

# ANNEX – Annual Governance Statement

## 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 has remained in special measures since June 2015, with leadership and governance, finance, performance and planning continuing to be on-going challenges. All special measures improvement framework expectations are subject to robust Welsh Government oversight, scrutiny and support arrangements. 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 turnover of Board members and key appointments have been made. In February 2020, Gary Doherty the Chief Executive and Accountable Officer left the organisation and I (Simon Dean) became Interim Chief Executive and Accountable Officer. In July 2019, Gill Harris, Executive Director of Nursing & Midwifery, also commenced in the role of Deputy Chief Executive, with key responsibilities for strengthening governance through reviews of the committee structure, the approach to risk management and the development of the Clinical and Quality strategies. Further details on changes to Board membership are included at Appendix 1.
- 1.4 In 2019/20 the Health Board breached its statutory duty to produce an Integrated Medium Term Plan (IMTP). Further information on planning is included in Section 7. The Board has been working to a deficit Interim Financial Plan, and has breached its statutory duty to achieve financial balance; further information is included in Section 6.
- 1.5 During 2019/20 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. See also Section 14.17. The regional Population Assessment 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 shared approaches to transformation of services.

## 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 Interim 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 are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales. Welsh Government issued confirmation of my Accountable Officer status on 30.3.20.
  - 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 (June 2020) the Health Board and the NHS in Wales is facing unprecedented and increasing pressure in planning and providing services to meet the needs of those who are affected by COVID-19, whilst also seeking to maintain essential services and planning to resume other activity where this has been impacted.
  - 2.4 The required 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 and will stand the test of scrutiny with respect to compliance with Managing Welsh Public Money and demonstrating Value for Money after the COVID-19 crisis has abated and the organisation returns to more normal operating conditions.
  - 2.5 To demonstrate this, the organisation is recording 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 has been established, with a Health Emergency Control Centre, underpinned by a range of work streams led by Senior Responsible Officers covering key elements such as temporary hospitals, personal protective equipment (PPE), governance and risk. Robust reporting and meetings arrangements are 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, has also been established to maintain oversight of developments and decision-making (terms of reference are included at appendix 3 in paper 20.50 [here.](#))
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- 2.7 Standing Orders have been temporarily amended, and mitigating steps taken to maintain good governance, in accordance with national guidance. Committees and Advisory Groups, with the exception of the Quality, Safety & Experience Committee and Audit Committee, were stood down for April and May. At the time of writing, consideration is being given, as part of wider recovery plans to run ‘business as usual’ arrangements alongside COVID-19 arrangements, to stepping down the Command structure and resuming Committee/Group meetings with effect from June 2020. Full details of the new arrangements and rationale are set out in two ‘maintaining good governance’ papers approved by the Board on [15.4.20](#) and [14.5.20](#).
- 2.8 In approving the arrangements set out in the ‘maintaining good governance’ papers, the Board acknowledges that in these 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 the UK and Welsh Government stopped public gatherings of more than two people and it is therefore not 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
  - Publication of agendas and papers as far in advance as possible – ideally 7 days in advance of the meeting.
  - 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 will be kept of actions that will not be progressed during the crisis
  - Publish 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.
  - The Board meeting of 21.5.20 was recorded and made available to the public online.
- 2.9 Assessments are made regarding decisions that are time critical and cannot be held over until 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. As the duration of the pandemic and the subsequent measures to be taken are not yet known it will be necessary to keep this under review and consider other approaches to make meetings more accessible to the public.

### **3. Background Information**

- 3.1 The Health Board had a revenue resource allocation of £1.6bn for 2019/20 and a workforce headcount of 18,241 as at 31.3.20. Further details are provided within 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.
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- 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 103 General Practitioner (GP) practices including 16 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**

- 4.1 Due to increasing concerns about the organisation's governance, and also maternity and mental health services, the Health Board was placed in special measures in June 2015. Since then an ongoing organisation-wide programme of work to strengthen governance has been in place. During this time, maternity services and also GP out of hours were stepped down as special measures concerns. However, other special measures concerns have arisen and been added into improvement plans and reporting, including finance and performance. Throughout 2019 and into early 2020 until the COVID-19 pandemic was declared, Welsh Government continued to hold regular meetings and discussions with the Health Board in respect of special measures, scrutinising and challenging in order to drive improvements in performance and delivery.
- 4.2 A Special Measures Improvement Framework (SMIF) Task & Finish (T&F) Group advises and assures the Board on the effectiveness of the arrangements in place to respond to the expectations within the SMIF (Group meetings were paused following the declaration of the pandemic, but at the time of writing, consideration is being given to the need to return to business as usual, when the ongoing impacts of the COVID-19 response on special measures areas will need to be assessed). The Group membership comprises key directors and Independent Members, and is personally chaired by the Health Board Chair.
- 4.3 Despite improvement in some important areas throughout the special measures process, significant challenges have remained, particularly in terms of leadership & governance, finance, performance and planning. A revised special measures improvement framework was received from Welsh Government, together with the accompanying Minister's statement of 14.11.19, acknowledging improvements to date and further work required.
- 4.4 A draft overview report, providing a position statement at December 2019, was submitted to Welsh Government. The report was written following a self-assessment conducted by the Executive Leads, as measured against the expectations within part A of the revised framework. This covered:
- Area 1: Leadership and Improvement Capability
  - Area 2: Strategic Vision and Change
  - Area 3: Operational Performance
  - Area 4: Finance and Use of Resources

Further detail is available at item 20.9.2 [here](#).

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## **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 on July 2018. Following the publication of the reports, governance arrangements were put in place to oversee the implementation of recommendations made.
- 5.2 The Improvement Group established in August 2018 routinely meets bi-monthly (though has been paused since the COVID-19 pandemic was declared). The Group's membership includes the operational leads that are assigned to each recommendation. Of the 35 recommendations from both HASCAS & Ockenden reports, 19 have been closed, and work continues to progress the remaining recommendations to completion. In addition, monthly one-to-one meetings were established with operational leads to review and monitor progress and address any areas of support to address challenges or risks.
- 5.3 The Stakeholder Group held its first meeting in October 2018 and meets quarterly to provide oversight and scrutiny of the actions and work being undertaken to progress recommendations. The Group has received a number of presentations from operational leads on specific areas of work undertaken to progress recommendations. Stakeholders have also individually been actively engaged with some of the work on recommendations they expressed an interest in supporting.
- 5.4 Based on the limited number of recommendations reviewed to date, with a number still to review, Internal Audit gave reasonable assurance on recommendation progress and reporting. Progress continues to be regularly and closely monitored via the Committee Structure and Board. Reports feed up to the QSE Committee from the Improvement Group, and then onwards to the Board. Further information is available at item QS20.23 [here](#).

## **6. Financial Position**

- 6.1 The initial plan for the year was set at a £35m deficit. The Health Board implemented a recovery programme with the aim of driving performance towards the control total of a £25m deficit. This was not achieved and the overspend for the year was £38.7m because the additional savings required to reduce the deficit were not achieved. There were also significant overspends in Primary Care drugs and in Secondary Care, which were offset by underspends in Primary Care and Contracts.
  - 6.2 During 2019/20 the Health Board progressed the external financial review conducted by PricewaterhouseCoopers (PWC), which began in March 2019 and was supported by Welsh Government. As recommended in that review, an experienced interim Recovery Director was appointed to advise and support on the Health Board's financial recovery and efficiency programme. The appointment was for 9 months and based on a contractual arrangement. As part of the increased grip and control introduced as a result, a Financial Recovery Group was established, reporting into the Finance and Performance Committee, to provide assurance on the progress of the recovery to the Board.
  - 6.3 During March 2020, as with other NHS organisations, the Health Board had to urgently respond to the emerging global COVID-19 pandemic which has continued into 2020/21. This will significantly impact upon operational plans for the year whilst the Health Board manages the response to the pandemic and clinical services are reconfigured to enable both patients to be treated and staff to work safely.
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- 6.4 The financial plan for 2020/21 is to deliver a deficit of £40m after delivery savings of £45m. The plan does not take into account the COVID-19 pandemic and therefore it is recognised that there is significant uncertainty around the forecast operational and financial performance for the year.

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

- 7.1 The Health Board does not as yet have an approved IMTP, therefore does not fulfil its statutory duty in this respect, but has developed a Three Year Outlook and 2019/20 Annual Plan which was noted as an interim plan by the Board in March 2019.
- 7.2 The Board (and relevant committees) has received regular updates throughout 2019. In July an updated Three Year Outlook and 2019/20 Annual Plan (including the financial plan) was presented to Board subject to the Finance and Performance Committee's support of the underpinning planning profiles around referral to treatment times (RTT) including diagnostics, and Unscheduled Care.
- 7.3 The Board received a refreshed plan in November which included proposed changes to the plan. The risks associated with RTT / diagnostics were highlighted, including the work on-going to secure the plan, working closely with the support of Welsh Government.
- 7.4 In respect of a general assessment of progress against the interim Annual Operating Plan, it is acknowledged that it has been a very challenging year in terms of delivery of the plan and falling short in some areas. However, a number of achievements have been made across a range of services during the year.
- 7.5 As part of Improving Health and Reducing Health Inequalities, the Health Board introduced the Tier 2 (Adult) Obesity service and increased opportunities through stabilising the Help me Quit in Hospital. The 'I Can' campaign and 'Let's get moving North Wales' partnerships were developed. We worked with partners to develop initiatives which target food poverty, housing and homelessness and collaborated to develop a network of social prescribing programmes. Wrexham Maelor Hospital is the first in Wales to offer same day discharge hip replacement surgery and supporting more care closer to home.
- 7.6 Doctors in training have ranked Ysbyty Gwynedd's Emergency Department as one of the best places to train in the UK. Results from the recent National Training Survey by the General Medical Council shows over 85% of doctors in training are pleased with the quality of clinical supervision, experience, and the teaching they receive at the Emergency Department.
- 7.7 The 'Same Day Emergency Care' commenced in Ysbyty Glan Clwyd. This has been developed as an ambulatory emergency unit that will see, treat and discharge patients on the same day. Many of these patients would previously have stayed in hospital for several days. The initiative also reduces non-admitted breaches, hospital admissions and helps to prevent overcrowding in the Emergency Department.
- 7.8 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*, a digitally enabled clinical strategy is being developed for the Health Board with staff, public and partner organisations, and must cover everything from population wellbeing to highly specialised healthcare to accompany the IMTP for 2021/24 and beyond.
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- 7.9 We propose an ambitious plan for North Wales to become an exemplar for digitally enabled health. This will require extensive partnership working across and beyond the region, sharing approaches and joining pathways. Building on a digital platform will enable us to focus on better outcomes by adopting effective and person centred care.
- 7.10 Welsh Government wrote to the Executive Director of Planning and Performance on 19.3.20 to advise that, whilst noting that the Health Board had been unable to submit an IMTP or Annual Plan 2020.21, it had been decided to pause both the IMTP and annual planning process to allow focus on immediate COVID-19 actions.

## **8. Emergency Preparedness**

- 8.1 The Health Board is categorised as a Category 1 responder within the Civil Contingencies Act (2004) and as a result is required to have certain arrangements in place. The Health Board has in place:
- A Major Emergency Plan and underpinning site or incident specific plans that describe the response of the organisation to an emergency defined as a major incident;
  - A governance structure that 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;
  - A programme of exercises and training to support staff who have specific roles within the Health Board's major emergency arrangements, delivering command and control competencies in line with National Occupational Standards, bespoke training relating to pre-hospital medical response, in-hospital decontamination and emergency preparedness awareness;
  - A Business Continuity Policy and major programme of work focused on developing a Business Continuity Management System for critical services, to enable recovery within tolerable timescales following a business disruption
  - A Civil Contingencies Group, which 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 Civil Contingencies Group, provides assurance and governance relating to health preparedness as well as the coordination of specific health economy resilience;
  - An assurance process that includes internal audit carrying out annual audits of the business continuity management system and Civil Contingencies arrangements aligned with the Emergency Preparedness, Resilience and Response Guidance and Framework;
  - A Civil Contingencies Risk Register along with individual divisional risk registers which provide a method for reporting and escalating risks;
  - A resilience work programme that builds upon established organisational resilience arrangements and ensures the delivery of duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance. A Business Continuity Manager was appointed in November 2019, supporting the Head of Emergency Preparedness and Resilience who was appointed at the end of the 2018/19 reporting period.
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- 8.2 Clearly, the declaration of COVID-19 as a pandemic and major public health emergency towards the end of 2019/20 has and continues to test the Health Board's emergency preparedness and provide a rich source of learning. The Health Board has in place a Major Incident Plan that takes full account of the requirements of the Welsh Government Guidance to NHS Wales and all associated guidance. It has been necessary to draw upon this Plan in responding to COVID-19. See also section 9.3.

## **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.
- 9.2 In addition, the Health Board has key working relationships with HMP Berwyn as a provider of healthcare services within the prison. The Health Board has responsibility for meeting the health and wellbeing needs of the population at HMP Berwyn. Embedded into the service design and operational parameters is the concept of a comprehensive and fully integrated offer, available to all, with access based on clinical need. Services within HMP Berwyn have been configured to support early identification and diagnosis, and a reduction in reoffending rates through health and wellbeing improvement, with services reflecting those delivered in the community in terms of access and standards of care.
- 9.3 Understandably, COVID-19 has 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 more recently has 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 we move into the recovery phase.
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## **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 and values are shown below. These are reflected within the 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**

- 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 set out the long term 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.**

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## **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.

## **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), four Associate Members (the Director of Mental Health and Learning Disabilities became an Associate Member in June 2016), 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 December 2019.

## **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 routinely held in public.

12.2 All Board Members have a responsibility to abide by the Nolan principles of public life and Executive Directors must adhere to the NHS Code of Conduct (Disciplinary Rules and Standards of Behaviour). 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. 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. In November 2016, a new Standards of Business Conduct Policy and electronic declaration system were introduced and this has 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.

12.6 Whilst the Health Board remains in special measures, as detailed in section 33 of this Statement, the Wales Audit Office concluded in its 2019 Structured Assessment that, whilst some aspects still needed to be strengthened, governance arrangements were '*generally improving*'.

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### **13. Board Development**

- 13.1 Following a tendering exercise 'The Kings Fund' was appointed to deliver a bespoke board development programme to build upon the work already undertaken in previous years. The programme to date has included a series of development activities to support Board Members individually and the Board collectively in discharging core functions and effective decision-making in accordance with the principles of good governance. During 2019-20, 7 sessions were delivered.
- 13.2 In addition to the externally facilitated sessions there have been 10 whole Board Workshops or Briefings designed to deliver core training and to update members on key strategic or service issues. Board development sessions are paused at the time of writing due to COVID-19.

