	Senedd Election 2021	Board Secretary	10.3.21 - Information circulated to Board and to all staff via the Corporate Communications bulletin. Records updated accordingly.
004	19.2.21	Flu Vaccinations 2021-22	Executive Director of Public Health Wales	To be discussed and direction of travel agreed at the Strategic Immunisation Group 21.04.21
006	11.3.21	Senedd Election 2021 – Guidance for NHS Wales	Board Secretary	12.3.21. Information circulated to all staff via the Corporate Communications bulletin. Records updated accordingly.

WHC No	Date Received	Description	Lead	Action taken
007	11.3.21	6 weeks post-natal GP physical examination of child. HCWP (Healthy Child Wales Programme)	Executive Director of Primary Care & Community Services	There was no action required. This is guidance which has been sent directly to practices by Welsh Government. The Health Board is, however, currently working with colleagues to understand the ongoing level of compliance and what review processes (if any) are in place locally.
009	25.3.21	School Entry Hearing Screening Pathway	Executive Director of Primary Care & Community Services	28/3/21 – forwarded to the Assistant Area Director for Children (West) for action.

Appendix 5 – Principal Risks

The Health Board has identified the following principal risks to the achievement of its strategic objectives, which were agreed in 2020.

No	BAF Risk IDs	Title/Brief Description of risks
1	BAF20-01	Surge Plan / Winter Plan: There is a risk that the Health Board may not be able to deliver its Winter Plan.
2	BAF20-02	Emergency Care Review Recommendations: There is a risk that the Health Board may not be able to deliver safe effective care.
3	BAF20-03	Sustainable Key Health Services: There is a risk that the Health Board may not be able to deliver sustainable key population health services to the wider population of North Wales due to diminishing capacity to meet an ever-growing demand.
4	BAF20-04	Primary Care Sustainable Health Services: There is a risk that the Health Board may be unable to deliver high quality Primary Care Services to the local population.
5	BAF20-05	Timely Access to Planned Care: There is a risk that the Health Board may be unable to deliver timely access to Planned Care due a mismatch between demand and capacity and Covid-19, which could result in a significant backlog and potential clinical deterioration in some patient conditions.
6	BAF20-07	Effective Stakeholder Relationships: There is a risk that our relationships (internal and external) are ineffective.
7	BAF20-08	Safe and Effective Mental Health Service Delivery: There is a risk to the safe and effective delivery of MHL services.
8	BAF20-09	Mental Health Leadership Model: There is a risk that the leadership model is ineffective and unstable.
9	BAF20-10	Mental Health Service Delivery During Pandemic Management: There is a risk that the safe and effective delivery of MHL services. This could be due to the consequences of Covid-19.
10	BAF20-11	Infection Prevention and Control: There is a risk that patients will suffer harm due to healthcare associated infections.
11	BAF20-12	Listening and Learning: There is a risk that staff across the organisation do not feel that it is safe and/or worthwhile highlighting concerns.
12	BAF20-13	Workforce Optimisation: There is a risk that the Health Board Loses engagement and empowerment of its workforce.
13	BAF20-14	Security Services: There is a risk that the Health Board does not provide effective security services across the organisation.
14	BAF20-15	Health and Safety: There is a risk that the Health Board fails in its statutory to provide safe systems of delivery and work.
15	BAF20-16	Pandemic Exposure: There is a risk that staff, patients and visitors are exposed to Covid-19.

16	BAF20-17	Value Based Improvement Programme: There is a risk that the Health Board doesn't understand and use its resources efficiently and effectively.
17	BAF20-18	Digital Estates and Assets: There is a risk that informatics cannot implement digital solutions.
18	BAF20-20	Estates and Assets Development: There is a risk that the Health Board does not systematically review and capitalise on the opportunity to develop its estates and assets.
19	BAF20-21	Workforce Optimisation: There is a risk that the Health Board attract or retain staff.
20	BAF20-25	Impact of Covid-19: Workforce Optimisation: There is a risk that the ongoing Covid-19 pandemic will lead to the Health Board being overwhelmed.
21	BAF20-26	Development of Annual Operational Plan 2021-22: There is a risk that the Health Board fails to deliver an approvable plan to the Welsh Government.
22	BAF20-27	Delivery of a Planned Annual Budget: There is a risk that the Health Board spends in excess of its planned annual budget.
23	BAF20-28	Estates and Assets: There is a risk that the Health Board fails to provide a safe and compliant built environment, equipment and digital landscape due to limitations due to limitations in capital funding.

Following the continual review of risks in line with the Risk Management Strategy, the following two risks currently on the BAF are being recommended by the relevant Executive Directors to the Board Committees for review, scrutiny and further recommendations to the Board for approval, closure and archiving:

- BAF20-01 - Surge Plan / Winter Plan (This risk will be closed and archived as the Winter Plan has now been delivered and any outstanding actions will be transferred to, continuously implemented, and managed via BAF20-02 - Emergency Care Review Recommendations).
- BAF20-26 - Development of Annual Operational Plan 2021-22 (This risk will be closed and archived as the proposal of the Operational Plan for 2021/22 have now been submitted to the Strategy, Partnership and Population Health Committee for approval).

In addition to the above and after review and scrutiny, the Board approved that the following BAF risks should be closed and archived and/or new ones identified, assessed and added as per their recommendations. For example, the Board recommended that BAF20-06 - Pandemic Management should be closed and archived and a new BAF20-25 - Impact of Covid-19 identified, assessed and added to replace it.

BAF Risk IDs	Title/Brief Description of risks	Recommendations
BAF20-06	<p>Pandemic Management - There is a risk that the ongoing Covid-19 pandemic, through the second wave, could inhibit the Health Board's ability to deliver timely access to high quality planned care to its patients.</p>	<p>This risk has been archived and a new BAF20-25 has been created.</p>
BAF20-19	<p>Estates and Assets - There is a risk that the Health Board does not understand its equipment, assets or digital landscape due to no clear leadership, oversight of agreed capital funding at the Board. This could impact on the Board's ability to implement safe and sustainable services through an appropriate refresh programme.</p>	<p>BAF20-19 has been archived and a new BAF20-28 has been created.</p>
BAF20-22	<p>Development of Integrated Medium Term Plan (IMTP) - There is a risk the Health Board fails to deliver an approvable IMTP to Welsh Government and remains in breach of its statutory duties whether due to inability to deliver financial balance or to present a plan that delivers key performance targets. This impacts on reputation, and reduces freedom to act.</p>	<p>BAF20-22 has been de-escalated and a new BAF20-26 created. This risk is now being managed at the Corporate Tier 2 Divisional Level</p>
BAF20-23	<p>EU Exit - There is a risk that the Health Board (HB) will fail to maintain a safe and effective healthcare service following the end of the EU Transition period on 31 December 2020.</p>	<p>BAF20-23 has been deescalated and is now being managed at the Corporate Tier 2 Divisional Level</p>
BAF20-24	<p>Impact of COVID - There is a risk that Health Board will be overwhelmed and unable carry out its core functions due to the spread and impact of Covid-19 in North Wales, which could lead to reduced staff able to work and increased demand on services (including acute, community, mental health and primary care). This could negatively affect the mass vaccination programme, quality of patient care, outcomes for patients and the Health Board's ability to deliver its plans and corporate priorities.</p>	<p>BAF20-24 has been archived and a new BAF20-25 created.</p>

Appendix 6 – BAF and CRR risks

Following the re-write of the CRR, the following significant risks that featured on the old version of the register were escalated onto the BAF (although they have now been de-escalated and are being mitigated and managed through the CRR):

No	CRR Risk IDs	Title of Risks
1	CRR23	Asbestos Management and Control
2	CRR24	Contractor Management and Control
3	CRR25	Legionella Management and Control

The following risks which featured on the old version were closed (refreshed risks were captured on the new CRR):

No	CRR Risk IDs	Title of Risks
1	CRR01	Population Health
2	CRR02	Infection Prevention and Control
3	CRR03	Continuing Health Care
4	CRR05	Learning from Patient Experience
5	CRR06	Financial Stability
6	CRR09	Primary Care Sustainability
7	CRR10a	National Infrastructure and Products
8	CRR10b	Informatics - Health Records
9	CRR10c	Informatics infrastructure capacity, resource and demand
10	CRR11a	Unscheduled Care Access
11	CRR11b	Planned Care Access
12	CRR12	Estates and Environment
13	CRR13	Mental Health Services
14	CRR14	Staff Engagement
15	CRR15	Recruitment and Retention
16	CRR16	Safeguarding
17	CRR17	Development of Integrated Medium Term Plan
18	CRR18	EU Exit - Transition Arrangements
19	CRR20	Security Risk
20	CRR21	Health & Safety Leadership and Management
21	CRR22	Potential to compromise patient safety due to large backlog and lack of follow-up capacity
22	CRR23	Asbestos Management and Control
23	CRR24	Contractor Management and Control
24	CRR25	Legionella Management and Control
25	CRR26	Non-Compliance of Fire Safety Systems
26	CRR27	Risk to public health and safety arising from an outbreak of COVID-19 and demand outstripping organisational capacity
27	CRR28	Risk of infection from COVID-19 to staff and patients as a result of inadequate supply, quality or usage of PPE
28	CRR29	Timely access to care homes

The following 7 clinical and non-clinical risks which were initially agreed by the Audit Committee on 17.12.20 and included on the CRR are regularly reviewed and scrutinised:

No	CRR Risk IDs	Title of Risks
1	CRR20-01	Asbestos Management and Control.
2	CRR20-02	Contractor Management and Control.
3	CRR20-03	Legionella Management and Control.
4	CRR20-04	Non-Compliance of Fire Safety Systems.
5	CRR20-05	Timely access to care homes
6	CRR20-06	Informatics - Patient Records pan BCU.
7	CRR20-07	Informatics infrastructure capacity, resource and demand.

CRR20-08 was escalated via the RMG and recommended by the Executive Team for inclusion onto the CRR pending approval from the Audit Committee. The Quality, Safety and Experience Committee reviewed CRR20-09 - and rejected its inclusion on the CRR pending further work to reframe its focus. CRR20-10, approved during the last financial year, is at the time of writing in the process of de-escalation:

8	CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients.
9	CRR20-09	Patient care could be compromised due to no clinical Lead for Diabetes Speciality
10	CRR20-10	GP Out of Hours IT System

At the time of writing, the following 6 clinical, non-clinical and operational risks are progressing through the escalation process with the view to their inclusion on the CRR, subject to necessary committee approvals (timelines for submission to the relevant committee will run from June 2021 but specific dates are not confirmed at the time of writing):

- Risk ID 1875 - National Infrastructure and Products
- Risk ID 1976 - Nurse staffing (continuity of service may be compromised due to a diminishing nurse workforce)
- Risk ID 3347 - Inability to operate on cancer patients
- Risk ID 3613 - Non-delivery of WCCIS
- Risk ID 3659 - Cyber Security.

Appendix 7 – Errors during the early stages of the Covid-19 pandemic

On 13.3.20, the Minister for Health and Social Services announced that all non-essential hospital procedures would be cancelled due to the pandemic. There was no detailed implementation guidance available at that time. The Health Board responded by announcing on 19.3.20 that it was postponing non-urgent activity. Therapy Services then removed approximately 9,000 patients from their waiting lists. No patients undergoing active treatment were discharged. Welsh Government guidance subsequently issued on 7.4.20 clarified that the majority of these patients should have remained on the waiting list with a 'suspended' status. Corrective action was taken and all patients were reinstated onto updated waiting lists by 31.5.20.

Similarly, a misinterpretation of an instruction resulted in communications being issued from within the Mental Health and Learning Disability Division to GPs and patients, effectively cancelling primary care input for high numbers of service users. The error came to light on 16.4.21 and corrective actions were initiated in order to re-start primary care services for the patients. A letter of apology from the MHLDD Division was sent to all GP practices on the 20th April, with further clarity in early May.

All teams worked to implement a robust process and ensure that all patients were contacted and reinstated to the PCMH service where appropriate. This was completed across all Areas by 2nd June 2020.

On 16.4.21, Public Health Wales (PHW) published data on deaths broken down to organisation level, and it came to light that deaths in the Health Board were not being consistently recorded within total PHW figures. Steps were taken to correct the position and a protocol for reporting deaths to PHW was put in place. The errors were reported to the Covid-19 Cabinet. The Cabinet was satisfied with the responses and corrective actions taken.

Committee Annual Report 2020-21

1. Title of Committee/Group/Forum:

Quality, Safety Experience Committee

2. Name and role of person submitting this report:

Mrs Gill Harris, Executive Director of Nursing and Midwifery

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet 6 times and otherwise as the Chair deemed necessary. During the reporting period, it met (virtually) on 7 occasions in response to the need to balance the need to ensure quality and safety matters continued to be addressed during the Covid-19 pandemic, and ensuring that agendas were focused to free up operational time. Attendance at meetings is detailed within the table below. Attendance for Executive Directors and lead officers was limited by agreement of Committee Members and in accordance with Welsh Governance guidance to maximise capacity for the pandemic response.

Members of the Committee	5.5.20	3.7.20	29.7.20	28.8.20	3.11.20	15.1.21	2.3.21
Independent Members							
Lucy Reid (Chair)	P	P	P	P	P	P	P
Cheryl Carlisle	P	P	P	P	P	P	P
Jackie Hughes	P	P	P	P	P	P	P
Lyn Meadows	P	P	A	P	P	P	P

Formally In attendance (as per Terms of Reference)	5.5.20 (reduced attendance)	3.7.20 (reduced attendance)	29.7.20	28.8.20	3.11.20	15.1.21	2.3.21
Directors							
Gareth Evans Chair of Healthcare Professionals Forum	X	X	P	A	P*	P	P
David Fearnley Executive Medical Director (left BCU on 30.9.20)	P	X	P	P	◆	◆	◆
Sue Green Executive Director of Workforce & OD	X	X	P	P	P*	A	P
Arpan Guha Acting Executive Medical Director from 1.10.20	◆	◆	◆	◆	A	P	P
Gill Harris Executive Director of Nursing & Midwifery (note was Acting CEO from 1.9.20 to 31.12.20 so not a member of QSE at that time)	P	P	P*	P	◆	P	P*
Debra Hickman Acting Exec Director of Nursing & Midwifery from 1.9.20 to 31.12.20	◆	◆	◆	◆	P	◆	◆
Teresa Owen Executive Director of Public Health	X	X	A	P	P*	A	P*
Chris Stockport Executive Director of Primary & Community Services	X	X	X	A	P*	A	P
Adrian Thomas Executive Director of Therapies & Health Sciences	X	X	P	P	P	A	P
Representative for Mental Health & Learning Disabilities (in addition to Exec Lead) ¹	P	X	X	P*	P*	P	X

¹ : A number of interim arrangements were in place throughout 2020-21

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference "to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety, patients and service user experience of health services." During the period that this Annual Report covers, the Committee focused on quality and safety relating to the pandemic and post pandemic response. The cycle of business was adjusted accordingly. The Terms of Reference are appended at Appendix 1.

Furthermore, a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were 2 breaches of this nature (for the months of May 2020 and August 2020).

6. Main tasks completed / evidence considered by the Committee during this reporting period:

The Committee received a range of standing and regular items. The agenda setting process with the Chair and Lead Executive also allowed for flexibility to bring ad-hoc papers to the Committee such as those where assurances were requested against a current risk or issue, an all Wales issue requiring local consideration, or to ensure governance and scrutiny of an issue ahead of a forthcoming Health Board meeting. The main themes of these substantive reports in 2020-21 is as follows:-

- Infection prevention and health and safety updates to the Committee during the year were more focused in terms of the impact of the pandemic. They included reports on avoidable infections, cluster outbreaks of Covid-19 amongst staff, post infection reviews and estates issues. The Committee requested that lessons identified as part of the cluster investigations be disseminated as a matter of urgency across all areas of the Health Board, primary care and care homes. The Committee also confirmed its clear support for requiring the wearing of face coverings in healthcare settings.

- The Committee expressed ongoing concerns around the need to undertake robust investigations and rapid reviews for serious incidents, and the need to improve and be able to demonstrate organisational learning arising from incidents. An improved level of corporate oversight on incident reporting and a review of the investigation processes were progressed in-year. Further work on this is needed and an improved governance process around the commissioning of investigations has been agreed.
- In terms of risk management the Committee welcomed the development of the Board Assurance Framework and the refreshed Corporate Risk Register. The Committee had remaining concerns regarding clarity and consistency in scoring, together with a need to review the organisation's risk appetite. A suggestion was made by the Committee that this be considered at a Board level workshop.
- An exception report to the Committee highlighted the current risks across the Mental Health and Learning Disabilities Division including vacancies across the leadership team and the need to plan for the anticipated increase in demand in services. A later report to the Committee was welcomed in that it demonstrated progress in a number of areas. The Committee continued to require the Division to report on a regular basis and to focus papers on key areas of concern – for example engagement with stakeholders and capacity.
- The Committee were keen to ensure that action plans from future significant quality-related reports (such as the Holden report and HASCAS/Ockenden review) were appropriately tracked. As a result it was agreed to utilise the same internal governance framework and methodology of that used for Healthcare Inspectorate Wales actions. In addition the Committee would also receive clear close down reports when all actions are complete and proactive periodic follow up to ensure actions have been sustained.
- The Committee received regular updates on vascular services and the associated external review. The Committee requested that once the review report had been received that a robust implementation plan with critical oversight would be essential.

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

7. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
Combined report for 5.5.20 and 3.7.20	<ul style="list-style-type: none"> • There is a reduction in urgent and suspected cancer referrals and reduced access to screening and diagnostics, in particular endoscopy, as a result of COVID-19. Cancer teams are working with patients to provide support for patients. The

	<p>Committee will receive an update on services at the next meeting as plans for Phase 2 are reviewed;</p> <ul style="list-style-type: none"> • It was noted that the backlog of waiting lists is increasing as a result of non-essential services being suspended as a result of the pandemic. Although this is a national issue being experienced by all health services, the Committee has sought assurance that the Health Board is utilising every opportunity to maximise capacity as part of the Phase 2 planning; • Concern was raised with regard to the number of avoidable infections and cluster outbreaks of COVID-19 amongst staff. The Committee requested that lessons identified as part of the cluster investigations be disseminated as a matter of urgency to ensure that they are communicated across the Health Board and all areas including primary care and care homes; • The need to be able to undertake robust investigations and rapid reviews for serious incidents and demonstrate learning arising from these was identified. It was noted that a review is being undertaken of the investigation processes to ensure focus on human factors and organisational learning; • The Committee received a verbal update on the Vascular Services review and CHC report. The report has been discussed with the CHC and would be presented to the May Board. The importance of a robust implementation plan with critical oversight was agreed and the Committee would submit questions to the Executive Medical Director upon reviewing both reports; • A report was provided on the current status of ophthalmology services and performance against the eye care measure. It was noted that the risk stratification process undertaken for this patient cohort had identified a significant number of patients at high risk of eye sight loss. Work was underway to manage the urgent eye care pathway with optometrists to reduce the potential risk of harm. This had been affected by the pandemic; • A number of concerns were highlighted in relation to the corporate risks allocated to the Committee for oversight including the need for a clear audit trail for updates and changes and clarity of scoring. The Committee noted the review of the risk register and related strategy that was currently underway;
29.7.20	<ul style="list-style-type: none"> • The Committee voiced concerns about the use of face coverings for patients and the public in healthcare settings. Post infection reviews had been undertaken to identify learning from health acquired COVID-19 infections. Estates issues were still apparent on a ward in Ysbyty Glan Clwyd and the Committee requested an urgent update be provided. • The Committee raised concerns again about the mortality review report and lack of assurance about the process. It was

	<p>agreed that the Committee would receive a further report at the August meeting addressing these concerns.</p> <ul style="list-style-type: none"> • The challenges around maintaining essential services during the COVID-19 pandemic were highlighted. The added requirements for social distancing and infection prevention controls had a significant impact upon capacity. It was noted the service needed to continue monitoring activity and compliance with the revised essential services guidelines in order to mitigate the risk of harm. • The Committee received an update on the resetting and recovery of services and noted the significant challenges that the Health Board were facing. The service is undertaking risk stratifications of waiting lists to manage patient referrals on a risk basis rather than just based upon the longest waits. The waiting list management report was deferred to the next meeting
28.8.20	<ul style="list-style-type: none"> • The Committee noted ongoing concerns about the need to improve and be able to demonstrate organisational learning arising from incidents. An improved level of corporate oversight on incident reporting was being progressed to address this and a review was being undertaken. • An exception report highlighted the current risks across the Mental Health and Learning Disabilities Division including vacancies across the leadership team and the need to plan for the anticipated increase in demand in services. It was also noted that the psychological therapies review had been paused during the pandemic but that this would need to be commenced again. • The challenges restarting services across secondary care were noted using a risk stratification approach. The winter surge plans were under development and should be aligned with planned and unscheduled care work.
3.11.20	<ul style="list-style-type: none"> • The Committee noted capacity issues with the Infection Prevention and Control team and the impact that the pandemic has also had on the team. A business case to increase resource and capacity within the team had received Executive support and recruitment would be progressed;
15.1.21	<ul style="list-style-type: none"> • The Committee reviewed the corporate risk register and challenged some of the target risk dates and actions recorded. • The Committee were not assured that the risks were being managed effectively or that adequate scrutiny had been provided by the Risk Management Group due to the number of issues identified by members in the register. The Interim Director of Governance agreed to receive detailed feedback to address the Committee's concerns. • The Committee noted the deterioration in community acquired infections and it was confirmed that this was being pursued through accountability reviews and that clinical leadership and the local infection prevention groups were key to improvement

	<p>being achieved. The outbreaks in care homes was also discussed and the Committee informed that support was being provided and a daily reports were received by the Executive Incident Management Team.</p> <ul style="list-style-type: none"> • There had been an increase in the number of RIDDORs reported in quarter 3, the majority of which related to staff testing positive for Covid-19. Themes had been identified from the reviews which included non-adherence to social distancing and PPE. The Committee were informed that work was ongoing to address behavioural aspects of the non-compliance. • The Committee received a report on the findings of a comprehensive review that had been undertaken on the implementation of actions arising from the Holden report issued in 2013. Whilst action had been taken at the time in response to the report, it was accepted that some of the same issues had recurred within the Division albeit in different circumstances and different outcomes. The Committee supported the proposal for a strengthened governance process around tracking action plans for all future significant quality related reports and clear close down reports being provided when actions had been implemented. • The Committee discussed the quality governance review that had been undertaken for Ysbyty Glan Clwyd and noted that the site had been asked to provide a detailed improvement plan, which would be received at a future meeting.
<p>2.3.21</p>	<ul style="list-style-type: none"> • The Committee received the latest version of the Board Assurance Framework and Corporate Risk Register and highlighted a number of areas that required strengthening. The Committee did not support the inclusion of CRR20-09 (diabetes) to the Corporate Risk Register • An update was received on the Covid-19 outbreak in Ysbyty Gwynedd and whilst the numbers of infections were reducing, there was further work required to ensure actions were sustainable. An external review was being commissioned to identify learning from the outbreak and this will be reported to the QSE Committee when completed • The Committee were informed of the death of another member of staff as a result of Covid-19, taking the total to four. One of these deaths is the subject of an investigation by the Health and Safety Executive. The requirements of the previous Improvement Notice issued against the Health Board have been completed and evidence submitted to the Health and Safety Executive. The Committee have requested themes arising from Make It Safe reviews and subsequent remedial actions should be more visible in future reports • The Committee received an update on the work of the Vascular Services Task and Finish Group and noted the reported delay in agreeing the diabetic pathway. The

	Committee were informed that a multidisciplinary group had been brought together to address this
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8. Review of Effectiveness

The QSE Committee has continued to meet during the pandemic with a revised focus on Covid-19 related matters. The Committee provided increased scrutiny on healthcare acquired infections and health and safety in recognition of the increased risks in these areas. Focused reports on learning arising from the Wrexham Maelor outbreak were received and this will be followed up as part of the cycle of business for 2021/22. The improvements in leadership across the Mental Health and Learning Disabilities Division have been recognised and evidence provided that this is translating into improve patient experience as well.

Organisational learning remains an area requiring significant improvement and the Committee will be focusing on this in the following year. In addition, the growing risks arising from delayed care for patients as a result of the pandemic and mitigating actions will be monitored.

9. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be:

- Evidence of improved governance and learning across the organisation following the implementation of the Board Assurance Framework and governance review;
- Safe restoration of services for patients based upon clinical risk and informed prioritisation;
- Service reviews and improvements such as Vascular Services and Urology Services;
- Organisational learning and implementation of improvement plans;

V1.0 5.5.21 For submission to Audit Committee on 25.5.21

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

1) INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the **Quality, Safety and Experience Committee (QS&E)**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2) PURPOSE

- 2.1 The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety, patients and service user experience of health services.

3) DELEGATED POWERS

- 3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

3.1.1 ensure that arrangements for the quality and safety of patient care are in accordance with its corporate goals, stated priorities within the Quality Improvement Strategy and the principle of continuous quality improvement including organisational learning;

3.1.2 ensure the adequacy of safeguarding and infection, prevention and control arrangements;

3.1.3 provide assurance in relation to improving the experience of patients, citizens and all those who come into contact with the Health Board's services, as well as those provided by other organisations' or as part of a partnership arrangement;

3.1.4 seek assurance on the robustness and appropriateness of Health and Safety arrangements across the Health Board including aspects impacting on patient care, quality and safety and experience;

3.1.5 ensure that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided and in particular that:

- Sources of internal assurance (including clinical audit) are reliable
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis

- Appropriate review is carried out and corrective action is taken arising from incidents, complaints and claims known collectively as 'Concerns'.

3.1.6 Receive assurances from the Quality Improvement Strategy and Legislation Assurance Framework to allow the Committee to review achievement against the Health and Care Standards including accessible health care to inform the Annual Quality and Annual Governance Statements;

3.1.7 Seek assurance on the quality and safety of services commissioned from external providers (including care homes) and others who provide a commissioning role on behalf of the Health Board e.g. Welsh Health Specialised Services Committee (WHSSC); Emergency Ambulance Services Committee (EASC).

3.1.8 Review and seek assurance on the appropriateness of the quality indicators defined within the Integrated Quality and Performance Report (IQPR) and scrutinize the quality dimensions contained within the IQPR;

3.1.9 Review the sustainability of service provision across the Health Board in terms of quality of service, patient experience and model of care provided.

3.1.10 provide advice and assurance to the Board regarding the quality impact assessment of strategic plans as appropriate;

3.1.11 to receive periodic updates in respect of the workforce flu vaccination.

4) AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee - and all employees are directed to cooperate with any legitimate request made by the Committee; and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may also obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Quality, Safety and Patient Experience matters.

- 4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;

5) SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee Business.

6) MEMBERSHIP

6.1 Members

Four Independent Members of the Board.

6.2 In attendance

Executive Director of Nursing and Midwifery (Lead Executive)
 Executive Medical Director
 Executive Director of Therapies and Health Sciences
 Executive Director of Primary Care & Community Services
 Director of Performance
 Executive Director of Workforce & Organisational Development
 Executive Director of Public Health
 Associate Director of Quality Assurance
 Director of Mental Health & Learning Disabilities
 Senior Associate Medical Director / 1000 Lives Clinical Lead
 Chair of Healthcare Professionals Forum -Associate Board Member
 Representative of Community Health Council

- 6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

- 6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by

the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7) COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance, it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The 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.

8) RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 8.1** Although the Board has delegated authority to the 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 the organisation.
- 8.2** The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

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

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

- 8.4** The Committee shall embed the corporate goals and priorities 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.
- 8.5** Receive assurance and exception reports from the Quality and Safety Group (QSG)

9) REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation. In doing so account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

10) APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11) REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval:

Audit Committee 30.5.19

Health Board 25.7.19

V6.0

Finance and Performance Committee Annual report 2020-21

1. Title of Committee:

Finance and Performance

2. Name and role of person submitting this report:

Sue Hill Executive Director of Finance

3. Dates covered by this report:

1 April 2020 to 31 March 2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet ten times and otherwise as the Chair deemed necessary. During the reporting period, it met on nine occasions. A workshop was held on one date. Attendance at meetings is detailed within the table below:

Independent Members									
Members of the Committee	4.6.20	16.7.20	27.8.20	30.9.20	29.10.20	21.12.20	28.1.21	25.2.21	25.3.21
Mark Polin (Chair)	P	P*	P	P	P*	P	P	P	P
John Cunliffe (Vice Chair)	P	P	P	P	P	P	P	P	P
Eifion Jones	P	P	P	P	P	P	P	P	P
Helen Wilkinson	P	P	A	A	A	◆	◆	◆	◆
Linda Tomos	◆	◆	◆	◆	◆	P	P	P	P

Formally in attendance (as per Terms of Reference)	4.6.20	16.7.20	27.8.20	30.9.20	29.10.20	21.12.20	28.1.21	25.2.21	25.3.21
Directors									
Sue Hill Executive Director Finance (Lead Director) (Acting – to 31.12.20)	P	P	P	P	P	P	P	P	P
Mark Wilkinson Executive Director Planning and Performance	P	P	P	P*	P*	A	P	P	P
Sue Green Executive Director of Workforce and Organisational	P	A	P	P	P*	P	P	P	P
Gill Harris Executive Director Nursing and Midwifery % /	P	P	P*				P*	P*	A
Acting Chief Executive (1.9.20-31.12.20) %				P	P	P*			
Jo Whitehead Chief Executive	◆	◆	◆	◆	◆	◆	A	P	P
David Fearnley Executive Medical Director	P	P	P	◆	◆	◆	◆	◆	◆
Arpan Guha Acting Executive Medical Director	◆	◆	◆	P	P	P	P	P	P

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

% - Formal member with effect from 17.9.20 per TOR approval at Audit Committee

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The **Committee** is designed to provide advice and assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

Financial Management

- seek assurance on the financial planning process and consider Financial Plan proposals;
- monitor financial performance and cash management against revenue budgets and statutory duties;

- consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions;
- monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans;
- receive quarterly assurance reports arising from performance reviews; including performance and accountability reviews of individual directorates, divisions and sites, and
- to determine any new awards in respect of primary care contracts

Performance Management and accountability

- approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required);
- ensure detailed scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP);
- monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- review and monitor performance against external contracts;
- receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- receive assurance reports in respect of the Shared Services Partnership.

Capital Expenditure and Working Capital

- approve and monitor progress of the Capital Programme.

Workforce

- monitor performance against key workforce indicators as part of the QAP;
- monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans;
- receive assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors, and
- to consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

During the period that this annual report covers, the Committee operated in accordance with its terms of reference which were in effect for the whole of the term this Annual Report covers. The Terms of Reference are appended at Appendices 1a and 1b (with effect from 17.9.20).

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

Furthermore a fundamental review of the governance structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were six breaches of this nature in terms of individual papers not being available 7 days before the meeting.