### **14. Board and Committee Arrangements**

- 14.1 The Health Board's Committee Business Management Group (CBMG) has continued 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.
- 14.2 The Board's committee structure for 2019-20 has remained predominantly stable, 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.
- 14.3 A Savings Programme Group reporting to the F&P Committee was also in operation for part of the year until July 2019, to monitor, manage and report on the development and delivery of the Health Board's Savings Programme. As the organisation sought to move from turnaround towards transformation, an Interim Recovery Director was appointed to oversee a financial recovery programme and associated groups. This work was stood down in March 2020; the Interim Recovery Director subsequently left the organisation and colleagues in the Interim Programme Management Office (PMO) have been re-deployed to support the COVID-19 response.
- 14.4 The Strategic Occupational Health and Safety Group has been established in-year and reports to the Quality, Safety & Experience Committee on the delivery of the Occupational Health and Safety Improvement Plan under the leadership of the Executive Director of Workforce and Organisational Development.
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- 14.5 The Health Board has three Advisory Groups, as illustrated in the structure diagram in Figure 1 below, to assist it in performing 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.
- 14.6 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.
- 14.7 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.
- 14.8 Each Board Committee and Advisory Group is required to produce an annual report which is normally submitted to the Audit Committee, with an overarching assurance report then being prepared by the Audit Committee for the Board. For 2019-20 the impact of the COVID-19 pandemic meant that a decision was taken that the only Committees required to produce an annual report were the Quality, Safety & Experience Committee and the Audit Committee. Other committee related arrangements were also revised due to COVID-19, as described in other sections of this Statement and in accordance with Welsh Government guidance (see section 2).
- 14.9 The significant matters considered by the committees, and examples of actions taken during 2019/20 were as follows from section 14.14 onwards. These key issues feature as highlights in Committee Chairs' Assurance Reports.
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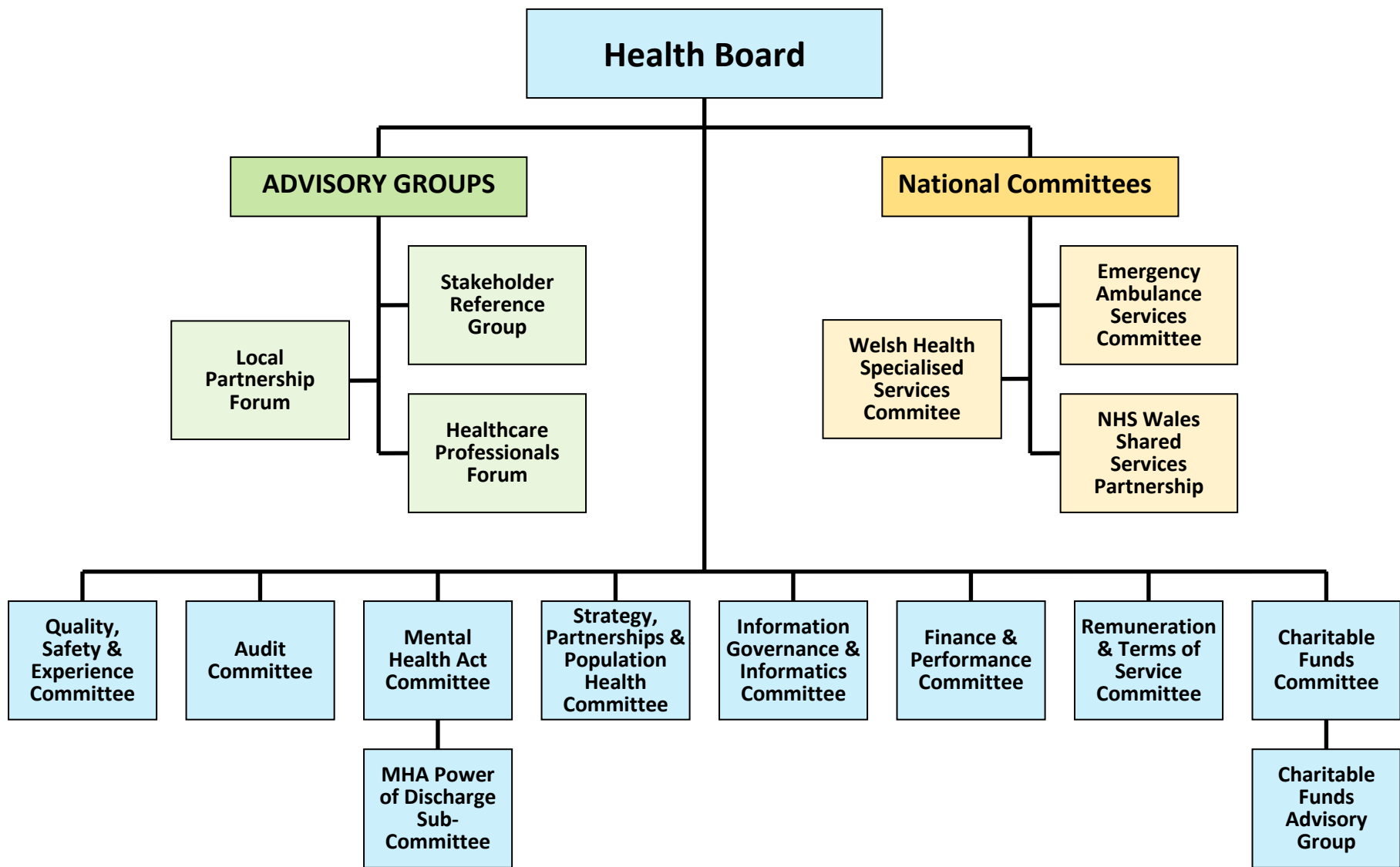


Figure 1: The Health Board's Committee and Advisory Group Structure



#### 14.14 Audit Committee

The role and 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 organisation's objectives, in accordance with the standards of good governance determined for the NHS in Wales. 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.

#### 14.15 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 TeamMate system is now fully embedded with all Internal Audit and WAO recommendations being managed and reported via the system. This has reduced administration and improved the efficiency of the process from report receipt to recommendation closure. Though there were some issues as to the quality of the progress updates and ensuring that there is satisfactory evidence provided to justify closure of recommendations, this has been rigorously addressed via training provided by the Office of the Board Secretary. The Committee subsequently noted an improvement in quality at the December meeting and continues to hold Executives to account by requiring them to attend meetings to present evidence of progress on key issues, for assurance purposes.
  - Risk Management (RM) Strategy: Following discussion at December 2019 Audit Committee, the revised RM strategy was approved via Chair's Action. However, due to the COVID-19 pandemic, the implementation of the revised RM strategy was recommended to be deferred at March 2020 Audit Committee. Members subsequently recommended to the Board that the Board rescind approval and approve the continuation of the current RM strategy, with the existing five tier risk register, until such time as the Audit Committee recommend to the Board, approval of an updated Strategy. The current Strategy will now remain extant until September 2020- see Section 16 of this Statement for further detail.
  - Accountability Framework, Corporate Risk & Assurance Framework (CRAF) and Board Assurance Framework (BAF): The BAF was discussed at the May 2019 workshop. It was agreed that the revised BAF would be aligned to the Annual Plan and presented to the March Audit Committee. However, the planning process has been suspended due to COVID-19. Work will recommence once normal business is resumed. In the interim, the CRAF arrangements will be extended in line with the extension to the RM Strategy.
  - Dental Data: General Dental Service is a key primary care service commissioned by the Health Board for its residents. Following a query at the September 2019 committee meeting as to the omission of dental data from the Post Payment Verification Progress Report, the Assistant Director of North Wales Dental Services and the Dental Contracts Manager attended the December Audit Committee to provide Members with an overview of the service and the assurance processes in place with regard to the management of primary care dental service contractors. Members noted that whilst there was independent oversight from the NHS Business Services Authority (NHSBSA), there was limited BCUHB / internal oversight of the risk management processes. Members agreed for future reports on Dental Services to be received bi-annually to ensure sufficient assurance and Board oversight.
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- Welsh Risk Pool (WRP) costs: In December, Members were informed of an additional cost required to offset the Health Board's share of the additional contribution to WRP. This was originally estimated at £1.8m, though revised to £733,000.
- Clinical Audit – Members considered and approved the Clinical Audit Policy. The Clinical Audit Plan that was being developed in conjunction with the policy has been deferred to September 2020 to enable the inclusion of any updates to the national audits and/or additional tier two audits as agreed.
- Legislation Assurance Framework (LAF): Committee Members noted the continued development of the LAF. Work undertaken between the All Wales Audit Committee Chairs and Board Secretaries Network previously acknowledged that it was essential that Boards had an effective system in place in which identifying and managing risk was a continuous thought process for the Board in order to satisfy the Audit Committee that risks were being managed well. It was acknowledged that the approach in Wales would be to produce three distinct products (whilst acknowledging the need for local variation), namely:
  - A narrative BAF document
  - The Assurance Framework map
  - The Corporate Risk Register
- Part B of the Assurance map comprises the Legislation Assurance Framework (LAF). NHS bodies in Wales must operate within the law in relation to all aspects of their business. The Health Board has developed a system to capture compliance and assurance information on a centralised register and management system. The Audit Committee reviews the LAF bi-annually. The system provides the Board with an oversight of legislative obligations/liabilities, the assurance level, the impact of non-compliance and the control measures in place for each.
- An initial review of Estates & Facilities legislation has been undertaken with the Director of Estates and a baseline of assurance completed. This is a substantial piece of work involving a self-assessment covering approximately 100 pieces of legislation.

Minutes and papers from the Committee meeting are available [here](#).

#### 14.16 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 umbrella charity for over 420 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.

#### 14.17 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 Committee welcomed the work being done on developing business plans for the four strategic priority fundraising campaigns; Cancer Care, Older People, Younger People and Mental Health Support. These fundraising campaigns will consider all five of the ways of working within the Wellbeing of Future Generations Act.

- The Committee approved the development of a business case for the establishment of a staff lottery. This will provide the charity with undesignated funds to support innovative strategic projects, which may not otherwise attract significant charitable support. The business case will be developed in conjunction with Trade Union representatives and include measures to limit the number of entries by individuals, in line with gambling recommendations.
- The Committee agreed to update the Charitable Funds Advisory Group (CFAG) under new approved Terms of Reference. It was agreed to strengthen the membership of the CFAG to ensure that all Health Board divisions are involved, broadening the knowledge and understanding of the Group, so enhancing decision making. In addition, Board members will attend CFAG meetings on a rotational basis for advice, support and information.
- It was noted that Awyr Las had received £2.0m during 2018/19 with total donations and fundraising income received amounting to £1,950,000. 4,819 donations were received and grants worth £1.7m were given to research, training, equipment and improvement of hospital environments.
- The Committee approved the revised Reserves Policy for the charity, which reduced the target level of reserves to £2,811,000.

Minutes and papers from the Committee meeting are available [here](#).

#### 14.18 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:

- Concerns were expressed at the pressure placed on practitioners across all sites relating to the increasing number of requests for Deprivation of Liberty assessments. It was acknowledged that plans were in place to increase the number of Best Interest Assessors [BIA], however recruitment to these specialist posts are an ongoing challenge.
  - North Wales Police (NWP) Forensic Medical Examiners (FMEs) are no longer employed in the custody suites, which on occasions is placing Consultants and other medical staff under considerable pressure due to the number of requests for fitness to plead and other assessments. Discussions are continuing with NWP and the Mental Health and Learning Disability Division (MHLD).
  - Concerns were expressed around Medical and Nursing staff having the appropriate skills and training to deal with S136 for under 18s within adults units. There has been improved engagement between Child & Adolescent Mental Health Services (CAMHS) and Adult services, which has resulted in a reduction in the time a young person remains under assessment.
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- In relation to CAMHS members acknowledged the work being undertaken regarding capacity and demand management, due to staff retention issues. Members noted that the Welsh Government Delivery Unit expected to conclude their Demand and Capacity work early in 2019, which it was hoped will help address challenges in delivering the Mental Health Measure in CAMHS. The reasons for missing the targets centered around increased demand in CAMHS referrals and a reduction in capacity due to sickness, maternity leave and vacancies impacting on the sustainable delivery of targets and driving down performance. Whilst feedback from a two-day visit from Welsh Government to consider Together 4 Children and Young People was awaited, there was concern about internal and external communications.
- The crisis pathway for young people in distress and Out of Hours access to the emergency bed has been addressed jointly by CAMHS and Children's Services, with both services working to ensure that any young person requiring admission is accommodated in the most appropriate environment.

Minutes and papers from the Committee meeting are available [here](#).

#### 14.19 Finance and Performance Committee

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, Informatics and Information Governance, Communications and Technology Programmes and Workforce matters.

The Committee met on 11 occasions between 1.4.19 and 31.3.20. 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.

- Monthly scrutiny of the Finance Report, resulting in challenge as regards variances eg Secondary Care and Mental Health.
- Savings agenda and the establishment of a Savings Programme Group to provide enhanced scrutiny
- Scrutiny of PricewaterhouseCooper (PwC) financial review recommendations and progress
- Monitoring and scrutiny of Financial Recovery Group work and Interim Recovery Director monthly reports
- Shaped the Financial Plan 2019/20 and monitored risks to its delivery
- Considered risks relating to delivery of the savings programme, RTT, Orthopaedics capacity, and escalated a concern regarding Continuing Healthcare risks and expenditure monitoring
- Monthly scrutiny of the Integrated Quality and Performance Report – with additional specific briefings requested to address areas of concern and under-performance.
- Assessment of corporate risks assigned to the Committee, escalating/increasing rating as appropriate eg financial sustainability; estates & environment
- Requested the attendance of the Chief Executive at all F&P Committee meetings with effect from July 2019, and welcomed observation by Welsh Government and Wales Audit Office representatives
- Planned care and unscheduled care performance deterioration.

Minutes and papers from the Committee meeting are available [here](#).

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## 14.20 Quality, Safety and Experience Committee

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.

The Committee received a range of standing and regular items as per its cycle of business. The agenda setting process also allows for flexibility to bring ad-hoc papers to the Committee. Usually these relate to providing assurance 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. A summary of such reports in 2019-20 is as follows:-

- A comprehensive response to the recommendations arising from the Welsh Government's Review of maternity services at Cwm Taf. Of the 70 recommendations, 6 were rated as ongoing improvement required. The actions would be monitored by the QSE Committee and a briefing provided to the Board;
  - An update on the management of risk for the handover of patients between the Ambulance Service and the Emergency Departments. Measures being taken included a regular review of corridor congestion within the Emergency Department and handover delays.
  - The Medicines Management Report identified key risks being managed by the service. The lack of pharmacy support for Mental Health services in the East was discussed and the plans to address this. There was also discussion around the implications for patients of recent changes to repeat prescribing services in community pharmacy.
  - An inspection report of HMP Berwyn's health services undertaken by HM Inspectorate for Prisons and Healthcare Inspectorate Wales. The findings were positive overall but identified the main area for improvement as dental services. This service has been constrained by estates issues that have resulted in difficulties in being able to provide additional dental services resulting in long waiting times for prisoners.
  - The Committee received an update on an extraordinary meeting of the Local Partnership Forum to discuss nurse rota changes and there was a commitment to move forward in partnership with the changes.
  - An update was provided on a joint venture between Welsh Ambulance Services Trust (WAST) and the Health Board to develop the advanced paramedics multi-disciplinary team working programme. This is operational across 5 cluster areas and initial reports of its impact are very positive;
  - The Health Board's response to HIW's Thematic review of Children's Services was received, providing details of how the Health Board will be implementing learning arising from the findings;
  - The externally commissioned follow up Infection Control and Prevention Report by Jan Stevens was received and highlighted significant improvements across the Health Board as part of the Safe Clean Care work.
  - Monitoring of HASCAS / Ockenden recommendations with end of year position that 19 of the 35 recommendations have been closed, with 14 of the remaining open ones being assessed as 'green' and 2 reporting as 'amber'. See section 5 of this Statement for further information.
  - An update report on dementia services which demonstrated significant progress in improving dementia support for patients and detailed the work of the Dementia Strategy Group.
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- The Committee were sighted on significant waiting times for psychological therapy services and were informed that a review had been identified as a key piece of work as part of the annual plan. Following this review, a Task and Finish Group would oversee the implementation of the recommendations with progress to be monitored by the QSE Committee.
- The Self Assessment of Quality Governance Arrangements was formally received and the Committee would receive an action plan at the next meeting to monitor progress;

Minutes and papers from the Committee meetings are available [here](#).

#### 14.21 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.

The Committee met on 6 occasions, plus held 3 workshops, between 1.4.19 and 31.3.20. Examples of some of the key issues that have arisen during the year and which the Committee has dealt with are set out below:

- Monitoring progress of the annual operating plan and Three Year Outlook
- Review of the Committee's allocated corporate register risks
- Public Services Board and Regional Partnership Board updates
- Strategy development eg Integrated Research and Innovation; Third Sector; Digitally Enabled Clinical Strategy
- Service transformation projects progress – in Mental Health services, a risk to sustainability of improvements at project end was identified, and a project evaluation was commissioned in mitigation.
- Civil Contingencies and Business Continuity
- Staff and public engagement
- University health board status triennial review progress
- EU Exit – the Committee decided to review the position at each meeting in light of the political situation
- Public health eg healthy weight; smoking cessation; adverse childhood experiences

Minutes and papers from the Committee meeting are available [here](#).

#### 14.22 Remuneration and Terms of Service (R&TS) Committee

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 as within the terms of reference.

The Committee met on 7 occasions (including 2 extraordinary) between 1.4.19 and 31.3.20, and was quorate each time. 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.

Discussed in public:

- The Committee approved a revised approval process for Workforce & Organisational Development policies.
- Audit Committee feedback on the R&TS Committee Annual Report, which led to amendments to the R&TS terms of reference, already approved by the Board in July 2019 (references to ex-officio trade union partners and the addition of responsibility for oversight of revalidation).
- The Committee discussed the need to be sighted on objective setting and performance appraisal of very senior managers. It was agreed to amend the second and third bullet points in section 3.1.1 of the terms of reference, to read *'be sighted on the objectives set by the Chief Executive for his immediate team, confirm that all Directors have had objectives set, and that appropriate and timely performance reviews have taken place'*.
- Senior leadership structure – acute care
- Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2018/19
- General Medical Council (GMC) Revalidation Update 2019
- Review Body on Doctors' & Dentists Remuneration Report
- Upholding Professional Standards in Wales (UPSW) – enhancements to the current management process were agreed
- Pay uplift for GPs employed as clinical leads in Health Board managed practices to retain parity with consultant colleagues.

Discussed in private due to person identifiable content:

- Upholding Professional Standards in Wales cases – restrictions or suspensions more than six months in duration.
  - Pay protection progress report; executive portfolios and acting/interim arrangements; national pay rates for the Single Integrated Clinical Assessment and Triage Service
  - Executive level remuneration
  - Realignment of specific corporate functions
  - Staff terms and conditions of employment
  - Details regarding a collective grievance
  - Executive and Director changes, pay and terms and conditions
  - Executive team objectives and performance assessment
  - Senior job descriptions
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- A secondment proposal
- Pay and remuneration arrangements for a clinical staff group
- Scheme of Reservation and Delegation – clarification of responsibilities of senior staff

Minutes and papers from the Committee meetings are available [here](#).

#### 14.23 Digital & Information Governance (IG) Committee

The purpose of the Committee (formerly the Information Governance and Informatics Committee and re-named at its September 2019 meeting in line with refreshed terms of reference) 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 met on four occasions during the reporting period.

The Committee met on 4 occasions between 1.4.19 and 31.3.20. The following key items of business were discussed:

- Digital Operational plan – quarterly update including National Infected Blood Inquiry update
- NWIS update report
- Information Governance - quarterly assurance report (KPI, lessons learned and compliance report)
- Strategy reviews
- Informatics – Operational Planning
- Annual IG and Caldicott Report Reviews
- Integrated Quality Performance monitoring report – relevant dimensions
- Approval of Committee terms of reference
- Approval of Cycle of Business
- Agreement and review of corporate risks assigned to the Committee
- Endorsement of annual reports 2018/2019
- Review performance against the Board Approved plan 2019/20
- Policies – approval of national and local and compliance with national policy and development of organisational policy)
- Improvement Group Updates
- Digital nursing
- Change Management Policy
- Wales Audit Office Clinical Coding
- Transformation Fund allocation and planning for future Transformation fund opportunities
- Information Commissioner's Office Follow up Data Protection Audit Report
- Matters discussed in private including Police Requests for Medical Statements

Minutes and papers from the Committee meetings are available [here](#).

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## 14.24 Advisory Groups

14.24.1 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.

### 14.24.2 Stakeholder Reference Group

The role of the Stakeholder Reference Group 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 1.4.19 and 31.3.20. During the year the Group dealt with the the following key items of business:

- Corporate Planning update, incorporating Estate Strategy
- Update on Workforce Strategy
- Reducing reliance on temporary staff
- Engagement Strategy update
- Third Sector Strategy update
- Services Strategy update
- Stroke Services
- Orthopaedics Services
- Eye Care Services
- Mental Health Update
- Clinical Services Strategy
- Development of Strategic Equality Plan
- Third Sector Strategy update
- Well-Being of Future Generations Act update
- Primary Care update
- Orthopaedic Business Case – Consultation and Engagement
- Planning Update – Annual Plan and Digitally Enabled Clinical Strategy
- Update on Well North Wales Programme
- Planning update
- Ophthalmology Business Case
- Urology Services Business Case

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

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#### 14.24.3 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 1.4.19 and 31.3.20, the LPF met on 5 occasions including 1 extraordinary meeting. Key items of business considered were:

- Corporate Planning including Annual Operating Plan
  - Finance
  - Prevention and Control of Infection
  - Job Evaluation
  - Special Measures
  - Workforce & Organisational Development
  - Annual Quality Statement 2018/2019
  - Corporate Risk Assurance Framework
  - Cycle of Business
  - Health and Safety Improvement
  - Integrated Quality and Performance Report (IQPR)
  - Nurse Staffing Act
  - Organisational Change Policy
  - Staff Health and Wellbeing
  - Staff Flu Vaccination Programme
  - Staff survey
  - Welsh Language Standards
  - Workforce Engagement
  - Workforce Issues within the IQPR
  - Workforce Metrics Report
  - Workforce Partnership Group
  - Workforce Policies and Procedures Working Group
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- Workforce Report
- Estate and Facilities – Review of Weekly to Monthly Pay for Staff
- Reimbursement of Travel
- Welsh Union Learning Fund – Proposal to set up a steering group.
- Workforce Issues within the IQPR
- Workforce Working Longer and Sickness Absence Review Group
- LPF Annual Report 2018/19 and Cycle of Business 2019/2020
- Integrated Quality and Performance Report
- Annual Audit Report
- Welsh Partnership Forum Minutes
- Strategic Occupational Health & Safety Group Minutes

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

#### 14.24.4 Healthcare Professionals Forum

The purpose of the Healthcare Professionals Forum 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 1.4.19 and 31.3.20 the Forum met on 3 occasions. During the year the key items of business considered were:

- 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
  - Chairs written updates
  - Members written updates
  - Review of minutes and actions
  - Committee Annual Report
  - Review and refresh of HPF terms of reference
  - Minutes of Quality, Safety & Experience Committee meetings
  - Minutes of Professional Advisory Group meetings
  - Team Briefing Updates
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Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](#).

#### 14.24.5 National Committees

- 14.24.6 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](#).

### 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](#) and [14.5.20](#), and a temporary approach to risk management was published on 22.4.20 (see Appendix 5). 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 from that date and up to the date of sign off of the accounts.
- 15.4 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 as appropriate throughout 2020/21.

### 16. **Capacity to Handle Risk**

- 16.1 The Health Board has a challenging risk profile due to the diversity of services provided, ranging from primary and community services through to acute hospitals, mental health services and support prison health services. In addition, the Health Board has a wide geographical spread, cultural diversity and significant provision of services from England. It also has to be capable of dealing with peaks in demand as a result of North Wales being a holiday destination of choice for many.
- 16.2 Lead responsibility for risk and assurance transferred to the Deputy Chief Executive Officer in September 2019, with the role of the Board's Senior Information Risk Owner now delegated to the Executive Director of Finance.
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- 16.3 The Health Board has in place a structure to identify, assess and control its risks. During 2019 the current Risk Management Strategy was agreed by the Board to be extended for use until the end of September 2020 whilst the Corporate Risk Team focused on a complete revision of the strategy and processes based on the feedback received from previous Board Workshops, expert review and from internal audit findings. The current strategy can be accessed [here](#).
- 16.4 A full review of all identified risks has continued throughout the year including ensure the risk are relevant and appropriate in line with current legislation and standards, that mitigating controls are appropriate and that those risks which have now been mitigated and achieving the target risk score have been appropriately approved for closure. This is all in line with the anticipation of the revised strategy format. Risk Management training has also continued to be delivered across the Health Board. The primary aim of the risk management team is to continue to provide the Health Board with a competent advice and support service for the development of effective systems and arrangements to help embed the Board's approach to risk management at all levels.
- 16.5 The Risk Management Strategy continues to be reviewed and updated yearly and following changes made to executive portfolios during 2019, the Health Board has further explored its approach to risk management, discussed in detail its risk appetite, objective setting in the context of a 3 year plan, the calibration of risks and opportunities to improve reporting mechanisms. This is all in line with the anticipation of the move to the adoption of the new Enterprise Risk Management model to improve ownership and to fully embed risk management into decision making processes as part of the updates to the revised Risk Management Strategy.
- 16.6 In April 2019 the Health Board held its first meeting of the newly formed Risk Management Group, reporting into the Executive Team, initially chaired by the Chief Executive and then the Deputy Chief Executive from July 2019. The Group has been established to oversee the implementation of the Risk Management Strategy, to drive through consistency and coordination of improvements in risk management practices and to seek assurance on the effectiveness of risk management systems and processes. The Group also seeks assurances from the Health and Safety Group and the Quality and Safety Group ensuring there is evidence of learning from patient and staff experience.
- 16.7 Risk Management procedures, guidance and the training plan continue to be implemented across the Health Board to fully support embedding risk management, alongside each divisional area adopting the standard model risk management process and escalation plan. This has been supported by independent expert facilitation to ensure best practice and at Board level with a programme of work in place during 2019 and beyond.
- 16.8 Whilst the Risk Management Strategy sets out the management arrangements for all levels of risks that could have an impact on the organisation and therefore need monitoring and escalation / or de-escalation where appropriate, a simplified COVID-19 Response Guidance on Risk Management was approved and put in place (Appendix 5). This included the requirements under the Civil Contingencies Act 2004 (as amended) (CCA) and Good practice guidance for Category 1 responders individually and as part of a Local Resilience "Community". This impacted not only on the need for dynamic management of risk, but also importantly upon "risk appetite" and the duty under the European Commission for Human Rights (ECHR).
- 16.9 Further guidance and training has also been provided to ensure that all appropriate COVID-19 related risks were captured and reported through to the agreed Command, Control and Co-ordination Framework. Two COVID-19 related risks were escalated to the Corporate Risk Register:
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- CRR27– Risk to public health and safety arising from an outbreak of COVID-19 and demand outstripping organisational capacity.
- CRR28 - Risk of infection from COVID-19 to staff and patients as a result of inadequate supply, quality or usage of PPE.

Risk CRR28 was subsequently recommended for a reduced risk and de-escalation, and a risk relating to delayed access to care home placements due to the need to protect vulnerable communities from the virus, was recommended for escalation onto the Corporate Risk Register.

- 16.10 As previously highlighted the need to plan and respond to the COVID-19 pandemic presented a number of challenges to the organisation. 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.
- 16.11 The organisation continues to work closely with a wide range of partners, including the Welsh Government as it continues with its response, and planning into the recovery phase. It will be necessary to ensure this is underpinned by robust risk management arrangements and the ability to identify, assess and mitigate risks which may impact on the ability of the organisation to achieve their strategic objectives.

## **17. Corporate Risk and Assurance Framework**

- 17.1 The Board has continued with its previous approach to the management of risk adopting the 5 tier framework, details of which are included within the Risk Management Strategy. Guidance, procedures and training have been revised throughout the year. .
- 17.2 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.
- 17.3 The Board has continued to use an integrated Corporate Risk and Assurance Framework (CRAF) approach which combines the former Board Assurance Framework (BAF) document and the Corporate Risk Register.
- 17.4 During 2019 the Board continued to review the CRAF in this format. Each risk on the CRAF has now been further refined and is presented to the Board as a risk on page. This includes a visual representation depicting the movement of the risk scoring over a defined period, in addition to the respective assurance reporting arrangements and links to the Special Measures Improvement Framework.
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- 17.5 Throughout this period further work has been undertaken to develop and refine the CRAF and to produce an assurance map based on an All Wales approach. The Board recognised the importance of having an effective system in place in which identifying and managing risk is a continuous thought process in order to satisfy the Audit Committee that risks are being managed well. The Audit Committee has previously agreed that there should be three distinct products (acknowledging that there would be local variation), namely:
- A narrative BAF document;
  - The Assurance framework map;
  - The Corporate Risk Register (using the current risk on a page template)
- 17.6 The Assurance Framework map had previously been populated following input from Leads with the key deliverables aligned to the objectives emanating from the Health Board's three year plan. During the course of the year further work was undertaken to develop the organisation's risk and assurance framework. A Board Workshop on Risk Management was held in July. This session was externally facilitated. In September 2019 the Risk Management Portfolio transferred from the Board Secretary's Portfolio to the Deputy Chief Executive. The November 2019 Board noted that the organisation was moving towards an Enterprise Risk Management Model (ERM) in order to better manage risk which would be supported by a clear governance structure via Committees. It was acknowledged that there would be challenges in order to establish systems and as a consequent the Board approved the extension of the existing Risk Management Strategy until September 2020.
- 17.7 Following the initial project to centralise a register and management system for the Legislative Assurance Framework within the Health Board, work continued to assess the level of compliance alongside the likelihood and impact of non-compliance, with regular reporting to the Audit Committee. Members were supportive of this development and progress being made.
- 17.8 The intention for the revised Strategy was to move from a five tier risk management model to three tiers. In order to further strengthen risk management arrangements an Executive led Risk Group was established during the year. As a result of COVID-19, the Board moved into a Command and Control Structure during March 2020. The structure was supported by a number of workstreams with a Senior Responsible Officer assigned to each. Initially a programme management approach was adopted with each workstream and command structure maintaining a dynamic risk register. This process has since been refined with a transition to Datix for the management of risks and the Risk and Governance Workstream reviewing all risks and reporting to Gold Command.
- 17.9 The Health Board's current risk appetite statement set out below describes the risks it is prepared to accept or tolerate in the pursuit of its strategic goals.

*"The Health Board recognises that its long term sustainability depends upon the delivery of its strategic goals and its relationships with its patients, the public and strategic partners. The Health Board will not accept risks that materially impact on quality and safety or regulatory compliance. The Health Board takes a cautious view regarding the risks it is prepared to take in terms of financial control, preferring 'safe delivery options' with a low degree of inherent risk.*

*"However the Health Board has greater appetite to pursue innovation. The Health Board is willing to challenge current working practices to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment."*

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- 17.10 In defining the existing risk appetite, the Board adopted a maturity matrix for risk scoring which includes elements relating to quality and safety, regulatory compliance, finance and innovation. The Board recognises this is not a fixed concept and refreshed the risk appetite statement during the year, which will be relaunched in 2020.
- 17.11 The Health Board involves its public stakeholders in managing risks that impact on them. This is achieved through public engagement as an integral part of the delivering the *Living Healthier, Staying Well* strategy. 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.

## **18. Principal Risks**

- 18.1 The Health Board has determined nine principal risks (agreed in 2015) to achieving its strategic goals:
- 1: Failure to maintain the quality of patient services.
  - 2: Failure to maintain financial sustainability.
  - 3: Failure to manage operational performance.
  - 4: Failure to sustain an engaged and effective workforce.
  - 5: Failure to develop coherent strategic plans.
  - 6: Failure to deliver the benefits of strategic partnerships.
  - 7: Failure to engage with patients and reconnect with the wider public.
  - 8: Failure to reduce inequalities in health outcomes.
  - 9: Failure to embed effective leadership and governance arrangements.

\*Please also refer to section 16 for newly identified COVID-19 risks.

## **19. Key Risks**

- 19.1 The Corporate Risk Register was regularly reviewed and takes account of the areas in special measures as detailed below. 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 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 that there still remained a limit on the ability of the Board to focus on and address the key issues. The Board agreed to further disaggregate CRR10 Informatics into three key components: CRR10a National Infrastructure and Products, CRR10b Informatics - Health Records and CRR10c Informatics Infrastructure Capacity, Resource and Demand.
- 19.2 In November 2019 and January 2020 the Quality, Safety and Experience Committee approved the escalation of six new risks linked to the Health Board's health and safety management arrangements and the impact this could have on the Health Board's ability to maintain safe and effective healthcare services. A comprehensive improvement plan has been put in place which will be regularly monitored by the Strategic Occupational Health and Safety Group. The Committee also approved the escalation of a risk with regards to the potential to compromise patient safety due to a large backlog and lack of follow-up capacity.
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- 19.3 The Health Board also agreed to deescalate one risk for management at Tier 2 Directorate Level. This was CRR19 Discontinued RTT, relating to the Countess of Chester Hospital's decision to cease elective procedures for patients from Wales from 1<sup>st</sup> April 2019. The Health Board also agreed to the closure of CRR07 Capital Systems, both deescalation and closure of risks was undertaken following submission of significant evidence, improvements and assurance provided to the Finance and Performance Committee.
- 19.4 The Health Board has also embedded risk management into future planning processes by aligning the Corporate Risk Profile to the emerging Three Year Outlook and 2020/21 Annual Plan.
- 19.5 Clinical risks are included within the overall risk management systems and processes which includes escalation and de-escalation in a consistent and standard reporting regime with Datix. This is in line with the Risk Management Strategy and supporting procedures. Examples of clinical risks include CRR02 – Infection Prevention, CRR05 – Learning from Patient Experience and CRR13 – Mental Health. More recently, the affects of the National COVID-19 Pandemic has created potential governance, financial, clinical and patient safety risks. Please also refer to section 16 regarding newly identified COVID-19 risks. Further details on all the Health Board's risk are available [here](#).