6. Overall ***RAG** status against Committee's annual objectives / plan: **Amber**

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the assurance provided <i>(please provide in narrative format)</i>
Seek assurance on the financial planning process and consider Financial Plan proposals	Amber	The Committee approved the budget setting methodology and financial planning assumptions; reviewed performance against the financial plan and, in line with Welsh Government guidance approved the submission of the	The Committee receive regular updates around the underlying planning principles and iterations of the draft plan; and performance against the plan once set.

		draft financial plan for 2020/21	
Monitor financial performance and cash management against revenue budgets and statutory duties	Green	The Committee monitor performance against statutory duties at each meeting	The finance report is reviewed at each meeting and the content and format were the subject of a Committee workshop
Consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions (SFIs)	Green	The Committee regularly reviews reports on capital and revenue expenditure and all business cases are reviewed and approved in line with SFIs	Capital reports and business cases are standing items on the agenda and are debated by the Committee
Monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans	Green	Financial year 2020/21 was an exceptional year due to the Covid 19 pandemic, but delivery against savings plans was monitored on a regular basis and the Health Board achieved the revised level of forecasted savings	The savings reports are standing items on the agenda and actions are updated for the Committee in a timely manner – there is read across between this item and any audit recommendations
Receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites	Amber	The accountability reviews were paused during the pandemic but the Committee received an update when the accountability reviews were reconvened	The accountability reviews were paused during the pandemic but are part of the governance review and updates will be reinstated to the Committee
Determine any new awards in respect of primary care contracts	Green	The Committee regularly reviewed and approved the	The reports on primary care contracts are provided in

		award of primary care contracts	sufficient detail for scrutiny by the Committee
Approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required)	Green	The Committee reviewed and approved the revised Performance Management Framework	The performance management framework was reviewed and approved by the Committee in 2020/21
Ensure detailed scrutiny of the performance and resources dimensions of the QAP	Amber	The QAP is regularly monitored and discussed: the report is being revised to improve relevance of metrics and assurance level	The QAP content and format has been reviewed and is being revised, in line with Committee feedback.
Monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets	Green	All key national and local targets are included in the QAP, although submission of some measures to WG was paused during the pandemic.	The QAP reports on all national and locally agreed targets in a detailed and comprehensive report, to which additional narrative has been requested by the Committee.
Review in year progress in implementing the financial and performance aspects of the IMTP	Amber	The Health Board is currently reporting to WG on an annual basis in line with all other NHS organisations in Wales, however the Committee does consider as part of its regular reporting, the relevant aspects required in an IMTP	The Committee is monitoring progressing towards an approvable IMTP and all required elements are reported on to the Committee on a regular basis, as part of the Annual plan.
Review and monitor performance against external contracts	Green	The Committee receives regular updates on	The external contracts report is a detailed and

		external healthcare contracts	comprehensive review of the Health Board's commissioning arrangements, received on a quarterly basis
Receive assurance reports arising from Performance and Accountability Reviews of individual teams	Amber	The committee receives regular and adhoc reports relating to specific functions or domains, but this is not on a systematic basis	There will be an improved the level of reporting on individual teams submitted to the Committee going forward
Approve and monitor progress of the Capital Programme	Green	The committee receives regular updates on the overall capital programme and specific projects as required	Capital reports and business cases are standing items on the agenda and are debated by the Committee
Monitor performance against key workforce indicators as part of the QAP	Green	The QAP includes workforce metrics and additional detail is provided when requested.	The workforce KPIs are part of the QAP and there are also regular additional reports to the Committee
Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans	Amber	The pandemic paused some of the more strategic workforce plans, but this will restart in 2021/22	As the Health Board progresses its transformation agenda, any workforce reports will be clearly triangulated with the financial impact
Receive assurance reports in relation to workforce, to include job planning under medical and dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors	Amber	The Committee considered workforce performance reports, but much of the activity around medical recruitment and job planning was pasued during the pandemic	There are specific workforce projects progressing in 2021/22 which will provide further assurance around job planning and rota management

To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices	Green	The Committee considered and decided upon all proposals in year to take on the management of any additional GP practices	The reports on primary care contracts are provided in sufficient detail for scrutiny of recommendations to take on additional managed practices.
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**Key:*

Red	<i>= the Committee did not receive assurance against the objective</i>
Amber	<i>= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed</i>
Green	<i>= the Committee received adequate assurance against the objective</i>

7. Main tasks completed / evidence considered by the Committee during this reporting period:

The following items were regularly discussed:

- Annual plan 2019/20 monitoring report
- Operational plan 2020/21 quarterly monitoring reports
- Quality and performance reports
- Planned care updates
- Unscheduled care and building better care updates
- Monthly finance reports
- Savings programme reports
- Monthly monitoring reports
- External contract update reports
- Capital programme reports
- Corporate risks assigned to the Committee
- Quarterly NHS Wales Shared Services Partnership summary performance reports

The following items were also considered:

- Primary and community Services report - sustainability and transformation
- Annual plan 2019/20 reconciliation
- Approval of BCU Interim discretionary capital programme 2020/21
- Annual review Terms of Reference and approval of the cycle of business 2020/21
- PWC recommendations update
- Interim report on Covid 19 financial governance

- Nuclear Medicine Consolidation Strategic Outline Business Case
- Staff Lottery – from charitable funds
- Committee annual report 2019/20
- Winter resilience plan 2020/21
- Covid19 financial governance cell report
- Financial plan and budget setting 2021/22
- Cross border block contracts update
- Revised Performance Management Framework and update on accountability reviews
- Combined Post Project Evaluation of the Integrated Health, Social Care and Third Sector Centres in Blaenau Ffestiniog, Flint and Llangollen
- Business case tracker for revenue and capital business cases
- Transparency in supply chains consultation Government response
- Committee Board Assurance Framework Principles and Corporate Risk Report
- Forecasting update
- Workforce performance reports
- Planned care update on Option 5 Ophthalmology – Eye Care Collaborative Programme update
- Transfer of Flint Community Hospital Site to Flintshire County Council
- Health Board Revenue and Discretionary Capital Allocation for 2021-22
- Capital Programme 2021 – 2024
- Development of the 2021/24 Plan
- Planning for 2021/2

Business cases:

- Diagnostic and Treatment Centre (DTC) pre-strategic outline business case
- Robotic surgery business case
- Orthopaedics business case update
- BCU Symphony/Welsh Emergency Department System revenue business case (agreed submission for Board approval)
- North Denbighshire Community Hospital business case (agreed submission for Board approval)
- Development of Diagnostic and Treatment Services at Betsi Cadwaladr University Health Board: Strategic Outline Case
- Stroke Improvement Plan Phase 1
- Ysbyty Gwynedd Hospital – Fire Safety and Infrastructure Compliance Programme Business Case

An additional meeting was held on 30.9.20 to address:

- Planned Care update including DTC development
- Finance report
- Savings report

In private session the Committee considered

- Recovery programme report and recommendations updates
- Approval of the new contractor to take over a GP contract and merge provision of GMS services

- Monthly financial position report – month 2 2020/21
- Mental Health Rehabilitation Business Case update
- Approval of Wrexham Maelor Hospital Continuity Programme– procurement of external support
- Covid19 ventilation essential equipment
- Proposed third party development business case at GP practice
- Digital dictation progress update
- Programme Management Office capacity report
- Pooled budgets report
- Automated blood sciences managed service contract (agreed submission for Chair's approval on behalf of the Board)
- Approval of mobile telephony tender
- Residential Accommodation Strategic Outline Case
- Contract awards:
 - Water Hygiene Compliance Services
 - Recyclable, Domestic & General Waste Collection
 - IT System Renewal for Urgent Primary Care and Contact/Phone First
 - GP Practice
- Commencement of tender process: Flow Cytometry
- WG Strategic Financial Support report
- Procurement contracting briefing paper - North Wales Dental Academy
- Business Justification cases - Interventional Radiology Replacement, Gamma Camera Replacement and Radiotherapy CT Simulator
- Managed Service Contract - Haematology and Coagulation
- Diagnostic Treatment Centre progress update - Model of Care
- Novation of Dentistry Services
- Draft annual plan 2021/22 Medical and Dental Agency Locum monthly reports at each meeting.

Chair's action was undertaken in respect of:

- Full business case for Digital Health Record
- Revenue business case for defibrillator replacements
- Lease of GP Premises in Prestatyn to the Health Board
- A revised Full Business Case for the Royal Alexander Hospital was resubmitted to Welsh Government in response to a request for additional information

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/finance-and-performance-committee/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting date	Key risks including mitigating actions and milestones
4.6.20	<ul style="list-style-type: none"> Concerns regarding the Corporate Risk Register were discussed, including the lack of alignment to the organisation's plan. A Board workshop session was agreed to be scheduled for further discussion and inclusion of all Board members and to incorporate the impact of COVID19 on the corporate risks Noting that the executive review had not taken place regarding the assessment of the Annual Plan monitoring report, it was agreed that an update be prepared for the next meeting Concern with capacity planning and availability of resources was agreed to be addressed at a future Board workshop Concerns regarding staff testing and mental health were agreed to be explored further in COVID19 board briefing session Whilst the Q1 operational plan had not involved approval by all the Board members, the Chair advised plans would be put in place for scrutiny of the Quarter 2 Operational Plan prior to Welsh Government submission Backlog appointments were increasing at the rate of 4,000 patients per month, however actions were outlined to mitigate harm in a staged approach Potential implications of 14 day isolation policies on services were highlighted as well as COVID19 testing and staff protection. Significant risk to the financial plan regarding unknown WG funding response to COVID19 pandemic Month 1 savings requirement £3.7m was not delivered due to organisation's focus on response to COVID19 pandemic. Further work to ascertain achievability of identified schemes, given pandemic conditions, was requested to be undertaken As a consequence of the refocusing of management capacity and the redeployment of the Programme Management Office (PMO) resource to support the Covid19 response, work on savings was halted in March 2020. A briefing on PMO capacity was requested
16.7.20	<ul style="list-style-type: none"> Significant risk to the financial plan regarding unknown WG funding response to Covid19 pandemic Primary care services sustainability issues were being managed via a risk based approach - set out within a 5 domains risk assessment matrix Endoscopy service issues were in the process of being addressed, including the introduction of a more effective way of listing patients across North Wales Potential financial implications needed to be addressed in respect of the requirement to test patients prior to care home discharge. Capacity and capability concerns within the Programme Management Office were highlighted. It was agreed that a report be provided to the August meeting to address this

	<ul style="list-style-type: none"> • Covid19 was impacting the Health Board's savings programme, however the Acting Executive Director of Finance was addressing this, along with Executive Team colleagues, with an action plan and was mindful of internal resourcing availability
27.8.20	<ul style="list-style-type: none"> • The Committee emphasised the need to ensure that contingency was built into Q 3 & 4 planning • Further briefings were requested on bookings processes and outpatient transformation to enable a greater understanding of the current position • Planned and unscheduled care along with winter protection planning was of significant concern • Emergency Department (ED) potential investment was being explored with Kendal Bluck • The customary availability of contractual English providers to draw on during the Winter period would be significantly reduced due to the national Covid19 response. The usual scheduled reduction in planned care activity would not be an option in the current climate • A process of re-stratification was taking place with waiting lists over 36 weeks on the incline. Risk and mitigation work was taking place alongside the introduction of new measurements introduced on RTT • Orthopaedic alternative ways of providing surgical interventions were requested to be explored and presented at the next meeting, along with detail of a potential diagnostic and treatment centre development • Delays in capital projects and additional measures put in place due to Covid19 were expected to result in potentially increased out-turn costs and extended programme. The Royal Alexandra Hospital and Ablett new build business cases were expected to be presented at the next meeting • £3.3m in month deficit / £13.3m year to date deficit was in line with month 4 plan- assuming all Covid19 costs incurred by the Health Board would be fully funded, however this had not yet been confirmed and therefore was a significant risk • Savings plans had been severely impacted by the Covid19 response currently forecast to under deliver by £30.8m against the £45m target • It was reported that up to Month 4, the Health Board had reported Covid19 related costs of £56m, with a forecast of £122m, across a number of key Revenue, Capital and Charitable Funds elements. It was noted that the Covid19 specific Finance Risk (ID 3152) – 'Covid19 expenditure may exceed funding available from WG' was logged in the Finance Directorate's risk log. Further detail and lessons learned would be presented to the October meeting • The Staff Lottery – from Charitable Funds proposal would be resubmitted to the October meeting, addressing the various governance concerns raised and gauge potential staff support
30.9.20 and 29.10.20	<ul style="list-style-type: none"> • Support for the robotic surgery business case being submitted for Board approval moves forward risk mitigation within urology and other specialty services for the future

	<ul style="list-style-type: none"> • Mitigation of risks around the orthopaedic services is being provided through a revised service model, as impacted by the development of the DTC. The Committee sought to move forward the DTC business case at pace to improve patient outcomes • In respect of financial position at Month 6; <ul style="list-style-type: none"> ○ Year to date was a £0.2m favourable variance ○ Full year forecast to be at a balanced position i.e. £40m deficit • This has been achieved through the confirmation of the additional £83.1m of WG funding for the Health Board • Planned and unscheduled care monitoring and potential improvements remain priority areas to be addressed at each meeting
21.12.20	<ul style="list-style-type: none"> • Operational Plan concern re red action 17.7 Digital Health: Phase 3 of Welsh Patient Administration System re-focus on West implementation. A briefing is to be prepared on resourcing. The Committee was concerned with how national system development issues affected BCU operations • Inaccurate performance data was affecting the Committee's ability to monitor the Operational Plan and performance effectively. This was agreed to be addressed by the Acting Chief Executive • In Planned Care, the number of unbooked patients (47k) was of concern and that the considerable number of patients waiting over 52 weeks was increasing month on month • Following reflections on trends within sickness absence reporting, data in respect of homeworking would be included in the next report to enable the Committee to monitor any potential impact • Ensuring safe separation of Covid19 (Red) patient contact from Non-Covid19 (Green) in Emergency Departments had resulted in a reduced capacity of almost 40% - and had also necessitated reduced capacity on wards • Orthopaedics and ophthalmology appointments were falling behind whilst other specialties improved their levels of activity - most notably general surgery. Clinicians from orthopaedics and ophthalmology were invited to the meeting to discuss the situation • The Planned Care 6 point plan and timelines were noted, including provision of the DTC Strategic Outline Case to the Committee and Health Board in January 2021 • Following the Committee's concern in respect of the length of time patients' were waiting, it was agreed comparative data with other Health Boards in Wales would be provided in the next report to evaluate whether BCU waiting times were deteriorating more rapidly than other organisations • In respect of robotic surgery, national procurement had moved forward and a decision had been taken to accept the first robot purchased via national procurement for use in North Wales. It was advised that this would involve risk mitigation for 4-6 months. The Committee expressed disappointment at the delay as any slippage could result in BCU patients being adversely affected. An explanatory

	<p>briefing was requested on why the Board's publicised decision had been changed.</p> <ul style="list-style-type: none"> Following submission of the Royal Alex Business Case, WG was seeking further clarification on increased costs and details on the economic option, sustainability and design solution <p>Areas for action or note in regard to the Finance report:</p> <ul style="list-style-type: none"> Review of Covid19 expenditure forecasts, in line with the revised and evolving plans for managing the pandemic Conversion of £2.5m of savings schemes in pipeline into green/amber schemes Move into delivery plans for unscheduled care, planned care and schemes from the Quarter 3 / 4 plan Continue discussions with WG on potential annual leave carry over and cost implications Volatility around estimates involving TTP, Covid19, vaccination programme and field hospitals Considerable £18.6m shortfall against £25.8m year to date savings target however, this was good in comparison to other Health Boards given the present climate In respect of the development of the 2021-24 plan it was important to ensure strategic join up within the organisation and this would be a priority for the next 3 months
28.1.21 25.2.21	<p>The Committee raised concern regarding:</p> <ul style="list-style-type: none"> progress of the 2021/22 annual plan, further Board workshops would be taking place to address the concerns highlighted by Committees including affordability and maturity of integration between financial and operational elements of the plan a timetable for F&P and SPPH Committee submissions earlier in the financial year for 2022/23 plan (and future plans) was requested the BAF and CRR will be subject to further work in order to take into account feedback from all Committees. This would need to encompass a Board discussion on risk appetite and also address: agility whilst working within a pandemic, risk alignment with appropriate Committee and consistency of language the Covid19 outbreak at Ysbyty Gwynedd was being managed and some urgent work scheduled to be undertaken was now being progressed at other hospital sites whilst the number of patients waiting was very high, the end of year forecast position had reduced to 46,700 - however this was subject to the volatility of Covid19 communication with patients waiting – whilst recognising work was being progressed to systematically address this, the Committee emphasised the importance of moving this forward seeking flexibility that the additional resource allocated by WG prior to year-end would be utilised for the benefit of North Wales patients was the subject of ongoing discussion with WG

	<ul style="list-style-type: none"> • in respect of unplanned care issues, a series of actions were outlined to take improve pre-hospital demand, demand & capacity in ED and flow & discharge. Progress regarding Phone First, 111 and the Stephen HARRY report was provided • an alternative location for the replacement Ablett Unit was being explored on site, following refusal of the outline planning permission • areas for action or note in regard to the Finance report: <ul style="list-style-type: none"> ▪ Planned Care and Diagnostic performance activity had been delayed by the impact of Covid 19 activity in Q3/4 and required an agreed plan in place ▪ £3.1m of Covid19 funding required a detailed plan to be agreed, due to slippage on timing of the original forecast ▪ Some English NHS providers were under performing on activity levels, which may result in contract clawbacks – this was being closely monitored • consequential losses and surge requirements in respect of field hospitals were being actively addressed through the Executive Team
25.3.21	<ul style="list-style-type: none"> • The effectiveness of primary care monitoring was discussed and agreed to be further considered at the Board workshop being held on 23.4.21 to address performance reporting. • The Finance report key areas for action were <ul style="list-style-type: none"> ▪ Risk of under spending against Welsh Government funding. Opportunities to accelerate plans and progress on performance improvement have been identified and need to be rapidly progressed. ▪ Some English NHS providers were under performing on activity levels, which might result in contract clawbacks – activity levels were being closely monitored. • The sustained high level of Covid19 infection rates across North Wales over the winter months had impacted on delivery of the planned care activity set out in the Health Board's Quarter 3 & 4 submission to Welsh Government. • An Accountable Officer letter has been submitted to Welsh Government to notify the risk of under spending against Covid19 funding received. • Key impacts affecting divisional positions in the year to date continue to be overspends on Prescribing (£4.9m), undelivered savings (£25.4m) and lost income due to the pandemic (£10.0m). • The Committee requested that arrangements be put in place to effectively monitor Performance Funding spend and recurrent revenue costs going forward. • Whilst assurance had been given that the Estate had undergone risk assessment in respect of fire safety and infrastructure compliance, WG would be contacted regarding prioritisation whilst the organisation operated at risk. • Whilst a draft annual plan was approved for submission to the Board, it was noted that in terms of financial governance, discussion

	around improved processes had taken place, strengthened by improved financial reporting and greater levels of detail.
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9. Committee Chair's review of effectiveness

In recognising the impact of the Covid pandemic on the organisation and services and in keeping with the Good Governance Principles published by WG during this period, the Committee has maintained a focus on its key responsibilities in a balanced manner. Providing support, challenge and encouragement as necessary.

10. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will remain on financial and clinical performance as described in the key objectives in the draft annual plan, which includes the use and effectiveness of the additional funding provided by Welsh Government for Covid-19 response, strategic support and performance recovery, in order to prioritise the health of the population in North Wales.

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board Assurance Framework. This is attached as Appendix 2.

V1.0

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

**FINANCE AND PERFORMANCE
COMMITTEE**

1. INTRODUCTION

1.1 The Board shall establish a committee to be known as Finance and Performance Committee (F&P). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance and delivery. This includes the Board's Capital Programme and Workforce activity.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

3.1.1 Financial Management

- seek assurance on the Financial Planning process and consider Financial Plan proposals
- monitor financial performance and cash management against revenue budgets and statutory duties;
- consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions;
- monitor turnaround and transformation programmes' progress and impact/pace of implementation of organisational savings plans.
- receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- to determine any new awards in respect of Primary Care contracts

3.1.2. Performance Management and accountability

- approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- ensure detailed scrutiny of the performance and resources dimensions of the Quality and Performance Report (QAP);

- monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- review and monitor performance against external contracts
- receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- Receive assurance reports in respect of the Shared Services Partnership.

3.1.3 Capital Expenditure and Working Capital

- approve and monitor progress of the Capital Programme.

3.1.4 Workforce

- Monitor performance against key workforce indicators as part of the QAP;
- Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- Receive assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors.
- To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

4. AUTHORITY

- 4.1** The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2** May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

- 4.3 May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4 Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups carry out on its behalf specific aspects of Committee business.

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In attendance

Executive Director of Finance (Lead Director)
Chief Executive
Executive Medical Director
Executive Director of Workforce and Organisational Development
Executive Director of Planning & Performance
Executive Director Nursing and Midwifery

Other Directors/Officers will attend as required by the Committee Chair, as well as any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

6.4 Secretariat

Secretary – as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be held at least 6 times per annum.

7.3 Withdrawal of individuals in attendance

7.3.1 The 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.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the 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 the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

- 8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities 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.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

- 11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

V6.0 Audit Committee 17.9.20

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

**FINANCE AND PERFORMANCE
COMMITTEE**

1. INTRODUCTION

1.1 The Board shall establish a committee to be known as Finance and Performance Committee (F&P). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance and delivery. This includes the Board's Capital Programme and Workforce activity.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

3.1.1 Financial Management

- seek assurance on the Financial Planning process and consider Financial Plan proposals
- monitor financial performance and cash management against revenue budgets and statutory duties;
- consider submissions to be made in respect of revenue or capital funding and the service implications of such changes including screening and review of financial aspects of business cases as appropriate for submission to Board in line with Standing Financial Instructions;
- receive assurance with regard to the Health Board Turnaround programme progress and impact/pace of implementation of organisational savings plans.
- receive quarterly assurance reports arising from performance reviews, including performance and accountability reviews of individual directorates, divisions and sites.
- to determine any new awards in respect of Primary Care contracts

3.1.2. Performance Management and accountability

- approve the Health Board's overall Performance Management Framework (to be reviewed on a three yearly basis or sooner if required).
- ensure detailed scrutiny of the performance and resources dimensions of the Integrated Quality and Performance Report (IQPR);

- monitor performance and quality outcomes against Welsh Government targets including access times, efficiency measures and other performance improvement indicators, including local targets;
- review in year progress in implementing the financial and performance aspects of the Integrated Medium Term Plan (IMTP);
- review and monitor performance against external contracts
- receive assurance reports arising from Performance and Accountability Reviews of individual teams.
- Receive assurance reports in respect of the Shared Services Partnership.

3.1.3 Capital Expenditure and Working Capital

- approve and monitor progress of the Capital Programme.

3.1.4 Workforce

- Monitor performance against key workforce indicators as part of the IQPR;
- Monitor the financial aspects of workforce planning to meet service needs in line with agreed strategic plans.
- Receive assurance reports in relation to workforce, to include job planning under Medical and Dental contracts for Consultants and Specialist and Associate Specialist (SAS) doctors and the application of rota management for junior doctors.
- To consider and determine any proposals from the Primary Care Panel (via the Executive Team) in relation to whether the Health Board should take on responsibility for certain GP Practices.

4. AUTHORITY

- 4.1** The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.
- 4.2** May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

- 4.3 May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4 Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups carry out on its behalf specific aspects of Committee business.

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In attendance

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Executive Medical Director
Executive Director of Workforce and Organisational Development
Executive Director of Planning & Performance
Director of Turnaround

Other Directors/Officers will attend as required by the Committee Chair, as well as others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

- 6.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

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Secretary – as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that a minimum of two Executive Directors will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a monthly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The 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.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the 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 the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities 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.

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- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

- 11.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Amendments recommended by Audit Committee 30.5.19
Ratified by Board 25.7.19

V5.0

Cycle of Business 2021/22 v1.0

Agenda Item <i>NB Consent items will be determined on a meeting by meeting basis</i>	29.4.21	24.6.21	26.8.21	28.10.21	23.12.21	27.1.22	24.2.22	24.3.22
Opening Business / Standing items								
Previous minutes and action plan	X	X	X	X	X	X	X	X
Declaration of any Interests	X	X	X	X	X	X	X	X
Finance and Planning								
Finance report including : block contracting	X	X	X	X	X	X	X	X
Financial plan 2022/23				X	X	X	X	X
Budget setting 2022/23				X	X	X	X	X
Financial planning	X	X	X	X	X	X	X	X
WG monthly monitoring return	X	X	X	X	X	X	X	X
Savings programme	X		X	X	X		X	
External contracts update		X		X		X		X
Annual budget principles and management strategy					X			
Approval of the draft annual discretionary capital allocation programme								X
Capital programme report	X	X	X	X	X	X	X	X
Business tracker	X	X	X	X	X		X	
Benefits Realisation / Gateway Reviews <i>As arising & advised following business case submissions</i>	◆	◆	◆	◆	◆	◆	◆	◆
Any Estates / Capital business cases for approval prior to Board ratification – <i>As arising</i>	◆	◆	◆	◆	◆	◆	◆	◆
Performance and Contracting								
Quality and Performance report	X	X	X	X	X	X	X	X
2021/22 Operational quarterly plans - monitoring of progress against actions for F&P	X	X	X	X	X	X	X	X

Agenda Item	29.4.21	24.6.21	26.8.21	28.10.21	23.12.21	27.1.22	24.2.22	24.3.22
Unscheduled care update	x	x	x	x	x		x	
Planned care update	x	x	x	x	x		x	
Transformation update		x	x	x	x	x	x	x
Workforce								
Workforce quarterly performance report (previous quarter's data)		Q4	Q1	Q2		Q3		
Governance								
Review of corporate risks assigned to Finance & Performance Committee	x	x	x	x	x		x	
Agree CoB for coming year	x							x
Draft Committee annual report 2020/21 inc review of ToR	x							
Policies (relating to area of responsibility)- as required	◆	◆	◆	◆	◆	◆	◆	◆
Shared Services Partnership Committee assurance report			x	x		x		
Summary of private Board business to be reported in public (Only for any prior month's meeting held in private)	◆	◆	◆	◆	◆	◆	◆	◆
Issues of significance to inform Chair's report	x	x	x	x	x	x	x	x
Private session								
Medical and Dental Agency Locums monthly reports	x							
Health Economy accountability assurance progress reports		Q4	Q1		Q2		Q3	
Lease transfers – <i>As arising</i>	◆	◆	◆	◆	◆	◆	◆	◆
Carry forward to future years:								
Review of Performance Management Framework (As required by ToR) <i>To be addressed in 3 year cycle</i>				x				

◆ = Items to be considered if arise

V1.0 – Subject to amendment following Governance Review

Digital and Information Governance Committee Annual Report 2020-21

1. Digital and Information Governance Committee

2. Name and role of person submitting this report:

Dr Chris Stockport, Executive Director Primary & Community Care

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet on 4 occasions and otherwise as the Chair deemed necessary with 1 cancellation in December 2020, due to the COVID-19 pandemic and in-line with Welsh Government governance requirements. During the reporting period, it met on 3 occasions.

Members of the Committee	19/06/20	25.9.20	18.12.20	26.03.21
Independent Members				
Mr John Cunliffe	P	P	Meeting cancelled	P
Mr Medwyn Hughes	P	P		A
Professor Nicky Callow	P	P		P
Formally In attendance (as per Terms of Reference)	19/06/20	25.9.20	18.12.20	26.03.21
Directors				
Dr David Fearnley Executive Medical Director (Lead Director)	P	P		◆

Dr Chris Stockport Executive Director Primary & Community Care (Lead Director)	◆	P		A
Mr Dylan Williams Chief Information Officer	P	A		P
Mrs Justine Parry Assistant Director Information Governance and Risk / Data Protection Officer (DPO)	A	P		P
Dr Melanie Maxwell Senior Associate Caldicott Guardian Dr Kath Clarke	A	P		A
Ms Sue Hill Executive Director Of Finance/ Senior Information Risk Owner (SIRO)	A	P		P*

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Digital and Information Governance Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line

with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;

- consider the information governance and digital implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and digital implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

The Committee will, in respect of its assurance role, seek assurances that information governance and the digital (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office Guidance;
- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information

Systems regulations and relevant standards;

- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
 - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
 - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
 - Training needs are assessed and met.
- receive assurance on the delivery of the digital and information governance operational plans including performance against the annual Digital Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

The Committee will maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to digital and information governance. This will include NHS Wales Informatics Service (NWIS).

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were no breaches of this nature.

6. Overall *RAG status against Committee's annual objectives / plan: **Amber**

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the Assurance provided <i>(please provide in narrative format)</i>
Oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;	Green	<ul style="list-style-type: none"> • Draft operational and finalised plans submitted to the Committee. • Approved the Information Governance Strategy • Approved the Information Governance Annual Report. • Approved the Caldicott Outturn Report. • Extracts from the overall Annual Plan for informatics assured by the Committee. • Strategic updates provided regularly including early draft of the Digital Enabled Clinical Strategy. • The Committee has received updates on key projects such as the Digital Health Record business case and WCCIS. 	The quality of assurance has been good apart from the WCCIS national programme which continues to fail to deliver functionality, implementation and long term sustainability.

		<ul style="list-style-type: none"> • Regular operational plan and assurance reports provided. • Regular Information Governance key performance indicator reports provided. • Regular Chair Reports from the Digital Improvement Group and the Information Governance Group. 	
Oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;	Amber	<p>As above and updates on national governance and architecture reviews and digital priorities funding.</p> <p>Overview of Strategy Development.</p> <p>Amber - Due to progress of national programmes and significant number of corporate digital related risks, all of which have controls and mitigating actions but still remain high.</p>	The quality of assurance has been good ensuring the committee has been kept informed. As highlighted, concerns are with the progress and approach taken by national programmes and the lack of alignment with BCU priorities. BCU Digital Strategy development has been excellent.
Consider the information governance and informatics implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;	Green	<p>Corporate risks relating to National Systems, Cyber Security and Resources have been identified and reported as part of the Corporate Risk Register.</p> <p>Regular updates on Information Governance Risks provided as part of the</p>	Quality of assurance has been good capturing appropriate risks and implications. The latterly loss of a significant risk (regarding national systems/programmes) in the risk register through the

		Chairs Assurance Report from the Information Governance Group.	implementation of the BAF is being addressed though the new risk management process.
Consider the information governance and informatics implications for the Health Board of internal and external reviews and reports;	Green	<p>Whilst there has not been a further audit commissioned by the Information Commissioners Office, outstanding areas from previous audits have continued to be progressed as part of the IG Work Plan.</p> <p>Internal audit and Wales Audit Office audits have included:</p> <ul style="list-style-type: none"> • COVID Governance Review. • Caldicott-Principles into Practice Review • IM&T Control and Risk Assessment. • Business Continuity • Cyber Security <p>Updates on national system outages have been provided. NWIS provide a quarterly update.</p> <p>Also during this year, Information Governance has formed part of the wider internal quality review process, providing divisional / service compliance findings on request.</p>	Again overall the quality of assurance for IG and Digital has been good. Updates on national system has not provided assurance with reports not being contextualised for BCU.

		Quarterly Information Governance assurance reports received which include an update on the IG Work Plan.	
Oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).	Green	<p>Quarterly Information Governance Key Performance Indicator reports provided which include compliance with legislation, details of incidents, actions taken, outcomes and lessons learnt.</p> <p>Reports also include details of all Information Sharing Arrangements, Data Processing Agreements, Data Protection Impact Assessments, Caldicott Guardian decisions (authorised on behalf of the Board), Project Initiation Documentation (PIDs) and Reviews of Pathways approved for implementation to ensure privacy issues addressed.</p>	Information governance reporting has provided a good level of assurance.
The Committee will, in respect of its assurance role, seek assurances that information governance and the informatics (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of	Amber	Final business case for Digital Health Record reviewed by the Committee and regular operational plan and assurance reports developed and presented. We continue to refine the reports in in line with best practice.	The Committee is kept informed about information governance arrangements. Key concerns around aspects such as patient records are being addressed through programmes such as the

high quality, safe healthcare across the whole of the Health Board's activities.		Quarterly Information Governance Key Performance Indicator reports provided which include compliance with legislation, details of incidents, actions taken, outcomes and lessons learnt.	Digital Health Record. Delivery of other projects and programmes of work have been affected both by the impact of Covid-19 and the lack of resource /investment in the digital arena.
To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:			
<ul style="list-style-type: none"> there is clear, consistent strategic direction, strong leadership and transparent lines of accountability; 	Amber	<p>Leadership for Information Governance remained within the portfolio of the Deputy Chief Executive / Executive Director of Nursing and Midwifery.</p> <p>Within the year, responsibility for Digital transferred to the Director for Primary and Community Care.</p> <p>Whilst responsibility for all patient record types has been assigned to the Executive Director – Primary and Community Care there remains an outstanding action to clearly identify responsibility for Corporate and Staff.</p> <p>The Digital operational plan is clear and the overall strategic</p>	Full assurance will be gained when there is clarity regarding the digital strategy, its funding and alignment with the clinical and overall priorities of BCU. The relationship and governance arrangements with the national digital organisations need clarification. Information governance assurance has been good.

		<p>direction is under development through wide engagement. Alignment with clinical service strategy and national digital governance arrangements need clarifying.</p> <p>The Information Governance Strategy and work programme supports the required Digital requirements and objectives of the Health Board.</p>	
<ul style="list-style-type: none"> there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology; 	Amber	<p>Implementation of the Data Protection Impact Assessment has identified risks to achieving this balance by ensuring appropriate mitigations are considered.</p> <p>New Digital strategy in development which will enhance this with evidence of a citizen centred approach.</p>	Assurance ok and will improve with the delivery of the digital strategy and responding to the data protections risks.
<ul style="list-style-type: none"> the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards; 	Amber	<p>The continued review and embedding of the Information and Asset Register is supporting compliance with standards. Some continued gaps identified with respect to system owners, change control and future development of the register are being addressed.</p>	Creating the system asset register provided an improved level of assurance but focus is needed on identifying, training and holding to account, system owners if full assurance is to be gained.

<ul style="list-style-type: none"> there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public; 	Amber	<p>Compliance with mandatory Information Governance Training has remained steady at over 81% and is regularly reported as part of the Information Governance Key Performance Indicator reports.</p> <p>Work is underway to reach the national target of 85% including the delivery of new methods of training.</p>	<p>The work to address Information governance training gap is recognised and welcomed.</p>
<ul style="list-style-type: none"> there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements); 	Green	<p>All appropriate information sharing arrangements remain in line with WASPI requirements and data is shared in an appropriate manner.</p> <p>Further requirements to safely share information are also considered and addressed as part of Data Protection Impact Assessment, Data Controller and Data Processing agreements.</p> <p>A streamlined Data Protection Impact Assessment process was also implemented during the year to support the organisation transferring quickly to new ways of working in support of the</p>	<p>A good level of assurance.</p>

		management of the COVID Pandemic. These processes continue to be actively reviewed by the IG Team to ensure compliance with legislation is maintained.	
<ul style="list-style-type: none"> the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation; 	Green	The Committee has received assurances regarding protection of information, as part of the Quarterly Information Governance Key Performance Indicators and IT update reports	Assurance quality is good.
<ul style="list-style-type: none"> the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office (ICO) Guidance; 	Green	Regular reports received to provide assurance which includes compliance with FOI and DPA requests for information, incidents and complaints with identification of lessons learnt. This year has also included data from HMP Berwyn and all Managed GP Practices.	Assurance quality is good.
<ul style="list-style-type: none"> The Health Board is safeguarding its information, 	Amber	Regular and continually developing assurance	Cyber security needs have increased and

technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;		<p>reports received which covers IT assurance.</p> <p>Evidence of external audit.</p> <p>To be redesigned going forward as we undertake assessment such as Cyber Essentials.</p> <p>2 Cyber Security Reports have been presented at DIGC.</p>	this is an area where further assurance is needed.
<ul style="list-style-type: none"> all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that: <ul style="list-style-type: none"> Sources of internal assurance are reliable, and have the capacity and capability to deliver; Recommendations made by internal and external reviewers are considered and acted upon on a timely basis; 	Green	<p>Assurances provided that all reasonable steps to protect information are taken. Breaches are reported and presented as part of the Information Governance KPI reports detailing actions, outcomes and lessons learnt. Reports from the National Intelligent Integrated Auditing Solution (NIIAS) are also included in these reports.</p> <p>As noted previously, all outstanding recommendations from all internal and external audits or reviews are captured and progressed as part of the IG Work Plan, with assurance provided to DIGC as part of the IGG Chairs Assurance Report.</p> <p>This year there has been improved</p>	Assurance is good.