## **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;
  - Managing these risks efficiently, effectively and economically.
- 20.3 The Board has agreed a risk appetite statement 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](#).
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- 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 Corporate Risk and Assurance Framework (incorporating the 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](#). 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 and the Scheme of Reservation & Delegation was the ratification on 7.11.19 of the national Model Standing Orders (personalised for local Health Board purposes) as per item 19.159 [here](#). Further related changes were ratified at the Board meeting of [23.1.20](#). See also section 2.7 regarding emergency changes to Standing Orders, approved by the Board in response to COVID-19.
- 21.4 A Conformance Report is provided at every Audit Committee meeting. The report highlights conformance with the Standing Financial Instructions, 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).
- 21.5 During 2019/20 the key issues included in the conformance reports presented to the Audit Committee were, in accordance with 21.4 above, procurement, payables, receivables, payroll and salary overpayments, approval of losses and special payments, a new procedure for addressing intermediaries legislation (IR35) and procurement requirements for engaging interims.
- 21.6 The report also highlighted that Single Tender and Single Quote Waivers have decreased in 2019/20. The implementation of better controls through the new electronic waiver system has allowed for greater transparency and scrutiny. Retrospective waivers are being monitored and reported.
- 21.7 The value and volume of salary overpayments are monitored on a monthly basis to identify opportunities to reduce the risk of avoidable overpayments. The Health Board continues to work to ensure that payments are made within the 30 day target period.
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## 22. External Audit

22.1 Wales Audit Office published the following reports and documents relating to the Health Board during 2019. 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 2019.

Report Title	Date report issued
<b>Financial audit reports</b>	
Expenditure on Agency Staff by NHS Wales	Jan 2019
Audit of Financial Statements Report	May 2019
Opinion on the Financial Statements	June 2019
Audit of the Charity Financial Statements Report	Oct 2019
Opinion on the Charity Financial Statements	Oct 2019
<b>Performance audit reports</b>	
Clinical Coding Follow-up Review	May 2019
Integrated Care Fund	July 2019
Operating Theatres Review	Aug 2019
Integrated Care Fund – North Wales Regional Partnership Board	Sep 2019
Implementing the Well-Being of Future Generations Act	Oct 2019
ICT Asset Management Review*	Nov 2019
Structured Assessment 2019	Dec 2019
<b>Other reports</b>	
2019 Audit Plan	Feb 2019
Annual Audit Report 2018	Feb 2019

\*due to the inclusion of sensitive information, the report was received and reviewed in the private session of the Committee

These publications are available [here](#).

## 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 and Assistant Director of Corporate Governance have conducted a desk-top review to confirm compliance during 2019/20 with the Cabinet Office Code of Good Practice. The Code of Good Practice can be accessed [here](#).

## **24. Quality and Governance Arrangements**

- 24.1 In July 2019 the Health Board published its Annual Quality Statement (AQS) 2018/19 which brought together a summary of how the organisation had been working over the past year to improve the quality of all the services it plans and provides, and to share good practice. The report can be found [here](#).
- 24.2 At the time of writing, the drafting of the AQS for 2019/20 is well underway. The report will demonstrate the continued efforts around improving the quality of services and the experience of patients in line with the Health and Care Standards 2015, together with partnership working and strategic forward planning. In addition, the report will include a section in relation to COVID-19 which will evidence the Health Boards management approach and any subsequent learning.
- 24.3 The Executive lead for Quality and Safety 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 Science.
- 24.4 The Quality and Safety Group (QSG) oversees the implementation of the Quality Improvement Strategy and associated delivery plans. It impacts positively on overall governance and controls by routinely monitoring clinical risk, escalating and de-escalating as necessary. The group seeks assurance from its established sub-groups, ensuring the triangulation of assurances and evidence of learning from patient experience. Each clinical division provides a monthly assurance report to the QSG for consideration and identification of Health Board wide themes and trends, as well as providing assurance about the risks which are being managed in the various services. External audit is also used to identify risks and issues that impact on quality. For example, as noted in section 14 of this Statement, the Audit Committee meeting in March 2019 was presented with the findings of a review of the management of the Outpatients backlog, and a number of issues around data quality and the effective integration of systems and management of clinical risk were identified. This matter was escalated to the Board for resolution.
- 24.5 At the time of writing, the most recent Annual Report on Putting Things Right (PTR) was presented to the Board in July 2019 and can be accessed [here](#).
- 24.6 The concerns function is within the portfolio of the Executive Director of Nursing & Midwifery and the Assistant Director of Patient Safety and Experience is responsible for the leadership of the Putting Things Right (PTR) regulations. A key focus of the function is to support and strengthen the triangulation of themes and the ability of the Health Board to learn from concerns, complaints and incidents in order to reduce repetition and harm. The total number of open complaints have reduced significantly and the Health Board is seeing an improvement in the timeliness of complaint responses. The Health Board also saw a significant reduction in the number of open incident investigations and a noticeable improvement in the timeliness of completion.
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- 24.7 However, in terms of operational departments' adherence to national requirements, the time taken to respond to concerns is not yet achieving national targets therefore further work is required on this aspect and reviews are underway to improve processes. In order to achieve this, implementation of a Delivery Plan has commenced which includes a clear departmental purpose supported by a review of structures and processes. This will be strengthened by placing an emphasis on engagement, business continuity and future development. Most importantly, it will improve the quality of patient safety and experience and provide assurance.
- 24.8 The Board receives regular update reports on PTR through the Integrated Quality and Performance Report, which reflects the Health Board's performance against key Welsh Government and local targets. Additional assurance is provided through reporting to the Quality, Safety and Experience Committee on matters including compliance with PTR policy, emerging trends and themes and lessons for learning.
- 24.9 Principles for remedy are covered in the PTR disclosures made in the Annual Quality Statement, available [here](#).
- 24.10 The Health Board has launched its Patient Advice and Liaison Service (PALS) across all three localities during the year. The service is improving the advice and support available to patients, and the improved collection of patient feedback. The teams are based at each main hospital with regular outreach to mental health units, community hospitals and clinics.
- 24.11 As alluded to in sections 16 to 19 in this Statement, the Health Board's risk management systems have been developed to consider all risk, including clinical risks, which are identified and assessed using a generic methodology of identifying what the risk is, what could cause the risk to be realised and what or who could be impacted upon. These risks are then recorded in the Integrated Risk Management System (Datix) with the information being utilised for management reviews and escalation within the organisation as appropriate. The clinical risk management process is led jointly by the Executive Medical Director and the Executive Director of Nursing and Midwifery.

## **25 Engaging With Stakeholders**

- 25.1 The Health Board continues to maintain a focus on engagement in order to build and improve relationships with the public and work more closely with the Community Health Council. The impact of engagement activity is being measured via a number of mechanisms including feedback from public and stakeholder surveys. To monitor progress against this priority, three public perception surveys have been undertaken - the first in November 2017, a second in November 2018, and a third in November 2019. The purpose of the surveys is to:
- help provide a baseline of information about levels of trust and confidence in the Health Board;
  - identify and monitor any changes in attitudes towards the Health Board;
  - provide a measurement tool to establish whether designated continuous engagement activity is impacting on how the general public view the Health Board so that weaknesses can be identified and feedback acted upon to alter the approach as necessary.
- 25.2 The third perception survey undertaken at the end of 2019 highlighted a number of positive findings:
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- Current levels of engagement with Health Board services remain high with most of the public having used local NHS services within the last 6 months (86%)
- Of these, 9% have attended a consultation event or engagement activity, up slightly on the previous years and indicating that in the region of 60,000 people have engaged with the Health Board beyond using the medical services
- Respondents continue to have a good understanding of the role the Health Board has in delivering local health services.

25.3 The survey however also indicated a number of areas for improvement:

- Increasingly people feel that they are unable to influence or have a say in the health priorities and decisions taken
- While concern about the future of local NHS services remained steady between years 1 and 2, over the last year it has increased significantly. The number of people saying they do not feel positive has increased from 52% to 63%
- On a scale of 1 – 10 (1 is zero, ten is lots), the average score for respondents' opportunity to influence or have a say in the health priorities and decisions for their local area is 2.8, notably lower than the average score of 3.16 achieved last year
- Overall, the average score for how good the respondents think their local NHS is at listening to local people is 4.0, down from 4.3 last year
- Of primary importance to a notable number of respondents is the issue of access to their GPs and the lack of appointments
- A higher proportion of the public (32%) recall hearing something about BCUHB in the last month than they did in either of the previous years (22%)
- 307 respondents commented on what they had heard, with over half the comments focusing on negative aspects of the management of the Health Board. The majority of these have heard something, either about the changes to nursing rotas /contracts and/or the cost of external consultants, in particular, the Recovery Director
- This year, 57% say that they speak positively about the local NHS, down from 63% in year 2.

25.4 To supplement the findings from the public survey, three stakeholder surveys have also been undertaken. The first was completed in late 2017, the second a year later and the third at the end of 2019. A number of key senior stakeholders from local authorities, the third sector, social housing and other health organisations were asked about their perceptions of the Health Board. The main objectives were to:

- Provide the Health Board with a better understanding of how relationships with stakeholders have changed over the last year, and
- Identify ways the Health Board can help to build these relationships going forward

25.5 The third stakeholder survey indicated that, on the whole, respondents were positive about the working relationship they have with the Health Board - perceiving that it had improved or at least remained the same as last year. Feedback suggested an increased level of positivity from stakeholders in relation to service delivery. There was recognition that the Health Board still faces challenges, but a keenness to continue joint working in order to deliver better services.

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- 25.6 As expected, stakeholder surveys have highlighted some challenges in working with the Health Board. It is felt that middle management does not have enough authority to make relatively simple decisions in meetings. This is attributed to the perceived hierarchical governance approach the Health Board takes to its decision making. This can cause frustration on both sides in meetings and can hinder progress on dealing with relatively minor practical matters. Other areas raised include the pace of change and development in the Health Board, issues relating to finance, funding and long term planning / sustainability and a need for better understanding of partners and collaborative working.
- 25.7 Engaging on the transformation and improvement programmes aligned to the Three Year Outlook is a priority, and subject to the COVID-19 pause on planning, engagement on significant service redesign and the developing clinical services strategy will be integral going forward. During the past year, a comprehensive range of public and stakeholder engagement activity took place in respect of nuclear medicine, dental services, orthopaedics, mental health and maternity services.
- 25.8 The Health Board has continued to build on existing relationships and establish new ones with community groups and partners. In particular the Health Board routinely supports third sector networks and forums and collaborates on work spanning a number of issues. These include engagement with Syrian refugee groups, membership of the North Wales Police Race Group, Veterans/ Armed Forces liaison and linking in with older people's networks and learning disabilities groups.
- 25.9 Over the summer Health Board representatives attended the National Eisteddfod in Llanrwst, enabling staff and departments to promote their services, support national campaigns and show the Health Board's human side. The focus was on engaging on the range of primary care services on offer in communities and arranged for representatives from community pharmacy, dentistry, wellbeing and mental health to attend. The Health Board also used the opportunity to promote recruitment and careers opportunities. Health Board representatives also attended the Denbigh and Flint, Merioneth and Anglesey shows during August 2019. In addition, as referred to in section 9, engagement and partnership has been at the forefront of the Health Board's response to COVID-19 in 2020. Engagement with the Community Health Council has also been maintained throughout the pandemic.

#### 25.10 Staff Engagement

- 25.10.1 The implementation plan attached to the Staff Engagement Strategy has been fully delivered, with work continuing to embed the processes that have been introduced as part of the plan. The newly developed Workforce and Organisational Development Strategy 2019/22 encompasses staff engagement and the improvements required. The Workforce Objectives include staff engagement as an integral theme which runs through all the objectives. Monitoring progress against the strategy is through the Workforce Improvement Group.
- 25.10.2 In respect of the Staff Survey 2018 improvement plans, several have been enacted since the overarching organisational improvement plan was approved by the Board in March 2019. All Divisions have developed their own local improvement plans. The feedback process to staff follows a 'You Said, We Did' approach, which is a supportive mechanism focused on cascading key messages on achievements out to the organisation.
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- 25.10.3 ByddwchynFalch/BeProud is an engagement tool adopted by the Health Board to ensure continuous staff feedback which provides a measure of staff engagement on an ongoing basis. Following a procurement process, the Go Engage tool developed by Wrightington, Wigan and Leigh NHS Foundation Trust was obtained. It was rebranded for BCUHB as 'ByddwchynFalch/BeProud' in order to maintain consistency with the 'Proud of' theme adopted as part of the staff engagement strategy.
- 25.10.4 The tool has two strands:
- Organisational level quarterly pulse surveys of 25% of the organisation
  - Team level surveys to improve engagement at local team/departmental level. Champions from each team, known as Pioneers, are trained in the use of a variety of engagement tools to support team development and improvement plans
- 25.10.5 The tool offers:
- A simple way to understand the science behind staff engagement in terms of cause and effect
  - Clear practical recommendations to improve staff engagement
  - Regular trend analysis – not a once a year/two years snapshot in time.
  - Ability to act quickly on data, two week turnaround from close of survey to presentation of results
- 25.10.6 The questions within the 'ByddwchynFalch/BeProud' survey have been cross-referenced to those within the NHS Wales Staff Survey. This will enable tracking of improvements at an organisational as well as team level. The Staff Friends and Family Test is widely used within NHS England as a benchmark; these two questions will be used locally as a key organisational pulse check on a quarterly basis via the 'ByddwchynFalch/BeProud' quarterly survey along with qualitative comments from staff. The measurements are:
1. Percentage of staff likely to recommend BCUHB to friends and family if they needed care or treatment.
  2. Percentage of staff likely to recommend BCUHB to friends and family as a place to work.
- 25.10.7 The first pulse survey was launched in April 2019 to a random sample of staff, with outcomes published in September 2019. The second survey was launched in February 2020. Actions identified will be embedded within staff survey improvement plans to align actions and provide a consistent monitoring framework. It is envisaged that further quarterly pulse surveys will take place in the latter half of 2020 and into the Spring of 2021.

## **26. Health and Care Standards for Wales: Governance, Leadership and Accountability**

- 26.1 The Health and Care Standards launched in April 2015 confirmed that effective governance, leadership and accountability was essential for the sustainable delivery of safe, effective person centred care and as such was an integral part of all the Health and Care Standards.
- 26.2 The Health Board has been continuously self-assessing and using the learning from this, and in addition, monitoring has been undertaken by HIW, WAO and Welsh Government as an integral part of the Special Measures Improvement Framework.
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- 26.3 A Joint Review was undertaken by HIW and WAO “*An Overview of Governance Arrangements BCUHB – A Summary of Progress*” published in June 2017. In addition to this Welsh Government commissioned Deloitte to undertake a Financial Governance Review, published in February 2018 which included examining leadership, governance and accountability across the organisation.
- 26.4 As part of special measures arrangements the Minister has issued a series of statements indicating progress as referred to elsewhere in this Statement.

## **27. The Health and Care Standards (HCS): Revised Framework**

- 27.1 The Health Board continues to embed the Health and Care standards as part of the ongoing quality work to support routine reporting and monitoring. The monthly ward to Board audits have been replaced by a revised monthly audit (launched April 2019). The revised audit has been developed in an electronic format to complement and support the recently implemented Ward Accreditation programme. The audit questions have been mapped against the HCS as well as the themes from within the Ward Accreditation framework.
- 27.2 The ‘HARMS’ Dashboard continues to evolve and is in the process of significant development following its launch in October 2017. Particular development has taken place in relation to the view for the wards following an upgrade to the data warehouse. The dashboard supports the implementation of the Quality Improvement Strategy (QIS) and is an integral element of the Ward Accreditation programme. The combination of the dashboard and the Ward Accreditation programme continues to promote a move towards establishing standards and building on the culture of continuous improvement, with the aim of being able to reduce variation and harm. The ‘HARMS’ dashboard is also a key enabler for the Health Board to support the work of the:
1. Safe Clean Care Programme (to reduce infection rates);
  2. Hospital Acquired Pressure Ulcer (HAPU) collaborative;
  3. Inpatient Falls collaborative;
  4. Medicines management collaborative.
- 27.3 Healthcare Inspectorate Wales (HIW) recommendations following inspections/reports are mapped against HCS and are reported to the Quality, Safety and Experience Committee on a quarterly basis and Quality and Safety Group bi monthly. The summary information provides a high level view of those actions that are considered as outstanding i.e. beyond the completion date determined by the Health Board. Work continues with the Community Health Council (CHC), to map to, and integrate, HCS related questions asked by the CHC during their unannounced inspections.
- 27.4 The Health Board is working to capture HIW inspections and recommendations via an information system which will allow for more focused work around themes for learning and provide a more integrated approach for assurance and reporting purposes.
27. On 12.12.19, the Health Board received a letter from the Chief Nursing Officer and Deputy Chief Medical Officer requesting comments in relation to the current effectiveness of the Health and Care Standards, in particular whether they remain fit for purpose or whether there is a need for a wholesale review at this time.
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- 27.6 The Health & Care Standards are key to improving the quality of services and the Health Board has been working in partnership with Healthcare Inspectorate Wales to ensure themes around learning and to aid the sharing of good practice. By mapping the standards to the Ward Accreditation criteria, this ensures consistency.