<ul style="list-style-type: none"> Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and Training needs are assessed and met. 		reporting of Cyber Security assurance.	
<ul style="list-style-type: none"> receive assurance on the delivery of the informatics and information governance operational plans including performance against the annual Digital Capital Programme; 	Green	Part of operational plan and regular assurance reports.	Assurance quality is good.
<ul style="list-style-type: none"> seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans; 	Amber	Plans assured by the Committee and regular monitoring reports provided.	The Committee gets good quality reports but there is not full assurance as delivery plans have been affected by Covid, conflicting priorities and lack of resource.
<ul style="list-style-type: none"> seek assurance on the performance and delivery of the rollout of the core national IT systems 	Red	National rollout plans included within operational plan and NWIS provide updates. This element will be	The quality of assurance is not good in the area predominantly relating to

which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.		developed further as NWIS become a special health authority. One of the escalated high risks.	delivery of national systems and the national prioritisation which does not align with BCU priorities and has impacted BCU capabilities for many years.
The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.	Amber	Included within assurance reports e.g. compliance with the timeframes for responding to requests for information, patch management and clinical coding performance.	Quality of reporting is good, but there continues to be areas for improvement.
Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to informatics and information governance. This will include NHS Wales Informatics Service (NWIS).	Amber	NWIS in attendance and outputs of national reviews provided to the Committee. Further work needed for NWIS to demonstrate alignment with BCU objectives. Better supplier management will be undertaken as part of the Digital Strategy. BCUHB Data Protection Officer is the current Chair of the National Information Governance Group and in attendance at the Wales Information Governance Board.	Whilst information is received from NWIS assurance is limited in terms of alignment with BCU priorities. Building relationships with the new DCHW strategic authority will be key to full assurances in the future.

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed

Green	= the Committee received adequate assurance against the objective
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7. Main tasks completed / evidence considered by the Committee/ during this reporting period:

Standing Items

- Board Assurance Framework Principal and Corporate Risk Report
- Caldicott Outturn Report 2020
- Chair Assurance report : Information Governance Group
- Digital Operational plans
- Digital Strategy - Our Digital Future
- Digitally Enabled Clinical Strategy Update
- Draft Committee Annual Report 2019-2020-21
- Informatics Quarterly Assurance Report
- Information Governance - quarterly assurance report (KPI, Lessons learned and compliance report)
- Information Governance Annual Report 2019/20
- NWIS update report
- Performance against the Board approved 2019/20 annual plan
- Risks assigned to the Committee - Corporate Risk and Assurance Framework Report

Ad-Hoc

- Covid on Informatics and Health Records
- Digital Communities (Community Services Transformation workstream): Update Report

In committee items

- Business continuity planning
- Consultation details received: Special Authority for Wales Consultation
- Cyber Security Audit and an update
- Data Quality of Freedom of Information Responses relating to Covid 19
- Digitalisation of personal records - Strategy Implications
- Full Business Case for Delivering an Acute Digital Health Record
- Informatics Resource Analysis
- National systems and timelines of events - Annual Plan
- Ombudsman Thematic Report
- Track, Trace, Protect
- Update on the Holden Report
- Welsh Community Care Information System (WCCIS)
- Workshop time undertaken - Datix - Risk Management

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
19.06.20	<ul style="list-style-type: none"> Major risks covered by CRR10a, 10b and 10c. Feedback on the impact of Covid-19 from the Risk Management Group awaited.
25.09.20	<ul style="list-style-type: none"> Impact of Blaenavon Data Centre on Welsh Patient Administration System project. It was confirmed that a report would be drafted and be presented to Executives, which would be provided by the Chief Information officer. It was agreed that the report would be made available to the Committee Members to view. The Welsh Community Care Information System - Continues to be a significant risk.
26.03.20	<ul style="list-style-type: none"> There is a risk that the sharing of documents/records via Teams and Share Point are not managed appropriately. This will be reviewed through the risk management process accordingly. National systems continue to represent significant risks. These include system reliability, delayed or deprioritised implementations and lack of functionality. Risks being reviewed through risk management process. There are a number of systems where there isn't a clear system owner. This represents a risk to business continuity, information governance and change management. Information Governance and Informatics are working together to progress this. Cyber Security is a growing area of risk and is being addressed through recruitment of specialist resource and pursuing appropriate accreditation.

9. Review of effectiveness

The Committee has sought to scrutinise and seek assurance in line with its terms of reference and emerging themes. It has been an effective forum to gain assurance and has added value to the assessment of risks, supported improvements through programmes such as the Digital Health Record and supported the development of a new patient centred Digital Strategy. Ensuring that the current committee business is covered in the context of the ongoing governance review will be a key measure of its success in the coming year.

10. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be;

- To oversee the implementation of the digital strategy with a particular focus on Patients, Carers and Staff.
- To oversee the implementation of the revised national Information Governance Toolkit whilst phasing out the Caldicott Self-Assessment, to bring Wales onto a similar assurance platform as the NHS in England.
- To oversee the further development and improvements in the Asset Register to ensure the lifecycle of all information and system assets identified.
- Reviewing the learning from the impact of the coronavirus pandemic and influencing the prioritisation of technology that will aid virtual working – including technologically enhanced care, virtual consultation and providing patient access to their own data whilst maintaining good governance and compliance with the Data Protection Legislation.
- To ensure that information governance and digital priorities will mitigate the corporate risks relating to health records, delivery of national solutions, Cyber security and the local capacity to provide digital services to support improved service delivery.

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board Assurance Framework. This is attached as Appendix 2.

Acknowledging that the work on the governance review is yet to conclude, but has the potential to recommend that this Committee might be disbanded going forward this plan of work would be reassigned as appropriate between other Board Committees.

V1.0

**Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements**

**DIGITAL AND INFORMATION GOVERNANCE
COMMITTEE**

1. INTRODUCTION

The Board shall establish a committee to be known as the Digital and Information Governance Committee (DIG). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety and security and appropriate access and use of information to support health improvement and the provision of high quality healthcare.

The Committee will seek assurance on behalf of the Board in relation to the Health Board's arrangements for appropriate and effective management and protection of information (including patient and personal information) in line with legislative and regulatory responsibilities.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of the Digital and Information Governance Strategies to drive continuous improvement and support IT enabled health care to achieve the objectives of the Health Board's integrated medium term plan.

3. DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will, and is authorised by the Board to: -

- oversee the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales;
- oversee the direction and delivery of the Health Board's digital and information governance strategies to drive change and transformation in line with the Health Board's integrated medium term plan that will support modernisation through the use of information and technology;

- consider the information governance and digital implications arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners;
- consider the information governance and digital implications for the Health Board of internal and external reviews and reports;
- oversee the development and implementation of a culture and process for data protection by design and default (including Privacy Impact Assessments) in line with legislation (e.g. General Data Protection Regulation).

3.2 The Committee will, in respect of its assurance role, seek assurances that information governance and the digital (including patient records) arrangements are appropriately designed and operating effectively to ensure the safety, security, integrity and effective use of information to support the delivery of high quality, safe healthcare across the whole of the Health Board's activities.

3.3 To achieve this, the Committee's programme of work will be designed to ensure that, in relation to information governance, digital and patient records:

- there is clear, consistent strategic direction, strong leadership and transparent lines of accountability;
- there is a citizen centred approach, striking an appropriate balance between openness and confidentiality in the management and use of information and technology;
- the handling and use of information and information systems across the organisation is consistent, and based upon agreed standards;
- there is effective communication, engagement and the workforce is appropriately trained, supported and responsive to requirements in relation to the effective handling and use of information (including IT Systems) – consistent with the interests of patients and the public;
- there is effective collaboration with partner organisations and other stakeholders in relation to the sharing of information in a controlled manner, to provide the best possible outcomes for its citizens (in accordance with the Wales Accord for the Sharing of Personal Information and Caldicott requirements);
- the integrity of information is protected, ensuring valid, accurate, complete and timely information is available to support decision making across the organisation;
- the Health Board is meeting its responsibilities with regard to the General Data Protection Regulation, the Freedom of Information Act, Caldicott, Information Security, Records Management, Information Sharing, national Information Governance policies and Information Commissioner's Office

Guidance;

- The Health Board is safeguarding its information, technology and networks through monitoring compliance with the Security of Network and Information Systems regulations and relevant standards;
- all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of information, and in particular that:
 - Sources of internal assurance are reliable, and have the capacity and capability to deliver;
 - Recommendations made by internal and external reviewers are considered and acted upon on a timely basis;
 - Lessons are learned from breaches in the safe, secure and effective use of information, as identified for example through reported incidents, complaints and claims; and
 - Training needs are assessed and met.
- receive assurance on the delivery of the digital and information governance operational plans including performance against the annual Digital Capital Programme;
- seek assurance on the effectiveness and impact of the Health Board's Digital Transformation Plans;
- seek assurance on the performance and delivery of the rollout of the core national IT systems which could have significant impact on the Health Board's operational services and escalate to the Board as appropriate.

3.4 The Committee will receive assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

3.5 Maintain oversight of the effectiveness of the relationships and governance arrangements with partner organisations in relation to digital and information governance. This will include NHS Wales Informatics Service (NWIS).

4. AUTHORITY

4.1 The Committee may investigate or have investigated any activity within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

- 4.2** May obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 4.3** May consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business;
- 4.4** Will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5. SUB-COMMITTEES

- 5.1** The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups carry out on its behalf specific aspects of Committee business.

6. MEMBERSHIP

6.1 Members

Four Independent Members of the Board

6.2 In Attendance

Executive Medical Director (lead director)
Chief Information Officer, Digital
Senior Information Risk Owner (SIRO)
Caldicott Guardian
Lead Director of Information Governance Department
Assistant Director Information Governance & Assurance/ Data Protection Officer (DPO)

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

- 6.3.1** The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, this should include either the Chair or the Vice-Chair of the Committee. In the interests of effective governance it is expected that at least one of those named officers listed above will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a quarterly basis.

7.3 Withdrawal of individuals in attendance

7.3.1 The 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.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the 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 the organisation.

- 8.2** The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,
- 8.3** The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:
- 8.3.1 joint planning and co-ordination of Board and Committee business; and
8.3.2 sharing of information in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.
- 8.4** The Committee shall embed the corporate goals and priorities 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.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report, the presentation of an annual report; and membership of the Health Board's committee business management group.

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum

11. REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Approved by Audit Committee 12.12.19

Ratified by Board 23.12.0 V3.0

**DIGITAL and INFORMATION GOVERNANCE COMMITTEE CYCLE OF
ANNUAL BUSINESS AND FORWARD PLANNER 2021/22 v0.1 draft last updated
07/06/2021 10:55**

Part 1 – Annual Recurring Business

Agenda Items	Notes	Jun	Sept	Dec	Mar
Apologies	Standard Committee item	x	x	x	x
Declarations of Interest	Standard Committee item	x	x	x	x
Draft minutes of previous meeting, matters arising and review of Summary Action Plan	Standard Committee item	x	x	x	x
Digital					
Digital Strategy – annual review	ToR 3.1.1				x
Approval of Informatics – Operational Plan	ToR 3.1.2/10	x			x
Digital Operational plan – quarterly update incl National Infected Blood Inquiry update		x	x	x	x
System Demonstrations (ad hoc as relevant)					
Partner organisation arrangements – other partners to be identified / advised	ToR 3.5				
National systems and timelines of events - Annual Plan	Agreed at the 25.9.2020 meeting to add to the COB	x	x	x	x
NWIS update report NWIS Director in attendance		x	x	x	x
Information Governance					
Information Governance Strategy – annual review	ToR 3.1.1				x

Agenda Items	Notes	Jun	Sept	Dec	Mar
Information Governance quarterly assurance report (KPI, Lessons learned and compliance report)	ToR	x	x	x	x
Information Governance Annual Report	ToR 3.1.2 /10				x
Caldicott report	ToR 3.3.5			x	
<i>To be determined:</i>					
Implications of internal and external reviews and reports (as arise)	ToR				
Strategy / plan development (as arise)	ToR				
Governance matters					
Committee Annual Report (including annual review of ToR and cycle of business)	Submission to May Audit Committee prior to Board				x
Terms of Reference review	Annual review				x
Review of Corporate Risks allocated to the Committee	ToR 4.4	x	x	x	x
Performance against the Board approved 2019/20 annual plan		x	x	x	x
Policies (compliance with national policy and development of organisational policy) – as arise	ToR	x	x	x	x
Periodic updates on Limited Assurance Audit reports	As advised by Audit Committee				
Closing Business (standing items)					
Summary of InCommittee business to be reported in public (if applicable)	Standard Committee item	x	x	x	x

Agenda Items	Notes	Jun	Sept	Dec	Mar
Issues of significance to inform Chair assurance report	Standard Committee item	x	x	x	x
Date of next meeting	Standard Committee item	x	x	x	x
Exclusion of press and public (if applicable)	Standard Committee item	x	x	x	x
InCommittee Business (if applicable)					
Draft minutes of previous InCommittee meeting, matters arising and summary action plan	Standard Committee item	x	x	x	x
Cyber Security Update	Agreed at the 25.9.2020 meeting to add to the COB	x	x	x	x

Strategy, Partnerships and Population Health Committee Annual Report 2020-21

1. Title of Committee:

Strategy, Partnerships and Population Health

2. Name and role of person submitting this report:

Mark Wilkinson Executive Director Planning and Performance

3. Dates covered by this report:

1 April 2020 to 31 March 2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet six times and otherwise as the Chair deemed necessary. During the reporting period, it met on five occasions. A workshop was held on one date. Attendance at meetings is detailed within the table below:

Independent Members					
Members of the Committee	9.6.20	13.8.20	1.10.20	10.12.20	23.2.21
Lyn Meadows (Chair)	P	P	P	P	P
Nicky Callow	P	P*	P	P*	P*
John Cunliffe	P	P	P	A	P
Helen Wilkinson	P	P	A	◆	◆
Linda Tomos	◆	◆	◆	P	P
Independent Members by invitation					
Lucy Reid			P		
Jackie Hughes			P	P	P
Cheryl Carlisle			P*		

Formally in attendance (as per Terms of Reference)	9.6.20	13.8.20	1.10.20	10.12.20	23.2.21
Directors					
Mark Wilkinson Executive Director Planning and Performance (Lead Director)	P	A (SB)	P	P	P
Teresa Owen Executive Director of Public Health	A	P*	P*	P*	P*
Sue Green Executive Director of Workforce and Organisational	A	P*	P	P*	P
Chris Stockport Executive Director Primary and Community Services	A (CD)	P	P	P*	A
Arpan Guha Acting Executive Medical Director	◆	◆	P*	P	P
Rob Nolan Finance Director – Strategy and Commissioning	◆	◆	P	x	P

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The **Committee** is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee will do this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

During the period that this annual report covers, the Committee operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The Terms of Reference are appended at Appendices 1a and 1b (with effect from 17.9.20)

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were 3 breaches of this nature in terms of either individual papers or the whole agenda not being available 7 days before the meeting.

6. Overall ***RAG** status against Committee's annual objectives / plan: **AMBER**

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the assurance provided <i>(please provide in narrative format)</i>
<ul style="list-style-type: none"> ensure that current and emerging service strategies adhere to <ul style="list-style-type: none"> national policy and legislation , the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans provide for sustainable futures. 	Amber	<p>Results of the rapid review of post Covid19 health needs were received.</p> <p>Agenda items with papers across the year on a wide range of plans and strategies including dementia.</p>	Amber
receive regular assurance reports on health and care clusters and primary care	Green	Every meeting has included primary care	Green

development, recognising the central role played by primary care in the delivery of health and care.		content, and cluster priorities have been referenced in work on 2021/22 planning	
advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's Medium and long term plans, together with the Annual Operating Plan;	Amber	<p>Particularly in the run up to Q34 planning the Committee received supporting plans for care homes, mass vaccination, prevention and response plan, and our winter / surge plan.</p> <p>The SPPH in workshop mode and more formally has shaped the 2021/22 plan.</p>	Amber
ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;	Green	Agenda items have included the new socio-economic duty, and smoke free legislation.	Green
Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership Board and Mental Health Partnership Board.	Green	The pandemic has led to the suspension of a number of public service boards. Nevertheless such updates as are available have been received.	Green

		<p>The Regional Partnership Board has continued to meet.</p> <p>Reporting on mental health performance and assurance has been less frequent.</p>	
Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;	Green	There has been a strong focus throughout the year on emergency preparedness, and our Welsh language duties.	Green
Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans;	Green	The digital strategy has featured in 2020/21 alongside updates and agreed timescales to refresh key enabling strategies for eg workforce and estates	Green
Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness.	Red	Although reports of partnership activity are received, this does not fully cover assurance of the principles of good governance.	Red
Ensure appropriate arrangements for continuous engagement are in place; and review	Amber	Regular reporting and assurance of engagement activity takes	Amber

assurances on Consultation feedback.		place. Assurance on consultation feedback could be strengthened.	
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***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

We have given the same scores to the 'assurance rating' and the 'quality of assurance provided' as we felt unable to clear differentiate both aspects.

7. Main tasks completed / evidence considered by the Committee during this reporting period:

- Phase 2 transition to sustainable service delivery
- Annual Plan 2019/20 progress monitoring report
- 2019/20 annual plan reconciliation
- 2020/21 operational plan monitoring
- Quarter 2 plan and development of Quarter 3 2020/21
- Plans to support Quarters 3/4
 - Draft Winter Resilience Plan 2020/21
 - North Wales local Covid19 prevention and response plan
 - Care Homes action plan
 - Covid19 vaccination programme
- Q3/4 BCU Sustainable Services Delivery Plan
- Development of 2021/2 Delivery Plan
- Q3/4 Monitoring report against Operational Plan
- Verbal update on private workshop to consider and inform draft plan for 2021-22
- Update on Covid19 communications and engagement activity
- Current agreed Covid19 forecast position
- Covid19 prevention and response plan
- Covid19 Research and Innovation report
- Joint update on Covid19 Research and Innovation 13.8.20 – 21.9.20
- Update on Covid19 mass vaccination plan
- Regional Partnership Board updates and received the RPB annual report
- Public Service Board update : Conwy & Denbighshire annual report
- Community Services Transformation Fund update
- Mental Health Transformation Fund update
- Learning Disabilities Transformation Fund update
- Children Young People/CAMHS Transformation Fund update
- Children's rights approach
- Area Planning Board (APB) Substance Misuse service (SMS) update

- Test, Trace and Protect (TTP) update reports
- Business continuity planning and emergency preparedness
- Business continuity lessons learned in response to Covid19 to date
- Business Continuity and Emergency Preparedness update
- Development of Diagnostic Treatment Centres (DTC) in strategic support of Planned Care
- Strategic programme for Primary Care
- National Operating Framework for Primary and Community Care and delivery milestones
- Progress report on Primary Care Cluster Development and Planning
- Progress on Digital Strategy
- Stroke Services update
- Approval of North Wales Dementia Strategy on behalf of the Board
- Endorsement of the establishment of Sport North Wales Partnership and update on business case development
- Welsh Language 2019/20 annual monitoring report
- Annual Equality report 2019/20
- International Health Group (IHG) 2019/20 annual report
- Update paper on research
- Update paper on progress with development of North Wales Medical School
- Update paper on innovation
- University Health Board status review updates
- Draft Committee annual report 2019/20
- Committee Cycle of Business
- Corporate Risk Register – risks assigned to the Committee
- EU transition risk update
- Board Assurance Framework principal and Corporate Risk report
- Integrated Care Fund and Partnership Governance Section 33 agreements
- North Wales population needs assessment rapid review
- Public engagement update
- Engagement update
- Pulse Survey
- Update on Staff Health and Wellbeing & the Corporate Health Standard.
- Covid19 the Impact on people with protected characteristics: the Equality context and framework
- Black, Asian and Minority Ethnic (BAME) Covid19 Socio-economic subgroup: Report into the factors influencing negative Covid19 outcomes for individuals from BAME backgrounds and Welsh Government's Response.
- Equalities and Human Rights - Socio Economic duty
- Endorsement of Socio-economic Duty procedure

- Approval of Workforce policies WP7 and 8 (Equality, Diversity & Human Rights policy Procedure for Equality Impact Assessment)
- Paper on the implementation of Smoke Free Premises legislation

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/strategy-partnerships-and-population-health-committee/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting date	Key risks including mitigating actions and milestones
9.6.20	<p>Concern was raised on</p> <ul style="list-style-type: none"> • Research and Innovation activity especially in relation to Covid 19 and also the need to provide an update on the Health Board's University status, a paper was requested to be prepared. • Emergency preparedness to meet the C19 pandemic major incident response, a paper was requested to be prepared • Not all corporate risks were able to be scrutinised due to the unavailability of necessary executives and issues around the new format were also raised. It was understood that these would be raised at a Board workshop – date to be agreed. • Preparedness and involvement with development of the Quarter 2 operational plan. It was understood that Board members would be provided with an opportunity to contribute, acknowledging that C19 had impeded involvement with Quarter 1. • In respect of monitoring the end of year 2019/20 annual plan a paper was requested to address the objectives which had not been achieved, including consequent impacts and how benefits realisation would be demonstrated to provide confidence on the delivery stated.
13.8.20	<p>Concern was raised on</p> <ul style="list-style-type: none"> • Business continuity planning - testing, capacity and capability concerns especially given the current extended Covid 19 response. A report addressing these issues would be provided to the next meeting • Capacity within the Intelligence cell to effectively manage the critical work apportioned to it. • Winter planning work, which was acknowledged to be a more complex area given that Covid19 remained in circulation, was understood to be in hand by the newly appointed Interim Chief Operating Officer and would be addressed at the next meeting.

	<ul style="list-style-type: none"> • The need for ‘weighted’ outcomes within planning was stressed by the Committee – as previously incorporated within BCU’s logic based modelling. This would be taken forward in Q3/4 plans. • The Committee emphasised the need for Equality Impact Assessments to be undertaken, given the increasing inequalities emerging through the Covid 19 pandemic response. • A verbal report was provided on the draft Covid19 prevention and response plan. Given the 2 week turnaround, it had not been possible to schedule the written report by the necessary Committee publication date. • The Committee questioned the timing of governance process of regional strategies being considered at Regional Partnership Board and at individual partner organisations. Clarity was sought to be provided at the next meeting. • There was potential financing uncertainty regarding transformation funds, including the risk of funding cessation, however the Executive Director Primary and Community Services confirmed work to be underway to ensure staffing costs would be met by existing budgets.
1.10.20	<p>Concern was raised on</p> <ul style="list-style-type: none"> • Whether there was adequate time to address accurate financial costings, especially in respect of financial assumptions. The Finance Division were heavily focussed on achieving this challenging target • The Committee questioned whether all objectives set out within the plan were achievable and sought greater clarity from the Executive Team on core priorities. Members reflected on the need for ‘SMART’ objectives and deliverable actions. • The Committee agreed in principal that capacity required strengthening within Emergency Planning Resilience and Response and this would be an operational planning matter to move forward.
10.12.20	<ul style="list-style-type: none"> • Quarter 3&4 delivery plan monitoring 2020/21 <p>The Committee Chair requested that further evidence, supported by improved narrative, be provided within the report to the next meeting in order to provide an effective audit trail of all priorities agreed by the Board that had been stood down due to non-delivery. Arrangements were also agreed to ensure the capture of undelivered Q1&2 priorities at year end.</p> <ul style="list-style-type: none"> • Development of 2021/2 Delivery Plan <p>The Committee discussed how risk factors were articulated within the plan following which it was agreed this would be included within the presentation to the next Audit Committee on 17.12.20. The Interim Director of Governance endorsed the use of risk as a driver for change. It was agreed that the timetable provided be updated to include dates for presentation to the</p>

	<p>SPPH & Finance and Performance Committees and the Board, following which this was to be circulated to all Independent Members of the Board.</p> <ul style="list-style-type: none"> • Development of Diagnostic Treatment Centres in strategic support of planned care <p>The Committee was advised of the growing number of patients waiting beyond 36 weeks and it was noted that a 6 point plan had been established to address the situation which was outlined in the report.</p> <ul style="list-style-type: none"> • Business Continuity and Emergency Preparedness update <p>The Head of IA noted there was support for increasing capacity however there was also risk around engagement within divisions and that operational ownership was required. It was noted that completion of business continuity plans had ramped up and there was an expectation that these would be completed by next year.</p> <ul style="list-style-type: none"> • Test, Track and Protect (TTP) update <p>Further developments since the report had been published were provided, including the introduction of a pathfinder approach with a small number of staff testing twice weekly, commencing in January as a pilot - initially in the East where the prevalence currently existed.</p> <ul style="list-style-type: none"> • North Wales Regional Partnership Board <p>In respect of the RPB's £12m allocation for transformation funds it was advised that this would be discussed at the RPB meeting taking place on 11.12.20.</p> <ul style="list-style-type: none"> • National Operating Framework for Primary and Community Care and delivery milestones <p>Attention was drawn to the 6 priorities agreed nationally for quarters 3 and 4, highlighting areas of challenge within each</p> <ul style="list-style-type: none"> Delivery of essential services Covid19 local outbreaks or second Care Homes Rehabilitation Step-up and step down bedded community services Urgent primary care <ul style="list-style-type: none"> • Children Young People/CAMHS Transformation Fund update <p>In discussion of services provided by transformation funding, it was confirmed that WG funding had been reduced however, priorities on continuance would be agreed at the RPB meeting on 11.12.20. The Committee questioned to what degree services provided were sustainable when the additional WG funding came to an end. It was agreed that the impacts to CAMHS (Children & Adolescent Mental Health Services) be referenced within the next report to the Committee.</p> <ul style="list-style-type: none"> • Stroke Services <p>Noted the re-start of the business case development, with focus on Early Supported Discharge and Rehabilitation business cases in phase 1 and would include new clinical evidence and learning from Covid19. It was reported that the conclusion of this work</p>
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	<p>was anticipated by 31.1.21. The Committee supported the need to progress improvements in the service</p> <ul style="list-style-type: none"> • EU transition risk update <p>The mitigation work being undertaken in preparation for EU exit was highlighted in the report which was currently being monitored at weekly meetings.</p>
23.2.21	<ul style="list-style-type: none"> • The Committee was keen to ensure that appropriate arrangements were developed for reporting on and monitoring of cluster plans. An action was agreed for this to be raised by the Executive Director of Planning and Performance with colleagues. • Whilst the Committee was pleased to endorse not providing smoking areas within hospital grounds as part of ensuring sites become smoke free, it was felt that enforcement of this aspect would be challenging.

9. Committee Chair's review of effectiveness

At the start of the financial year the Committee was rightly stood down because of the Covid19 pandemic. Consequently the meetings subsequently held have prioritised the essential items to be discussed and agreed, and therefore some items were postponed for later meetings as time and priorities allowed. The unique circumstances of 2020/21 have necessarily had some bearing on the levels of assurance received.

Virtual meetings have worked extremely well in the circumstances allowing us to be concise yet robust on discussion and constructive challenge. Members and attendees have adapted their style accordingly.

The focus of our meetings have remained diverse with a mind to prepare for the present, yet also plan for the future. This report details the challenges we have faced and the achievements made. On the whole I believe the SPPH Committee has worked effectively adhering to its Terms of Reference. However, the planning process needs to be more streamlined and robust, commencing earlier in the year and with a clear timetable set out and adhered to. The agenda has incorporated more Primary Care items however, more focus on Mental Health reporting is required going forward, including reconvened Mental Health Partnership work and ensuring a greater focus on partnership work in general.

I look forward to the outputs of the recent governance review, especially in providing greater clarity on strategies to be addressed by this Committee and the avoidance of duplication.

10. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be

- Advising and assuring the Board on the development of an approvable Integrated Medium Term Plan by the end of 2021.
- Ensuring the Board receives fully updated and aligned key enabling strategies in workforce and estates including environmental sustainability and decarbonisation.
- Ensuring the refresh of Living Healthier Staying Well is aligned to national policy and is underpinned by a robust population health needs assessment.
- Supporting the implementation of the governance review and the transition to a new committee terms of reference.

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board Assurance Framework. This is attached as Appendix 2.

V2.0 approved by Audit Workshop on 25.5.21

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

STRATEGY, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

1 INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the Strategy, Partnerships and Population Health Committee (SP&PH). The detailed terms of reference and operating arrangements set by the Board in respect of this Committee are set out below.

2 PURPOSE

2.1 The purpose of the Committee is to provide advice and assurance to the Board with regard to the development of the Health Board's strategies and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales. The Committee will do this by ensuring that strategic collaboration and effective partnership arrangements are in place to improve population health and reduce health inequalities.

3 DELEGATED POWERS

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-

- 3.1.1 ensure that current and emerging service strategies adhere to national policy and legislation, the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans and provide for sustainable futures;
- 3.1.2 advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's Medium and long term plans, together with the Annual Operating Plan;
- 3.1.3 ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;
- 3.1.4 Receive regular performance and assurance reports from the Public Service Boards and Regional Partnership (Social Services and Partnership part 9 Board and Mental Health Partnership Board).

3.1.5 Ensure that the Health Board meets its duties in relation to Welsh language, civil contingencies legislation and emergency preparedness;

3.1.6 Ensure the alignment of supporting strategies such as Workforce, Capital Planning, Estates infrastructure and Information, Communications and Technology (ICT) in the development of the Strategic Plans;

3.1.7 Ensure that the partnership governance arrangements reflect the principles of good governance with the appropriate level of delegated authority and support to discharge their responsibilities; and monitor sources of assurances in respect of partnership matters ensuring these are sufficiently detailed to allow for specific evaluations of effectiveness.

3.1.8 Ensure appropriate arrangements for continuous engagement are in place; and review assurances on Consultation feedback.

4 AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committees, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business concerning Strategy, Partnerships and Population Health matters.

4.4 It will review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place.

5 SUB-COMMITTEES

5.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

6 MEMBERSHIP

6.1 Members

Four independent members of the Board

6.2 In attendance

Executive Director of Planning and Performance (Lead Director)
Executive Director of Public Health
Executive Director of Workforce and Organisational
Development
Executive Director Primary and Community Services
Chair of Stakeholder Reference Group

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

6.2.2 Trade Union Partners are welcome to attend the public session of the Committee

6.3 Member Appointments

6.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

6.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

6.4 Secretariat

6.4.1 Secretary: as determined by the Board Secretary.

6.5 Support to Committee Members

6.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

7. COMMITTEE MEETINGS

7.1 Quorum

7.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that a minimum of one Executive Director will also be in attendance.

7.2 Frequency of Meetings

7.2.1 Meetings shall be routinely be held on a bi-monthly basis.

7.3 Withdrawal of individuals in attendance

6.3.1 The 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.

8. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

8.1 Although the Board has delegated authority to the 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 the organisation.

8.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

8.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

8.3.1 joint planning and co-ordination of Board and Committee business; and

8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 8.4** The Committee shall embed the corporate goals and priorities 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.

9. REPORTING AND ASSURANCE ARRANGEMENTS

- 9.1** The Committee Chair shall:

9.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

9.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 9.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 10.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. REVIEW

- 11.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Amendments proposed by Audit committee 30.5.19
Ratified by Board 25.7.19
V5.0

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

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- 3.1.1 ensure that current and emerging service strategies adhere to national policy and legislation, the priorities of the Health Board and are underpinned by robust population health needs assessment, workforce and financial plans and provide for sustainable futures;
- 3.1.2 receive regular assurance reports on health and care clusters and primary care development, recognising the central role played by primary care in the delivery of health and care.
- 3.1.3 advise and assure the Board in discharging its responsibilities with regard to the development of the Health Board's Medium and long term plans, together with the Annual Operating Plan;
- 3.1.4 ensure the Health Board's response to new and revised legislative requirements in relation to service planning and delivery, providing assurance that statutory duties will be appropriately discharged, ensuring strategic alignment between partnership plans developed with Local Authorities, Universities, third sector and other public sector organisations;

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Executive Director of Workforce and Organisational Development
Executive Director Primary and Community Services
Executive Medical Director
Finance Director – Strategy and Commissioning
Chair of Stakeholder Reference Group (by invitation)

6.2.1 Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

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8.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

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V6.0 Audit Committee 17.9.20

Cycle of Business Strategy Partnerships & Population Health Committee 2021/2 v.02draft

Agenda Item	Lead officer	15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
NB Consent items to be determined on a meeting by meeting basis							
Opening Business (Standing Items)							
Apologies for Absence		x	x	x	x	x	x
Previous Minutes and Action Plan		x	x	x	x	x	x
Governance matters							
Committee annual report (A) (inc annual review of ToR and Cycle of Business)	Mark Wilkinson	A					
Cycle of Business review	Mark Wilkinson	x	x	x	x	x	x
BAF and Corporate Risk Register – Review of allocated risks	Mark Wilkinson / Dawn Sharp	x	x	x	x	x	x
Public Health and Partnership matters							
<i>Public Health :</i> 1. ACEs 2. Smoking cessation 3. Healthy Weight 4. Well North Wales (Inequalities) 5. Alcohol and APB. 6. Vulnerable groups	WNW- Glynne Roberts	x					
Public Health Annual report	Teresa Owen				x		
Test, Trace and Protect report	Teresa Owen	x	x	x	x	x	x
Vaccination Programme report	Gill Harris Andrew Kent	x	x	x	x	x	x
Public Service Boards – Area Director updates	Area Directors	F/W	A/G	C/D	F/W	A/G	C/D

WAO Review of Public Service Boards	Sally Baxter – per Audit Committee recommendation	x					
Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
NW Regional Partnership Board - Minutes as available	Mark Wilkinson	x	x	x	x	x	x
Mid Wales Collaborative meeting update	Mark Wilkinson Wendy Hooson		x		x		
Transformation Fund Updates: Community Services Children Young People/ CAMHS Mental Health Learning Disability	Chris Stockport Chris Stockport/ BJ Teresa Owen / IW “ “	All	X x	 x x		X x	 X x
Mental Health Partnership Board - Dates to be advised							
Planning Board – Substance Misuse	John Darlington/ Ben Carter			x			
Partnership Governance – Section 33 Agreements As arise	Audit Committee recommendation						
Innovation update	Adrian Thomas		x		x		x
University status update	Adrian Thomas	x		x		x	
Research update	Arpan Guha		x		x		x
North Wales Medical School progress	Arpan Guha		x	x	x	x	x

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
Primary Care							
All Wales strategic programme for primary care 6 streams	Chris Stockport	x		x		x	
Area Integrated Service Boards – <i>bi annual</i>			x			x	
Cluster Development – <i>bi annual</i>				x			x
Cluster IMTPs – <i>Annual</i>						x	
National Operating Framework for Primary and Community Care & Delivery Milestones - <i>annual</i>					x		
Primary Care Contracts national negotiations (annual summary of contract changes across the 4 contractor services) – <i>annual around June/</i>			x				
Strategic Matters							
Annual/Quarterly Plan Progress Monitoring Report	Mark Wilkinson	x	x	x	x	x	x
3 year Plan - Development	Mark Wilkinson	x	x	x	x	x	x
Clinical Services Strategy	Arpan Guha	x	x	x	x	x	x
Mental Health Strategy	Teresa Owen		x			x	
Dementia Strategy	Teresa Owen /Amanda Lonsdale				x		
Learning Disabilities Strategy	Teresa Owen			x			

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
Third Sector Strategy	Mark Wilkinson			x			x
Carer's Strategy	To be advised		x				
Workforce Strategic Developments (as arise) Recruitment and Retention Strategy (on route planner)	Sue Green						
BCU strategies in development / for review as arise							
Key enabler Strategy updates: Workforce [W] Digital [D] - Estates [E] Quality Improvement [Q] / Query if QSE	Sue Green Chief Information Off'r Neil Bradshaw Gill Harris		D	W E	Q		W E
A Healthier Wales update	Mark Wilkinson		x			x	x
Living Healthier Staying Well refresh – to be decided	Mark Wilkinson						
Corporate Health at Work	Sue Green			x			x
Staff Survey _ (including Pulse results)	Sue Green	x		x		x	
Engagement - updates	Katie Sargent / Rob Callow	x	x	x	x	x	x
Civil contingency and business continuity progress and end of year update (E)	John Darlington		Plan & End of year update		Mid Year monitor		
Winter Resilience Planning	Gavin MacDonald				x		
Equalities Annual Report (A)	Sally Thomas		A				

Agenda Item		15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
International Health Annual report	Liz Jones		x				
Welsh Language Strategic Reports (A) Annual Monitoring report (M)Welsh Language Standards compliance monitoring report	Teresa Owen Eleri Hughes-Jones			A	M		
Major Strategic Projects (to be advised as required)							
Closing Business (Standing Items)							
Summary of In Committee business to be reported in public (as appropriate)		x	x	x	x	x	x
Audit reports circulated to members between meetings – as arise		x	x	x	x	x	x
Issues of Significance to Inform Chair's Report to Board		x	x	x	x	x	x
Date of next meeting		x	x	x	x	x	x
Exclusion of press and public (as appropriate)		x	x	x	x	x	x
In Committee Items and Minutes (as appropriate)							
As appropriate		x	x	x	x	x	x
Ad hoc items for consideration (as appropriate)							
Consultation responses (as appropriate)		x	x	x	x	x	x
Legislation & National Policy (as required)		x	x	x	x	x	x

Policy approval as appropriate		x	x	x	x	x	x
Social Services and Well-being Act (as appropriate)		x	x	x	x	x	x
Well-being of Future Generations Act (as appropriate)		x	x	x	x	x	x

Meeting date	15.4.21	17.6.21	12.8.21	14.10.21	9.12.21	10.2.22
<i>Submission deadline</i>	<i>1.4.21</i>	<i>7.6.21</i>	<i>2.8.21</i>	<i>4.10.12</i>	<i>29.11.21</i>	<i>31.1.22</i>

Remuneration & Terms of Service (R&TS Committee) Annual Report 2020-21

1. Title of Committee:

Remuneration & Terms of Service (R&TS) Committee

2. Name and role of person submitting this report:

Sue Green, Executive Director of Workforce & Organisational Development

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Committee met during this period:

The Committee was routinely scheduled to meet 4 times and otherwise as the Chair deemed necessary. During the reporting period, it met on 4 occasions. These were meetings held in public, which were followed by a private section of the agenda when sensitive or confidential information was discussed. In addition, one extraordinary private meeting was convened, to consider urgent interim and substantive Executive appointments.

Attendance at meetings is detailed within the table below:

Members of the Committee	15.6.21	20.7.20	17.8.20	6.10.20	1.2.21
Mark Polin, Chair	P*	P	P	A	P
Jackie Hughes, Independent Member	P	A	P	P	P
Medwyn Hughes, Independent Member	P	P	P	P	P
Lucy Reid, Health Board Vice-Chair	P [co-opted]	P	P	P	P

Marian Wyn Jones [Independent Adviser; co-opted]	◆	◆	P	◆	◆
Formally In attendance (as per Terms of Reference)	15.6.21	20.7.20	17.8.20	6.10.20	1.2.21
Simon Dean, Interim Chief Executive	P	A	A	◆	◆
Sue Green, Executive Director of Workforce & OD	P	P	P	P	P
Gill Harris, Acting Chief Executive	◆	◆	◆	P	◆
Arpan Guha, Executive Medical Director	◆	◆	◆	P*	P
Jo Whitehead, Chief Executive	◆	◆	◆	◆	P
Louise Brereton, Board Secretary	◆	◆	◆	◆	P

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide advice and assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

- advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;
- assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements,

for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales; and

- to perform certain specific functions as delegated by the Board and listed below.

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference – version 6.0 being operative until 6.10.20, and version 7.0 being operative from 7.10.20. Version 7.0 incorporated the following narrative:

3.1.9 consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.

3.1.10 consider reports on behalf of the Board on the position as regards whistleblowing and Safe haven.

Version 7 also added the Executive Medical Director and Board Secretary as being ‘in attendance’, with Executive ‘in attendance’ quoracy amended to read ‘*at least 2*’. Use of the word ‘registered’ as opposed to ‘allied’ was agreed in respect of section 3.1.3. A further statement was added as follows:

‘the Executive Director of Finance may be invited to attend as required, and will be consulted on any paper to be submitted to the Committee which may have financial implications’.

Both versions of the terms of reference are appended at Appendix 1 and Appendix 2.

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board’s governance framework.

A fundamental review of the Governance Structures has been undertaken by the Interim Director of Governance. This work is being finalised at the point of producing this Annual Report.

The R&TS Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were two instances of papers being published on the Health Board’s website later than the required date.

6. Overall *RAG status against Committee annual objectives / plan: Green/Amber

The summary below reflects the Committee’s assessment of the degree to which it has met these objectives.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the Assurance provided <i>(please provide in narrative format)</i>
To provide advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government	Green	Satisfactory	Satisfactory
To provide assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for <i>all staff</i> , in accordance with the requirements and standards determined for the NHS in Wales	Green	Satisfactory	Satisfactory
To perform certain, specific functions as delegated by the Board and listed below:			
The remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently	Green	Satisfactory	Satisfactory
To be sighted on the objectives set by the Chief	Amber	The terms of reference have	Partly assured. Further assurance

Executive for his immediate team, confirm that Directors have had objectives set, and that appropriate and timely performance reviews have taken place		been strengthened to reflect the importance of objectives, and members have had sight of objectives set. However, concerns exist as regards the timeliness of reviews taking place.	is required on the issue of timeliness of performance reviews (this matter features on the April 2021 R&TS Committee agenda; this meeting is outside the current reporting timescale)
Proposals to make additional payments to consultants	-	No business of this nature required consideration during the 2020/21 reporting period.	-
Proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance	-	No business of this nature required consideration during the 2020/21 reporting period.	-
Removal and relocation expenses	-	No business of this nature required consideration during the 2020/21 reporting period.	-
Consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance	-	No business of this nature required consideration during the 2020/21 reporting period.	-
Monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff	Amber	Only partial assurance due to a number of gaps in reports throughout the	Partly assured.

and registered nurses, midwives and health visitors and registered professionals		year, such as the omission of allied health professionals	
Monitor and review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place	-	No business of this nature required consideration during the 2020/21 reporting period.	-
Investigate or have investigated any activity (clinical and non-clinical) within its terms of reference.	-	No business of this nature required consideration during the 2020/21 reporting period.	-
Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements	-	Not required during the reporting period.	-
Consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies	Green	Workforce policies have been presented to R&TS as and when necessary.	Satisfactory
Consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months	Amber	Reports have not been comprehensive, have contained errors and have not provided adequate information on progress. Improved reports are being developed but are	Partly assured.

		not yet regularly presented to the Committee	
Consider reports on behalf of the Board giving an account of progress on performers list regulatory cases	Amber	Performers list reports have been regularly presented to the Committee. However, queries have been raised regarding the composition of the Performers list and the associated information reported.	Partly assured. Clarity is required on the composition of the Performers list and what should therefore be reported on (this matter featured on the April 2021 R&TS Committee agenda; this meeting was outside the current reporting timescale).
Consider reports on behalf of the Board on the position as regards whistleblowing and Safe haven	Amber	The safe haven report contained little information on action or lessons learnt, and a review of the whistleblowing process has highlighted gaps requiring an overhaul of the process.	Partly assured.

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee was partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Committee during this reporting period:

The key substantive agenda items considered during the 2020/21 reporting period were as follows

- Draft Remuneration & Staff Report 2019/20 – approved for submission to the Audit Committee

- Executive Team acting/interim arrangements were agreed
- The search and appointment process for the Chief Executive was approved
- The R&TS Committee Annual Report 2019/20 was approved
- The Reserve Forces Training and Mobilisation All Wales Policy was noted
- The General Medical Council revalidation update 2020 was noted
- The Nursing & Midwifery Council Registration, Revalidation and Fitness to Practice Annual Report 2019 was noted
- Upholding Professional Standards in Wales updates were noted
- An update on GP managed practice staff harmonisation of pay and terms & conditions was noted
- An Executive Team update relating to appointments and the development of new roles was noted
- Arrangements regarding the new Chief Executive's appointment were agreed
- Revised Committee terms of reference were approved
- A Health and Care Professions Council and General Pharmaceutical Council for Wales Registration Report 2019/20 was noted
- A case management and professional standards review update was noted
- An Annual Raising Concerns/Safe Haven Report 2018/19 was noted
- A progress report on the Raising Concerns review was noted
- A report on Managing the Primary Care Performers List in North Wales was noted
- Pay arrangements for employees and workers on ad hoc pay rates in primary care were approved
- A Raising Concerns Speak Out Safely progress report and proposal was noted and supported
- An update on the Performance & Development Review of Executive Directors was noted.

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages
<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

In addition to risks/concerns discussed and mitigated in private session, the Committee Chair's Assurance Report to the Board listed the following:

Meeting Date	Key risks including mitigating actions and milestones
17.8.20	The risks associated with vacant posts were mitigated by the interim and recruitment arrangements set out by the Executive Director of Workforce and Organisational Development
6.10.20	Lack of timeliness relating to some management processes (now addressed by improvement plans in place)
1.2.21	The Speak out Safely proposal mitigates the risk of staff not feeling able to raise concerns in a safe environment

	The enhanced focus on the Executive Director Performance and Development Review process mitigates the risk of Executives not having objectives set, which in turn carries delivery, performance and accountability risks.
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9. Review of Effectiveness

As Chair, I have responsibility for reviewing the effectiveness of the Committee. My opinion is informed by the level of assurance received throughout the year from the range of papers and other information submitted to the Committee, and also by input from fellow Independent Members and Executive colleagues. From the various sources of evidence, overall I am reasonably satisfied with the Committee's effectiveness in meeting its objectives as set out in the terms of reference, with the exception of those elements rated as amber in the RAG self-assessment. I am content that the Executive will progress the necessary remedial actions to address these areas of weakness over the coming year and further improve the Committee's effectiveness.

10. Focus for the year ahead:

The primary focus of the Committee over the next twelve months will be Executive and senior employees' objective setting and performance management; professional standards and Performers List reporting; compliance monitoring; employee relations, speak out safely reporting; pay harmonisation.

In addition, it is likely that the Committee will need to focus upon changes relating to the overall operating model of the organisation, enabling measures required to support these changes and implications on pay terms and conditions of service.

The Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board Assurance Framework. This is attached at Appendix 3.

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

**REMUNERATION AND TERMS OF SERVICE
COMMITTEE**

1. INTRODUCTION

- 1.1** The Board shall establish a committee to be known as the Remuneration and Terms of Service Committee (**R&TS**). The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1** The purpose of the Committee is to provide:

- advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;
- assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales; and
- to perform certain, specific functions as delegated by the Board and listed below.

3. DELEGATED POWERS AND AUTHORITY

- 3.1** The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

3.1.1 comment specifically upon

- the remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;

- and to be sighted on the objectives set by the Chief Executive for his immediate team, confirm that Directors have had objectives set, and that appropriate and timely performance reviews have taken place
 - proposals to make additional payments to consultants;
 - proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
 - removal and relocation expenses
- 3.1.2 consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.
- 3.1.3 to monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals.
- 3.1.4 monitor and review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;
- 3.1.5 investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.1.6 obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 3.1.7 consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies.
- 3.1.8 Consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.

4. SUB-COMMITTEES

4.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

5. MEMBERSHIP

5.1 Members

- Four Independent Members of the Board
- The Chair of the Audit Committee will be appointed to this Committee either as Vice-Chair or a member.

5.2 In attendance

- Chief Executive Officer
- Executive Director of Workforce and Organisational Development (Lead Director)

Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting. A Trade Union Partner Chair of the Local Partnership Forum will be in attendance at meetings held in public as an ex-officio member.

5.3 Member Appointments

5.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

5.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of

the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

5.4 Secretariat

5.4.1 Secretary: as determined by the Board Secretary.

5.5 Support to Committee Members

5.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

6. COMMITTEE MEETINGS

6.1 Quorum

6.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that at least one Executive Director will also be in attendance.

6.2 Frequency of Meetings

6.2.1 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the Health Board's annual plan of Board Business.

6.3 Withdrawal of individuals in attendance

6.3.1 The 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.

7. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES

7.1 Although the Board has delegated authority to the 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 the organisation.

7.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

7.3.1 joint planning and co-ordination of Board and Committee business; and

7.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.4 The Committee shall embed the corporate goals and priorities 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.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Committee Chair shall:

8.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities, via the Chair's assurance report as well as the presentation of an annual Committee report;

8.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

- 8.2** The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 9.1** The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

10. REVIEW

- 10.1** These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval

Audit Committee

Health Board – November 2019.

V6.0 Approved

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

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- assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales; and
- to perform certain, specific functions as delegated by the Board and listed below.

3. DELEGATED POWERS AND AUTHORITY
--

- 3.1** The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

- 3.1.1** comment specifically upon

- the remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;

- and to be sighted on the objectives set by the Chief Executive for his immediate team, confirm that Directors have had objectives set, and that appropriate and timely performance reviews have taken place
 - proposals to make additional payments to consultants;
 - proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
 - removal and relocation expenses
- 3.1.2 consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.
- 3.1.3 monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and registered professionals.
- 3.1.4 monitor and review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;
- 3.1.5 investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- 3.1.6 obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 3.1.7 consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies.
- 3.1.8 consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.

3.1.9 consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.

3.1.10 consider reports on behalf of the Board on the position as regards whistleblowing and Safe haven.

4. SUB-COMMITTEES

4.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

5. MEMBERSHIP

5.1 Members

- Four Independent Members of the Board
- The Chair of the Audit Committee will be appointed to this Committee either as Vice-Chair or a member.

5.2 In attendance

- Chief Executive Officer
- Executive Director of Workforce and Organisational Development (Lead Director)
- Executive Medical Director
- Board Secretary

Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting. A Trade Union Partner Chair of the Local Partnership Forum will be in attendance at meetings held in public as an ex-officio member.

The Executive Director of Finance may be invited to attend as required, and will be consulted on any paper to be submitted to the Committee which may have financial implications.

5.3 Member Appointments

5.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

5.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

5.4 Secretariat

5.4.1 Secretary: as determined by the Board Secretary.

5.5 Support to Committee Members

5.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

6. COMMITTEE MEETINGS

6.1 Quorum

6.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that at least two Executive Directors will also be in attendance.

6.2 Frequency of Meetings

- 6.2.1 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the Health Board's annual plan of Board Business.

6.3 Withdrawal of individuals in attendance

- 6.3.1 The 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.

7. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES

- 7.1 Although the Board has delegated authority to the 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 the organisation.

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

- 7.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

7.3.1 joint planning and co-ordination of Board and Committee business; and

7.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

- 7.4 The Committee shall embed the corporate goals and priorities 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.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Committee Chair shall:

8.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities, via the Chair's assurance report as well as the presentation of an annual Committee report;

8.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

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

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

9.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

10. REVIEW

10.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval

Audit Committee

Health Board –

V7.0 Approved Feb 2021

Appendix 3

R&TS Committee Cycle of Business:

Item	April	June	July	Oct
Opening Business				
Apologies for Absence	x		x	x
Declaration of Interests	x		x	x
Previous Minutes and Action Plan	x		x	x
Core Agenda Items				
Committee annual report (inc annual review of ToR)	x			
Speak Out Safely			x	
Employee relations professional standards report	x			x
Removal and relocation expenses - by exception (as and when required)	x		x	x
Remuneration Report (June 2021 Extraordinary meeting)		x		
Remuneration and Terms of Service issues : Executives and Very Senior Managers	x		x	x
Objective setting arrangements : Executives and Very Senior Managers (every meeting as required)	x		x	x
Performance Management : Executives and Very Senior Managers (every meeting as required)	x		x	x
Upholding Professional Standards in Wales (<i>Private</i>) to include Performers List Regulatory Cases (to be referenced even if nil return)	x		x	x
Monitoring compliance - Professional registration and revalidation updates – NMC/GMC/HPC/GPhC(Pharmacy)			x	
Termination Payments incl VERS (every meeting as required)	x		x	x
Policies (as and when)	x		x	x
Closing Business (Standing Items)				

Issues of significance to inform Chair's Assurance Report	x		x	x
Summary of In Committee Business to be reported in Public	x		x	x
Any Other Business (at Chair's discretion)	x	x	x	x
Date of Next Meeting	x	x	x	x
*Additional ad hoc agenda items are listed on the Committee's forward plan.				

Mental Health Act Committee Annual Report 2020-21

*Including an overview of the work of the Power of Discharge Sub-Committee

1. Title of Committee:

Mental Health Act Committee

2. Name and role of person submitting this report:

Matthew Joyes, Acting Associate Director of Quality Assurance

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Committee and Sub-committee met during this period:

The **Mental Health Act Committee** was routinely scheduled to meet 4 times and otherwise as the Chair deemed necessary. During the reporting period, it met on 3 occasions with 1 cancellation in June 2020 due to the COVID-19 pandemic and in-line with Welsh Government governance requirements. The September 2020 scheduled meeting had been postponed and held in October 2020.

Attendance at meetings of the Committee are detailed within the table below:

Members of the Mental Health Act Committee	12/06/20	19/10/20	08/12/20	12/03/21
Lucy Reid (Chair)	Meeting cancelled due to COVID-19 pandemic	P	P	P
Cheryl Carlisle Independent Member		P	A	P
Eifion Jones Independent Member		P	A	P
Jackie Hughes Independent Member (co-opted)		-	P	-
Vacant Independent Member		-	-	-

Formally In Attendance	12/06/20	19/10/20	08/12/20	27/03/21
<p>Andy Roach (Lead Director) Director of Mental Health & Learning Disabilities</p> <p>Lesley Singleton (Interim) Lead Director of Mental Health & Learning Disabilities</p> <p>Iain Wilkie Interim Director of Mental Health & Learning Disabilities</p>	Meeting cancelled due to COVID-19 pandemic	P (IW)	P (IW)	P (IW)
Alberto Salmoiraghi Medical Director for Mental Health		A	P	P
Alison Cowell Assistant Area Director Centre - Childrens		A	P	X
Ben Thomas Consultant Nephrologist		◆	A	P
Caniad Service User Representative & Carer Representative		X	X	X
Chris Pearson Safeguarding Specialist Practitioner/DoLS Manager, Safeguarding		P	A	-
Chris Stockport Executive Director Primary & Community Care		◆	A	A
Frank Brown Associate Hospital Manager		P	P	P
Gill Harris Executive Director of Nursing and Midwifery / Debra Hickman Acting Executive Director of Nursing & Midwifery		A	A	P*

Heulwen Hughes All Wales Approval Manager For Approved Clinicians And Section 12(2) Doctors
Lynda King All Wales Project Support Manager
Matthew Joyes Acting Associate Director of Quality Assurance
Hilary Owen Head of Governance And Compliance
Joan Doyle – Unillas IMCA Advocacy IMHA Advocacy
Mark Jones Interim Senior Head of Service Adult Social Care, Wrexham County Borough Council
Steve Forsyth Nursing Director for Mental Health
Mike Smith Interim Director of Nursing, Mental Health & Learning Disabilities
Rachel Turner Royal College of Nursing, Accredited Steward
Steve Riley Consultant Nurse, Child & Adolescent Mental Health
Teresa Owen Executive Director of Public Health Executive Lead, Mental Health & Learning Disabilities
Unison representation
Vacant Associate Hospital Manager

P	P	P
-	P	-
P	P	P
P	A	P
X	X	X
P	P	X
P (MS)	P (MS)	P (MS)
X	P	A
P	◆	◆
P	P	A
X	P	X
◆	◆	◆

Wendy Lappin Mental Health Act Manager

P	P	P
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Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

The **Power of Discharge Sub-Committee** was scheduled to meet 4 times and otherwise as the Chair deemed necessary. During the reporting period, it met on 3 occasions with 1 cancellation in June 2020 due to the COVID-19 pandemic and in-line with Welsh Government governance requirements. The September 2020 scheduled meeting was postponed and held in October 2020.

Attendance at meetings of the Committee are detailed within the table below:

Members of the Power of Discharge Sub-Committee	12/06/20	19/10/20	8/12/20	12/03/21
Lucy Reid (Chair)	Meeting cancelled due to COVID-19 pandemic	P	P	P
Cheryl Carlisle Independent Member		P	A	P
Eifion Jones Independent Member		P	P	P
Vacant Independent Member		-	-	-
Formally In attendance				
Ann Owens Associate Hospital Manager	Meeting cancelled due to COVID-19 pandemic	◆	◆	◆
Delia Fellows Associate Hospital Manager		◆	◆	◆
Diane Arbabi Associate Hospital Manager		P	P	P
Frank Brown Associate Hospital Manager		P	P	A
Helena A Thomas Associate Hospital Manager		P	P	P
Hugh E Jones Associate Hospital Manager		P	A	A
Jackie Parry Associate Hospital Manager		P	P	P
John Williams Associate Hospital Manager		P	P	P

Satya Schofield Associate Hospital Manager	P	P	P
Shirley Davies Associate Hospital Manager	P	P	P
Vacant Associate Hospital Manager	◆	◆	◆
Vacant Associate Hospital Manager	◆	◆	◆

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Health Board's Mental Health Act Committee has a very narrow remit. The purpose of the Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure) and provide assurance to the Board. Governance, leadership, quality and safety matters relating to mental health fall within the remit of the Quality, Safety and Experience Committee.

The **Committee** is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;
- monitor the use of the legislation and consider local trends and benchmarks;
- consider matters arising from the Hospital Managers' Power of Discharge Sub-Committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review* Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports;
- consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation;
- receive and review reports on the approval for all Wales Approved Clinicians and Section 12(2) Doctors;
- consider and approve on behalf of the Board any LHB policy which relates to

the implementation of mental health and capacity legislation as well as any other information, reports etc. that the Committee deems appropriate;

- receive and review DoLS reports regarding authorisations and associated reasons;
- receive and review reports on the implementation of the Mental Health Measure and be satisfied that positive outcomes for people are being achieved;
- receive and review the results of internal audit reports relating to care and treatment plans, as well as any other relevant reports relating to the Mental Health Measure;
- receive the results of clinical audits and any other reviews relating to the use of the Mental Health Act and oversee the implementation of recommendations;
- consider any other information, reports, etc. that the Committee deems appropriate.
- investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of non-members with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

*Note – HIW report recommendations are the remit of Quality Safety and Experience Committee (QSE) however any specific recommendations relating to the Mental Health Act or the Mental Capacity Act will be the remit of this Committee who will respond as appropriate ensuring the Board and QSE are appraised accordingly.

During the period that this Annual Report covers, the Committee operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee is the responsibility of the Committee Business Management Group (CBMG). The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director of Governance. This work is being finalised at the point of producing this Annual Report.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were no breaches of this nature for the reporting period.

6. Overall ***RAG** status against Committee's annual objectives / plan: **AMBER**

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the Assurance provided <i>(please provide in narrative format)</i>
Ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities.		The Committee received reports during the year regarding training however there has been changes in personnel during the year and it was noted in some areas training levels were below the Health Board target <i>(including as identified in a HIW inspection)</i> .	Amber – based on training compliance being below target in some areas. Reporting to the Committee on compliance with be strengthened.
Identify matters of risk relating to Mental Health and Capacity legislation and seek assurance that such risks are being mitigated;		The Committee receives reports detail areas of legislation that have been breached including lapses and	Amber – based on not receiving a consolidated report on risks. This will be addressed through changes to report content.

		<p>illegal detentions. However, the Committee has not received a specific report regarding risk management or a risk register report, and is therefore unable to provide full assurance on mitigating measures.</p>	
<p>Monitor the use of the legislation and consider local trends and benchmarks;</p>		<p>Reports were received by the Committee. (They did not include benchmarking data from similar organisations in Wales due to no all-Wales benchmarking reports being issued during the reporting period, as a result of the pandemic).</p>	<p>Green – The framework for receiving the reports is in place.</p>
<p>Consider matters arising from the Hospital Managers' Power of Discharge Sub-Committee;</p>		<p>A report produced for the Power of Discharge Sub-Committee. This details activities undertaken by Associate Hospital Managers. This includes the hearings activity and the scrutiny of detentions that</p>	<p>Green – The framework for receiving the reports is in place.</p>

		<p>are undertaken as a separate part of the role. These reports are received by Divisional QSE, Power of Discharge Sub-Committee and the Mental Health Act Committee.</p> <p>The Mental Health Act Manager has established an Associate Hospital Managers Forum, and any issues that require escalation are raised in the Power of Discharge Sub-Committee and escalated to Mental Health Act Committee as necessary.</p>	
Ensure that all other relevant associated legislation is considered in relation to Mental Health Act and Capacity legislation;		<p>The Committee has received reports in relation to MHA compliance and DoLS however limited assurance has been provided on compliance with the wider requirements of the Mental Capacity Act (MCA).</p>	<p>Amber – the Committee has requested Corporate Safeguarding to strengthen the reports. Further consideration is needed of MCA compliance across the organisation not just within MHL. This will be addressed through the governance review and the</p>

			updating the cycle of business.
Consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review* Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports		Any actions arising in relation to Mental Health Act legislation from external inspections e.g. HIW are monitored locally via the QSE sub groups which in turn report to Divisional QSE, to corporate PSQ, and the Mental Health Act Committee.	Green – Inspection reports and action plans are received by the Committee.
Consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation		There have been no relevant reports during the reporting period.	
Receive and review reports on the approval for all Wales Approved Clinicians and Section 12(2) Doctors		The Committee has received reports in relation to the approval for all Wales Approved Clinicians and Section 12(2) Doctors.	Green – The Committee receives assurance reports.
Consider and approve on behalf of the Board any LHB policy which relates to the implementation of mental health and capacity legislation as well as any other information, reports etc. that the Committee deems appropriate		The Committee received assurance that a list of policies was in place that met the requirements of legislation. However it was not assured that all policies were reviewed and in-date. A number of policies were identified as out of date.	Amber - The Committee has received updates on policies throughout the year, but has not received a specific assurance report on overall policy status. This will be addressed in the changes to future report content.

		Assurance was provided that the MHLD Policy Group was addressing this aspect.	
Receive and review DoLS reports regarding authorisations and associated reasons		The Committee has received reports in relation to DOLS compliance.	Green – The Committee has received reports and has requested Corporate Safeguarding to strengthen to provide greater assurance across the organisation not just MHL Division.
Receive and review reports on the implementation of the Mental Health Measure and be satisfied that positive outcomes for people are being achieved		The Committee received information on compliance with the Measure, however consideration is underway as to whether this should be monitored by QSE.	Amber – The governance review will provide clarity on reporting against the Measure (i.e. by which Committee), and this will enable appropriate reports to be developed and scrutinized at the relevant Committee.
Receive and review the results of internal audit reports relating to care and treatment plans, as well as any other relevant reports relating to the Mental Health Measure		No internal audits were presented to the Committee in the reporting period.	The Committee notes that no internal audits were presented in the previous two reporting periods either, and decided that this is a risk. The Committee will consider how it directs internal audit to support assurance decisions.

Receive the results of clinical audits and any other reviews relating to the use of the Mental Health Act and oversee the implementation of recommendations		No clinical audits were presented to the Committee in the reporting period.	The Committee notes that no audits were registered in the previous two reporting periods, and decided that this is a risk. The Committee will need to consider how it directs clinical audit to support assurance decisions.
Consider any other information, reports, etc. that the Committee deems appropriate		The Committee has received ad-hoc reports as required.	Green – Reports have developed as requested by the Committee.
Investigate or have investigated any activity (clinical and non-clinical) within its terms of reference		The Committee has not needed to commission investigations during the reporting period but is aware of its right to do so.	
Obtain outside legal or other independent professional advice and to secure the attendance of non members with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;		The Committee has not needed to obtain outside independent or legal advice during the reporting period but is aware of its right to do so.	

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Committee during this reporting period:

The following section summarises the main evidence received by the Committee during the reporting period:

Standing Items:

- Patient story scheduled at each meeting.
- Deprivation of Liberty Safeguards: Quarterly Report
- Hospital Manager's Update Report
- MHA Performance Report
- Report on Approval for All Wales Approved Clinicians and Section 12(2) Doctors)
- Consideration of HIW inspection reports and audit reports as appropriate to the meeting remit.

Governance Items:

- Cycle of Business Review
- Committee Annual Report and review of Terms of Reference (including the Power of Discharge Sub-Committee Terms of Reference).

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
19.10.2020	<ul style="list-style-type: none">• The Committee were not assured that inadequacies identified through the "Deprivation of Liberties Safeguards applications" were being addressed by the service. A bid had been submitted to Welsh Government for funding to create a training package and a Standard Operating Procedure had been produced and a further review of this was required.• The Committee were concerned about the lack of progress in relation to the availability for section 12(2) doctors that had been raised in previous meetings. The mental health leads committed to providing a report and action plan to the meeting in January 2021.
08.12.2020	<ul style="list-style-type: none">• The Committee noted with concern the outstanding discussions to address the recruitment and management of Section 12(2) doctors despite requests that this be addressed. The Committee agreed that the relevant Executive Leads need to convene to

	confirm how these issues will be managed and that this requires a multi-disciplinary approach.
12.3.2021	<ul style="list-style-type: none"> • A Task and Finish Group has been established to respond to the concerns regarding the section 12(2) recruitment. The Group would include membership from the Mental Health and Learning Disabilities Division, the Office of the Medical Director and the Primary and Community Services office. An update would be provided to the June 2021 Committee meeting.

9. Review of effectiveness

The Committee has sought to discharge its responsibilities in line with the scrutiny applied by the new Committee Chair and recognising the significant impact of the COVID-19 pandemic. The ongoing governance review will provide further direction to the Committee's business and this review has identified some areas of improvement including strengthening the reporting of mental health law compliance beyond the remit of Mental Health and Learning Disabilities and the better use of audit resources to support assurance discussions.