## **28. Quality Improvement Strategy (QIS)**

- 28.1 The BCUHB Quality Improvement Strategy (2017 to 2020) focused on five aims:
1. No avoidable deaths;
  2. Safe: continuously seek out and reduce patient harm;
  3. Effective: Achieve the highest level of reliability for clinical care;
  4. Caring: Deliver what matters most: work in partnership with patients, carers and families to meet all their needs and actively improve their health;
  5. Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living.
- 28.2 The QIS states the intention to report progress on its implementation within the Annual Quality Statement. However, an Internal Audit report (March 2020) gave only limited assurance on this, therefore it is acknowledged that there is further work to be done to enhance progress reporting as part of the development of a refreshed QIS.
- 28.3 The QIS for 2020-2023 is in progress. A review has been undertaken in relation to progress against the five aims set out in the QIS for 2017-2020. A plan for engagement and implementation going forward for the next three years is underway. However, in view of COVID-19, this work has been paused and the timeline will be revised.
- 28.4 The leadership of both the Patient Safety Team and Patient Experience Team have been revised to provide a single lead for the Health Board in each area with strengthened teams.
- 28.5 The Health Board has continued to use its Real Time Feedback system which allows patients, carers and visitors to share their feedback. In response to the themes and trends noted in feedback, the Patient Experience Team have developed a customer care training programme that is being held on a monthly basis for all Health Board staff.
- 28.6 Significant work has been undertaken to further develop the triangulation of information from the refreshed leadership walkabouts programme and a number of different sources. The evidence from all of these sources provides opportunities to prospectively evidence compliance with health and care standards and priority objectives to support this triangulation.
- 28.7 Further work is required across the Health Board through governance arrangements to evidence local triangulation and implementation of improvement to demonstrate lessons learned.

## **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.

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A substantial review of the health boards equality objectives and Strategic Equality Plan (SEP) has been undertaken this year. 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. The committee structure has been reviewed and accountability and communication strengthened.

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
- The Living Healthier Staying Well strategy sets out the commitment to promoting equality and human rights in all Health Board functions
- The Annual Plan demonstrates how the Health Board meets the duties associated equality and human rights and the arrangements for equality impact assessment (EqIA)
- Opportunities have been identified to build delivery of the SEP into planning and service delivery mechanisms and the system for improvement
- 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
- 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
- In respect of the Welsh Language Standards Regulations 2018 under the Welsh Language (Wales) Measure 2011, a notice of regulatory compliance was placed on the Health Board in November 2018, in the form of standards. The Health Board is working to these standards and compliance is monitored through reporting to the Strategy, Partnerships & Population Health Committee.

## 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.
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### 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 Post Payment Verification 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, General Pharmaceutical Services and General Optical Services has been agreed, in accordance with NHS Wales agreed protocols.
- 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, 4th bullet point).

### 29.4 Carbon Reduction Delivery Plans

- 29.4.1 The organisation's resilience is based on having business continuity plans in place. BCUHB has partnership agreements and information sharing with other public bodies and 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;
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- 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 has now been implemented and embedded throughout BCUHB certification was achieved April 2018. The ISO14001 EMS has proven to make BCUHB more aware of their environmental responsibilities that have a significant impact on the environment, including legal and regulatory accountabilities, and enables associated risks to be managed more efficiently. The Environment Officers have successfully completed Lead Auditor transitions training, and are now IEMA/IRCA & CQI certified.

29.4.5 Members of the Environmental Management Steering Group have engaged in implementing the 2015 version of the standard by highlighting:

- 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, BCUHB itself and interested parties. Consistent with BCUHB's Environmental Policy, the intended outcomes of the EMS include:

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

The assessment evidenced that the cornerstones of the system are in place, i.e. Corporate and site specific aspects & impacts, objectives & targets plus environmental Programmes in place across the sites. The Internal Audit Programme is on target and internal audits are being carried out effectively.

#### 29.4.7 Waste Management

The Health Board continues to work in partnership with Seven Ways Environmental Services 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 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 Safe Clean Care Campaign to continually improve patient safety and reduce infections, Spring clean events and Autumn cleans took place in April 2019 and October 2019, during which furniture, electrical and metal waste were collected from 45 sites across 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.

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 on 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 The Audit Committee receives regular Local Counter Fraud Progress Reports, on a quarterly basis, and an Annual Report of Local Counter Fraud work which has been undertaken during the financial year. This collectively provides a summary briefing of the work which has been undertaken by Local Counter Fraud Services Team, during the year and details the main outcomes in-year, including both the number of Criminal and Disciplinary sanctions, as well as the financial recoveries which have been secured.

29.5.2 The Chair of the Audit Committee holds quarterly bilateral private meetings with the Head of Local Counter Fraud Services, to ensure that there is a clear understanding of current issues and risks, as recommended in the NHS Wales Audit Committee Handbook. This adds to the assurance for the Health Board and results in an efficient performance of the Audit Committee when dealing with Counter Fraud matters.

29.5.3 During 2019/20, the Local Counter Fraud team has undertaken a range of activities, leading to the outcomes and benefits realised as set out below:

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- Regular Fraud Awareness presentations are delivered to Health Board Staff at Staff Induction training sessions, through the Step into Management Programme training courses as well as to ad-hoc groups as and when required. The Fraud Awareness presentations include information on how to report Fraud, Bribery and Corruption.
- Fraud Awareness presentations are delivered to Health Board Executive and Non-Executive Board Members as and when new appointments are made to the Board.
- The Health Board has an Anti-Fraud, Bribery and Corruption Policy in place which has been approved by the Audit Committee and which is publicised in the electronic staff newsletter and is available on the Health Board's web site.
- Those who wish to report fraud may do so anonymously via the NHS Protect Fraud and Corruption Reporting Line.
- Local Counter Fraud messages are included in the staff payslips.
- Fraud Deterrence Activities involving the publication of media reports relating to successful cases on Counter Fraud activities are regularly published in the Health Board's electronic staff newsletter and reported both to the Audit Committee and Welsh Government.
- Fraud Prevention Activities involving actions undertaken to directly change procedures identified as being at risk to fraud or actions to implement a structured Prevention Process are regularly carried out throughout the year and reported both to the Audit Committee and Welsh Government.
- The Local Counter Fraud team have reported to the Audit Committee work which has been undertaken, up to Quarter 3 of 2019/20, which has resulted in financial recoveries of public money amounting to £283,058 which has been reported to Welsh Government.

## 29.6 Welsh Health Circulars (WHCs) and Ministerial Directions

- 29.6.1 A range of WHCs was published by Welsh Government during 2019-20 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](#).
- 29.6.3 Ministerial Directions are published by Welsh Government as part of their [health and social care publications](#). General Ministerial correspondence continues to be received and actioned by the Health Board with a logging and tracking system in place. A key Ministerial Direction received and disseminated during this reporting period was that regarding the [NHS Pension Tax Proposal 2019 to 2020](#). The Health Board wrote to each of its affected consultants and senior managers individually, to advise them of the national guidance and options.
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## 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 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 role of the Senior Information Risk Owner transferred to the Executive Finance Director as noted in the revised Scheme of Reservation and Delegation ratified by the Board on 23.1.20.
- 30.1.2 The Health Board's information governance and cyber security status was regularly reviewed by the the Information Governance and Informatics Committee which later became the Digital and Information Governance Committee following a re-naming which canme into effect at its September 2019 meeting.
- 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 has undertaken an annual self-assessment against the Caldicott C-PIP tool. This has demonstrated that the Health Board has maintained a Class 4 star rating with a compliance of 90% still achieved against the tool.
- 30.1.5 During the year the Health Board also completed a pilot baseline assessment against the National Information Governance Toolkit which will help to strengthen assurance and reporting arrangements across Wales. Scrutiny of the assessment is yet to be agreed nationally, but the outcome of the baseline assessment will form the basis of future information governance work programmes.
- 30.1.6 The Health Board also took part in the Information Commissioner's Office (ICO) follow up audit in July 2019 to confirm progress made to address the recommendations from the original audit which took placed in June 2018. This follow up audit still focussed on the on three main areas:
1. Governance and Accountability
  2. Records Management and
  3. Requests for Personal Information.

The ICO noted some outstanding actions existed, but meaningful progress was being made with remaining actions in place to mitigate the risk of non-compliance. Areas of improvements were noted and included a comprehensive set of public awareness materials to inform individuals about fair processing and their rights; development of a formal QA and redaction procedure for subject access requests; the introduction of enhanced information governance training for information asset owners and the production of staff awareness materials realating to the handling of verbal requests.

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- 30.1.7 The Health Board self-reported 6 data security breaches that triggered referral to the Information Commissioner's Office and Welsh Government. These were:
- One in relation to the loss of a personal file;
  - One in relation to the loss of records;
  - One in relation to continued inappropriate access to systems by a staff member;
  - One in relation to a theft of records;
  - One in relation to information sent to an incorrect address;
  - One in relation to a record being left at another patient's address.
- 30.1.8 All of the incidents have been closed by the Information Commissioners Office. Three required no further action from the Information Commissioners Office due to the immediate actions and improvements in place at the Health Board. The Information Commissioner provided recommendations for two of the incidents along with a request for a copy of the final investigation report in relation to the continued inappropriate access. The Information Commissioner's Office are not pursuing any further action in relation to these 3 incidents. 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 individuals/data subjects who have been affected by the incident and provided appropriate support where necessary;
  - Completion of home working risk assessments, which have also been included in the mandatory training face to face sessions to further raise staff awareness;
  - 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 have increased the number of additional training sessions held in community locations and acute sites to continue to improve staff awareness..
  - Staff reminded to send information electronically where possible and to encrypt/password protect the information.
- 30.1.10 Towards to end of the year, significant revised working arrangements were implemented to support the Health Board's response to the COVID-19 Pandemic. These included the use of Virtual Clinics, telephone and Skype consultations and agile working from homes. A simplified data protection impact assessment was developed to ensure compliance with the Data Protection Act remained and was auditable.

## 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, as exemplified in section 24.3 of this Statement.
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- 30.2.2 During 2019/20 the Health Board implemented upgrades to the Welsh Patient Administration System (WPAS) at both Glan Clwyd and Wrexham Maelor hospitals. The implementation project in Ysbyty Gwynedd is also well underway, but has been affected by the COVID-19 pandemic. Having in place a single WPAS across North Wales remains a key objective for the organisation.
- 30.2.3 As the Health Board begins to standardise onto one Patient Administration System, with the potential for one way of working, real time data quality dashboards have been rolled out to support operational staff to take ownership of errors. This will support the standardisation agenda, and is being used to proactively ensure the quality of data as part of the Ysbyty Gwynedd WPAS project. The organisation has successfully implemented a number of live cloud based dashboards providing real time access to data in innovative and engaging formats. These include the Emergency Department Floor plans and Live ward occupancy, available via whiteboard, PC and mobile device.
- 30.2.4 The last 12 months have seen a continued focus on addressing the backlog in clinical coding against the revised targets. The department achieved the target several times during the year. Sustainability has been adversely affected by the COVID-19 pandemic.
- 30.2.5 The monthly Integrated Quality and Performance Report presented to the Board and its committees during 2019-20 includes data on both performance against the health board's Annual plan and the national delivery framework indicators for the year as well as demonstrating the reported performance in the current and previous period. Where available this data has been benchmarked with Welsh Government published data. During 2019/20 the red-amber-green(RAG) rating of the current period's reported performance was changed to align to the Board intended levels of performance included in the Annual Plan. This assists the Board in scrutinising areas where variance is greater than would be expected and also enables contributors to the report to highlight any data quality issues in their exception reports.
- 30.2.6 Throughout 2019-20 the Annual Plan Monitoring Report has been presented to the Quality, Safety & Experience, Finance & Performance, Strategy, Planning & Population Health, Digital & Information Governance Committees and the Board to reflect the monthly progress on actions within the Annual Plan. Executive leads for each action have RAG-rated the progress providing narrative to explain any Red rated actions. To support data quality requirements, quarterly random sampling of the actions took place with additional evidence provided to support the rating attributed to the action and consistency check ratings between executive leads. In the final third of the year narratives were also required for Amber rated actions to provide added assurance that corrective action was in place to improve the likelihood of year end delivery.
- 30.2.7 During 2019-20 additional in-year indicators were introduced. These were issued following impact assessments undertaken via NWIS and with definitions as to data collection and extraction methodology. It is recognised that some of the data quality of these new indicators is not at the same level as previous indicators, with the data having been manually collated and sitting outside of established data management systems. These indicators have been the focus of internal work to improve data quality and also the subject of national discussion both within the specific service and via the All Wales Performance Managers Group.
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- 30.2.8 Overall, the Board is satisfied that data quality is sufficiently accurate to be able to identify patterns or trends in performance. Continuous improvement as regards data quality remains an ongoing process, the Information Department has established a data quality team within their function. CHKS provide the Health Board with data quality reports. Where there are known data quality issues these are included in the reports for the sub-committees and data quality is included in the risk register of the performance directorate.

## 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
- WAO Structured Assessment;

- 31.3 From the various sources of evidence, including the WAO Structured Assessment 2019 finding that '*notable aspects of governance and internal control include...developing board assurance arrangements, risk management and clinical audit programme and processes*' plus the reasonable assurance provided by Internal Audit (see section 32.3), overall I am satisfied with the effectiveness of the system of internal control. As observed by WAO, the Board and its committees demonstrate '*improving rigour and challenge*', underpinned by key elements that support effectiveness, such as independent member committee chairs' assurance reporting to the full Board, the coordinating work of the Committee Business Management Group and the outputs of the Audit Committee. However, as noted by WAO 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 Board Secretary, 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 new intranet and internet arrangements
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- integrated performance reporting and a revised accountability framework
- continued efforts to meet the expectations of the Special Measures Improvement Framework
- recommendations from internal audits
- ongoing work to improve the management of concerns and claims;

See also section 29.6 regarding WHCs acted upon during the reporting period.

## 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. As a result of the COVID-19 pandemic and the response to it from the Health Board, Internal Audit has not been able to complete its audit programme in full. However, it has undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Public Sector Internal Audit Standards.
- 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.”*

	<p>The Board can take <b>reasonable assurance</b> 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.</p>
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Particular focus should be placed on the agreed response to any *limited* or *no-assurance* reports issued during the year and the significance of the recommendations made.

## 32.4 Basis for Forming the Opinion

In reaching the opinion the Head of Internal Audit has applied both professional judgement and the Audit & Assurance “*Supporting criteria for the overall opinion*” guidance produced by the Director of Audit & Assurance and shared with key stakeholders.

The Head of Internal Audit has concluded *reasonable assurance* can be reported for the Corporate Governance, Risk Management and Regulatory Compliance; Financial Governance & Management; Information Governance & Security; Operational Service and Functional Management and Capital & Estates Management domains; but only *limited assurance* can be reported for the Strategic Planning, Performance Management & Reporting; Quality & Safety; and Workforce Management domains.

It should be noted that twelve reviews were deferred from the plan this year which could have a positive/negative impact on the specific domain assurance rating.

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

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. 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; and
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations.

As stated above these detailed results have been aggregated to build a picture of assurance across the eight key assurance domains around which the risk-based Internal Audit plan is framed. Where there is insufficient evidence to draw a firm conclusion the assurance domain is not rated.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited or no assurance was reported. Further, a number of 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. Where changes were made to the audit plan then the reasons 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.