10. Focus for the year ahead

The primary focus of the Committee over the next twelve months will be the objectives set out in the Terms of Reference. This is attached as Appendix 1.

In line with the ongoing governance review the Committee will review its scope and effectiveness as outlined above.

A cycle of business is in place (Appendix 2) however in line with the governance review and findings of this assessment, the Associate Director of Quality Assurance will review the cycle of business and report requirements with the secretariat, lead executive and chair to strengthen these aspects going forward.

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

MENTAL HEALTH ACT COMMITTEE

1. INTRODUCTION

1.1 The Board shall establish a committee to be known as the **Mental Health Act Committee**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below. Background information in relation to the Mental Health Act, the Mental Health Measure and the Mental Capacity Act is set out in Annex 1. The Committee will also consider, when appropriate, any other legislation that impacts on mental health and mental capacity. It will regularly report to the Board and advise it of any areas of concern.

2. PURPOSE

2.1 The purpose of the Committee is to consider and monitor the use of the Mental Health Act 1983 (MHA), Mental Capacity Act 2005 (which includes the Deprivation of Liberty Safeguards (DoLS) (MCA) and the Mental Health (Wales) Measure 2010 (the Measure) and give assurance to the Board that:

- Hospital Managers' duties under the Mental Health Act 1983;
- the functions and processes of discharge under section 23 of the Act;
- the provisions set out in the Mental Capacity Act 2005, and
- in the Mental Health Measure (Wales) 2010

are all exercised in accordance with statute and that there is compliance with:

- the Mental Health Act 1983 Code of Practice for Wales
- the Mental Capacity Act 2005 Code of Practice
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice
- the Human Rights Act 1998
- the United Nations Convention on the Rights of People with Disabilities
- the associated Regulations and local Policies

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

- ensure that those acting on behalf of the Board in relation to the provisions of Mental Health and Capacity legislation, including the Measure, have the requisite skills and competencies to discharge the Board's responsibilities;
- identify matters of risk relating to Mental Health and Capacity legislation and

- seek assurance that such risks are being mitigated;
- monitor the use of the legislation and consider local trends and benchmarks;
- consider matters arising from the Hospital Managers' Power of Discharge Sub-Committee;
- ensure that **all** other relevant associated legislation is considered in relation to Mental Health and Capacity legislation;
- consider matters arising from visits undertaken by Healthcare Inspectorate Wales Review* Service for Mental Health in particular, issues relating to Mental Health Act 1983 and monitor action plans that inform responses to HIW reports;
- consider any reports made by the Public Services Ombudsman for Wales regarding complaints about Mental Health and Capacity legislation;
- receive and review reports on the approval for all Wales Approved Clinicians and Section 12(2) Doctors;
- consider and approve on behalf of the Board any LHB policy which relates to the implementation of mental health and capacity legislation as well as any other information, reports etc. that the Committee deems appropriate;
- receive and review DoLS reports regarding authorisations and associated reasons;
- receive and review reports on the implementation of the Mental Health Measure and be satisfied that positive outcomes for people are being achieved;
- receive and review the results of internal audit reports relating to care and treatment plans, as well as any other relevant reports relating to the Mental Health Measure;
- receive the results of clinical audits and any other reviews relating to the use of the Mental Health Act and oversee the implementation of recommendations;
- consider any other information, reports, etc. that the Committee deems appropriate.
- investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.
- obtain outside legal or other independent professional advice and to secure the attendance of non members with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

*Note – HIW report recommendations are the remit of Quality Safety and Experience Committee (QSE) however any specific recommendations relating to Mental Health or the Mental Capacity Act will be the remit of this Committee who will respond as appropriate ensuring the Board and QSE are appraised accordingly.

Sub Committees/Panels

3.2 The Committee may, subject to the approval of the Health Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

3.3 Sub-Committee - In accordance with Regulation 12 of the Local Health

Boards (Constitution, Procedure and Membership) (Wales) Regulations 2003 (SI 2003/149 (W.19), the Board has appointed a Sub-Committee of this Committee, to be known as the Power of Discharge Sub-Committee, terms of reference for which are attached as Annex 2.

3.4 Panel -Three members drawn from the pool of designated Associate Hospital Managers will constitute a panel to consider the possible discharge or continued detention under the MHA of unrestricted patients and those subject to Supervised Community Treatment Order(SCT).

3.5 The Board retains final responsibility for the performance of the Hospital Managers' duties delegated to particular people on the staff of Betsi Cadwaladr University Local Health Board, as well as the Power of Discharge Sub-Committee.

4. MEMBERSHIP

4.1 Members

Four Independent Members of the Board to include one who is a Member of the Quality, Safety and Experience Committee and one who shall be the Chair of the Power of Discharge Sub-Committee.

4.2 In attendance

Director of Mental Health & Learning Disabilities
Executive Director of Nursing and Midwifery
Medical Director for Mental Health
Nursing Director for Mental Health
Mental Health Director
Mental Health Act Manager
Service User Representative
Carer Representative
Social Services Representative
North Wales Police Representative
Welsh Ambulance Services NHS Trust Representative
IMCA Advocacy provider Representative
IMHA Advocacy provider Representative
MCA representative
DoLS representative
Two Associate Hospital Managers (as nominated by the Power of Discharge Sub-Committee) appointed for a period of four years with re-appointment not to exceed a maximum of eight years in total.

4.3 Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

4.4 Trade Union Partners are welcome to attend the public session of the

Committee

4.4 Member Appointments

4.4.1 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair - 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members. The Vice-Chair of the Health Board will be the Chair of this Committee and shall retain the role of Chair of this Committee throughout their tenure of appointment.

4.4.2 Other appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed from the Committee by the Board. Independent Members may be reappointed up to a maximum period of 8 years.

4.5 Secretariat

4.5.1 Secretary: as determined by the Board Secretary.

4.6 Support to Committee Members

4.6.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

5. COMMITTEE MEETINGS

5.1 Quorum

5.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair.

5.2 Frequency of Meetings

5.2.1 Meetings shall routinely be held on a quarterly basis.

5.3 Withdrawal of individuals in attendance

5.3.1 The 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.

6. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES

6.1 Although the Board has delegated authority to the 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 the organisation.

6.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

- 6.3.1 joint planning and co-ordination of Board and Committee business; and
- 6.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 The Committee shall embed the corporate goals and priorities 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.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

7.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities, via the Chair's assurance report as well as the presentation of an annual Committee report;

7.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

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

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

V4.0 Approved:

Audit Committee 30.5.19

Chair's Report to Board 25.7.19

Annex 1

BACKGROUND INFORMATION REGARDING THE ASSOCIATED LEGISLATION

Mental Health Act 1983 (as amended by the Mental Health Act 2007)

The Mental Health Act 1983 covers the legal framework to allow the care and treatment of mentally disordered persons to be detained if deemed to be a risk to themselves or others.

It also provides the legislation by which people suffering from a mental disorder can be detained in hospital to have their disorder assessed or treated against their wishes.

The MHA introduced the concept of “Hospital Managers” which for hospitals managed by a Local Health Board are the Board Members. The term “Hospital Managers” does not occur in any other legislation.

Hospital Managers have a central role in operating the provisions of the MHA; specifically, they have the authority to detain patients admitted and transferred under the MHA. For those patients who become subject to Supervised Community Treatment (SCT), the Hospital Managers are those of the hospital where the patient was detained immediately before going on to SCT - i.e. the responsible hospital or the hospital to which responsibility has subsequently been assigned.

Hospital Managers must ensure that patients are detained only as the MHA allows, that their treatment and care is fully compliant with the MHA and that patients are fully informed of and supported in exercising their statutory rights. Hospital Managers must also ensure that a patient’s case is dealt with in line with associated legislation. With the exception of the Power of Discharge Sub-Committee, arrangements for authorising day to day decisions made on behalf of Hospital Managers have been set out in the Health Board’s Scheme of Delegation.

Mental Health Measure

The Mental Health (Wales) Measure received Royal Assent in December 2010 and is concerned with:

- providing mental health services at an earlier stage for individuals who are experiencing mental health problems to reduce the risk of further decline in mental health;
- making provision for care and treatment plans for those in secondary mental health care and ensure those previously discharged from secondary mental health services have access to those services when they believe their mental health may be deteriorating;
- extending mental health advocacy provision.

Mental Capacity Act

The MCA came into force mainly in October 2007. It was amended by the Mental Health Act 2007 to include the Deprivation of Liberty Safeguards (DoLS). DoLS came into force in April 2009.

The MCA covers three main issues:

- The process to be followed where there is doubt about a person's decision-making abilities and decisions therefore where 'Best Interest' may need to be made on their behalf (e.g. about treatment and care)
- How people can make plans and/or appoint other people to make decisions for them at a time in the future when they can't take their own decisions
- The legal framework for caring for adult, mentally disordered, incapacitated people in situations where they are deprived of their liberty in hospitals or care homes (DoLS) and/or where Court of Protection judgements are required.

Thus the scope of MCA extends beyond those patients who have a mental disorder.

**POWER OF DISCHARGE SUB-COMMITTEE
TERMS OF REFERENCE AND OPERATING ARRANGEMENTS**

1. INTRODUCTION

- 1.1 The Board shall establish a sub-committee to be known as the Power of Discharge Sub-Committee. The detailed terms of reference and operating arrangements in respect of this Sub-Committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Power of Discharge Sub-Committee (hereafter, the Sub-Committee) is to advise and assure the Board that the processes associated with the discharge of patients from compulsory powers that are used by the Sub-Committee are being performed correctly and in accordance with legal requirements.

3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Sub-Committee, in respect of its provision of advice and assurance will and is authorised by the Board to:-
- Comment specifically upon the processes employed by the Sub-Committee's Panel in relation to the discharge of patients from compulsory powers, and whether these processes are fair, reasonable and compliant with the Mental Health Act and are in line with other related legislation, including, the Mental Capacity Act 2005, the Human Rights Act 1998 and the Data protection Act 1998 and that the appropriate systems are in place to ensure the effective scrutiny of associated discharge documentation.
 - undertake the functions of Section 23 of the Mental Health Act 1983, in relation to hearing cases of detained powers ensuring that three or more members of the Sub-Committee form a Panel and only a minimum of three members in agreement may exercise the Power of Discharge Sub-Committee. The Panel will be drawn from the pool of members formally designated as Hospital Manager as reported to the Sub-Committee.
 - investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:
 - employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
 - other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;
- 3.2 The Sub-Committee will, as part of its process of hearing cases, be made aware of operational issues affecting the patient's care and treatment, including discharge arrangements. These are not matters for which the Sub-Committee shall have responsibility. Even so, Sub-Committee members are not precluded from raising such matters with those holding operational responsibility. In addition, such issues can be raised on an anonymised basis or through the Board itself.

4. MEMBERSHIP

4.1 Members

Three Independent Members of the Board.

A maximum of ten (10) appointed MHA Managers (as nominated and agreed by the Sub-Committee) (Appointed for a period of four years with appointment not to exceed a maximum of eight years in total).

4.2 Attendees

Director of Mental Health

Senior Mental Health Clinicians

Mental Health Act Manager

Officer Representatives for Learning Disabilities and Children's Services

Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Trade Union Partners are welcome to attend the public session of the sub-committee

4.3 Member Appointments

- 4.3.1 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair - 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members. The Vice-Chair of the Board shall be the Chair of this Sub-Committee.

4.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed from the Committee by the Board. Independent Members may be reappointed up to a maximum period of 8 years.

4.4 Secretariat

4.4.1 Secretary: as determined by the Board Secretary.

4.5 Support to Committee Members

4.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

5. SUB-COMMITTEE MEETINGS

5.1 Quorum

At least two Independent Members and four Associate Hospital Managers must be present to ensure the quorum of the Sub-Committee one of whom should be the Chair or Vice-Chair.

5.2 Frequency of Meetings

Meetings shall routinely be held on a quarterly basis.

5.3 Withdrawal of individuals in attendance

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.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board 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 the organisation.

6.2 The Sub-Committee is directly accountable to the Board (via the Mental Health Act Committee) for its performance in exercising the functions set out in these Terms of Reference.

6.3 The Sub-Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

- 6.3.1 joint planning and co-ordination of Board and Committee business; and
- 6.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

6.4 In terms of the Board's assurance on the Mental Health Act requirements, the remit of the Sub-Committee is limited to the exercise of powers under Section 23 of the Mental Health Act 1983, rather than the wider operation, which would be the remit of the Mental Health Act Committee.

6.5 The Sub-Committee shall embed the corporate goals and priorities 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.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

7.1.1 report formally, regularly and on a timely basis to the Board on the Sub-Committee's activities, via the Chair's assurance report;

7.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation as part of the overall review of the Mental Health Act Committee.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Sub-Committee, except in the following areas:

- Quorum
- owing to the nature of the business of the Sub-Committee, meetings will not be held in public.

9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed annually by the Sub-Committee and any changes recommended to the Board, with reference to the Mental Health Act Committee for approval.

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Appendix 2

Agenda Item	25.06.21	24.9.21	17.12.21	25.3.22
Opening Business				
Apologies	x	x	x	x
Declaration of Interests	x	x	x	x
Previous Minutes, Matters Arising and Summary Action Plan	x	x	x	x
Minutes of previous POD meeting and oral update from the earlier meeting	x	x	x	x
CANIAD – Patient Story	x	x	x	x
Deprivation of Liberty Safeguards: Quarterly Report	x	x	x	x
Hospital Manager's Update Report (Oral summary only based on feedback from earlier POD Sub-Committee meeting)	x	x	x	x
Performance Report	x	x	x	x
Approval for All Wales Approved Clinicians and Section 12(2) Doctors)	x	x	x	x
Consideration of any HIW/Inspection reports/Audit reports etc as appropriate to meetings remit.	x	x	x	x
Agree CoB for coming year				x
Committee Annual Report and review of TOR and Power of Discharge Sub-Committee				x
Issues of Significance	x	x	x	x
Any Other Business	x	x	x	x
Date of Next meeting(s)	x	x	x	x

Local Partnership Forum Annual Report 2020-21

1. Title of Advisory Group:

Local Partnership Forum

2. Name and role of person submitting this report:

Mrs Sue Green, Executive Director Workforce & Organisation Development.

3. Dates covered by this report:

01/04/2020-31/03/2021

4. Number of times the Local Partnership Forum met during this period:

The Local Partnership Forum was routinely scheduled to meet 4 times and otherwise as the Chair deemed necessary. During the reporting period, it met on only 3 occasions and the meeting scheduled for 7th April 2020 was stood down due to Covid-19. Attendance at meetings is detailed within the table below:

Members of the Local Partnership Forum	7/4/20 Stood down	7/7/20	20/10/20	19/1/21
GMB – Britain's General Union	N/A	X	X	X
British Dental Association	N/A	P	P	X
British Orthoptic Society	N/A	X	X	X
Chartered Society of Physiotherapy	N/A	X	X	P
Royal College of Midwives	N/A	X	X	P
Royal College of Nursing	N/A	P x 3	P x 3	P x 2
Society of Chiropodists & Podiatrists	N/A	P	X	P

Formally In attendance (as per Terms of Reference)	7/4/20 Stood down	7/7/20	20/10/20	19/1/21
Society of Radiographers (See also Independent Member)	N/A	P	P	P
UNISON	N/A	P x 8	P x 7	P x 5
UNITE	N/A	P x 2	P x 2	P x 2
Chief Executive	N/A	A	A	A
Executive Director of Workforce and Organisational Development	N/A	P	X	P
Independent Members (TU) and SoR	N/A	P	P	P
Executive Director of Nursing & Midwifery	N/A	A	A	X
Executive Director of Public Health Wales	N/A	X	A	P
Executive Director of Planning & Performance	N/A	X	P	P
Executive Director of Primary & Community Care	N/A	X	A	X
Area Director – West	N/A	X	X	P
Secondary Care Medical Director	N/A	P	P	X
Asst. Director of Primary Care	N/A	P	X	X
Associate Director of Workforce & Organisational Development	N/A	P	P	P
Associate Director of Health, Safety & Equality	N/A	P	X	P
Workforce & Organisational Development	N/A	P x 2	P x 2	P x 2

Director of Estates and Facilities	N/A	X	X	P
Asst. Director of Nursing, Mental Health and Learning Disabilities	N/A	P	P	P
Director of Nursing and Midwifery	N/A	X	A	X
Executive Director of Finance	N/A	X	P	A
Director of Finance	N/A	X	X	P
Interim Director of Governance	N/A	N/A	N/A	P
Human Resources	N/A	P	P x 2	P
Health & Safety Advisor	N/A	P	X	X
Equality & Inclusion Manager	N/A	◆	P	A

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the LPF at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Forum is designed to provide:

The **Forum** is designed to provide advice to the Board on the following key areas as set out in its Terms of Reference as follows:-

- Consider national developments in NHS Wales Workforce and Organisational Strategy and its implications for the Board.
- Negotiate on matters subject to local determination.
- Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard.

- Establish a regular and formal dialogue between the Board's executive and the trade unions on matters relating to workforce and service issues
- In addition the LPF can establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed they must report to the LHB PF as per the cycle of business

During the period that this Annual Report covers, the Forum operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at **Appendix 1**. The cycle of Business is reviewed by LPF.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Forum is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were no breaches of this nature in terms of either individual papers / whole agenda not being available 7 days before the meeting.

6. Overall ***RAG** status against Forum's annual objectives / plan: **RED/AMBER/GREEN**

The summary below reflects the Forum's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the Assurance provided <i>(please provide in narrative format)</i>
Consider national developments in NHS Wales workforce and organisational strategy and their implications for the board	Green	Regular communication on national developments including less formal meetings throughout the pandemic	Green
Negotiate on matters subject to local determination	Green	Given pandemic, many discussions requiring local determination have held in less formal	Green

		meetings due to the pace at which decisions needed to be made	
Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard	Amber	Revised time off agreement drafted but not progressed - a more structured review of facilities time required. Pandemic has delayed work to review office accommodation and general facilities	Amber
Establish a regular and formal dialogue between the Board's executive and the trade unions on matters relating to workforce and service issues	Green	When LPF meetings resumed, these were focussed mainly on issues related to Covid- 19. There has been significantly more dialogue than usual outwith the formal LPF meetings.	Green
In addition the LPF can establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed they must report to the LHB PF as per the cycle of business	Green	Sub groups report regularly to LPF. The sub groups in place will be reviewed as part of review of ToR	Green

**Key:*

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Forum during this reporting period:

(Due to pandemic the initial meetings were focused mainly on issues in relation to Covid-19, therefore the range of topics covered reflect this).

Although one meeting was stood down due to the pandemic, there were a considerable number of additional partnership meetings during this period, for general and Health and Safety issues. In addition, Trade Union representatives were included in key meetings eg outbreak meetings, PPE steering group.

Received regular updates on:

- Special Measures and subsequently targeted intervention
- Corporate Planning including Annual Operating Plan
- Finance & Budget Planning
- Prevention and Control of Infection
- Job Evaluation Programme
- Workforce & Organisational Development quarterly reports
- Strategy Partnerships & Population Health Committee

Received updates on:

- Covid-19 Pandemic Management
- Covid-19 & Flu Vaccinations
- Health & Wellbeing Annual Report
- Workforce Engagement
- Workforce Partnership Group
- Workforce Policies and Procedures Working Group

Received strategy development presentations on drafts for

- Raising Concerns / Safehaven Review
- BCUnity BAME Staff Network

Approved:

- LPF Annual Report 2019/20 and Cycle of Business 2020/21

Received for Information:

- Quality & Performance Report (formerly Integrated Quality and Performance Report)

Full details of the issues considered and discussed by the Forum are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Forum in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
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07.07.20	<ul style="list-style-type: none"> A concern was raised regarding the Staff Wellbeing Support Service (SWSS) being closed in Wrexham Maelor Hospital. This was to be addressed by both the Executive Director of Workforce & Organisation & Head of Human Resources.
07.07.20	<ul style="list-style-type: none"> Concerns had been raised that complaints received from staff regarding colleagues who are shielding and therefore not having to use their annual leave. The Associate Director of Workforce & Organisational Development advised the Group that work was underway regarding guidance to all staff to encourage the taking of annual leave on a health and wellbeing basis.
07.07.20	<ul style="list-style-type: none"> Concern was raised regarding updating policies. The Executive Director of Workforce and Organisational Development agreed to meet with the trade union colleagues to discuss a more effective and quicker way of updating policies.
07.07.20	<ul style="list-style-type: none"> Concern was raised regarding the IT strategy on Skype and Teams. The Executive Director of Workforce and Organisational Development was to present a paper to The Board laying out requirements necessary to accelerate the roll out of Microsoft 365 (the digital platform required for Teams).
20.10.20	<ul style="list-style-type: none"> Problems concerning the lack of adequate staff changing facilities were highlighted and would, in turn, be brought to the attention of the HMTs.
20.10.20	<ul style="list-style-type: none"> Trade union colleagues were concerned by decision made by the Clinical Delivery Group, regarding the categorisation of staff to be vaccinated. The Executive Director of Workforce and Organisational Development explained in detail the process for the CDG's decisions. Discussions took place regarding the inclusion of particular staff group in this definition.
20.10.20	<ul style="list-style-type: none"> Concern was raised regarding the strategy for motivating and retaining staff post-pandemic.
19.1.21	<ul style="list-style-type: none"> Concerns regarding the effect of BREXIT were addressed by the Assistant Director of Health Strategy Planning. She confirmed that to date it had no significant impact of the provision of drugs.
19.1.21	<ul style="list-style-type: none"> The members feel that there is a lack of broad managerial representation at the meetings. The Executive Director of Workforce & Organisation to address.

9. Review of Effectiveness

There is an ongoing lack of broad managerial attendance at the meetings, meaning that it is more difficult to have meaningful discussion on all topics.

10. Focus for the year ahead:

The primary focus of the Forum over the next twelve months will be to ensure more representative and meaningful management attendance and consultation at LPF, and supporting the organisation in the ongoing challenges in relation to Covid-19.

The Forum has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board Assurance Framework. This is attached as Appendix 2.

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Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

The Local Partnership Forum

INTRODUCTION

- The BCULHB Local Partnership Forum (LPF) is the formal mechanism through which management and trade unions and professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.
- All members are full and equal members of the forum and collectively share responsibility for the decisions made. Should any party be in disagreement with decisions taken, a note will be included within the minutes of the meeting.
- The BCU will provide the formal mechanism for consultation, negotiation and communication between the staff organisations and management. The TUC principles of partnership will apply. These principles are attached at Appendix 1.

PURPOSE

The purpose of the Local Partnership Forum, hereafter referred to as “the LPF”, is to:

- Consider national developments in NHS Wales workforce and organisational strategy and their implications for the board
- Negotiate on matters subject to local determination
- Ensure staff organisation representatives time off and facilities agreement provides reasonable paid time off to undertake their duties and that they are afforded appropriate facilities using A4C facilities agreement as a minimum standard
- Establish a regular and formal dialogue between the Board’s executive and the trade unions on matters relating to workforce and service issues
- In addition the LPF can establish Local Partnership Forum sub groups to establish ongoing dialogue, communication and consultation on service and operational management issues. Where these sub-groups are developed they must report to the LHB PF as per the cycle of business

GENERAL PRINCIPLES

All members must:

- be prepared to engage with and contribute fully to the Forum's activities and in a manner that upholds the standards of good governance set for the NHS in Wales;
- comply with their terms and conditions of appointment;
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- promote the work of the LPF within the professional discipline he/she represents.

A Code of Conduct is attached as Appendix 2.

DELEGATED POWERS AND AUTHORITY

The Forum will, in respect of its provision of advice to the Board:

- offer advice to the LHB when specifically requested on any aspect of its business
- offer advice and feedback even if not specifically requested by the LHB.

Authority

The LHB may specifically request advice and feedback from the Forum on any aspect of its business, and the Forum may also offer advice and feedback even if not specifically requested by the LHB. The Forum may provide advice to the Board:

- in written advice; and
- in any other form specified by the Board.

Sub Groups

When it is considered appropriate, the Forum can decide to appoint a sub-group, to hold detailed discussion on a particular issue(s). Nominated representatives to sub groups will communicate and report regularly to the LPF.

The subgroups agreed by LPF are:

- Workforce Partnership Group (WPG)
- Working Longer / Sickness Absence Joint Review Group
- Job Evaluation Programme Team (JEP)
- Policies Group

MEMBERSHIP

- All members of the LPF are full and equal members and share responsibility for the decisions of the LPF.
- Management Representation shall consist of the following postholders:
 - Chief Executive
 - Executive Director of Workforce and OD (or deputy)
 - Executive Director of Nursing and Midwifery (or deputy)
 - Executive Director of Finance (or deputy)
 - Secondary Care Director (or deputy)
 - Area Director (or deputy)
 - Associate Director of Workforce & OD – Human Resources (or deputy)
 - Assistant Director – OD (or deputy)
 - Director of Estates and Facilities (or deputy)
 - Director of Mental Health (or deputy)
- Other Board Level Directors will regularly receive LPF papers and will be required to attend meetings as required, depending upon the nature of business being considered on the agenda.
- All Staff Organisations (Trade Unions and Professional bodies) recognised for the purposes of collective bargaining and representation will be eligible for a seat on the LPF. These are detailed at Appendix 3. The LHB Trade Union Independent Member will be expected to attend the LPF in an ex – officio capacity.
- The formula for determining the number of representatives for each staff organisation will be one representative for up to 500 members, with further representatives for every 500 members thereafter or part thereof.
- The number of representatives from each organisation will be confirmed by the Executive Director of Workforce and OD on the production of membership numbers by the staff organisation involved. Such information should specify the a) one of

the following - role, job title, registered status – registered or unregistered b) work location and c) number of persons.

- Information provided in response to 3.5 above will be held securely by the office of the Executive Director of Workforce and OD and will not be disclosed to other parties.
- In the event of membership numbers not being disclosed as set out in 3.5 above, the staff organisation concerned will be limited to one representative only at meetings of the LPF.
- In the event of any business being concluded by the use of a vote, those present will have proxy voting rights for those not present.
- Staff representatives must be employed by the organisation and accredited by their respective organisations for the purposes of bargaining. If a representative ceases to be employed by the Board or ceases to be a member of a nominating organisation then he/she will automatically cease to be a member of the LPF.
- Members of the Forum who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the Forum.
- Trade unions will determine through their own mechanisms which reps will attend and reserve the right to change the representative as necessary.
- Full time officers of the Trade Unions may attend meetings subject to prior notification and agreement with the Executive Director of Workforce and OD.

Chair, Vice Chair and Officers

- Representatives of Staff organisations elect a secretariat of Chair, Vice-Chair, Secretary and Assistant Secretary annually. No more than two of these positions will be filled by representatives from a single Trade Union or Professional Organisation.
- The Management, and Staff Organisation Chair will chair the LPF. This will be done on a rotational basis.
- In the absence of the Chair(s) the Vice Chair(s) will act as Chair. The Chairs shall work in partnership with each other and, as appropriate, with the Chairs of the Board's other advisory groups.

- Supported by the Board Secretary, Chairs shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

Secretary

- Each side of the LPF should appoint/elect its own Joint Secretary. The Management, Trade Union Secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Management and Trade Union Chairs.
- The Executive Director of Workforce & OD will ensure the maintenance of the constitution of the membership, the circulation of agenda and minutes and notification of meetings.

In attendance

- The Board may determine that designated Board members or LHB staff should be in attendance at Advisory Group meetings. The Forum's Chairs may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

Support to Committee Members

The Board Secretary, on behalf of the Chairs, will ensure that the Forum is properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the Forum Chairs on the conduct of its business and its relationship with the LHB and others;
- ensuring that the Forum receives the information it needs on a timely basis; and
- facilitating effective reporting to the Board enabling the Board to gain assurance that the conduct of business within the Forum accords with the governance and operating framework it has set.

COMMITTEE MEETINGS

Quorum

- Every effort will be made by all parties to maintain a stable membership.

- There should be a minimum of 8 management representatives and 8 Trade Union representatives at a meeting for it to be quorate.
- If a meeting is not quorate no decisions can be made but information may be exchanged.
- Where joint chairs agree, an extraordinary meeting may be scheduled within 7 calendar days' notice.
- Consistent attendance and commitment to participate in discussions is essential. Where a member of the Forum does not attend on 3 consecutive occasions, the Joint Secretaries will write to the member and bring the response to the next meeting for further consideration and possible removal.

Meeting frequency and arrangements

- Meetings will be held quarterly but this may be changed to reflect the need of either Trade Unions or management.
- The business of the meeting shall be restricted to matters pertaining to Board Wide strategic issues. Local operational issues should be raised at the Sub Local Partnership Forums and will not be considered unless it is agreed that such issues have LHB wide implication.
- The minutes shall normally be distributed 15 working days after the meeting and no later than 7 days prior to meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least two weeks in advance of the meeting.
- A summary of actions will be sent out 14 days after the meeting.
- The LPF has the capacity to co-opt others onto the forum or its sub groups as deemed necessary by agreement.

Openness and transparency

The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires, wherever possible, the Forum to hold meetings in public unless there are specific, valid reasons for not doing so.

REPORTING AND ASSURANCE ARRANGEMENTS

The Chairs are responsible for the effective operation of the Forum:

- Chairing meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the Forum's membership and between the Forum and Betsi Cadwaladr University Health Board, and in particular its Chair, Chief Executive and Directors.

The Chair shall work in close harmony with the Chairs of Betsi Cadwaladr University Health Board other advisory groups, and, supported by the Lead Executive, shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. Where appropriate and within their area of responsibility, the Forum may be requested by the Health Board to review and comment on draft documents prior to formal approval by the Board.

As Chair of the Forum, they are accountable to the Betsi Cadwaladr University Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

The Forum's main link with the Board is through the Forum Management Chair's membership of the Board.

The forum shall embed the corporate goals and priorities through the conduct of its business and in so doing and transacting its business shall ensure that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Wellbeing of Future Generation Act.

The Board should determine the arrangements for any joint meetings between the Betsi Cadwaladr University Health Board and the Forum.

The Health Board's Chair should put in place arrangements to meet with the Forum Chairs on a regular basis to discuss the Forum's activities and operation.

Members of the Forum may be invited to attend other Board Committees / Groups at the discretion of the Health Board Chair.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Health Boards Standing Orders are equally applicable to the operation of the Forum, except in the following areas:

- Quorum

REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Forum with reference to the Board.

DATE OF ACCEPTING THE TERMS OF REFERENCE AND APPROVAL

Date of approval: 25th July 2019

Appendix 1 - Six Principles of Partnership Working

- a shared commitment to the success of the organisation
- a focus on the quality of working life
- recognition of the legitimate roles of the employer and the trade union
- a commitment by the employer to employment security
- openness on both sides and a willingness by the employer to share information and
- discuss the future plans for the organisation

Adding value – a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

Appendix 2 - Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all
 - individual views
- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member

Appendix 3

The following Staff Organisations (Trade Union and Professional Organisations) are recognised as staff organisations for the purposes of the Local Partnership Forum.

- Britain's General Union (GMB)
- British Association of Occupations Therapists
- British Dental Association
- British Dietetic Association
- British Medical Association
- British Orthoptic Society
- Chartered Society of Physiotherapy
- Federation of Clinical Scientists

- Royal College of Midwives
- Royal College of Nursing
- Society of Chiropodists & Podiatrists
- Society of Radiographers
- Unison
- Unite

BCUHB Local Partnership Forum Cycle of Business 2021

Agenda Item		Jan	Apr	July	Oct
Standing Items	Contact				
Apologies		Y	Y	Y	Y
Minutes of previous meeting		Y	Y	Y	Y
Summary action plan / matters arising		Y	Y	Y	Y
Urgent key issues / AOB		Y	Y	Y	Y
Issues to inform Chair's Assurance report		Y	Y	Y	Y
Corporate Governance					
Update on Special Measures (Simon or rep to present)	Gary Doherty / Liz Jones		Y	Y	Y
LPF Committee Annual Report incl ToRs review (Forward to Dawn Sharp once approved)	Lesley Hall		Y		
Work plan with annual cycle of business	Lesley Hall		Y		
Welsh Language Standards	Eleri Hughes-Jones			Y	
Health and Safety Management Annual Report	Sue Green			Y	
Finance, Performance and Planning					
Finance Report	Faye Pritchard / Sue Hill	Y	Y	Y	Y
Budget Strategy	Sue Hill	Y			
Corporate Planning Update to include: Corporate Plans, Annual Operating Plan	Mark Wilkinson / John Darlington	Y	Y	Y	Y
Clinical Governance					
Prevention and Control of Infection	Deborah Hickman			Y	
Workforce & Organisational Development Governance					
Workforce Report (F&P report)	F&P papers (change coversheet)			Y	Y
Employee Relations Report	Lesley Hall			Y	Y
Workforce Policies Group Report	Tracy Regan Davies	Y		Y	Y
Workforce Partnership Group	Kay Hannigan	Y		Y	Y
Workforce Engagement Update	Nia Thomas				Y
Job Evaluation Programme Report	Alex Tapley	Y		Y	Y
Gender Pay Action Plan	Sally Thomas			Y	
Equality & Diversity Annual Report	Sally Thomas			Y	
Together Stronger	Sue Green		Y		Y
Speak out Safely	Gareth Evans		Y		Y

Health & Wellbeing Update / Annual Report	Sarah Wynne-Jones		Y		Y
Agenda Item		Jan	Apr	July	Oct
Issues for Discussion raised by Trade Union Reps					
tba	Jan Tomlinson to confirm	Y	Y	Y	Y
For Information					
Quality and Performance Report (Board paper link)	Performance Team	Y	Y	Y	Y
CRAF – Corporate Risk & Assurance Framework (Board paper link)	Dawn Sharp / Pull out of Board papers	Y		Y	
Welsh Partnership Forum minutes	Caitlin Jenkins caitlin.jenkins008@gov.wales		Y		Y
Annual Audit Report for WAO	Dawn Sharp		Y		
Ombudsman's Annual Report (Board paper link)	Kate Dunn			Y	
Strategic Occupational Health and Safety Group (issues of significance)		Y	Y	Y	Y

FORWARD PLAN FOR AD HOC ITEMS		Jan	Apr	July	Oct
Staff Lottery	Sue Hill			Y	

V1.01 live version

Healthcare Professionals Forum Annual Report 2020/21

1. Title of Forum:

Healthcare Professionals Forum (HPF)

2. Name and role of person submitting this report:

Mr Gareth Evans, Chair of the Forum

Mr Adrian Thomas, Executive Director Therapies and Health Sciences

3. Dates covered by this report:

1st April 2020 to 31st March 2021

4. Number of times the Healthcare Professionals Forum met during this period:

The Forum was scheduled to meet four times or otherwise as the Chair of the Forum deemed necessary. During the reporting period, it met on 4 occasions. The Chair wished for it to be noted that all HPF meeting during 2020/21 were held via a virtual platform.

Attendance at meetings is detailed within the table below:

Members of the Forum	19 th June 2020	16 th October 2020	4 th December 2020	5 th March 2021
Mr Gareth Evans – Chair Therapies Representative	P	P	P	P
Prof Michael Rees – Vice-chair Secondary and Tertiary Care Medical Representative	P	P*	P	P

Mr Alton Murphy Optometry Representative, Deputy – Bryn Jones	P	A	P	◆
Dr Jay Nankani Primary and Community Care Medical Representative	P	P	P	P
Mrs Susan Murphy Pharmacy and Medicines Management	P	P	P	P
Mrs Mandy Jones Nursing Representative	P	A	P*	A
Mrs Fiona Giraud Midwifery Representative	P	A	A	P
Mrs Jane Wild Scientific Representative	P	P	P	P
Mr John Speed Community Pharmacy Representative	P	P	A	P
Mr Ian Douglas Dental Representative	P	P	P*	A
Mr Adrian Thomas Lead Executive Director Therapies and Health Sciences	P	P	P	P
Mr Jay Studer Mental Health and Learning Disabilities Representative *Joined HPF October 2020*	◆	A	P	P
Manon Haf Optometry Representative *Joined HPF March 2021*	◆	◆	◆	P

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Healthcare Professionals Forum at this time.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Healthcare Professionals Forum is designed to provide:

The Healthcare Professionals Forum is designed to provide advice to the Board on the following key areas as set out in its Terms of Reference as follows:-

- Facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the LHB's decision making.

During the period that this Annual Report covers, the Healthcare Professionals Forum operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director and Governance. This work is being finalised at the point of producing this Annual Report.

The Healthcare Professionals Forum is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were 0 breaches of this nature in terms of either individual papers / whole agenda not being available 7 days before the meeting.

6. Overall ***RAG** status against Healthcare Professionals Forum annual objectives / plan: **Green**

The summary below reflects the Healthcare Professionals Forum assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative (Please provide narrative against all red and amber including the rationale for the assurance status)
Facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the LHB's decision	Green	Meetings have functioned effectively throughout the year via a virtual platform and the group has fulfilled

making.		its advisory role to the Health Board.
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***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Healthcare Professionals Forum during this reporting period:

Regular Items and updates

- Corporate Planning – including updates on AOP/IMTP/3 year plan
- Performance
- Annual Quality Statement
- Public Health
- Quality and Improvement (QI) Hub
- Workforce & Organisational Development update
- Annual discussion with CEO
- Membership

Governance and Standing Items

- Chairs written updates
- Members written updates
- Review of minutes and actions
- Committee Annual Report
- Review and refresh of Forums terms of reference
- Minutes Quality, Safety & Experience Committee meetings
- Minutes of Professional Advisory Group meetings – *Currently stood down due to Covid-19*
- Team Briefing Updates – *Currently stood down due to Covid-19*

Full details of the issues considered and discussed by the Healthcare Professionals Forum are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Healthcare Professionals Forum in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
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19th June
2020

H20/17 Clinical Services during COVID-19 & Future of the Clinical Pathways Group

The Deputy Medical Director and Secondary Care Medical Director presented to the members by way of an update on the progress of the Clinical Pathways Group. A presentation was circulated prior to the meeting.

The presentation included the following slides:

- Clinical Pathways Group plan on a page
- What we are trying to achieve
- Examples of Pathways
- Next steps

H20/18 Chair's and members' written updates

The forum noted the written updates received from the following representatives:

H20/18.01 a) HPF Written Summary – Optometry

H20/18.02 b) HPF Written Summary – Midwifery

H20/18.03 c) HPF Written Summary – Dental

H20/18.04 d) HPF Written Summary – Therapy Services / HPF as Associate Board Member

H20/18.05 e) HPF Written Summary – Healthcare Science

H20/18.06 f) HPF Written Summary – Vice Chair/Secondary and Tertiary Care

H20/18.07 g) HPF Written Summary – Primary Care and Community Medical

H20/18.08 h) HPF Written Summary – Pharmacy & Medicine Management

Verbal updates were received from the following representatives:

H20/18.08 Nursing

H20/18.09 Community Pharmacy

H20/19 Summary of key advice to be included in Chairs report to the Board

H20/17.01 Clinical services during COVID-19 and clinical pathways. HPF members support the clinical pathways approach as a vehicle to improve services, noting the considerable work undertaken during the Covid 19 period.

The HPF advice is that pathways are best developed end to end, with multi professional engagement using the best science and information available. The use of tools such as workstations can increase support and engagement of staff.

	<p>H20/18 Members reports. The HPF noted the use of technology to support new ways of working during the Covid 19 pandemic and advise that this should continue to be an enabler to change within the organisation.</p> <p>H20/18.03 Member report Dental. The HPF advise the Board to support new and innovative ways of workforce planning as result of the Covid 19 pandemic, to ensure a continued recruitment pipeline for a well-trained workforce in North Wales.</p> <p>H20/18.03 Member report Hospital and Primary care Pharmacy. The Board should note reports that returning staff wishing to work for BCUHB during the Covid 19 period have not found the process easier to navigate.</p> <p>H20/18.06 Member report Secondary and Tertiary care Hospital. The HPF members reported on a range of experiences about staff wellbeing, noting how resilient and adaptable the workforce have been during the pandemic. The Board is advised to continue to support the wellbeing of staff well into any recovery period and a return to business as usual.</p>
16 th October 2020	<p>H20/25.01 Mental Health representation. Adrian Thomas, Exec Lead noted that the representative for Mental Health will be Dr Jay Studer, Consultant Psychiatrist, Adult Mental Health & Social Care, BCUHB.</p> <p>• H20/26 Chair's and members' written updates</p> <p>The forum noted the written updates received from the following representatives:</p> <p>H20/26.1 HPF Written Summary – Optometry H20/26.2 HPF Written Summary – Midwifery H20/26.3 HPF Written Summary – Dental H20/26.4 HPF Written Summary – Therapy Services / HPF as Associate Board Member H20/26.5 HPF Written Summary – Healthcare Science H20/26.6 HPF Written Summary – Primary Care and Community Medical H20/26.7 HPF Written Summary - Nursing H20/26.8 HPF Written Summary – Pharmacy & Medicine Management H20/26.9 HPF Written Summary – Vice Chair/Secondary and Tertiary Care</p> <p>Verbal updates were received from the following representatives:</p> <p>H20/26.10 Community Pharmacy</p>

	<p>H20/27 Chief Executive Officer – Annual Discussion The Chair welcomed Gill Harris, Acting CEO BCUHB and a discussion ensued regarding the priorities of the next 6 months of 2020/21.</p> <p>H20/28 Corporate Planning Update The Chair welcomed Mr Mark Wilkinson, Executive Director Planning and Performance to brief the Forum Members on the Q3/4 plan and the Winter Resilience Plan 2020/21</p> <p>H20/30 Summary of key advice to be included in Chairs report to the Board</p> <p>The HPF welcomed the plan for Q3 and Q4 noting a more accessible format for the reader. The Forum supports the core priorities in the plan and advises that work is undertaken to ensure all staff are informed of these priorities.</p> <p>The Forum strongly support the current focus on immunisation and advises the Board to maximise the use of the available workforce including primary care contractors in Dentistry and Pharmacy to provide capacity.</p> <p>The HPF noted concerns to the provision of diagnostic services. Whilst remote working is often appropriate for clinical consultation, they still generate the need for diagnostic face-to-face assessment appointments. The Forum welcomed the thinking surrounding the Diagnostic and Treatment centres.</p> <p>The HPF considered the focus on the health, safety and wellbeing of staff in the Q3 and Q4 plan and would advocate for the adoption of the principles within the BMA Fatigue and Facilities Charter.</p> <p>The HPF heard about inconsistencies in governance across the organisation and advise the need for a single organisational standard.</p>
4 th December 2020	<p>H20/37 Digital Strategy – Andrea Williams and Jessica Thomas; Informatics</p> <p>The Chair welcomed Andrea Williams (AW), Head of Informatics Programmes Assurance and Improvement and Jessica Thomas (JT), Informatics Senior Assurance And Improvement Officer to discuss the Digital Strategy implemented at BCUHB.</p> <p>A set of presentation slides were shared with the group named: “Our Digital Future – Improving care through digital ways of working” covering the following points:</p> <ul style="list-style-type: none"> • Our Vision • Experiences

- Our 6 Principles of Digital Working
- Our 4 Key Challenges

An interactive and informative discussion ensued around engagement of the digital strategy and integration of the programme throughout the local health care professions.

- **H20/38 Andrew Kent; Head of Planned Care (Interim)**

The Chair welcomed Andrew Kent (AK), Interim Head of Planned Care to discuss the development of diagnostic treatment centres in strategic support of planned care. AK gave a background summary using statistics and used a number of presentation slides to highlight the challenges, and the Planned Care 6-point plan, which includes a 3 to 5 year strategy.

A question and answer session ensued.

- **H20/39 Chair's and members' written updates**

The forum noted the written updates received from the following representatives:

H20/39.1 HPF Written Summary – Midwifery

H20/39.2 HPF Written Summary – Therapy Services / HPF as Associate Board Member

H20/39.3 HPF Written Summary – Healthcare Science

H20/39.4 HPF Written Summary – Primary Care and Community Medical

H20/39.5 HPF Written Summary – Nursing

H20/39.6 HPF Written Summary – Vice Chair/Secondary and Tertiary Care

H20/39.7 HPF Written Summary – Community Pharmacy

Verbal updates were received from the following representatives:

H20/39.8 HPF Verbal Summary – Pharmacy and Medicines Management

H20/39.9 HPF Verbal Summary - Optometry

H20/39.10 HPF Verbal Summary – Mental Health and Learning Disabilities

H20/40 Summary of information to be included in Chairs report to the Board:

The Forum was supportive of the strategy noting that it is in a formative stage but had a noble ambition. The strategy must ensure efficient engagement with all stakeholders noting primary care contractors as an example of where the conversation needs to reach out to. Members reflected on current challenges to the digital agenda such as gaps in hardware and consistency and connectivity across the organisation which the strategy must

	<p>address. The need to overcome digital exclusion within the population was considered fundamental in order that health inequality did not grow wider.</p> <p>Diagnostic and Treatment Centres – The Forum supports the emerging conceptual model with an emphasis on transformation and a cohesive approach to services across North Wales. Members considered this to be an innovative approach and advise that clinical staff be given the time to design the model and to be active participants in making the case for change.</p> <p>Members did note however that the concept was developing without an overarching organisational clinical strategy which may weaken the strategic positioning of the case. The three enabling strategies of workforce, estate and digital are key success factors and should be updated if the business case progresses.</p> <p>The Forum noted and supported the report from the Vice Chair of the Forum regarding the need to enhance and reinforce Covid security advice and activity to ensure safety at our sites</p>
5 th March 2021	<p>H21/05 Targeted Intervention Improvement Strategy – Simon Evans-Evans</p> <p>The Chair welcomed Simon Evans-Evans (SEE) to discuss the Targeted Intervention Improvement Strategy at BCUHB. A set of draft presentation slides were shared with the group prior to the meeting covering the following points:</p> <ul style="list-style-type: none"> • Targeted Intervention Improvement Framework • Maturity Matrices • Outcomes Framework • Self-assessment and assurance process @ BCU • Implementation timeline <p>An interactive and informative discussion ensued around engagement of the strategy and integration of the programme throughout the local health care professions across North Wales. A question and answer session followed.</p> <p>SEE noted that HPF as an advisory group and input from the group, as well as individuals within the group would be welcomed. SEE will look at how the input and the role of the HPF can be formally integrated into the processes, which are currently at design stage.</p> <p>The Chair thanked SEE for his time and his informative presentation at the meeting. The Chair also acknowledged the</p>

strong level of support to improve the governance across the network and that people are keen to engage.

H21/06 Chair's and members' written updates

The forum noted the written updates received from the following representatives:

H21/06.1 HPF Written Summary – Chair and Therapy Services / HPF as Associate Board Member

H21/06.2 HPF Written Summary – Healthcare Science

H21/06.3 HPF Written Summary – Mental Health and Learning Disabilities

H21/06.4 HPF Written Summary – Nursing

H21/06.5 HPF Written Summary – Primary Care and Community Group

H21/06.6 HPF Written Summary – Midwifery Profession

H21/06.7 HPF Written Summary – Pharmacy and Medicines Management

Verbal updates were received from the following representatives:

H21/06.8 HPF Verbal Summary – Optometry

H21/06.9 HPF Verbal Summary - Vice Chair/Secondary and Tertiary Care

H21/06.10 HPF Verbal Summary – Community Pharmacy

H21/07 Quality Assurance Update – Matthew Joyes, Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience.

The Chair welcomed Matthew Joyes (MJ), Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience to the meeting to present the annual Quality Assurance update. MJ introduced himself and his role at BCUHB and shared slides highlighting points of review of the year 2020/21 and a look ahead to 2021/22 highlighting some of the key priority programmes.

MJ outlined the Health and Social Care (Quality and Engagement) (Wales) Act and the changes that the Act will introduce, also the implementation of a new Quality Strategy for BCUHB for 2021-2024 which will focus on the following:

- Patient Safety Strategic Plan
- Patient and Carer Experience Strategic Plan
- Clinical Effectiveness Strategic Plan

A question and answer session ensued. MJ welcomed any feedback from the Forum members regarding ideas for areas of

improvement and focus for the wider clinical professionals around quality for the next few years.

The Chair thanked MJ very much his time at the meeting for the presentation; in particular covering the importance of the potential implications of the Quality Act, and highlighting all the good developments which are planned for the next 12 months.

H21.10 Planning for 2021 – 24 Update – Mark Wilkinson, Executive Director of Planning and Performance

The Chair welcomed Mark Wilkinson (MW) for a further planning update focussed on the next three years from 2021 to 2024. MW noted that the timescale is significant and that Welsh Government have, due to the uncertainty of the Covid pandemic, indicated that Health Board plans should focus on one year plans, with some financial tables being revisited on a quarterly basis resulting in shorter timescales and making planning very difficult.

MW shared a number of slides and detailed the following during his presentation:

Outcomes for 2021/22 to 2023/24
Focused Priorities for 2021/22

A question and answer session ensued and members of the Forum engaged in discussion regarding the planning presentation.

On behalf of the Forum members, the Chair thanked MW very much for his valuable time in joining the meeting and for sharing the plans and information with the members.

H21/09 Summary of information to be included in Chairs report to the Board:

- The Forum welcomed the information about progress towards a Targeted Intervention improvement framework. Members were keen that the engagement domain was strengthened by links to staff wellbeing and an ability for staff to speak up safely. In addition the HPF felt in a position to support the ongoing assessment of progress during the period of targeted intervention and members asked for further consideration on how the standing advisory groups of the Health Board could, within their remit, assist in this process.
- The group supported the quality assurance report from the Assistant Director of Patient Safety and Experience and noted several promising developments to be introduced in the next 12 months. The members advise that appropriate organisational resources are directed to fully meet the

	<p>implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020.</p> <ul style="list-style-type: none"> • A presentation on the Health Board's operational plan for 2021-22 highlighted a focus on transformation alongside a new systematic approach to quality improvement. The Forum repeat its previous advice that a workforce strategy is essential to underpin the successful delivery of any plan and that service transformation requires identified clinical capacity to provide the clinical leadership to inform and implement any case for change. • Member's reports identified some difficulties encountered in the use of the Health Board's model to source all agency staff through a single agency. In addition members noted some concern about the extent to which vaccine inequality is being experienced in North Wales, specifically in relation to BAME groups.
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9. Review of Effectiveness

The Forum continued to meet as planned throughout the year in spite of the Covid pandemic affecting the governance and business of the organisation. It has quickly adapted to holding its meetings using an on line platform. This has provided useful learning for the Forum and facilitates attendance from Forum members, the majority of which are practising clinicians who have been actively working to meet the challenges of covid pandemic.

In the opinion of the Chair and Executive lead the Forum quickly adapted its cycle of business to add value though support and advice to the Board in relation to the pandemic. This included advice on clinical pathway development, the strategic post-pandemic clinical service recovery landscape and the importance of digital solutions. In addition, members report have drawn out contemporary experiences around staff safety and welfare during the covid pandemic to provide advice and steer to the Board on improving staff welfare.

10. Focus for the year ahead:

The primary focus of the Healthcare Professionals Forum over the next twelve months will be as stated within the Cycle of Business for the year 2021/22.

The Healthcare Professionals Forum has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. This is attached as Appendix 2.

Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

The Healthcare Professionals Forum

INTRODUCTION

The Healthcare Professionals Forum's role is to provide a balanced, multi-disciplinary view of professional issues to advise the Board on local strategy and delivery. Its role does not include consideration of professional terms and conditions of service.

PURPOSE

The purpose of the Healthcare Professionals Forum, hereafter referred to as "the Forum", is to:

- facilitate engagement and debate amongst the wide range of clinical interests within the LHB's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the LHB's decision making.

DELEGATED POWERS AND AUTHORITY

The Forum will, in respect of its provision of advice to the Board:

- offer advice to the LHB when specifically requested on any aspect of its business
- offer advice and feedback even if not specifically requested by the LHB.

Authority

The LHB may specifically request advice and feedback from the Forum on any aspect of its business, and the Forum may also offer advice and feedback even if not specifically requested by the LHB. The Forum may provide advice to the Board:

- at Board meetings, through the Forum Chair's participation as Associate Member;
- in written advice; and
- in any other form specified by the Board.

Sub Committees

The Board may determine that the Forum should be supported by a range of sub fora to assist it in the conduct of its work, e.g., special interest groups, or the Forum may itself determine such arrangements, provided that the Board approves such action.

MEMBERSHIP

Chair nominated from within the membership of the Forum by its members and approved by the Board

Vice Chair nominated from within the membership of the Forum by its members and approved by the Board

Members The membership of the Forum reflects the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the Forum shall therefore comprise the following eleven (11) members:

- Welsh Medical Committee
 - Primary and Community Care Medical representative
 - Mental Health Medical representative
 - Specialist and Tertiary Care medical representative
- Welsh Nursing and Midwifery Committee
 - Community Nursing and Midwifery representative
 - Hospital Nursing and Midwifery representative
- Welsh Therapies Advisory Committee
 - Therapies representative
- Welsh Scientific Advisory Committee
 - Scientific representative
- Welsh Optometric Committee
 - Optometry representative
- Welsh Dental Committee
 - Dental representative
- Welsh Pharmaceutical Committee
 - Hospital and Primary Care representative
 - Community Pharmacists representative

Lead Health Board Officer Executive Director of Therapies and Health Sciences

Secretary As determined by the Board Secretary

In attendance

The Board may determine that designated Board members or LHB staff should be in attendance at Advisory Group meetings. The Forums Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

Member Appointments

Appointments to the Forum shall be made by the Board, based upon nominations received from the relevant professional group, and in accordance with any specific requirements or directions made by the Welsh Government. Members shall be appointed for a period of no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

The **Chair** will be nominated from within the membership of the Forum, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Government. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the Forum. That individual may remain in office for the remainder of their term as a member of the Forum after their term of appointment as Chair has ended.

The **Vice Chair** shall be nominated from within the membership of the Forum, by its members by the same process as that adopted for the Chair, subject to the condition that they be appointed from a different clinical discipline from that of the Chair.

The Vice Chair's term of office will be as described for the Chair.

A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the Forum Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The Forum Chair will advise the Board in writing of any such cases immediately. The LHB will require Forum members to confirm in writing their continued eligibility on an annual basis. Where a member is unable to attend for 3 consecutive meetings, except in exceptional circumstances, the Chair would request that the member consider their continued membership on the Forum.

Support to Committee Members

The Board Secretary, on behalf of the Chair, will ensure that the Forum is properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the Forum Chair on the conduct of its business and its relationship with the LHB and others;
- ensuring that the Forum receives the information it needs on a timely basis;
- facilitating effective reporting to the Board; and
- enabling the Board to gain assurance that the conduct of business within the Forum accords with the governance and operating framework it has set.

COMMITTEE MEETINGS

Quorum

Quorum agreed as 6 members or more and to include Chair or Vice Chair

Frequency of Meetings

- Meetings to take place each quarter consistent with Betsi Cadwaladr University Health Board annual plan of Board Business.
- Additional meetings can be called at the Chair and 2 other members discretion. The Lead Executive may also request additional meetings via the Chair.
- Meetings to be arranged prior to the Full Board meetings so that effective reporting can take place.

Openness and transparency

The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires, wherever possible, the Forum to hold meetings in public unless there are specific, valid reasons for not doing so.

REPORTING AND ASSURANCE ARRANGEMENTS

The Chair is responsible for the effective operation of the Forum:

- chairing meetings;
- establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- developing positive and professional relationships amongst the Forum's membership and between the Forum and Betsi Cadwaladr University Health Board, and in particular its Chair, Chief Executive and Directors.

The Chair shall work in close harmony with the Chairs of Betsi Cadwaladr University Health Board other advisory groups, and, supported by the Lead Executive, shall ensure that key and appropriate issues are discussed by the Forum in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions. Where appropriate and within their area

of responsibility, the Forum may be requested by the Health Board to review and comment on draft documents prior to formal approval by the Board.

As Chair of the Forum, they will be appointed as an Associate Member of the LHB Board on an ex officio basis. The Chair is accountable for the conduct of their role as Associate Member on the Betsi Cadwaladr University Health Board to the Minister, through the Health Board Chair. They are also accountable to the Betsi Cadwaladr University Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

The Forum's main link with the Board is through the Forum Chair's membership of the Board as an Associate Member.

The Board should determine the arrangements for any joint meetings between the Betsi Cadwaladr University Health Board and the Forum.

The Health Board's Chair should put in place arrangements to meet with the Forum Chair on a regular basis to discuss the Forum's activities and operation.

The forum shall embed the corporate goals and priorities through the conduct of its business and in so doing and transacting its business shall ensure that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-being of Future Generations Act.

The Health Board Chair, on the advice of the Chief Executive and/or Board Secretary, may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

- where the Forum recommends that a matter should be presented to the Board by a particular professional grouping, e.g., due to the specialist nature of the issues concerned; or
- where a professional group has demonstrated that the Forum has not afforded it due consideration in the determination of its advice to the Board on a particular issue, or

The Board may itself determine that it wishes to seek the views of a particular professional grouping on a specific matter.

Members of the Forum may be invited to attend other Board Committees / Groups at the discretion of the Health Board Chair.

RELATIONSHIP WITH THE NATIONAL PROFESSIONAL ADVISORY GROUP

The Forum Chair will be a member of the National Professional Advisory Group. The Forum may be asked to provide NJPAC with comments on national documents and the NJPAC meeting minutes will be shared with Forum Members.

APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the Health Boards Standing Orders are equally applicable to the operation of the Forum, except in the following areas:

- Quorum

REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Forum with reference to the Board.

DATE OF ACCEPTING THE TERMS OF REFERENCE AND APPROVAL

Audit Committee 14.9.17

Health Board 21.9.17

Reported to HPF 10.11.17

V5.0 approved - (Version 5 – updated solely to reflect the move to quarterly meetings from bi monthly-agreed by the Board Meeting in September 2018).

Health Professionals Forum - Cycle of Business 2021/22

Item		Jun	Sept	Dec	Mar
Welcome, apologies	Secretariat, HPF	✓	✓	✓	✓
Declarations of Interest	Members declaration - <i>if applicable</i>	✓	✓	✓	✓
Corporate Planning – including updates on AOP/IMTP/3 year outlook LHSW Strategy	Assistant Director Planning Assistant Director Health Strategy	✓	✓	✓	✓
Mental Health Strategy - Implementation	Appropriate Executive Director and/or representative				
Primary Care					
Innovation Strategy					
QI Hub					
Others as evolve in year – TBC					
Chief Executive	Annual discussion with CEO		✓		
Executive Director	Workforce & Organisational Development	✓			
Executive Director of Planning & Performance	Planning & Performance			✓	
Executive Director of Primary & Community Care	Primary Care	✓			
Executive Director Public Health	HMP Berwyn (NW Prison) – Update				
Executive Director Public Health	Public Health		✓		
Executive Director Nursing, Midwifery & Patient Services	Seasonal Plan				
Director Estates and Facilities	Estates developments				
Director Quality Assurance	Draft Annual Quality Statement (for information)				✓
Performance Director	Performance focus			✓	

Assistant Nurse Director Infection Control	Infection Prevention and Control				
Assistant Director Communications	Engagement				
Head of Quality for CHC & Complex Care	A Place to Call Home – Impact & Analysis				
Head of Equality	Strategic Equality – the year ahead Including annual report and recommendations				
Chairs written update	Chair, HPF	✓	✓	✓	✓
Members written updates	All members HPF	✓	✓	✓	✓
Summary of information to be included in Chair's report to Board		✓	✓	✓	✓
Draft Advisory Group Annual report inc <ul style="list-style-type: none"> COB approval Terms of Reference review 				✓	
Adhoc items	Executive Director Therapies & Health Sciences	✓	✓	✓	✓
Workforce Transformation Group	Office of the Director of Workforce and Organisational Development				
Minutes Quality, Safety & Experience Committee meetings	Office of the Board Secretary	✓	✓	✓	✓
Minutes of Professional Advisory Group meetings (Meetings currently stood down due to COVID-19)	Office of the Director of Nursing & Midwifery				
NJPAC approved minutes (meet 3x per year dates to be sought)	Nigel Champ Directorate for Health Policy Business Unit, Health and Social Services Group, WG	✓	✓	✓	✓
Team Briefing Updates (Meetings currently stood down due to COVID-19)	Communications				
Any Other Business	Members to raise with the Chair before meeting	✓	✓	✓	✓
Forward Plan – <i>next meeting items</i>	Cycle of Business	✓	✓	✓	✓
Dates of next meetings	Corporate calendar	✓	✓	✓	✓

Stakeholder Reference Group Annual Report 2020/21

1. Title of Group: Stakeholder Reference Group (SRG)

2. Name and role of person submitting this report:

Ffrancon Williams, Chair

Mark Wilkinson, Lead Director and BCU Executive Director of Planning & Performance

3. Dates covered by this report:

1st April 2020 to 31st March 2021

4. Number of times the SRG met during this period:

The Advisory Group was routinely scheduled to meet four times and otherwise as the Chair of the Group deemed necessary. During the reporting period, it met on four occasions. Attendance at meetings is detailed within the table below:

Name	Organisation represented	22.6.20	28.9.20	14.12.20	22.3.21
Mr Ffrancon Williams	Housing Associations (Chair)	✓	✓	✓	✓
Mr Gwilym Ellis Evans	Mantell Gwynedd (Vice Chair)	✓	x	✓	✓
Cllr Llinos Medi Huws	Anglesey County Council	x	x	x	x
Cllr Louise Emery	Conwy County Council	x	x	✓	x
Cllr Christine Marston	Denbighshire County Council	✓	✓	✓	✓
Cllr Hilary McGuill	Flintshire County Council	✓	✓	✓	✓
Cllr Dafydd Meurig	Gwynedd County Council	x	x	x	✓
Cllr Joan Lowe	Wrexham County Council	✓	✓	x	✓
Cllr Mike Parry	One Voice Wales	✓	✓	✓	✓
Mrs Sian Purcell	Medrwn Mon Voluntary Services Council	✓	✓	✓	x
Mrs Fiona Evans	Conwy Voluntary Services Council	✓	✓	✓	✓
Mrs Debbie Thompson	Denbighshire Voluntary Services Council	✓ SH	x	x	x
Mrs Ann Woods / Mrs Millie Boswell	Flintshire Voluntary Services Council	✓	✓ MB	✓	✓ KN
Mrs Jackie Allen	AVOW Wrexham Third Sector	✓	✓	✓	✓
Ms Claire Sullivan	NEWCIS	x	x	x	x
Mrs G Winter	Carers Trust	x	x	x	x
Ms Llinos M Roberts	Carer's Outreach Service, BCUHB West Area	✓	✓	x	x
Mrs Mary Wimbury	Care Forum Wales	✓	✓	◆	◆
Professor Robert Moore	North Wales Regional Equality Network	✓	✓	✓	✓
Mr Trystan Pritchard	North Wales Hospices	✓	x	✓	✓
Ms Clare Budden	Housing Associations (shadow)	◆	◆	◆ ✓	◆ ✓

Key:

- ✓ Present A Apologies/Absent ♦ Not a member of the Group at this time
■ Where there are multiple nominees for one organisation, attendance is based on the organisation rather than the individual.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee/Group/Forum. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

From the above table it is suggested that:

- There has been strong support from relevant directors and officers to the work of the SRG
- Those members who have attended have found it relevant enough to justify their continued participation.
- Attendance from some members continues to be a challenge where some representatives have not attended / hardly at all.

5. Assurances the Group is designed to provide:

The Group is designed to provide advice to the Board on the following key areas as set out in its Terms of Reference as follows:-

- Continuous engagement and involvement in the determination of the LHB overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the UHB operations on the communities it serves

During the period that this Annual Report covers, the Group operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at **Appendix 1**.

Furthermore a fundamental review of the Governance Structures has been undertaken by the Interim Director of Governance. This work is being finalised at the point of producing this Annual Report

The Group is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there were no breaches of this nature in terms of either individual papers / whole agenda not being available 7 days before the meeting.