A summary of the findings in each of the domains is set out below. Each domain heading has been colour coded to show the overall assurance for that domain. Red denotes no assurance, amber is limited assurance, yellow is reasonable assurance and green is substantial assurance.

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## Corporate Governance, Risk Management and Regulatory Compliance (Yellow - reasonable assurance)

- Our reviews relating to Welsh Risk Pool Claims Management Standard, Health and Safety, Compliance with Standing Financial Instructions – Procuring goods and services: Estates – GRAMMS and Compliance with Standing Financial Instructions – Procuring goods and services: Therapies – Therapy Manager recorded reasonable assurance, where some compliance issues with expected controls were identified.
- Adroddiad Archwilio Mewnol Terfynol - Mesur y Gymraeg (Cymru) 2011/Welsh Language (Wales) Measure 2011 - Nid yw strategaeth sgiliau dwyieithog y Bwrdd Iechyd yn cydymffurfio a swyddi hynny a nodir fel Cymraeg hanfodol/ The Health Board Bi-lingual skills strategy is not being complied with for those posts stipulated as Welsh essential – limited assurance.

## Strategic Planning, Performance Management & Reporting (Amber - limited assurance)

- The review of Partnership governance - Section 33 Agreements identified a lack of assurance reported through the management and Committee structure regarding the performance of each Section 33 agreement. In addition, the Health Board was not compliant with the Statutory Instrument where it is the host partner – limited assurance.
- Performance measure reporting to the Board – Accuracy of information review was deferred from the plan, following agreement of the scope with the Audit Committee to analyse the accuracy of RTT activity reporting to the Board.

## Financial Governance and Management (Yellow - reasonable assurance)

- The review of Budget setting - Ysbyty Wrexham Maelor Hospital identified that the Health Board had robust governance arrangements in place for the setting of the 2019/20 budgets, however in reviewing the costing of vacancies, backing documentation had not been retained and was not available for review, therefore we could not confirm that the budget strategy requirements had been met – reasonable assurance.
  - Salary overpayments – We identified that the implemented procedure has not been consulted upon and that overpayments were increasing due, in part, to late submission of staff leavers forms for processing – limited assurance.
  - Our work on the Delivery of savings against identified schemes at Ysbyty Glan Clwyd is currently in progress but we have not been able to conclude this audit at the date of issuing this opinion. We will issue our report and findings as part of the 2020/21 audit programme.
  - Audit work had been planned to look at Health Board-wide management of delivery savings plans however the scope of the Internal Audit work would have covered similar ground to that being undertaken by Price Waterhouse Coopers (PwC) and as such was deferred to avoid potential duplication. PwC commenced work at the Health Board on the 1<sup>st</sup> April 2019 and continued supporting the Health Board savings programme up to the 5<sup>th</sup> July 2019. PwC issued two reports, the *Review of Expenditure (Grip and Control)* on the 26<sup>th</sup> April 2019 [twenty-two recommendations] and *Financial Baseline Review* issued on 15<sup>th</sup> May 2019 [32 recommendations].
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## Quality & Safety (Amber - limited assurance)

- Our review of Safeguarding Follow-up recorded substantial assurance where all recommendations, at the time of our review, had been implemented.
- The review of the Annual Quality Statement and HASCAS & Ockenden external reports – Recommendation progress and reporting (based upon the review of three recommendations received to date) both recorded reasonable assurance.
- Quality Impact Assessment review identified that some Project Initiation Documents (PIDs) had not been completed in accordance with the procedure made available to us and we could not identify effective reporting with subsequent scrutiny possible Improvement Groups over PIDs for assurance reporting to the Finance Recovery Group – limited assurance.
- Decontamination review identified a lack of reporting of issues of significance for escalation from the Local Infection Prevention Groups (LIPGs) as well as identifying several meetings have been cancelled within the governance and reporting arrangements. The Decontamination Department demonstrated a planned approach with the self-audit tool, however we found the self-audit tools were not routinely discussed at the LIPGs; evidence of self-audit tool being completed within two departments was not provided and no questions within the self-audit tool ascertaining whether the chemicals have been assessed correctly – limited assurance.
- Deprivation of Liberty Safeguards (DoLS) – The review identified a lack of local operational procedure clarifying expectations of wards/departments as the Managing Authority; there is insufficient Best Interest Assessors exposing the Health Board to risk of financial penalties from non-compliance with the requirements of DoLS Legislation. In addition DoLS applications were sometimes incomplete and the reporting of breaches was not evident – limited assurance.
- Quality Improvement Strategy - We were unable to confirm that the Strategy has delivered its intended actions over the three years as there was no underpinning plan stating what the Health Board intended to do. Limited reporting on progress was evident and Welcome Boards across some wards are not being maintained – limited assurance.

## Information Governance & Security (Yellow - reasonable assurance)

- GDPR – Follow-up of the Information Commissioners Office (ICO) review identified robust control over the action plan with clear timelines for implementation – limited evidence of regular reporting to Committee on progress – reasonable assurance.
- Cyber security review identified a draft cyber security policy requires approval and a lack of evidenced assurance reporting through the Committee structure to the Board - reasonable assurance.

## Operational Service and Functional Management (Yellow - reasonable assurance)

- Non-emergency patient transport service (NEPTS) review identified there was a lack of performance management in relation to contract monitoring of NEPTS. In addition, the introduction of an all-Wales NEPTS contract, by WAST, had slipped – reasonable assurance.
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- Managed General Practitioner Practices review identified opportunities to enhance the governance and performance scrutiny arrangements around managed practices, recognising the Health Board is planning to manage all practices under a managed practice unit – reasonable assurance.
- Joint follow-up with Conwy County Borough Council Internal Audit Service: Conwy Community Mental Health Team (CMHT) – this review was limited to solely reviewing the evidence provided by officers in the Mental Health and Learning Disabilities Services Division to address specific findings/recommendations made by Conwy Internal Audit Services report on Conwy CMHT. We noted progress had been made across all recommendations bar one. We believe that the only way to address the original recommendations by the Council auditors is to develop a formal Section 33 agreement between both partners – assurance not applicable.
- Ysbyty Gwynedd Emergency Department Patient Monitors – The review identified that governance arrangements and transparency in recording decisions require improvement at Ysbyty Gwynedd – assurance not applicable.

#### Workforce Management (Amber - limited assurance)

- NHS Wales staff survey – delivering the findings review identified that there was no overarching scrutiny of divisional delivery plans as reported to Committee and a lack of evidence in Mental Health & Learning Disabilities (MHL) and Secondary Care Ysbyty Gwynedd that respective governance arrangements routinely reviewed the staff survey. It has not been possible to definitively state that the progress reported against each delivery plan, for some, address the actions due to limited specific/measurable actions – limited assurance.
- Recruitment – Medical and Dental staff review identified data quality and completion of set fields is poor; this needs addressing for the Health Board to have meaningful data. The length of time taken from submission of an establishment control request to completion of pre-employment checks takes an average of 104 days; the ability of services/divisions to provide services is undermined by the lengthy recruitment process and could impact efforts to reduce locum/agency costs. The review of TRAC data notes the period between advert closing and shortlisting dates can add significant delay; it is unclear why closing date and shortlisting stage takes this amount of time as recruiting managers will know in advance the closing date and have adequate time to arrange to shortlist - limited assurance.
- Roster management – Our work on roster management is currently in progress but we have not been able to conclude this audit at the date of issuing this opinion. We will issue our report and findings as part of the 2020/21 audit programme.

#### Capital & Estates Management (Yellow - reasonable assurance)

- The review of the Carbon Reduction Commitment Order received substantial assurance and noted full compliance with expected controls.
  - The environmental sustainability review noted that the Health Board's overarching sustainability strategy requires developing and that relevant and accurate information is included in the report – reasonable assurance.
  - Statutory Compliance: Fire Safety review identified that the Strategic Occupational Health & Safety Group has been re-established coupled with the pro-active steps taken to re-energise the health and safety agenda within and across the Health Board. Reporting and assurance from directorates/ divisions must however improve to provide assurance to the Executive and Board – reasonable assurance.
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- Ysbyty Gwynedd Emergency Department review identified regular reporting of project progress was evident however the project was delayed and issues around snagging were identified – reasonable assurance.
- North Denbighshire Community Hospital review identified that project board meetings have not met monthly and contracts require sign-off – reasonable assurance.
- Substance Misuse Action Funds review identified some issues around Project Board compliance and timeliness of one planning application - reasonable assurance.
- Ysbyty Glan Clwyd Redevelopment - Operation of the Pain/Gain Mechanism and Ysbyty Glan Clwyd Open Book Pain/Gain reviews identified some control issues for management consideration – both reviews were reasonable assurance.

32.5 In light of Covid-19, Audit & Assurance Services has committed to ensuring it focuses on priority risk areas, business critical systems, and the provision of assurance to management across the medium term and in the operational year ahead. As in any given year, its Plan will be kept under review and may be subject to change to ensure it remains fit for purpose. The function is particularly mindful of the level of uncertainty that currently exists with regards to the COVID-19 pandemic. At this stage, it is not clear how the pandemic will affect the delivery of the Plan over the coming year. To this end the need for flexibility, and a revisit of the focus and timing of the proposed work will be necessary, at some point during the year.

### 33. External Audit

33.1 On behalf of the Auditor General for Wales, staff of the Wales Audit Office (WAO – now 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 23.1.20. The WAO's main conclusion following its Structured Assessment was:

*“Our overall conclusion from the 2019 structured assessment work is that the Health Board is still grappling with many of the key challenges we identified in last year’s structured assessment. There is evidence of improvements in respect of some important quality metrics as well as a commitment and action to address long-standing problems with finance and key aspects of performance. However, much of the latter is geared towards short-term solutions which are not yet securing the scale of improvement needed. The need to develop a vision and strategy that deliver clinical services which are both financially and clinically sustainable is now more pressing than ever. This needs to be taken forward as part of a Health-Board-wide approach that is focused on continuous improvement and service transformation”.*

33.2 Progress continues to be monitored via the audit tracker tool. The Board requested an update against the recommendations in due course. At its January meeting, the Board also formally received and noted. the WAO Annual Audit Report 2019

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](#):

*“Audit of the Accountability Report and Financial Statements:*

- I have 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 relevant to my audit of the accounts. I have therefore issued an unqualified opinion on their preparation.*
- However, in issuing this unqualified opinion, I have brought some issues to the attention of officers and the Audit Committee. We recognised the significant achievement in preparing the accounts by the submission date and that the Health Board had improved some of its accounting practices since the previous year, although there remained scope for further improvement.*
- The Health Board did not achieve financial balance for the three-year period ending 31 March 2019 and so I have issued a qualified opinion on the regularity of the financial transactions within its 2018-19 accounts.*
- Alongside my audit opinion, I placed a substantive report on the Health Board’s financial statements to highlight its failure to achieve financial balance and also its failure to have an approved three-year plan in place.*

*Arrangements for securing efficiency, effectiveness and economy in the use of resources:*

- My 2019 structured assessment work at the Health Board has found that:*
- while long-term quality performance trends are positive, the Health Board’s financial position remains of significant concern and challenges persist in respect of performance of services.*
- there remains a pressing need to develop a vision and strategic plan for health services in north Wales that is both clinically and financially sustainable.*
- while there is evidence of actions in respect of turnaround and transformation, these have yet to secure the required improvements. There is a need to balance short-term actions to control costs with longer-term service improvement and modernisation plans.*
- governance arrangements are generally improving but there is a need to strengthen aspects of the senior management structure and ensure that Board working remains cohesive and constructive.*
- workforce management arrangements are clearly strengthening, but there remain long-standing challenges in relation to recruitment, productivity and modernisation.”*

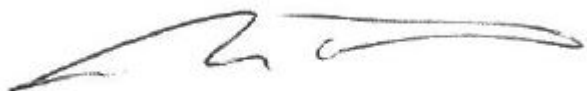
33.4 The Auditor General wrote to the Health Board on 19.3.20 to advise that Audit Wales had paused aspects of its work - site-based audits - in order to allow for prioritisation of the COVID-19 response.

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## 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 Special Measures, from Wales Audit Office (now 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. For the period before my appointment as Accountable Officer, I have taken assurance from information upon which I was sighted by virtue of my role as Deputy Chief Executive of NHS Wales.
- 34.2 The last twelve months have been difficult and challenging for the organisation. Whilst there is evidence of progress being made in some areas, there remain several key areas which contribute to the Health Board remaining in special measures.
- 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:
- Balancing the need to respond to the COVID-19 pandemic against recovery and the need to run business as usual in parallel
  - Lessons learnt from the health emergency and opportunities for transformation
  - Ongoing efforts aimed at securing the lifting of special measures;
  - Improved performance in unscheduled care and on RTT;
  - Improved financial position
  - Increased strategic and service planning capacity and capability;
  - Continuing joint working with key strategic partners, particularly via Public Services Boards and the Regional Partnership Board;
  - The Health Board will continue to apply 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.
- 34.6 This Annual Governance Statement has been developed in accordance with the Health Board's governance arrangements and was approved by the Audit Committee on 29.6.20. As the Accountable Officer, I am taking assurances on the accuracy of the Annual Governance Statement from the arrangements established by the Health Board.
- 34.7 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 2020/21 and beyond. I will ensure our Governance Framework considers and responds to this need.
-

**Signed:**

A handwritten signature in black ink, appearing to be 'S. Dean', written over a thin yellow horizontal line.

**Simon Dean**  
**Interim Chief Executive and Accountable Officer**

**Date: 30.6.20**

## Appendix 1 Board and Committee Membership 2019/20

A number of changes to Board membership, including interim and acting up arrangements, have occurred during 2019/20 and are reflected in the table below.

Name	Position	Area of expertise / representation role	Board Committee membership and record of attendance (%)	Champion roles
Mr Mark Polin	Chairman		<ul style="list-style-type: none"> <li>Chair of the Board</li> <li>Chair Remuneration and Terms of Service Committee (100%)</li> <li>Chair Finance and Performance Committee (100%)</li> </ul>	
Mrs Marian Wyn Jones	Vice Chair <i>to 30.11.19</i>	Community  Primary Care & Mental Health	<ul style="list-style-type: none"> <li>Board Member</li> <li>Chair Strategy, Partnerships and Population Health Committee <i>to 30.11.19</i> (100%)</li> <li>Chair Mental Health Act Committee <i>to 30.11.19</i> (100%)</li> <li>Member Remuneration and Terms of Service Committee <i>to 30.11.19</i> (75%)</li> </ul>	<ul style="list-style-type: none"> <li>Public and Patient Involvement</li> <li>Older People</li> <li>Safeguarding / Adults at risk</li> </ul>
Mrs Lucy Reid	Independent Member  Vice Chair <i>wef 3.12.19</i>	Community  Primary Care & Mental Health	<ul style="list-style-type: none"> <li>Board Member</li> <li>Audit Committee <i>to 22.12.19</i> (100%)</li> <li>Chair Quality, Safety and Experience Committee (100%)</li> <li>Member Digital &amp; Information Governance Committee <i>to 22.12.19</i> (100%)</li> <li>Chair Mental Health Act Committee <i>wef 23.12.19</i> (100%)</li> </ul>	<ul style="list-style-type: none"> <li>Concerns</li> </ul>
Mrs Lyn Meadows	Independent Member	Community	<ul style="list-style-type: none"> <li>Board Member</li> <li>Member <i>wef 2.10.19</i>, Acting Chair <i>wef 23.12.19</i> Strategy, Partnerships and Population Health Committee (100%)</li> <li>Vice Chair Audit Committee <i>wef 23.12.19</i> (100%)</li> <li>Vice Chair Quality, Safety and Experience Committee <i>wef 23.12.19</i> (83%)</li> <li>Member Finance and Performance Committee <i>to 2.10.19</i> (100%)</li> <li>Member Mental Health Act Committee <i>to 22.12.19</i> (100%)</li> <li>Member Charitable Funds Committee <i>to 22.12.19</i> (100%)</li> </ul>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Cleaning, Hygiene and Infection Management</li> </ul>
Cllr Cheryl Carlisle	Independent Member	Community	<ul style="list-style-type: none"> <li>Board member</li> <li>Member Quality, Safety and Experience Committee (80%)</li> <li>Member Mental Health Act Committee (66%)</li> <li>Member Charitable Funds Committee <i>wef 23.12.19</i></li> <li>Member Digital &amp; Information Governance Committee <i>to 22.12.19</i> (25%)</li> </ul>	<ul style="list-style-type: none"> <li>Carers</li> <li>Children and Young People</li> </ul>
Cllr Medwyn Hughes	Independent Member	Local Authority	<ul style="list-style-type: none"> <li>Board Member</li> <li>Chair Audit Committee (100%)</li> <li>Vice Chair Remuneration and Terms of Service Committee (100%)</li> <li>Member Digital &amp; Information Governance Committee <i>wef 23.12.19</i> (0%)</li> <li>Member Strategy, Partnerships and Population Health Committee <i>to 23.12.19</i> (80%)</li> </ul>	<ul style="list-style-type: none"> <li>Patient and Public Involvement</li> <li>Welsh language</li> </ul>