6. Overall *RAG status against Group's annual objectives / plan: **GREEN**

The summary below reflects the Group's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Was sufficient advice provided?	Supporting narrative
	RAG	
Continuous engagement and involvement in the determination of the LHB overall strategic direction	Green	A variety of Reports & presentations on the specific service areas and the overall strategic direction to each meeting, as can be seen from the additional information presented below.
Provision of advice on specific service proposals prior to formal consultation	Green	<p>The SRG has Strategic Planning as a regular agenda item.</p> <p>Feedback has been given on several occasions, including via the Chair's regular report to the Health Board. Examples include: support for the developing Diagnostic Treatment Centre (DTC) model, early engagement in respect of the Digitally Enabled Clinical Strategy Engagement and drawing attention to key groups that needed to be targeted, including the digitally excluded and those with disabilities, visual and hearing impairments. Further advice is noted below.</p>
Feedback on the impact of the LHB operations on the communities it serves	Green	<p>A significant focus has been on SRG influencing the organisation's strategic direction and ensuring impacts on communities are recognised and reflected as the strategy develops.</p> <p>Individual members have had opportunity to describe impacts on their constituents across a range of strategies and activities of the Board through the agenda items considered by the Group including the challenges being experienced during the ongoing Covid19 pandemic.</p>

***Key:**

Red	= not on target to achieve all actions, and may not achieve these actions by the next quarter
Amber	= not on target to achieve all actions, but has plans in place to see these actions achieved by the next quarter
Green	= on target to achieve all actions

7. Main tasks completed / evidence considered by the Group during this reporting period:

The Group has re-focussed its agenda and meetings to enable concentration on a limited number of key issues at each meeting. The topics covered are as follows:

June 2020:

- Welsh Ambulance Services Trust – Long Term Strategic Direction
- Engagement with Stakeholders on development of Q2 Plan
- Third Sector Priorities / Alignment to BCU Plans

September 2020:

- Covid-19 response linked to Q3/Q4 Plan and Winter Planning
- Digitally Enabled Clinical Strategy Engagement
- North Denbighshire Business Case

December 2020:

- BCUHB planning update
- Development of Diagnostic Treatment Centre (DTC) model
- Update on Mental Health and Learning Disability
- Primary Care update

March 2021:

- BCUHB planning update
- Vaccination Rollout
- Update on Digital Strategy engagement
- Targeted intervention and Maturity Matrices

Full details of the issues considered and discussed by the Group are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Group in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting date	Key advice and feedback to the Board
June 2020	<p>From the Welsh Ambulance Service Trust's presentation the Chair summarised the discussion which he said gave reassurance that equitable services between rural and urban areas was being addressed. It was pleasing to hear that engagement with the Health Board is good. The Group welcome the direction the strategy is taking and hoped that it would continue to prioritise and develop. It was also reassuring to hear that equitable recruitment is being undertaken.</p> <p>From the presentation on the development of the Quarter 2 plan, the Group recognised the importance of communication with patients and families and looking at different ways of doing things. The Health Board are presented with some really difficult messages in a continued challenging environment. The Group welcomed the focus on the plan and the importance placed on working in partnership with all.</p> <p>From the presentation around the third sector work, the Group confirms the importance of the work carried out in this sector and the close links to the Health Board activities and the complexities around co-ordinating the activity. The Group strongly endorsed the creative and responsive work of this sector, which requires resources to get maximum value which the Health Board should consider in its' future Plans. It was also important to flag that future funding of a lot of third sector organisations will be under threat. There is also a need to ensure the whole sector meet all the safeguarding needs.</p>
Sep 2020	<p>From the presentation on Q3/4 Plan and Winter Planning, the Chair summarised that the Group recognised the challenge within the Health Board to balance getting services back up and running whilst maintaining a surge capacity for COVID-19. The Group recognised the importance of communication messaging to raise the importance of vaccinations for all populations and, particularly, BAME groups. The Group want to feedback to the Health Board that there continue to be issues with testing appointments offered in terms of locality and different sectors. Where possible, whilst adhering to national policies, testing of other groups, such as district nurses and domiciliary staff should be flagged, if and where capacity allows.</p> <p>From the presentation on the Digitally Enabled Clinical Strategy Engagement the Chair summarised that the Group welcomed the fact that they are being engaged with early. There is a need to make sure the consultation reaches as many relevant partners and people as possible. It was important to note that key groups</p>

	<p>need to be targeted, including the digitally excluded and those with disabilities, visual and hearing impairments.</p> <p>From the presentation on the North Denbighshire Business Case the Chair summarised that the Group have raised concerns around the length of time taken to get to this point. The Group were very supportive of the business case and sought assurances that the business case would be delivered. The Group would call upon the Health Board to ensure that planning approval was obtained in good time.</p>
Dec 2020	<p>The SRG in respect of BCUHB planning update</p> <ul style="list-style-type: none"> • recognised the challenges the Health Board faced in the current climate, as well as the funding made available to address the deficit and delivering on non-deficit plans going forward • were concerned regarding health inequality issues which the pandemic had further highlighted for disadvantaged groups • raised concern that access to primary care was perceived to be difficult for face to face appointments, especially for some groups • noted BCU was addressing socio economic duty and those whom were disproportionately affected with BAME characteristics <p>Development of Diagnostic Treatment Centre (DTC) model</p> <ul style="list-style-type: none"> • supported this exciting project which is at the Strategic Outline Case development stage • recognised the opportunities for upskilling staff and redesigning Referral to Treatment and the one stop, value-based pathway approach • supported the Interim Head of Planned Improvement in his assessment for the need for 2 centres given BCU's geography, whilst recognising this had not been defined further than at a centre east and a centre west location at present <p>Update on Mental Health and Learning Disability</p> <ul style="list-style-type: none"> • supportive of the Mental Health Strategy developments outlined, including progress of the Ablett redevelopment strategic and outline business case • acknowledged that BCU had been taken out of special measures however there remained work to do. • acknowledged challenges in respect of staffing levels, including increased sickness through the pandemic, and welcomed opportunities for more partnership working that also embraced the voluntary sector. • reflected on the need to explore a communication plan which also explained how the wide range of mental health services available could be accessed. <p>Primary Care update</p>

	<ul style="list-style-type: none"> • generally supportive for the changes and adaptations introduced during the Covid19 pandemic • reflected a tangible concern amongst various areas of the community that they perceive an inability to access various primary care services • sought reassurance on what services were available to access; important to reassure the public of delivery “in the here and now”
March 2021	<p>The SRG in respect of BCUHB planning update</p> <ul style="list-style-type: none"> • clearly recognised the challenges of planned care recovery and the emphasis on the transformation of services required to address this along with learning from initiatives introduced to address different ways of working through the pandemic. • acknowledged real challenges in resourcing the plan especially in areas of the workforce whom were weary and would need recovery time, along with recruitment challenges which would be shared by other Health Boards bordering BCU and seeking similar availability of resources. <p>Covid19 Vaccination Programme rollout</p> <ul style="list-style-type: none"> • recommended given the size of BCU, the Board and its partners seek to influence WG communications in relation to implementing change at greater pace and agility (eg simplifying appointment letters), given the nature of the fast changing environment • reflected that improvement in communication is key to serving the North Wales population • acknowledged the vulnerability of current BCU call centre resources • encouraged the Health Board to seek assistance from partners whom operated existing call centres locally eg Local Authorities and Housing providers • recommended that the Board investigates the call costs to patients and quality of the 0300 service being provided in order that vulnerable citizens were not fearful of unreasonable telephone charges in regard to the appointment service • encouraged the Health Board to use service providers in other sectors in order to connect with hard to reach groups eg housing providers/ homeless • encouraged the Health Board to consider communication with the North Wales populations for whom English and Welsh was not the first language and consider asking Polish and Chinese staff to become involved in BCU’s media campaigns <p>Update on Digital Strategy Engagement</p>

	<ul style="list-style-type: none"> highlighted the need to keep working on issues around digital exclusion eg Elderly and where Welsh or English was not the patient's first language considered that further work was required to develop a meaningful equality impact assessment and move forward with disadvantaged groups identified ensure that BCU's socio economic duty had been effectively considered need to link in with key partners in order to be 'stronger together on a regional basis' <p>Targeted Intervention Improvement Framework (TIIF) / Maturity Matrices</p> <ul style="list-style-type: none"> Welcomed the SRG's role in strengthening engagement moving forward reflected on the importance of linking with partners on a regular basis stressed the importance of re-enforcing the continued emphasis on the patient during the TI framework process <p>Draft SRG annual report 2021/21 was endorsed</p>
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9. Focus for the year ahead:

The primary focus of the Group over the next twelve months will be to continue to remain relevant by focussing on the items under discussion at Board and improve the timing of SRG discussion so that it becomes more useful to the Board in its service change related and strategic decision making.

The Board needs to support and encourage attendance of the advisory group membership as some representatives have not attended on a regular basis.

The election of a Chair and Vice-Chair will be required as both tenures will be completed.

The Group has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. This is attached at **Appendix 2**.

V1.0 Approved SRG 22.3.21

Betsi Cadwaladr University Health Board

Terms of Reference and Operating Arrangements

The Stakeholder Reference Group (SRG)

INTRODUCTION

The Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves. To help discharge this duty the Board has appointed Advisory Groups to provide advice to the Board in the exercise of its functions. The Board Advisory Groups includes the Stakeholder Reference Group.

PURPOSE

The purpose of the Stakeholder Reference Group, hereafter referred to as “SRG”, is to provide:

- Continuous engagement and involvement in the determination of the LHB overall strategic direction;
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the LHB operations on the communities it serves.

DELEGATED POWERS AND AUTHORITY

The SRG will, in respect of its provision of advice to the Board:

- Provide a forum to facilitate continuous engagement and activate debate amongst stakeholders from across the communities served by the LHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the LHB’s decision making.
- The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB. The SRG’s role is distinctive from that of Community Health Councils (CHCs), who have a statutory role in representing the interests of patients and the public in their areas.

Authority

The SRG may offer advice specifically requested by the LHB on any aspect of its business, and the SRG may also offer advice and feedback even if not specifically requested by the LHB. The SRG may provide advice to the Board:

- at Board meetings, through the SRG Chair’s participation as Associate Member;

- in written advice; and
- in any other form specified by the Board

Sub Committees

The Board may determine that the SRG should be supported by sub groups to assist it in the conduct of its work, or the SRG may itself determine such arrangements, provided that the Board approves such action.

MEMBERSHIP

Chair	nominated from within the membership of the SRG by its members and approved by the Board
Vice Chair	nominated from within the membership of the SRG by its members and approved by the Board.
Members	<p>The membership is drawn from within the area served by the LHB, and ensures involvement from a range of bodies and groups operating within the communities serviced by the LHB.</p> <p>SRG Members can agree 'nominated/named deputies' to attend in exceptional circumstances such as a prolonged period of absence. These nominations must be notified in writing to the Board Secretary and approved by the Health Board.</p>

The membership will be made up of representatives from the following sectors:

Sector/organisation	Number of places available
Third sector	6
Independent sector	1
Town/Community Councils	1
Housing Associations	1
Carers	3
Local Authorities	6
Disability equality	1
North Wales Regional Equality Network	1
Hospice	1
Total	21

This membership will be reviewed by the Chair and Lead HB Officer on an annual basis

Representatives can be 'co-opted' to advise on specific issues as appropriate by agreement with the Chair.

Lead HB Officer	Executive Director of Strategy
Secretary	As determined by the Board Secretary
In attendance	The Board may determine that designated board members or LHB staff should be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.
By invitation	The SRG shall make arrangements to ensure designated CHC members receive the SRGs papers and are invited to attend SRG meetings.

Member Appointments

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area who may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by the Assembly Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period of no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively. The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

The **Chair** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination shall be subject to consideration by the LHB Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The **Chair's** term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The **Vice Chair** shall be nominated from within the membership of the SRG, by its members by the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/organisation from that of the Chair.

The Vice Chair's term of office will be as described for the Chair.

A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

Support to SRG Members

The LHB's Board Secretary, on behalf of the Chair, will ensure that the SRG is properly equipped to carry out its role by:

- ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the LHB and others;
- ensuring that the SRG receives the information it needs on a timely basis;
- ensuring strong links to communities/groups; and
- facilitating effective reporting to the Board

enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

SRG MEETINGS

Quorum

At least one third of the members must be present to ensure the quorum of the SRG.

Frequency of Meetings

Meetings shall be held bi-monthly or otherwise as the Chair of the SRG deems necessary – consistent with the LHB's annual plan of Board Business.

Openness and transparency

The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business. The Board therefore requires, wherever possible, the Forum to hold meetings in public unless there are specific, valid reasons for not doing so.

REPORTING AND ASSURANCE ARRANGEMENTS

The SRG Chair is responsible for the effective operation of the SRG:

- chairing Group meetings;
- establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and
- developing positive and professional relationships amongst the Group's membership and between the Group and the LHB's Board and its Chair and Chief Executive.
- The Chair shall work in close harmony with the Chairs of the LHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- As Chair of the SRG, they will be appointed as an Associate Member of the LHB Board. The Chair is accountable for the conduct of their role as Associate Member on the LHB Board to the Minister, through the LHB Chair. They are also accountable to the LHB Board for the conduct of business in accordance with the governance and operating framework set by the LHB.

RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

The SRG shall embed the Corporate goals and priorities through the conduct of its business and in so doing and transacting its business shall ensure that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

The Board may determine that designated board members or LHB staff should be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or LHB staff, subject to the agreement of the LHB Chair.

The Board should determine the arrangements for any joint meetings between the LHB Board and the Stakeholder Reference Group.

The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

APPLICABILITY OF STANDING ORDERS TO SRG BUSINESS

The requirements for the conduct of business as set out in the LHB's Standing Orders are equally applicable to the operation of the SRG, except in the following areas:

- Quorum

REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the SRG with reference to the Board.

DATE OF ACCEPTING THE TERMS OF REFERENCE AND APPROVAL

Board 25.7.19
V6.0

Agenda Item	Lead Officer	28 Jun	20 Sep	6 Dec	7 Mar
Opening Business (Standing Items)					
Apologies for absence		x	x	x	x
Previous notes and action plan		x	x	x	x
Declaration of Interests		x	x	x	x
Governance Matters					
Committee annual report (inc annual review of ToR and Cycle of Business)	Mark Wilkinson				x
Strategic Matters					
BCU Third Sector Strategy Update	Sally Baxter	x			
BCU 3 Year Plan / Corporate Planning update incl Estate Strategy	John Darlington	x	x	x	x
BCU Clinical Services Strategy	Arpan Guha	x			
BCU Business Cases / Capital Development (as arise)	Ian Howard / Neil Bradshaw	x	x	x	x
BCU Primary Care updates	Chris Stockport			x	
Well-being of Future Generations Act	Sally Baxter		x		
<ul style="list-style-type: none"> ○ Planned Care (Date to be decided) ○ Mental Health investment (Date to be decided) ○ Improvement (Date to be decided) ○ Digital Engagement in March 2022 	Chris Stockport Teresa Owen Mark Wilkinson Chris Stockport				x
WAST presentation to update on services and strategy (every 6 months)	WAST representative	x		x	

Annual Reports – for information					
BCU Annual Report of the Health Board	Louise Brereton		x		
BCU Director of Public Health Annual Report	Teresa Owen			x	
BCU Equality & HR Annual Report	Sue Green		x		
BCU Welsh Language Strategic / Annual Report(s)	Teresa Owen		x		
Closing Business (Standing Items)					
Advisory notes to inform Chair's report to Board		x	x	x	x
Date of next meeting		x	x	x	x

Audit Committee Annual Report 2020-21

1. Title of Committee: Audit Committee

2. Name and role of person submitting this report:

Louise Brereton, Board Secretary

3. Dates covered by this report:

01/04/20-31/03/2021

4. Number of times the Audit Committee met during this period:

The Audit Committee was routinely scheduled to meet on a quarterly basis and otherwise as the Chair deemed necessary. During the reporting period, it met on five occasions (including an extraordinary meeting in July 2020). Members also held a workshop in May 2021 primarily to review the suite of Committee Annual reports for the reporting period ending 31.3.21 and to finalise its own Annual Report.

Attendance at meetings is detailed within the table below:

Members of the Audit Committee	29.6.20	28.7.20	17.9.20	17.12.20	18.3.21
Medwyn Hughes	P	P	P	P	P
Jacqueline Hughes	P	P	P	P	P
Eifion Jones	P	P	P	P	P
Lyn Meadows	P	P	P	P	P
Formally In attendance (as per Terms of Reference)					
Board Secretary/Acting Board Secretary	P	P	P	P	P
Executive/Acting Director of Finance	P	P	P	P	P

Deputy Chief Executive/Executive Director of Nursing and Midwifery	P	P	X	X	P
Head of Internal Audit	P	P	P	P	P
Representative of Auditor General (External Audit)	P	P	P	P	P
Local Counter Fraud Specialist	X	X	P	P	P
Head/individual responsible for Clinical Audit	X	X	X	X*	X

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Audit Committee at this time.

* Members Considered the Clinical Audit Plan at the December meeting noting that it had received substantial prior scrutiny by Independent Members as well as approval from the Quality, Safety & Experience Committee. Hence, the decision was made not to ask the Senior Associate Medical Director to attend the meeting.

In addition to the above core membership, other Directors and Officers from the Health Board regularly attend meetings of the Committee. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Audit Committee is designed to provide:

The Audit Committee is designed to provide assurance to the Board on the following key areas as set out in its Terms of Reference as follows:-

3.1.1 comment specifically in its Annual Report upon the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical). It is also intended to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality statement, providing reasonable assurance on:

- the organisation's ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards, quality and delivery requirements and other directions and requirements set by the Welsh Government and others;
- the reliability, integrity, safety and security of the information collected and used by the organisation;
- the efficiency, effectiveness and economic use of resources; and

- the extent to which the organisation safeguards and protects all its assets, including its people.

3.1.2 to ensure the provision of effective governance by reviewing;

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the effectiveness of the Board's Committees
- the accounting policies, the accounts, and the annual report of the organisation (as specified in the Manual for Accounts as issued by Welsh Government), including the process for review of the accounts prior to submission for audit, levels of errors identified, the ISA260 Report and with Management's letter of representation to the external auditors;
- the, Annual Audit Report and Structured Assessment
- financial conformance and the Schedule of Losses and Compensation;
- the planned activity and results of both internal and external audit, clinical audit, the Local Counter Fraud Specialist and post payment verification work (including strategies, annual work plans and annual reports);
- the adequacy of executive and managements responses to issues identified by audit, inspection, external reports and other assurance activity;
- proposals for accessing Internal Audit services via Shared Service arrangements (where appropriate);
- anti fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

During the period that this Annual Report covers, the Audit Committee operated in accordance with its terms of reference which were operative for the whole of the term this Annual Report covers. The terms of reference are appended at Appendix 1.

The work programmes, cycles of business and overall performance of each Committee/Group/Forum are reviewed by the Committee Business Management Group (CBMG) which normally meets quarterly (albeit it has met less frequently during this year in view of the pandemic). The CBMG oversees effective communication between Committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's Governance framework. However, during the year a fundamental review of the Governance Structures has been undertaken by the Interim Director of Governance. This work is being finalised at the point of producing this Annual Report.

The Audit Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a breach log is maintained by the Office of the Board Secretary where there are exceptions to this requirement. During the reporting period there

were no breaches of this nature in terms of either individual papers or the whole agenda not being available seven days before each meeting.

6. Overall *RAG status against Audit Committee's annual objectives / plan: AMBER

The summary below reflects the Audit Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG) *	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>	Committee assessment of the quality of the Assurance provided <i>(please provide in narrative format)</i>
<p>Comment specifically in its Annual Report upon the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical). It is also intended to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality statement, providing reasonable assurance on:</p> <ul style="list-style-type: none"> ▪ the organisation's ability to achieve its objectives; ▪ compliance with relevant regulatory requirements, 		<p>Board adopted Welsh Government quarterly planning requirements. Revised Risk Management Strategy and Policy adopted in year with updates provided in terms of progress of implementation. Governance review underway in year.</p>	<p>Quality of assurance provided considered to be of an acceptable standard</p>

<p>standards, quality and delivery requirements and other directions and requirements set by the Welsh Government and others;</p> <ul style="list-style-type: none"> ▪ the reliability, integrity, safety and security of the information collected and used by the organisation; ▪ the efficiency, effectiveness and economic use of resources; and ▪ the extent to which the organisation safeguards and protects all its assets, including its people. 			
<p>To ensure the provision of effective governance by reviewing;</p> <ul style="list-style-type: none"> ▪ the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate); 			<p>Quality of assurance provided considered to be of an acceptable standard. Regular review during the year with presentation of 'Maintaining Good Governance' Reports highlighting fundamental changes to the governance arrangements</p>
<ul style="list-style-type: none"> ▪ the effectiveness of the Board's Committees. 		<p>Noting the impact of Covid with a number of the Board's Committees stood down during the year and the establishment of the Cabinet</p>	<p>Governance review undertaken in year and due to conclude in Quarter 1 of 2021-22.</p>
<ul style="list-style-type: none"> ▪ the accounting policies, the accounts, and the annual report 			<p>Quality of assurance provided</p>

of the organisation (as specified in the Manual for Accounts as issued by Welsh Government), including the process for review of the accounts prior to submission for audit, levels of errors identified, the ISA260 Report and with Management's letter of representation to the external auditors;			considered to be of an acceptable standard
<ul style="list-style-type: none"> the Annual Audit Report and Structured Assessment 		Recommendations monitored as part of audit tracker. Amber status given as not all recommendations have been implemented by the due date.	Quality of assurances provided considered to be of an acceptable standard. Narrative within tracker has improved during the year, despite the impact of Covid with more positive engagement from Leads. Review of certain recommendations also undertaken in year to ensure continued relevance. However Members have expressed concern that recommendations once implemented require timely sign off by the Executive Lead
<ul style="list-style-type: none"> financial conformance and the Schedule of Losses and Compensation; 			Quality of assurance provided considered to be of an acceptable standard

<ul style="list-style-type: none"> the planned activity and results of both internal and external audit, clinical audit, the Local Counter Fraud Specialist and post payment verification work (including strategies, annual work plans and annual reports); 		<p>Recommendations from both internal and external audits are monitored as part of the Audit Tracker. However, not all recommendations have been implemented by the due date. All External Audit recommendations relating to Counter Fraud have been implemented (as logged on Team Central and approved by the Executive Director of Finance). Any recommendations identified from Fraud Investigations are reported to the Audit Committee via the progress report.</p>	<p>Overall the quality of assurance provided considered to be of an acceptable standard. Any recommendations made by Counter Fraud are implemented and reported to the Committee. However improvements with regard to clinical audit reporting are expected within 2021-22 with an appointment to the Clinical Effectiveness post expected to be made in early Summer 2021.</p>
<ul style="list-style-type: none"> the adequacy of executive and managements responses to issues identified by audit, inspection, external reports and other assurance activity; 		<p>Management responses to internal and external audit recommendations continue to be monitored as part of the audit tracker. Amber status given as not all recommendations are implemented by the due date. Improvement in the timeliness of Management Responses is an area for improvement, whilst acknowledging the continuing impact of Covid 19.</p>	<p>Quality of assurances provided considered to be of an acceptable standard. Narrative within tracker has improved during the year, despite the impact of Covid with more positive engagement from Leads. Review of certain recommendations also undertaken in year to ensure continued relevance, however there have been systemic issues with lengthy delays in terms of sign off of</p>

			some management reports.
<ul style="list-style-type: none"> proposals for accessing Internal Audit services via Shared Service arrangements (where appropriate); 			Quality of assurance provided considered to be of an acceptable standard
<ul style="list-style-type: none"> anti-fraud policies, whistle-blowing processes and arrangements for special investigations; 			Quality of assurance provided considered to be of an acceptable standard
<ul style="list-style-type: none"> any particular matter or issue upon which the Board or the Accountable Officer may seek advice. 			Quality of assurance provided considered to be of an acceptable standard

**Key:*

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Audit Committee during this reporting period:

- Committee Breach Log Report
- Risk Management Strategy/Policy
- Schedule of Financial Claims
- Internal Audit, Internal Audit Opinion and 2020-21 Plan and regular progress reports
- Final Internal Audit Report – Deprivation of Liberty Safeguards
- Wales Audit Office, Review of Audited Accounts and Financial Statement, Auditor General and Audit Wales Director letters on COVID-19 impact
- Wales Audit Office, Findings from the Auditor General's Sustainable Development Principle Examinations (Wales First "Future Generations Report")
- Executive Director Briefing on 2019-20 Financial Statements
- Annual Accounts 2019-20
- Remuneration Annual Report 2020
- Annual Governance Statement (AGS)
- Audit Committee Annual Report, Terms of Reference and Cycle of Business
- Quality, Safety & Experience Committee Annual Report, Terms of Reference and Cycle of Business
- Counter Fraud Annual Report 2019/20
- Financial Governance During COVID-19 Report

- In Committee items from previous meeting reported in public
- Re-Setting Governance Arrangements
- BCUHB Annual Report and Annual Quality Statement update
- Auditor General Report: Refurbishment of Ysbyty Glan Clwyd (YGC)
- Chair's Assurance Report: Risk Management Group
- Annual Review of Gifts & Hospitality and Declarations of Interest Register
- Internal Audit Report: Roster Management
- Internal Audit Report: Decontamination
- Internal Audit Report: Salary Overpayments
- Audit Wales Programme Update
- Audit Wales: National Counter-Fraud Report
- Audit Wales: BCUHB Local Counter-Fraud Report
- Primary Care Dental Assurance Report
- End of year Reporting: Committee Annual Reports
- Financial Conformance Report
- Board Assurance Framework and Corporate Risk Register.
- Internal Audit Limited Assurance Report: Delivery of Savings - Ysbyty Glan Clwyd Hospital.
- Internal Audit Limited Assurance Report: NHS Wales Staff Survey.
- Internal Audit Limited Assurance Report: Recruitment - Medical and Dental Staff.
- Internal Audit Limited Assurance Report: Quality Impact Assessment.
- Audit Wales Annual Audit Report
- Audit Wales: BCUHB Structured Assessment
- Audit Wales: Review of Continuing Healthcare Management Arrangements
- Audit Wales: Welsh Community Care Information System
- Financial Governance during Covid-19 Update Report
- Charitable Funds Annual Report and Accounts
- Ablett Redevelopment Report
- Performance & Accountability Framework
- Clinical Audit Plan
- KPMG Field Hospitals Report and Field Hospital Consequential Losses
- Counter Fraud Progress Report
- Update on Internal/External Audit Recommendations
- Internal Audit Progress Report and Internal Audit Plan 2021/22.
- Internal Audit Limited Assurance Report: Business Continuity - Informatics
- Internal Audit Limited Assurance Report: MH&LD Governance Arrangements
- Audit Wales Audit Plan 2021
- Audit Wales, Doing it Differently, Doing it Right. All Wales Report on Governance in the NHS during the Pandemic
- BCUHB response to Well Being of Future Generations report including the Implementing the Well Being of Future Generations Act - BCUHB, Management Response and letter from the Future Generations Commissioner to the BCUHB Interim Chief Executive
- Legislation Assurance Framework
- Post Payment Verification Progress Report Consequential Losses

Full details of the issues considered and discussed by the Audit Committee are documented within the agenda and minutes which are available on the Health

Board's website and can be accessed from the following pages
<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Audit Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
29.6.20	<ul style="list-style-type: none"> • COVID-19 continued to represent a significant risk to both the Health Board's financial position and ability to progress business as usual. • Members approved the Risk Management Strategy/Policy though remained concerned as to the ability to successfully implement and whether the target dates were achievable. Members agreed that this would be the subject of further discussion at the impending Risk Management Workshop. • Members noted that, due to the COVID-19 pandemic and auditor's ability to conduct site visits, there was a risk that it may not be possible to fully implement the Internal Audit Plan. • The All-Wales report on the Well-being of Future Generations highlighted that significant challenges still existed and would not be easy to resolve. • The Health Board's financial duties to balance income with expenditure over a three-year rolling period and to prepare a rolling three-year integrated medium term plan had not been met. • Members noted that there had been an Independent Member vacancy since December 2019 which increased pressure on the remaining nine Independent Members. • COVID-19 had impacted the progress made against recommendations in the Audit Tracker.
28.7.20	<ul style="list-style-type: none"> • Whilst the Auditor General Report: Refurbishment of YGC did contain positive points noted by Members, the report notes that the Outline and Full Business Cases were insufficiently prepared, with underdeveloped design and cost plans. Furthermore, the report highlights discrepancies identified in the reporting of information. Ineffective project governance allowed the Project Board, the Board of the Health Board and the Welsh Government to be misled about the project's overall affordability and its financial performance against its capital budget. Members noted that the report was due to be published on 8th September in advance of it being considered by the Public Accounts Committee.
17.9.20	The Committee:

	<ul style="list-style-type: none"> • were concerned to note a failure of the Risk Management Group to be quorate at the meeting held on the 27th July 2020. A new Chair has now been appointed (Acting Executive Medical Director). • noted that full implementation of the revised Risk Management Strategy will be dependent on the organisation's ability to confirm the Health Board's objectives. This was being progressed as part of the Board Development programme. • noted, as part of the discussion on the Schedule of Financial Claims, that there had been an increase in complaints due to COVID-19. It was anticipated that there may also be an increase in claims due to the same. • noted a reduction in compliance and the number of declarations of interest submitted during the previous financial year. The Committee asked the Board Secretary to follow up and in particular with regard to submissions from Estates & Facilities. • Were concerned that a Management Response remained outstanding for the Internal Audit Quality Impact Assessment review. Concerns were further raised as to the Health Board's internal escalation procedure. The Acting Board Secretary agreed to review the arrangements. • noted that recommendations emanating from the limited assurance reports (Roster Management, Decontamination and Salary Overpayments) and the Audit Wales report (Effectiveness of Counter-fraud arrangements) would be monitored by the Team Central tracker. Including the 'priority considerations for the future' from the Governance Arrangements during COVID review.
17.12.20	<ul style="list-style-type: none"> • Noted that the Risk Management Group was not quorate again and queried why the last meeting had been Chaired by the Executive Director of Workforce and Organisational Development. Members were advised that had been as a result of a number of Acting arrangements and that this would be raised with the Executive team and that the Deputy Chief Executive / Executive Director of Nursing & Midwifery would resume the Risk Management Group Chair in January 2021. • Were concerned to note that a risk (risk ID 3739 currently scored at 8) had been raised that the Risk Management Strategy and Policy may not be timely and robustly implemented. This was due to the number of high-level risks being underestimated. The Risk Management team continue to progress reviews and quality checks. • Noted that the Health Board had still not completed the identification of corporate objectives, only priorities.

	<p>Members noted that objectives had been set for quarter three and four.</p> <ul style="list-style-type: none"> • Noted the EU Exit risk on the Board Assurance Framework. Members received an update on the work and oversight taking place and were advised that Welsh Government would be advising on reporting requirements shortly. • noted that recommendations emanating from the limited assurance reports (Delivery of Savings - Ysbyty Glan Clwyd Hospital, NHS Wales Staff Survey, Recruitment - Medical and Dental Staff and Quality Impact Assessment) and the Audit Wales report (Structured Assessment, Continuing Healthcare Management Arrangements) would be monitored by the Team Central tracker. • Noted that a number of Internal Audit deferrals had been necessary due to the demands placed upon operational teams as the Health Board managed a second wave of the pandemic. However, Members were advised that any further deferments or reviews taken off the Internal Audit Plan would impact on the Head of Internal Audit's ability to deliver a full assurance opinion. • Noted an increase in single tender waivers and agreed that a review of Purchase Orders by supplier should be undertaken to establish whether further investigation was necessary. • Noted an increase in the volume and value of salary overpayments. Members agreed that further information be brought back to the Audit Committee to establish the proportion that related to staff that had left the Health Board. •
18.3.21	<ul style="list-style-type: none"> • Noted that Internal Audit's ability to deliver the plan depended on the audit team's ability to go out and test, which may be inhibited by pandemic restrictions. • Discussed further issues associated with the Internal Audit Limited Assurance Report: MH&LD Governance Arrangements. Namely, whether the implementation of the Together 4 Mental Health (T4MH) Strategy remained fit for purpose for the people of North Wales. Secondly, concerns around the Psychological Therapies Service in terms of outward reporting and leadership. Members were advised that an internal advertisement for an Acting Head of Psychological Therapies Service post had been placed, whilst work continued with the national and local team to pull together a substantive job description before proceeding to external advert. Applications for the post had been received and were being progressed. • Received the Dental Assurance report and noted that due to minimal patient charge revenue, there was a significant

	<p>overspend risk to the service budget. The service was working closely with finance colleagues to actively manage the situation and the matter was fully addressed via other financial reports within the organisation.</p> <ul style="list-style-type: none"> • Were concerned to note an increase in single tender waivers. Members were advised that this was associated with the speed in which the Health Board needed to procure, either services or construction during the pandemic. Members noted that single tender waivers were a concern prior to the pandemic. The Executive Director of Finance agreed to raise the issue at an all Wales level and provide a further assurance report for the Committee. • Noted that there were some recommendations on the Audit Tracker Tool requiring Executive sign off. In order for the Committee to manage its business and time effectively, it was important that items marked as implemented, were reviewed and actioned by the relevant Executive prior to submission. This would be addressed by the Office of the Board Secretary.
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9. Review of Effectiveness

At a workshop of the Audit Committee held on the 25th May 2021 members reviewed each of the Committee and Advisory Groups' annual reports for 2020-21 with the aim of providing evidence on the scope and effectiveness of Committees and of their evaluation of the sources of assurance available to them.

On the whole the Audit Committee felt that the work of the Boards Committees had been very effective during the year particularly when taking into account the pressures that had been placed on Board members as a result of the pandemic as a result of additional meetings e.g. the establishment of the Cabinet, and also acknowledging that the Board had been operating with an Independent Member vacancy for more than twelve months.

The following specific commentary was made in relation to the Committee reports:-

Committee Annual Report	Commentary
Quality, Safety and Experience	<p>Suggestion for next year to complete self-assessment akin to Audit (which could be facilitated by Internal Audit)</p> <p>Further consideration to be given to the role of Internal Audit to support the transfer of learning across the organisation.</p>
Digital and Information Governance	Red RAG rating actions to be fully reflected in new business cycle (based on new distribution of responsibilities given disbanding of the Committee in the light of the governance review)

Strategy, Partnerships and Population Health	Red RAG rating actions (partnership working) to be fully reflected in new business cycles
Mental Health Act	Objective as listed in TOR relating to 'receive and review the results of internal audit reports relating to care and treatment plans, as well as any other relevant reports relating to the Mental Health Measure' and also 'receive the results of clinical audits and any other reviews relating to the use of the MH Act and oversee the implementation of recommendations'. Option to flex this years' internal audit plan if felt appropriate.

General commentary on the overall suite of reports

- Consistency of completion to be improved in future iterations
- Review template for next year, in particular last column of RAG rating table which could be used to describe what the Committee intends to do in terms of actions going forward.
- Consideration to be given to the overall alignment in terms of Committee performance, progress and assessment at a future meeting of the Targeted Intervention Steering Group.

In line with a good governance regime Audit Committee Members took part in a self-assessment questionnaire reviewing effectiveness, facilitated by Internal Audit during April 2021. The results of this questionnaire were shared with members at the 25 May workshop and are attached as Appendix 2. As a result of the finding Members agreed to review the self-assessment questionnaire for next year and to consider enhanced induction arrangements for Audit Committee Members with open invitation to all Board Members to attend.

10. Focus for the year ahead:

The primary focus of the Audit Committee over the next twelve months will be on monitoring the effectiveness of the revised Risk Management Strategy and Board Assurance Framework arrangements adopted in year. In addition, the Governance Review currently underway at the time of finalising this report is likely to require changes to Committee Terms of Reference, which will need to be approved by the Committee prior to recommending these to the Board. The Committee will continue to track both internal and external audit recommendations. The Committee will towards the end of the financial year consider the findings of the Internal Audit review of effectiveness of the new arrangements post the governance review. A

review of the dental assurance reporting arrangement is also to be undertaken in year. Clinical Audit reporting arrangements are expected to improve over the next twelve months with an appointment due to be made to the Clinical Effectiveness post. It is expected that this will result in the Clinical Audit Plan being presented in a timely fashion for sign off by the Committee at its March 2022 meeting with a progress update being presented to the September 2022 meeting.