Name	Position	Area of expertise / representation role	Board Committee membership and record of attendance (%)	Champion roles
Prof Nichola Callow	Independent Member <i>wef 5.6.19</i>	University	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Member Digital &amp; Information Governance Committee (66%)</li> <li>• Member Strategy, Partnerships and Population Health <i>wef 23.12.19</i> (100%)</li> </ul>	
Ms Helen Wilkinson	Independent Member	Third Sector	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Vice Chair Strategy, Partnerships and Population Health Committee (66%)</li> <li>• Member Finance and Performance Committee (81%)</li> <li>• Member Charitable Funds Committee (66%)</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans</li> </ul>
Mrs Jackie Hughes	Independent Member	Trade Union	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Member Audit Committee (75%)</li> <li>• Member Remuneration and Terms of Service Committee (100%)</li> <li>• Vice Chair <i>to 22.12.19</i>, Member <i>wef 23.12.19</i> Quality, Safety and Experience Committee (83%)</li> <li>• Chair Charitable Funds Committee (100%)</li> <li>• Ex Officio Local Partnership Forum</li> </ul>	<ul style="list-style-type: none"> <li>• Violence and Aggression</li> <li>• Equality</li> </ul>
Mr John Cunliffe	Independent Member	Community	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Chair Digital &amp; Information Governance Committee (100%)</li> <li>• Vice Chair Finance and Performance Committee (90%)</li> <li>• Member Strategy, Partnerships and Population Health Committee <i>wef 23.12.19</i> (100%)</li> <li>• Vice Chair Audit Committee <i>to 22.12.19</i> (66%)</li> </ul>	
Mr Eifion Jones	Independent Member <i>wef 5.8.19</i>	Community	<ul style="list-style-type: none"> <li>• Board member</li> <li>• Member Finance and Performance Committee (57%)</li> <li>• Member Mental Health Act Committee <i>wef 2.10.19</i> (100%)</li> <li>• Member Audit Committee <i>wef 23.12.19</i> (100%)</li> </ul>	
Mr Gary Doherty	Chief Executive <i>to 7.2.20</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance Remuneration and Terms of Service Committee</li> <li>• In attendance Audit Committee (at least annually)</li> <li>• Joint Chair / Member, Local Partnership Forum</li> <li>• By invitation Finance and Performance Committee <i>wef July 2019</i></li> </ul>	
Mr Simon Dean	Interim Chief Executive <i>wef 10.2.20</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance Remuneration and Terms of Service Committee</li> <li>• In attendance Audit Committee (at least annually)</li> <li>• Joint Chair / Member, Local Partnership Forum</li> <li>• By invitation Finance and Performance Committee</li> </ul>	
Mr Russell Favager	Executive Director of Finance <i>to 28.4.19</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance Audit Committee</li> <li>• Lead Director / Member, Charitable Funds Committee</li> <li>• Lead Director / In attendance, Finance and Performance Committee</li> <li>• Member Local Partnership Forum</li> </ul>	

Name	Position	Area of expertise / representation role	Board Committee membership and record of attendance (%)	Champion roles
Ms Sue Hill	Acting Executive Director of Finance <i>wef 29.4.20</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance Audit Committee</li> <li>• Lead Director / Member, Charitable Funds Committee</li> <li>• Lead Director / In attendance, Finance and Performance Committee</li> <li>• Member Local Partnership Forum</li> </ul>	
Miss Teresa Owen	Executive Director of Public Health		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance Quality, Safety and Experience Committee</li> <li>• In attendance Strategy, Partnerships and Population Health Committee</li> </ul>	
Mrs Sue Green	Executive Director of Workforce & Organisational Development (OD)		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Lead Director/In attendance, Remuneration and Terms of Service Committee</li> <li>• In attendance Finance and Performance Committee</li> <li>• In attendance Strategy, Partnerships and Population Health Committee</li> <li>• Lead Director / Member, Local Partnership Forum</li> <li>• In attendance, Quality, Safety and Experience Committee</li> </ul>	
Mr Mark Wilkinson	Executive Director Planning and Performance		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Lead Director / In attendance, Strategy, Partnerships and Population Health Committee</li> <li>• Member Charitable Funds Committee</li> <li>• In attendance Finance and Performance Committee</li> <li>• Lead Director / In attendance Stakeholder Reference Group</li> </ul>	
Dr Evan Moore	Executive Medical Director <i>to 31.7.19</i>		<ul style="list-style-type: none"> <li>• Board member</li> <li>• In attendance Quality, Safety and Experience Committee</li> <li>• Lead Director / In attendance -</li> <li>• In attendance Finance and Performance Committee</li> </ul>	
Dr David Fearnley	Executive Medical Director <i>wef 1.8.19</i>		<ul style="list-style-type: none"> <li>• Board member</li> <li>• In attendance Quality, Safety and Experience Committee</li> <li>• Lead Director / In attendance Digital and Information Governance Committee</li> <li>• In attendance Finance and Performance Committee</li> <li>• Member Charitable Funds Committee <i>wef 4.9.19</i></li> </ul>	
Dr Chris Stockport	Executive Director Primary and Community Services		<ul style="list-style-type: none"> <li>• Board member</li> <li>• In attendance, Quality, Safety and Experience Committee</li> <li>• In attendance Strategy, Partnerships and Population Health Committee</li> </ul>	
Mrs Gill Harris	Executive Director Nursing and Midwifery / Deputy Chief Executive <i>wef 1.7.19</i>		<ul style="list-style-type: none"> <li>• Board member</li> <li>• Lead Director / In attendance Quality, Safety and Experience Committee</li> <li>• Member Local Partnership Forum</li> <li>• In attendance Mental Health Act Committee</li> <li>• By invitation Finance and Performance Committee</li> <li>• In attendance Audit Committee <i>wef 23.1.20</i></li> <li>• Member Charitable Funds Committee <i>to 3.9.19</i></li> </ul>	

Name	Position	Area of expertise / representation role	Board Committee membership and record of attendance (%)	Champion roles
Mrs Deborah Carter	Acting Executive Director Nursing and Midwifery  <i>1.4.19-31.8.19</i>		<ul style="list-style-type: none"> <li>• Board member</li> <li>• Lead Director / In attendance Quality, Safety and Experience Committee</li> <li>• Member Local Partnership Forum</li> <li>• In attendance Mental Health Act Committee</li> <li>• Member Charitable Funds Committee</li> <li>• By invitation Finance and Performance Committee</li> </ul>	
Mr Adrian Thomas	Executive Director Therapies & Health Sciences		<ul style="list-style-type: none"> <li>• Board member</li> <li>• Lead Director / In attendance Healthcare Professionals Forum</li> <li>• In attendance Quality, Safety and Experience Committee</li> </ul>	
Mrs Grace Lewis-Parry	Board Secretary <i>to 31.8.19</i>		<ul style="list-style-type: none"> <li>• In attendance at Board</li> <li>• Lead Director / In attendance Audit Committee</li> <li>• In attendance Digital and Information Governance Committee</li> </ul>	
Ms Dawn Sharp	Acting Board Secretary <i>wef 1.9.19</i>		<ul style="list-style-type: none"> <li>• In attendance at Board</li> <li>• Lead Director / In attendance Audit Committee</li> </ul>	
Mrs Liz Jones	Acting Board Secretary <i>18.12.19-5.2.20</i>		<ul style="list-style-type: none"> <li>• In attendance at Board</li> <li>• Lead Director / In attendance Audit Committee</li> </ul>	
Mrs Justine Parry	Acting Board Secretary <i>6.2.20-27.4.20</i>		<ul style="list-style-type: none"> <li>• In attendance at Board</li> <li>• Lead Director / In attendance Audit Committee</li> </ul>	
Associate Board Members				
Mr Andy Roach	Director of Mental Health and Learning Disabilities		<ul style="list-style-type: none"> <li>• Associate Board Member</li> <li>• Lead Director / In attendance Mental Health Act Committee</li> <li>• In attendance Quality, Safety and Experience Committee</li> <li>• Member Local Partnership Forum</li> </ul>	
Mrs Lesley Singleton	Acting Director of Mental Health and Learning Disabilities <i>wef 6.11.19</i>		<ul style="list-style-type: none"> <li>• Associate Board Member</li> <li>• Lead Director / In attendance Mental Health Act Committee</li> <li>• In attendance Quality, Safety and Experience Committee</li> <li>• Member Local Partnership Forum</li> </ul>	
Mrs Morwena Edwards	Associate Member	Director of Social Services, Gwynedd	<ul style="list-style-type: none"> <li>• Associate Board Member</li> </ul>	
Mr Ffrancon Williams	Associate Member	Chair Stakeholder Reference Group	<ul style="list-style-type: none"> <li>• Associate Board Member</li> </ul>	
Mr Gareth Evans	Associate Member	Chair Healthcare Professionals Forum	<ul style="list-style-type: none"> <li>• Associate Board Member</li> <li>• In attendance Quality, Safety &amp; Experience Committee</li> </ul>	

- Summary of new and interim appointments: The appointment of an Interim Executive Director of Finance was announced in April 2019, a new Independent Member (University representative) in June 2019, the commencement of the Deputy Chief Executive role in July 2019, an Acting Director of Nursing & Midwifery until August 2019, a new Executive Medical Director in August 2019, a new Independent Member with financial expertise in August 2019, three Acting Board Secretaries between September 2019 and April 2020, an Acting Director of Mental Health & Learning Disabilities from November 2019, an existing Independent Member becoming the new Vice-Chair in December 2019 and Simon Dean joining the organisation as Interim Chief Executive in February 2020.
  - On 23 March 2020 the Welsh Government suspended all Ministerial Public Appointment campaigns with immediate effect. At the time of this suspension the Health Board was carrying an Independent Member vacancy. 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. The intention is to recommence campaigns in September 2020, however this is being kept under review as the public health response to COVID-19 develops.
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## Appendix 2 BCUHB Health Board member attendance at Board Meetings held in public 2019 /20

Y = Present A = Apologies P = Part attendance

		2.5.19	25.7.19 & AGM	5.9.19	7.11.19	23.1.20	26.3.20 CNX
Mr Mark Polin Chairman	Member	P	Y	Y	Y	Y	
Cllr Cheryl Carlisle Independent Member	Member	P	Y	Y	Y	Y	
Mr John Cunliffe Independent Member	Member	Y	Y	Y	Y	A	
Mrs Marian Wyn Jones Independent Member / Vice Chair	Member	Y	Y	Y	A		
Cllr Medwyn Hughes Independent Member	Member	A	Y	Y	Y	Y	
Prof Nichola Callow Independent Member	Member		A	Y	Y	Y	
Mrs Jackie Hughes Independent Member	Member	Y	Y	Y	Y	Y	
Mrs Lyn Meadows Independent Member	Member	A	Y	Y	Y	Y	
Ms Helen Wilkinson Independent Member	Member	Y	Y	Y	Y	Y	
Mrs Lucy Reid Independent Member / Vice Chair	Member	Y	Y	A	Y	Y	
Mr Eifion Jones Independent Member	Member			Y	Y	Y	
Mr G Doherty Chief Executive	Member	P	Y	Y	Y	A	
Mr Simon Dean Interim Chief Executive	Member						
Dr Evan Moore Executive Medical Director	Member	Y	Y				
Dr David Fearnley Executive Medical Director	Member			Y	Y	Y	
Ms Sue Hill Acting Executive Director Finance	Member	Y	Y	Y	Y	Y	
Miss Teresa Owen Executive Director Public Health	Member	P	Y	Y	Y	Y	
Mrs Gill Harris Executive Director Nursing and Midwifery / Deputy Chief Executive	Member	A		Y	A	Y	
Mrs Deborah Carter Acting Executive Director Nursing and Midwifery	Member	Y	Y				
Mr Adrian Thomas Executive Director Therapies and Health Sciences	Member	A	Y	Y	Y	P	
Mrs Sue Green Executive Director of Workforce & OD	Member	Y	Y	A		Y	
Dr Chris Stockport Executive Director of Primary and Community Services	Member	Y	Y	Y	A	A	
Mr Mark Wilkinson Executive Director Planning and Performance	Member	Y	Y	Y	Y	Y	

		2.5.19	25.7.19 & AGM	5.9.19	7.11.19	23.1.20	26.3.20 CNX
Mr Andy Roach Director Mental Health & Learning Disabilities	In Attendance	Y	A	Y	A	A	
Mrs Lesley Singleton Acting Director Mental Health & Learning Disabilities	In attendance					Y	
Mrs Grace Lewis-Parry Board Secretary	In Attendance	Y	Y				
Ms Dawn Sharp Acting Board Secretary	In Attendance			Y	Y	A	
Mrs Liz Jones Acting Board Secretary	In Attendance					Y	
Mrs Justine Parry Acting Board Secretary	In Attendance						
Mrs Morwena Edwards representing Directors Social Services	Associate Member	A	Y	Y	Y	Y	
Mr Ffrancon Williams Chair of Stakeholder Reference Group	Associate Member	Y	A	Y	Y	Y	
Mr Gareth Evans Chair of Healthcare Professionals Forum	Associate Member	Y	A	Y	Y	Y	



### Appendix 3 Meetings of the Health Board and Committees held in public 2019-20:

Meeting	Date											
	2.5.19	25.7.19 & AGM	5.9.19	7.11.19	23.1.20	26.3.20 CNX						
Health Board												
Quality, Safety & Experience (QSE) Committee	21.5.19	16.7.19	24.9.19	19.11.19	28.1.20	17.3.20						
Finance & Performance (F&P) Committee	24.4.19	23.5.19	25.6.19	29.7.19	22.8.19	30.9.19	24.10.19	4.12.19	19.12.19	23.1.20	27.2.20	24.3.20 CNX
Strategy, Partnerships & Population Health (SPPH) Committee	2.4.19	4.7.19	3.9.19	1.10.19	3.12.19	5.3.20						
Remuneration and Terms of Service Committee	9.4.19	13.5.19	29.8.19	4.11.19	21.1.20							
Mental Health Act Committee	29.3.19	28.6.19	27.9.19	20.12.19	27.3.20 CNX							
Charitable Funds Committee	20.6.19	4.10.19	10.12.19	10.3.20								
Audit Committee	30.5.19	12.9.19	12.12.19	19.3.20								
Digital & Information Governance Committee (formally IGIC)	9.5.19	29.9.19	21.11.19	13.2.20								

## Appendix 4 Welsh Health Circulars

WHC	Date Received	Description	Lead	Action taken
WHC 006	9.5.19	NHS Wales National Clinical Audit and Outcome Review Plan	Office of the Medical Director	Addressed by the Executive Medical Director, with reporting to the Audit Committee
WHC 012	9.4.19	Implementation of OBS Cymru (Obstetric Bleeding Strategy for Wales), a management strategy for Postpartum Haemorrhage (PPH), in Maternity Services	Associate Director of Quality Assurance	The Women's Directorate confirmed that the Maternity Service in North Wales is fully compliant with all the Standards detailed in WHC 012. The OBS Cymru approach to Postpartum Haemorrhage is embedded into routine practice in all Areas within BCUHB following the cessation of the National project on 31/3/19. The local Site data and clinical outcomes in relation to postpartum haemorrhage and its effective management is continuing to be collected, monitored and reviewed by the North Wales Intrapartum Forum which reports directly to the Women's QSE Committee and Service Board which are held monthly.
WHC 013	12.4.19	Monthly Monitoring Returns Guidance & Templates	Executive Director of Finance	The Health Board used the guidance and templates to submit monthly Monitoring Returns to Welsh Government (WG) each month and had regular discussions both internally and with WG regarding the submissions. The Monitoring Returns are the evidence of following the guidance.
WHC 014	12.4.19	Welsh NHS Disputed Debts Guidance	Executive Director of Finance	The Health Board follows the guidance which is an update on previous guidance. All disputes are monitored by WG through the formal submission of the Monitoring Returns.
WHC 015	16.4.19	The National Influenza Immunisation Programme 2019-2020	Executive Director of Public Health	This WHC has been considered by the Flu Group that reports directly to the Strategic Immunisation Group in BCUHB and this forms part of a cycle of activity to implement an effective Health Board Flu vaccination campaign. A Health Board Flu plan and 2 action plans for the public and staff sectors were produced to ensure all elements of the WHC are implemented to maximise uptake. Regular meetings are held throughout the year to plan, implement and monitor the campaign, action plan and uptake data. This is a forum where issues can be raised and escalated if required, to rectify the problem. During the campaign vaccine uptake data is reported to the Quality and Safety Group for scrutiny. An array of documentation was developed once the WHC was published to underpin clinical activities and governance arrangements such as Patient Group Directions, template action plans, Flu bulletin and guidance documents to support managers and immunisers. Immunisation training provided by BCUHB to immunisers throughout the year addresses the points and priorities set out in the WHC and includes top tips to maximise uptake. We held a multi - agency debrief in February 2020 to ensure we have the opportunity to engage with colleagues and learn lessons from the many sectors involved in the Flu vaccination campaign, including primary care, Local Authorities to help form the plan for next year and develop new strands of work.

WHC	Date Received	Description	Lead	Action taken
WHC 016	30.4.19	European Parliamentary Elections 2019	Board Secretary	Guidance circulated to Board and made available to staff.
WHC 017	7.5.19	Living with persistent pain in Wales	Executive Director of Primary Care & Community Services	Addressed via the Pain Management Service
WHC 018	6.6.19	Augmentative and Alternative (ACC) Pathway	Executive Director of Therapies & Health Sciences	Further to receipt of the WHC in June 2019 it was discussed in appropriate meetings and enacted within the organisation. Funding was provided and this has been distributed to meet population and demographic needs. Due to population needs, demographics and existing service skill mix across the Health Board, the allocation has been re-profiled.
WHC 019	9.7.19	AMR & HCAI IMPROVEMENT GOALS FOR 2019-20	Associate Director of Quality Assurance	The Health Board monitors trajectories on a weekly and monthly basis and report these to the Quality & Safety Group in terms of performance. Performance is also monitored via deep dives and post infection reviews.
WHC 020	17.6.20	Changes to the Human Papillomavirus (HPV) immunisation programme from the academic school year starting September 2019.	Executive Director of Primary Care & Community Services	The Health Board has commenced the vaccination of boys as per instructions in the WHC, offering the HPV vaccine during the spring term in January – March of the academic year. Dates are set following negotiation with the secondary schools. Boys have been offered the vaccine at the same immunisation session as the girls and most of the secondary schools had completed their HPV session prior to COVID-19 and the schools closing. Therefore the HPV vaccination scheme has currently been suspended due to COVID but the cancelled sessions will recommence once lockdown measures are relaxed. The vaccine is in stock ready to recommence the few remaining schools. For older females up to the age of 25 years, there have been a number of queries from Primary Care regarding opportunistic vaccination as they can now be vaccinated irrespective of previous immunisation status. Information on the HPV WHC was discussed during immunisation training in 2019 to raise awareness and maximise uptake.

WHC	Date Received	Description	Lead	Action taken
WHC 021	24.7.19	The Role of the Community Dental Service and Services for Vulnerable People	Executive Director of Primary Care & Community Services	An oral health needs assessment has been developed and will need updating on a regular basis. The North Wales Oral Health Strategy Group and MCNs meet regularly and the establishment of further MCNs e.g. Restorative Dentistry are proposed. Input to Primary Care Clusters is being progressed with the Local Dental Committee. A strategic document 'Services for Smiles' describes: the services provided by community dental services with emphasis on vulnerable groups as well as intermediate care; involvement in a range of training; oral health promotion initiatives and epidemiology. The need to maintain or enhance investment in the service to support delivery of WHC (2019) 021 is recognised. The potential of the service to improve access to specialist dental services is recognised as is the potential of the CDS/PDS model. A survey of the training and qualifications of primary care dentists has been conducted. The results are being considered in the development of specialty support for North Wales. As requested by Welsh Government, the development of Consultant posts in Paediatric Dentistry and SCD remain on the agenda. Shared Care between services is developing at pace.
WHC 022	4.10.19	Implementation of PROMPT standards in Maternity services in Wales	Executive Director of Public Health	Being taken forward in Maternity Services on behalf of the Executive Director of Public Health
WHC 023	30.7.19	Update of Guidance on Clearance and Management of Healthcare Workers Living with a Blood-borne Virus (BBV)	Executive Director of Workforce & OD	A protocol has been developed, reflecting the recommendations made in the WHC.

WHC	Date Received	Description	Lead	Action taken
WHC 024	1.8.19	Pertussis – occupational vaccination of healthcare workers	Executive Director of Workforce & OD	The Health Board commenced the Pertussis vaccination campaign on the 11 <sup>th</sup> November 2019, offering the vaccine to Priority Group 1 staff, as identified in the WHC. Due to limited resources relating to delivering the staff flu campaign we started the campaign by distributing posters and communications to the relevant Area management and senior clinicians to promote the importance of having the vaccine and advertising how staff could access the vaccine. Initially Priority Group 1 staff groups were encouraged to attend the Occupational Health Departments either by appointment, or to advertised drop in sessions which were run 3 times a week across all 3 OH sites. In January weekly visits commenced to the 3 hospital sites, to the ward/clinical areas included in the WHC, to offer the vaccination. The total number of staff who were initially identified as being in Priority Group 1, was initially scoped at around 500. The total number of pertussis vaccines given to date is 185 and also 6 staff declared that they had received a pertussis containing vaccine in the last 5 years. This equates to a 38% uptake of the vaccination in this group. The pertussis vaccination campaign has been suspended since March when the Covid situation took priority. This position will be re-visited during summer 2020 once a Risk Assessment has been undertaken on delivery, and dependent on how the situation and resource pressures on the OH service progress with Covid-related activity.
WHC 026	21.8.19	Nationally Standardised Adult Inpatient Assessment and Core Risk Assessments	Associate Director of Quality Assurance	An extension has been granted to December 2020. (The Health Board is in the process of re starting the procurement for both documents with a plan to roll out the risk assessment booklet from Sept 2020; no confirmed date as yet for the adult inpatient assessment)
WHC 027	12.9.19	Model Standing Orders, Reservation and Delegation of Powers – Local Health Boards, NHS Trusts, Welsh Health Specialised Services Committee and the Emergency Ambulances Services Committee	Interim Board Secretary	Revised Model adopted by the Board on 7 <sup>th</sup> November 2019.
WHC 028	26.9.19	The Consolidated Rules for Cancer Waiting Times	Executive Director of Therapies & Health Sciences	Guidance reviewed with the multidisciplinary team (MDT) co-ordinators who are responsible for recording and reporting cancer waiting times. Summary of changes to previous guidance agreed and circulated. All changes implemented with effect from December 1 <sup>st</sup> as per the guidance.

WHC	Date Received	Description	Lead	Action taken
WHC 029	20.9.19	NHS Planning Framework 2020-23	Executive Director of Planning & Performance	Document was disseminated widely on 23 <sup>rd</sup> September as part of planning work in support of the development of our Annual Operational Plan for 2020/21. This was supported by our own planning principles and timetable including key deliverables identified locally. Planning has been paused across NHS Wales due to Covid-19. NHS Wales Covid-19 operating framework developed for Quarter 1. 2020 Quarter 1 Plan developed and submitted to WG by 18 <sup>th</sup> May in response to operating framework. Planning timetable / arrangements for development of Quarter 2 plan established, led by planning work stream. Quarter 2 plan to be developed by 30 <sup>th</sup> June 2020.
WHC 030	20.9.19	National Integrated Medium Term Plan (IMTP) and NHS Planning Framework 2020-23	Executive Director of Planning & Performance	Document disseminated widely as part of planning work above, to support good practice as our health community planning continues to evolve and mature.
WHC 031	19.9.19	The Department of Culture, Media and Sport (DCMS) guidance for UK departments on mitigation options for risks to data flows	Executive Director of Nursing & Midwifery	All systems have been added to the Asset Register, whereby they have undergone a full review to ascertain the data flows and data storage locations. Work is still currently ongoing to contact suppliers whereby the data storage and flows will have an impact once we leave the EU. To bridge the gap we will be sending and identified suppliers with updated Standard contractual clauses to ensure that any identified risks are mitigated.
WHC 032	20.9.19	Sensory Loss Communication Needs Hand out/Guidance	Executive Director of Nursing & Midwifery	Being addressed on behalf of the Executive Director of Nursing & Midwifery.
WHC 035	6.11.19	General Election 2019	Executive Director of Workforce & OD	The Health Board's Corporate Communications function staff were made aware of these guidelines and the approach to handling media enquiries and in scheduling social media activity was in line with the guidance.
WHC 036	8.11.19	General Election 2019	Executive Director of Workforce & OD	As above
WHC 037	28.11.19	Influenza Vaccines 2020-2021	Executive Medical Director	Being addressed as part of business as usual.



WHC	Date Received	Description	Lead	Action taken
WHC 038	12.12.19	Guidance for the provision of continence containment products for adults in Wales	Executive Director of Nursing & Midwifery	WHC 038 was shared with the Continence Team and other relevant groups for feedback to ensure that key points were referenced in the draft BCU guideline for the Eligibility and Supply of Incontinence Pads (Adults).
WHC 039	8.1.20	Good working practice principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales	Executive Director of Nursing & Midwifery	The Health Board has a best practice chaperone guidance document for adults and children. It is currently being reviewed in line with the request. Any changes will be consulted on in line with the Policy review process.
WHC 040	3.1.20	2020-21 Health Board and Public Health Wales NHS Trust Allocations	Interim Executive Director of Finance	The Health Board used the information to help set the 2020/21 budget and financial plan. This can be evidenced in the budget setting papers.
WHC 041	19.12.19	Changes to the infant pneumococcal conjugate vaccine (PCV) immunisation schedule	Office of the Medical Director	Being addressed as part of business as usual.
WHC 042	23.12.19	Consultation re Annual Quality Statement 2019-20	Executive Director of Nursing & Midwifery	WG has revised the deadline to 30.9.20.
2020:				
WHC 003	4.3.20	Value Based Health Care Programme - Data Requirements	Office of the Medical Director	Being addressed on behalf of the Executive Medical Director
WHC 006	31.3.20	COVID-19 Response - Continuation of immunisation programmes	Office of the Medical Director	Forwarded to the Office of the Executive Medical Director – see revision below

WHC	Date Received	Description	Lead	Action taken
WHC 006 Revised	3.4.20	COVID-19 Response - Continuation of immunisation programmes - revised	Office of the Medical Director	Being addressed as part of business as usual
WHC 008	30.4.20	Reuse of medication in care homes and hospices	Office of the Medical Director	This has been discussed in the COVID-19 Care Home Cell and a memorandum drafted to clarify how this should be applied in North Wales. There is a checklist to be completed and included in the patient's notes in the event of any reuse has been developed and will be circulated shortly with the memorandum.*The NACORP guidance informs the BCU Clinical Audit Programme. During the Covid19 pandemic, some national audits were stood down and staff were redeployed. We are now recommencing delivery of the clinical audit programme in its entirety where applicable to our services.

## RISK MANAGEMENT DURING COVID-19 OUTBREAK

**Issued by:** Matthew Joyes, Acting Associate Director of Quality Assurance and Assistant Director of Patient Safety and Experience

### Document review

Version number	Date of review	Reviewer name	Changes made
0.01	21/04/2020	David Tita	Original document from David Tita inputted onto template, inserted version control/page number
0.02	21/04/2020	Glesni Driver	Suggested changes throughout document
0.03	21/04/2020	Justine Parry	Minor changes
0.04	22/04/2020	Justine Parry	Updated version from Justine Parry with changes to v0.03
0.05	22/04/2020	Matthew Joyes	Response to queries from Justine Parry
0.06	22/04/2020	Justine Parry	Response from Matthew Joyes agreed by Justine Parry
1.00	22/04/2020	Gold Command	

## 1. INTRODUCTION

The identification, recording, response and oversight of risks is essential to the effective running of our services. Due to the changes made within the Health Board to respond to the COVID-19 outbreak, the way that risk is managed may also change in some areas. This document outlines those changes.

The Health Board has set a clear commitment that the effective management of risk is a key part of its day-to-day business and its response to COVID-19. Additionally, the Health Board has a single risk register on the Datix system, where all risks must continue to be recorded.

### REQUIREMENTS UNDER THE CIVIL CONTINGENCIES ACT 2004 (as amended)

## 2. RECORDING RISK: CLINICAL AND CORPORATE SERVICES

Clinical and corporate services must continue to manage risks as normal. It is accepted that many of the governance meetings normally held have been stood down or changed, and therefore managers must ensure that risks within their area of responsibility are identified, recorded on Datix, managed and reported to senior leaders outside of any cancelled meetings.

## 3. RECORDING RISK: COVID-10 COMMAND AND CONTROL STRUCTURES

In response to the COVID-19 outbreak, emergency command and control measures are in place to provide clear decision making across the Health Board. This includes a COVID-19 Gold Commander, supported by the Health Board's Health Emergency Control Centre (HECC), which includes a HECC Commander (Gold) and HECC Silver function throughout the week.

Each health economy (east, central and west) has a Local Control Centre that provides tactical co-ordination across primary, community and secondary care services in that locality. A Senior Responsible Officer (SRO) leads these Control Centres. Mental Health and Learning Disability also has a separate Control Centre and SRO. The Control Centres and SROs are accountable to the HECC and then to the COVID-19 Gold Commander.

A number of Workstreams have also been established across the Health Board to provide tactical co-ordination in relation to specialist areas of work such as Facilities and Estates, Clinical Pathways, etc. These Workstreams are led by an SRO who is an executive-level director. The workstreams and SROs are accountable to the COVID-19 Gold Commander.

A new field has been added to Datix to capture whether a risk is linked to COVID-19, and if so, to which Control Centre or Workstream it is aligned.

It is accepted that Control Centres and Workstreams will be dynamically identifying, recording and responding to risks in a fast changing environment. As such, Control Centres and Workstreams are allowed to maintain a local risk log to capture these dynamic risks, and a copy of the Risk Log template as attached at Appendix 1. This template is in use by all Control Centres and Workstreams as part of their Risk, Action, Issue and Decision Logs. Each Control Centre SRO and Workstream SRO will be responsible for determining when a risk on the risk log should be added to the Datix risk register. It is essential that all significant risks are captured on the Datix risk register, as this is the only source of data for reporting on risks to the Health Board. The Corporate Risk Team can support Control Centres and SROs with queries in relation to Datix.

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#### 4. **ESCALATION OF RISKS**

Risks not related to COVID-19 need to be escalated through the normal governance and management process. Where governance meetings have been cancelled, risks should be escalated through the management structure, which will ensure risks are escalated from services to divisional level, to executive level and ultimately the Health Board.

Risks related to COVID-19 should be escalated through the command and control structures outlined earlier, i.e. from Control Centres to either the relevant Workstream or to the HECC, and then to COVID-19 Gold Command. It is the responsibility of COVID-19 Gold Command to escalate risks to the Health Board, either directly or through the daily report.

Executive level Directors must continue to recommend risks for the Health Board's Corporate Risk Register as appropriate.

#### 5. **REPORTING AND OVERSIGHT OF RISKS**

All corporate and clinical services must continue to have oversight of their risks, and if governance meetings have been cancelled, then they must ensure managers provide direct oversight. Equally, all Control Centres and Workstreams must have oversight of their own risks and discuss them at their meetings.

The Corporate Risk Team will send each Control Centre and Workstream a weekly report via email of all risks aligned to their area of responsibility. The SROs for each Control Centre and Workstream should then liaise with the risk owners to provide support as needed.

**To access the risk management intranet site please [click here](#). This includes guidance on risk management.**

**For further information, please contact the Corporate Risk Team – [click here](#) for contact details. The Team can provide training to clinical and corporate services, Control Centres and Workstreams.**

#### **APPENDIX 1 – risk log template**

V1.0 Approved