The Audit Committee has established a Cycle of Business for the year ahead covering the breadth of its work, and primarily focussing on its key areas of risk, as defined in the Board's Corporate Risk and Assurance Framework. This is attached as Appendix 3 (noting as outlined above that both the Committee's Terms of Reference and cycle of business going forward will reflect the output of the Governance Review once concluded).

Betsi Cadwaladr University Health Board Terms of Reference and Operating Arrangements

AUDIT COMMITTEE

1. INTRODUCTION

- 1.1 The Board shall establish a committee to be known as the **Audit Committee**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

- 2.1 The purpose of the Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place – through the design and operation of the Health Board's system of assurance – to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Boards objectives, in accordance with the standards of good governance determined for the NHS in Wales.
- 2.2 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

3. DELEGATED POWERS

- 3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

3.1.1 comment specifically in its Annual Report upon the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical). It is also intended to support the public disclosure statements that flow from the assurance processes, including the Annual Governance Statement and the Annual Quality statement, providing reasonable assurance on:

- the organisation's ability to achieve its objectives;
- compliance with relevant regulatory requirements, standards, quality and delivery requirements and other directions and requirements set by the Welsh Government and others;
- the reliability, integrity, safety and security of the information collected and used by the organisation;
- the efficiency, effectiveness and economic use of resources; and
- the extent to which the organisation safeguards and protects all its assets, including its people.

3.1.2 to ensure the provision of effective governance -by reviewing

- the Board's Standing Orders, and Standing Financial Instructions (including associated framework documents, as appropriate);
- the effectiveness of the Board's Committees
- the accounting policies, the accounts, and the annual report of the organisation (as specified in the Manual for Accounts as issued by Welsh Government), including the process for review of the accounts prior to submission for audit, levels of errors identified, the ISA260 Report and with Management's letter of representation to the external auditors;
- the, Annual Audit Report and Structured Assessment
- financial conformance and the Schedule of Losses and Compensation;
- the planned activity and results of both internal and external audit, clinical audit, the Local Counter Fraud Specialist and post payment verification work (including strategies, annual work plans and annual reports);
- the adequacy of executive and managements responses to issues identified by audit, inspection, external reports and other assurance activity;
- proposals for accessing Internal Audit services via Shared Service arrangements (where appropriate);
- anti fraud policies, whistle-blowing processes and arrangements for special investigations; and
- any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2 The Committee will support the Board with regard to its responsibilities for risk and internal control by reviewing:

- the adequacy of the Board Assurance Framework and Corporate Risk Register;
- all risk and control related disclosure statements, in particular the Annual Governance Statement and the Annual Quality Statement together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements;
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements, including declarations of interest and gifts and hospitality; and
- the policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the Counter Fraud and Security Management Service;
- regular tender waiver reports to ensure compliance with the Standing Financial Instructions.

- 3.3 in carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions. It will also seek reports and assurances from directors and managers as appropriate in response to the recommendations made, monitoring progress via the Audit Tracker tool.
- 3.4 this will be evidenced through the Committee's use of effective governance and assurance arrangements to guide its work and that of the audit and assurance functions that report to it, and enable the Committee to review and form an opinion on:
- the comprehensiveness of assurances in meeting the Board and the Accountable Officer's assurance needs across the whole of the Health Board's activities, both clinical and non clinical; and
 - the reliability and integrity of these assurances.
- 3.5 To achieve this, the Committees programme of work will be designed to provide assurance that:
- There is an effective Internal Audit function that meets the standards set for the provision of Internal Audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
 - there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;
 - work with the Quality, Safety and Experience Committee to ensure that there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer;
 - there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's Committees;
 - the work carried out by key sources of external assurance, in particular, but not limited to the Health Board's External Auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;
 - the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply;
 - the systems for financial reporting to the Board, including those of budgetary control, are effective; and that the results of audit and assurance work specific to the Health Board, and the implications of the findings of wider audit and assurance activity relevant to the Health Board's operations are appropriately considered and acted upon to secure

the ongoing development and improvement of the organisation's governance arrangements.

4. AUTHORITY

4.1 The Committee may investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

4.2 It may obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements; and

4.3 It may consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business.

5. ACCESS

5.1 The Head of Internal Audit, the Auditor General and his representatives and the lead Local Counter Fraud Specialist (LCFS) shall have unrestricted and confidential access to the Chair of the Audit Committee and vice versa.

5.2 The Committee will meet with Internal and External Auditors and the nominated LCFS without the presence of officials on at least one occasion each year.

6. SUB-COMMITTEES

6.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

7. MEMBERSHIP

7.1 Members

Four Independent Members of the Board to include a member of the Quality, Safety and Experience Committee.

The Chair of the Organisation shall not be a member of the Audit Committee.

7.2 In attendance

- Board Secretary (lead Director)
- Executive Director of Finance
- Deputy Chief Executive/Executive Director of Nursing and Midwifery
- Head of Internal Audit
- Head/individual responsible for Clinical Audit
- Local Counter Fraud Specialist
- Representative of Auditor General (External Audit)

The Chief Executive as Accountable Officer should be invited to attend, at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

Other Directors/Officers will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting.

Trade Union Partners are welcome to attend the public session of the Committee

7.3 Member Appointments

- 7.3.1 The membership of the Committee shall be determined by the Chairman of the Board 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. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.
- 7.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed up to a maximum period of 8 years.

7.4 Secretariat

- 7.4.1 Secretary: as determined by the Board Secretary.

7.5 Support to Committee Members

- 7.5.1 The Board Secretary, on behalf of the Committee Chair, shall:
- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
 - Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

8 COMMITTEE MEETINGS

8.1 Quorum

8.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that a minimum of two Executive Directors/Board Secretary will also be in attendance.

8.2 Frequency of Meetings

8.2.1 Meetings shall be routinely be held on a quarterly basis.

8.3 Withdrawal of individuals in attendance

8.3.1 The 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 RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

9.1 Although the Board has delegated authority to the 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 the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference,

9.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees including joint committees/Advisory Groups to provide advice and assurance to the Board through the:

9.3.1 joint planning and co-ordination of Board and Committee business; and

9.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

9.4 The Committee shall embed the corporate goals and priorities 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.

10 REPORTING AND ASSURANCE ARRANGEMENTS

10.1 The Committee Chair shall:

10.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities via the Chair's assurance report as well as the presentation of an annual report;

10.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

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

10.3 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation. In doing so account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

11. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

11.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

12. REVIEW

12.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval by the Board 23.01.20

V12.0

NHS Wales Audit Committee Self-Assessment 2020/21

5
Responses

04:57
Average time to complete

Active
Status

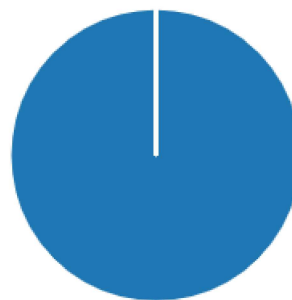
1. In what capacity do you attend the Audit Committee?

Member	3
Officer	2
External interested party	0

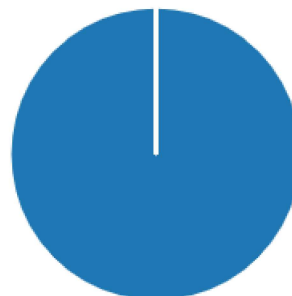
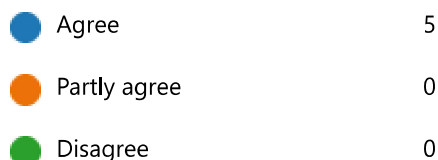


2. Composition, Establishment & Duties The Audit Committee has written terms of reference that adequately define the Committee's role in accordance with Welsh Government guidance and they have been adopted by the Board. The Committee is supported by the Board Secretary and has been provided with sufficient membership, authority and resources to perform its role effectively and independently. The Chair has a prior understanding of finance and internal control. The Committee has established a plan of matters to be dealt with across the year. It meets sufficiently frequently to deal with planned matters and enough time is allowed for questions and discussions. It reports regularly to the Board and the Committee's calendar meets the Board's requirements and financial and governance calendar. The Committee prepares an annual report on its work and performance in the preceding year for consideration by the Board. The Health Board has a Committee Business Management Group and the Chair of Audit Committee is a member. This Group ensures that there is an integrated and co-ordinated approach to the work of the Board and its Committees. The Committee's role in reviewing and recommending to the Board the Annual Report and Accounts is clearly defined, and it considers the Auditor General's report to those charged with governance including proposed adjustments to the accounts. The Committee reviews the robustness and content of the draft Annual Governance Statement before it is presented to the Board.

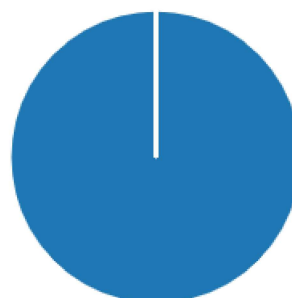
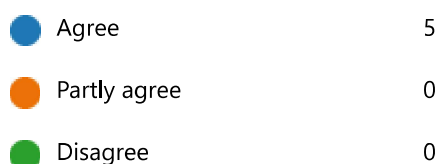
● Agree	5
● Partly Agree	0
● Disagree	0



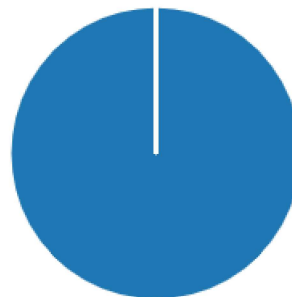
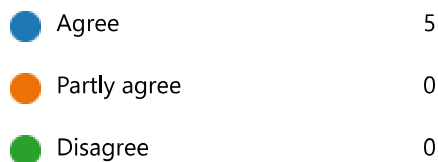
3. Internal Audit Arrangements There is a formal 'Charter' incorporating Internal Audit's terms of reference and defining its objectives, responsibilities and reporting lines. The Internal Audit Charter has been approved by the Committee and is reviewed annually by the Audit Committee. It provides clarity over the timing and content of the assurance statements received by the Committee from the Head of Internal Audit. Key Charter principles are set out in Standing Orders/Standing Financial Instructions. The Strategic Audit Plan describes the processes adopted to produce a risk-based plan in line with the Internal Audit Standards. The Committee reviews and approves the Internal Audit plan at the beginning of the financial year. It receives periodic reports from the Head of Internal Audit and those reports inform the Committee about progress or delays in completing the audit plan. The Committee approves any material changes to the internal audit plan, and receives and reviews the Head of Internal Audit's annual report and opinion. The Internal Audit Charter describes the process to address any material objection to the plans and associated assignments that cannot be resolved through negotiation, and the Head of Internal Audit has a direct line of reporting to the Committee and its chairman. The Committee holds periodic private discussions with the Head of Internal Audit. Internal Audit is free from any operating responsibilities or conflicts that could impair its objectivity. There are quality assurance procedures described within the NWSSP Internal Audit Handbook to confirm whether the work of the Internal Auditors is properly planned, completed, supervised and reviewed. The Committee has agreed a range of Internal Audit performance measures to be reported on a routine basis, some of which are reported routinely by the Assistant Director of Finance, and others feature in the Head of internal Audit's Annual Report.



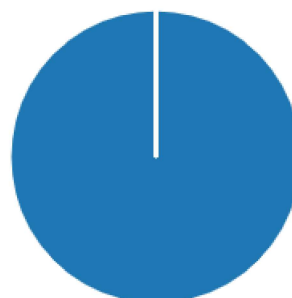
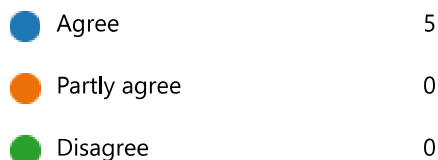
4. External Audit Arrangements The Auditor General's representatives present their audit plans and strategy to the Committee for consideration. The Committee considers the Auditor General's annual audit letter and his use-of-resources conclusion. The Committee seeks assurance from the Auditor General about the policies for ensuring independence and compliance with staff rotation requirements. The Committee holds periodic private discussions with the Auditor General's representatives.



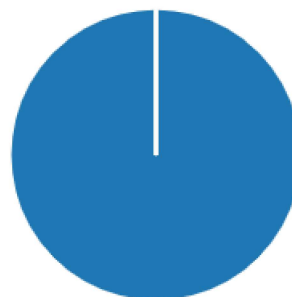
5. Counter Fraud Arrangements The Committee reviews and approves the counter fraud work plan at the beginning of the financial year. The counter fraud work plan is derived from a clear process based on risk assessment and it adequately covers each of the seven generic areas defined in NHS counter fraud policy. The Committee receives periodic reports from the Local Counter Fraud Officer and it approves any material changes to the counter fraud plan.



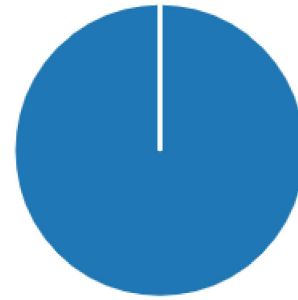
6. Annual Accounts Committee members have the opportunity to review the draft accounts before the start of the audit through liaison with the Finance Department. The Committee specifically reviews:
- Changes in accounting policies
 - Changes in accounting practice due to changes in accounting standards
 - Changes in estimation techniques
 - Significant judgements made
- A Committee meeting is scheduled to discuss proposed adjustments to the accounts and issues arising from the audit. The Committee ensures it receives explanations as to the reasons for any unadjusted errors in the accounts found by the Auditor General's representatives.



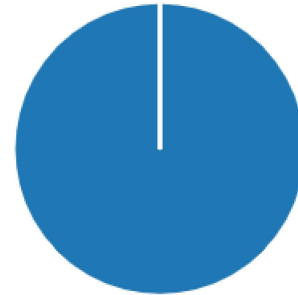
7. Are the Audit Committee terms of reference reviewed annually to take into account governance developments (including good governance principles) and the remit of other committees within the organisation?



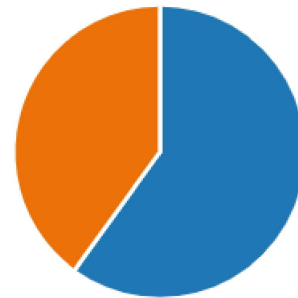
8. Are changes to the Committee's current and future workload discussed?



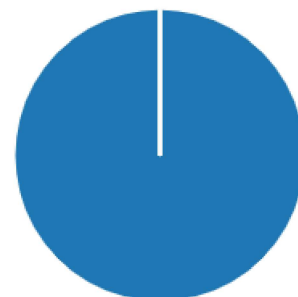
9. Are Committee members independent of the management team?



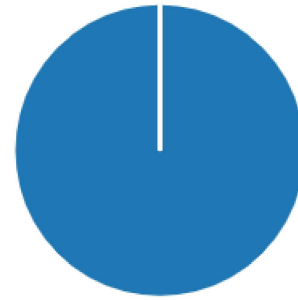
10. Are new members provided with adequate induction & ongoing training?



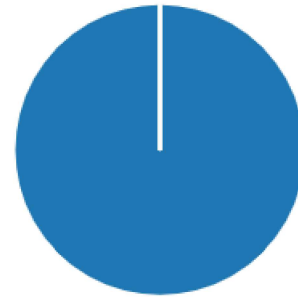
11. Are members confident they have sufficient knowledge of the organisation's business to identify key risk areas and to challenge both line management and the auditors on critical and sensitive matters?



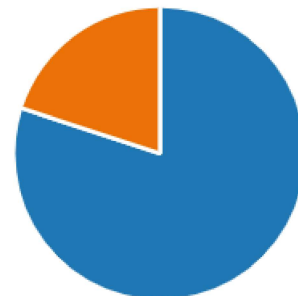
12. Does the Committee assess its own effectiveness periodically?



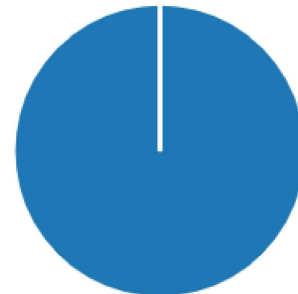
13. Are Committee papers distributed in sufficient time for members to give them due consideration?



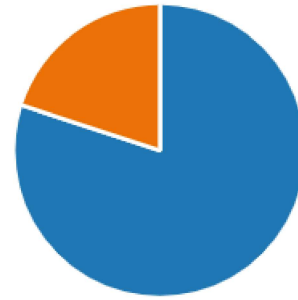
14. Are Committee meetings scheduled prior to important decisions being made?



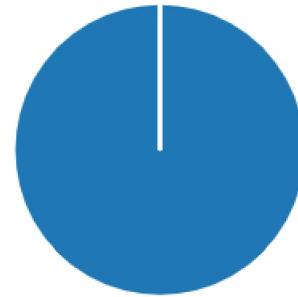
15. Does the Committee review assurance and regulatory compliance reporting processes?



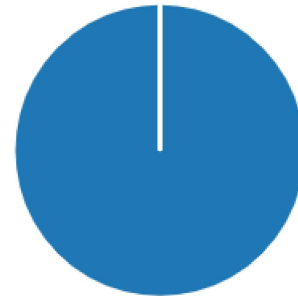
16. Does the Committee have a mechanism to keep it aware of topical, legal and regulatory issues?



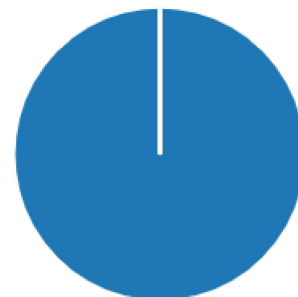
17. Has the Committee reviewed the robustness and effectiveness of the content of the organisation's system of assurance?



18. Has the Committee reviewed the robustness and content of the draft Annual Governance Statement before it is presented to the Board?

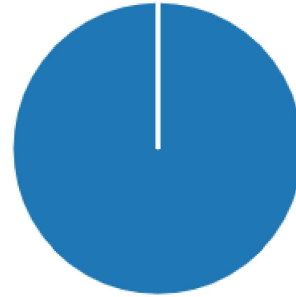


19. Has the Committee reviewed whether the reports it receives are timely and have the right format and content to enable it to discharge its internal control and risk management responsibilities?



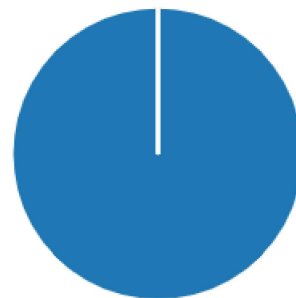
20. Has the Committee reviewed the robustness of the data behind reports and assurances received by itself and the Board?

● Yes 5
● No 0



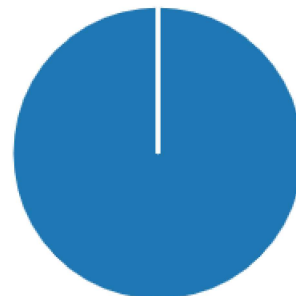
21. Is the Committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisation's responsibilities?

● Yes 5
● No 0



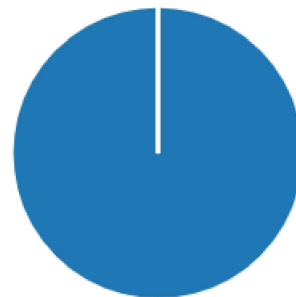
22. Does the Committee effectively monitor the implementation of management actions from audit reports?

● Yes 5
● No 0

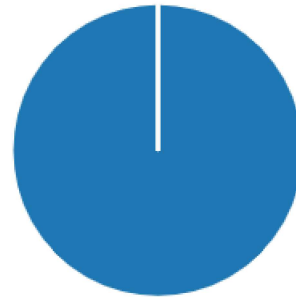


23. Is internal audit free of any scope restrictions?

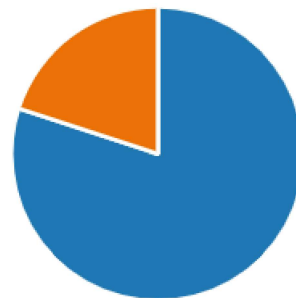
● Yes 5
● No 0



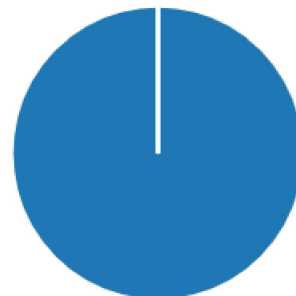
24. Has the Committee determined the appropriate level of detail it wishes to receive from Internal Audit?



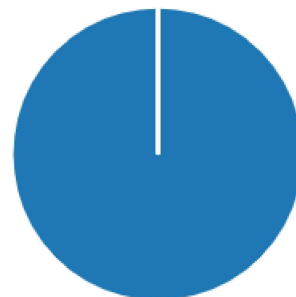
25. Does the Committee review the effectiveness of Internal Audit and the adequacy of staffing and resources within Internal Audit?



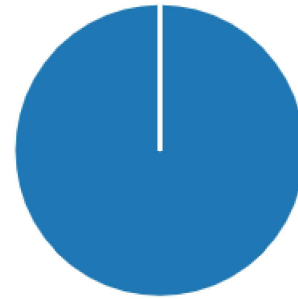
26. Has the Committee evaluated whether internal audit complies with the Public Sector Internal Audit Standards, issued by the Welsh Government as the Sponsoring Department?



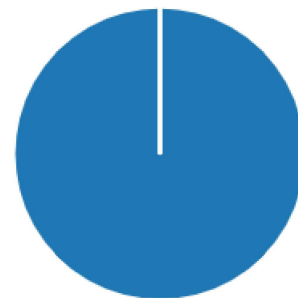
27. Is there appropriate cooperation with the Auditor General's representatives and inspectorate bodies?



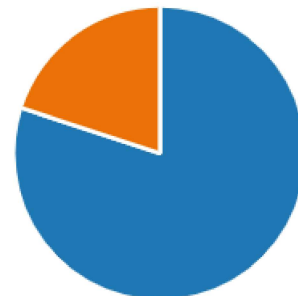
28. Has the Committee satisfied itself that audit work not relating to the financial statements work is adequate and appropriate?



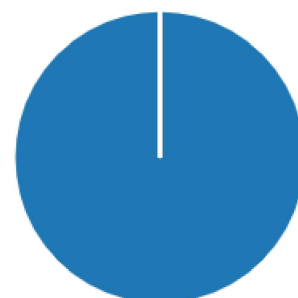
29. Does the Committee receive and effectively monitor actions taken in respect of prior years' reviews?



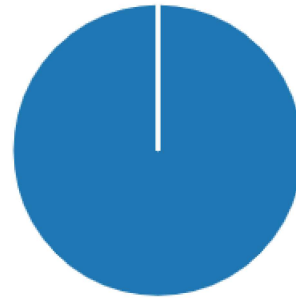
30. Does the Committee assess the quality and effectiveness of external audit work (both financial and non-financial audit)?



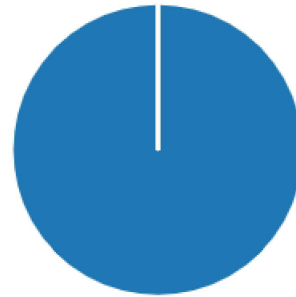
31. Does the Committee review the nature and value of non-statutory work commissioned by the organisation from the Auditor General?



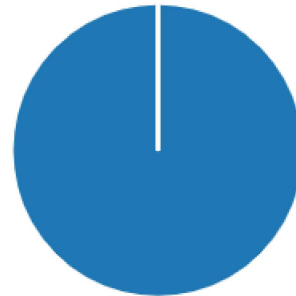
32. Is the Committee clear about where clinical audit assurances are received and monitored?



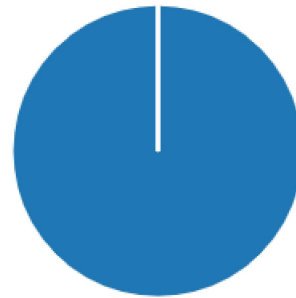
33. Is the Audit Committee satisfied with the arrangements in place for deriving assurance from clinical audit activity?



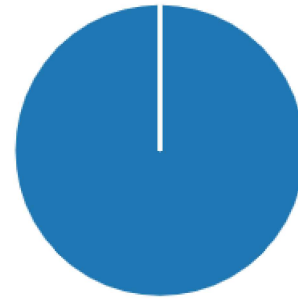
34. Does the Committee effectively monitor the implementation of management actions arising from counter fraud reports?



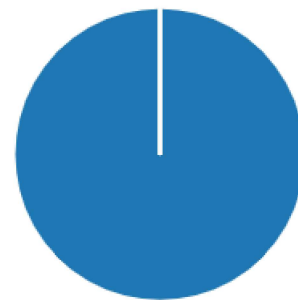
35. Does the Local Counter Fraud Specialist have a right of direct access to the Committee and its Chair?



36. Does the Committee review the effectiveness of the local counter fraud service and the adequacy of its staffing and resources?



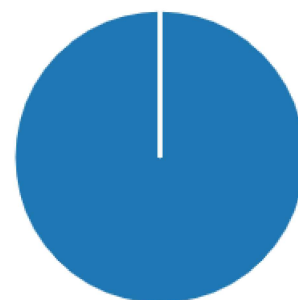
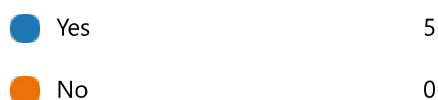
37. Does the Committee receive and review the Local Counter Fraud Specialist's annual report of counter fraud activity and qualitative assessment?



38. Does the Committee receive and discuss reports arising from quality inspections by NHS Protect?



39. Does the Committee receive and review a draft of the organisation's Annual Governance Statement?



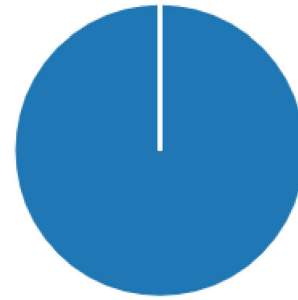
40. Does the Committee receive and review a draft of the organisation's Annual Report?

Yes

5

No

0



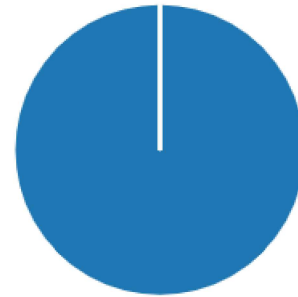
41. Has the Committee reviewed its performance in the year for consistency with its: • Terms of reference? • Programme for the year?

Yes

5

No

0



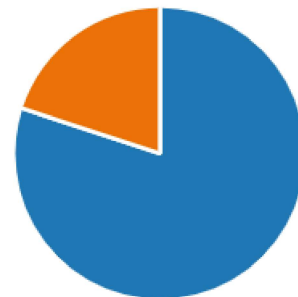
42. Does the Annual Report and Accounts of the organisation include a description of the Committee's establishment and activities?

Yes

4

No

1



43. Please feel free to provide any comments that you feel may support your responses. Many thanks for your time in completing this NHS Wales Audit Committee Self-Assessment Survey.

Latest Responses

""

3
Responses

"re: q3; I didn't understand the reference to an "assoc dir of Finance"?"

"have answered yes in the most part as there is no option to answer p...

	Agenda Item	25/05/21 May worksh op	10/06/20 21	28/09/20 21	14/12/20 21	15/03/20 22	Notes for corporate staff	Publi c or Privat e Cttee
	Opening Business							
	Members discussions with internal and external audit		√	√	√	√	IMs and Auditors to have 15 minute pre-meeting before each meeting	Privat e
	Apologies for absence		√	√	√	√		Public
	Minutes of previous meeting for accuracy & matters arising and review of summary action plan		√	√	√	√		Public
	Governance							
	Chair's Assurance Report RMG		√	√	√	√	Risk Management Group. Standing item added as of March 2020	Public
	Board Assurance Framework		√					Public
	Risk Management Strategy Review		√				Annual review prior to final approval at Board. Came in June to AC 2020 and July Board 2020. Plan is for April RMG, June AC, Board July.	Public
	Review of Corporate Risk Register		√		√			Public
	Performance Accountability Framework			√			First received in December 2020. Review due in	Public

							September 2021 as per Dec Minutes	
	Other sources of assurance (audit reports, regulatory body reports, external reviews, shared services reports)		√	√	√	√	Whilst the majority of reports are received in public session, the nature of some reports necessitate that they must be received in private committee. For example, commercial sensitivity or cyber security.	Public and private
	Note business of other committees and review inter-relationships	review cttee annual reports					Self assessment now being undertaken via Committee Business Management Group	Public
	Review of amendments to Standing Orders		√	√	√	√	Where there are no amendments, this will not be listed as an agenda item.	Public
	Details of Breaches of SOs (late papers etc.)		√	√	√	√		Public
	Review draft Annual Governance Statement	draft	approval					Public
	Review organisation's annual report	draft	approval					Public
	Annual review of gifts & hospitality and Dol registers			√			Register of Director's Interests now uploaded to	Public

							BCUHB external corporate website (as of Feb 2020)	
	Special Measures Progress Update on relevant areas						Revised schedule awaited for Targeted Intervention reporting	Public
	Legislation Assurance Framework			√		√		Public
	Annual review of submissions on Database to capture externally commissioned reports etc. Eg DU, CHC etc.			√			To be incorporated within tracker report as appropriate. Moved to September to take account of current review of process as part of the overall Governance Review	Public
	Finance							
	Review of amendments to SFIs		√	√	√	√		Public
	Details of Breaches of SFIs		√	√	√	√	Addressed as part of the financial conformance report included in 'Items reported in Private Committee' report and Chair's Assurance report up to Board	Private
*	Post payment verification progress report			√		√	Post Payment Verification year-end report and next financial year plans received in March. Amanda Legge	Private

							(Amanda.Legge@wales.nhs.uk) replaced Scott Lavender	
	Dental Assurance Report			√		√	Dental data 6 monthly, next iteration Sep 2020, as agreed by Chair 08/01/20.	Public
*	Financial Conformance report (inc review of losses & special payments, review of risks and controls and reporting of any SO breaches)		√	√	√	√		Private
	Review annual accounting progress and note financial accounting timetable				√		Included in Financial Conformance Report and reported in public committee as part of procedural matters	Public and Private
	Schedule of Financial Claims		√	√	√	√	Report split into two. Detailed section to be received in private committee to prevent any personal identifiable information being disclosed	Public and Private
	Review of audited annual accounts and financial statements including Charitable Funds if ready		√		CF final			Public
	Internal Audit							
	Internal Audit progress report		√	√	√	√		Public

*	Report from IA tracker tool		√	√	√	√	Whilst the majority of reports are received in public session, the nature of some reports necessitate that they must be received in private committee. For example, commercial sensitivity or cyber security	Private
	Review and approval of internal audit plan					√		Public
*	Internal Audit Charter (incorporating ToR for internal audit)					√		Public
	Receive annual internal audit report (head of IA opinion)		√					Public
	Review effectiveness of internal audit		√	√	√	√	Continuous process and via regular meetings prior to Committee	Public and Private
*	Any no assurance or limited assurance reports as a substantive item		√	√	√	√	Whilst the majority of reports are received in public session, the nature of some reports necessitate that they must be received in private committee. For example, commercial sensitivity or cyber security	Public
	External Audit							

	Auditor General's (external audit) progress reports		√	√	√	√		Public
*	Report from EA tracker tool		√	√	√	√	Whilst the majority of reports are received in public session, the nature of some reports necessitate that they must be received in private committee. For example, commercial sensitivity or cyber security	Private
*	National audit reports for information		√	√	√	√		Public
	Review and approval of Auditor General's (external audit) plan					√		Public
*	Structured Assessment				√			Public
	Receive Auditor General's report to those charged with governance (through letter of representation)		√					Public
	Receive the Auditor General's annual audit report				√			Public
	Review the effectiveness of external audit (through quarterly WAO progress reports)		√	√	√	√	Continuous process and via regular meetings prior to Committee	Public and Private
Counter Fraud								
	Review counter fraud progress reports		√	√	√	√		Private

	Agree counter fraud annual work plan		√				Annual work plan usually received in March. 19/20 submission in May due to Committee timings	Private
	Review effectiveness of LCFS Specialist (through Counter Fraud Authority Quality Assessment)			√			NHS Protect now called Counter Fraud Authority (CFA)	Private
	Counter fraud annual report		√					Private
	Clinical Audit							
	Clinical audit plan		√			√	June - sign off Clinical Audit Plan for 2021/22 progress update against plan and sign off of plan to go to December 2021 Meeting. NB Clinical Audit Plan for 2022/23 should be ready for Committee sign off in March 2022, so six month progress update should be presented to September 2022 meeting (to be reflected in next year's COB)	Public
	Audit Committee							
	Plan how to discharge audit committee duties					Agree Cycle of Business		Public
	Undertake self-assessment of Committee effectiveness	review	sign off				Undertaken via online/electronic self-	Public and

							assessment issued by Internal Audit	Private
	Briefings and update sessions (as appropriate)	√	√	√	√	√		Public
	Produce Committee annual report including refresh of ToR	x draft	x final					Public
	Members discussion with Head of Counter Fraud				√		to be arranged outside of meetings between Chair and Head of CF	Private
	Closing Business							
	Summary of In Committee business to be reported in public		√	√	√	√		Public
	Issues of Significance		√	√	√	√		Public
	Date of Next meeting(s)		√	√	√	√		Public