

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

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

2. Scope of Responsibility

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

- 2.5 To demonstrate this, the organisation has recorded how the effects of COVID-19 have impacted on any changes to normal decision making processes, for example through the use of a register recording any deviations from normal operating procedures. Where relevant these, and other actions taken, have been explained within this Annual Governance Statement. Dr Goodall's letter was followed up on 4.5.20 by a Welsh Government guidance note on 'Discharging Board Committee Responsibilities during COVID-19 response phase'.
- 2.6 A COVID-19 Gold Command structure was established, with a Health Emergency Control Centre, underpinned by a range of sub-groups and work streams led by Senior Responsible Officers covering key elements such as temporary hospitals, personal protective equipment (PPE), vaccination and Test Trace and Protect (TTP), communication, service delivery and service changes, governance and risk. Robust reporting and meetings arrangements were put in place, with weekly situation reports (SITREPS), and decision and risk log updates being scrutinised at Executive level. A Cabinet, chaired by the Health Board Chair, was also established to maintain oversight of COVID-19 developments and decision-making. The Cabinet met from 1.4.20 to 6.7.20, when it was stood down due to the improving position nationally. The Cabinet was reinvoked from 4.11.20 to 4.2.21 in response to the second wave (terms of reference are included at appendix 3 in paper 20.50 [here: https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/)).

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

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

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

See also section 14.5 onwards and section 21.

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

3. Background Information

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

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

4. Special Measures and Targeted Intervention

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

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

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

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

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

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

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

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

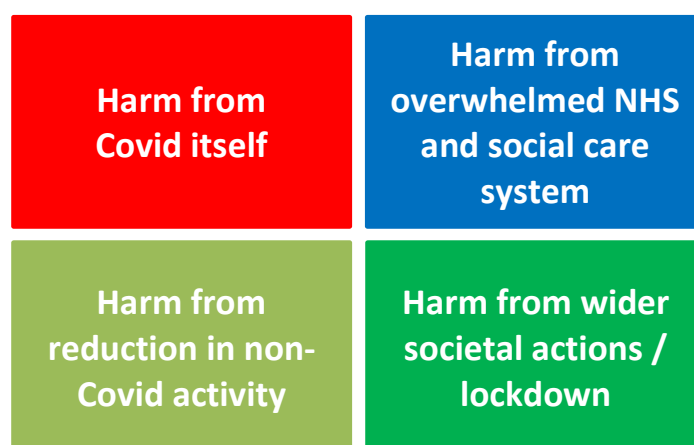
6. Financial Position

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

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

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

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



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

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

8. Emergency Preparedness

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

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

9. Partnership Working

- 9.1 The Health Board has ensured during the course of the year that it works closely with partner organisations such as local authorities and the voluntary sector, to discuss and address health inequalities, promote community engagement and exploit joint working opportunities. The partner organisations include:
- Welsh Ambulance Services Trust;
 - Public Health Wales;
 - North Wales Community Health Council;
 - Local Authorities (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham);
 - Neighbouring NHS bodies in England and Wales;
 - The Third Sector, including Community Voluntary Councils and local volunteers;
 - The Charities Sector, including Tenovus, the Red Cross and Macmillan;
 - Public Service Boards / Regional Leadership Board;
 - Mid Wales Healthcare Collaborative;
 - Police;
 - Military.
- 9.2 In addition, the Health Board has a key working relationship with HMP Berwyn as a provider of healthcare services within the prison. The Health Board is responsible for meeting the health and wellbeing needs of those in HMP Berwyn. The aim is to contribute to a reduction in reoffending rates by improving the health and wellbeing of the individuals concerned.

- 9.3 Understandably, COVID-19 led to unprecedented collaboration with a wide range of partners in order to address challenges such as rapid construction of the three temporary hospitals and production of personal protective equipment (PPE). Key partners involved in the emergency response include Public Health Wales, local authorities, the military, care homes, academia, businesses and a wide range of volunteers from the communities served by the Health Board. As part of the multi-agency response, the Health Board is a member of the Strategic Coordination Group (SCG) and worked with strategic partners to launch Test, Trace, Protect (TTP). The scale of collaboration developed during the response to COVID-19 will aid in the transition and planning process as the Health Board progresses through the recovery phase. Audit Wales commented in its Structured Assessment 2020 that, throughout the pandemic, *'we have seen improvement in partnership working'*.

10. The Role of the Board

10.1 The role of the Board is to:

- Formulate strategy for the organisation within the overall policies and priorities of the Welsh Government, responsive to the health needs of the local population;
- Ensure accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that the systems of control are robust and reliable;
- Shape a positive culture for the Board and the organisation;
- Maintain high standards of corporate governance;
- Ensure effective financial stewardship.

10.2 The Board functions as a corporate decision making body. Executive Directors and Independent Members are full and equal members sharing corporate responsibility for all decisions of the Board. The Board is supported by the Board Secretary who acts as principal advisor on all aspects of governance within the Health Board.

10.3 The Health Board's stated purpose, vision, strategic goals, values and priorities are shown below. These are reflected within the Health Board's overarching Strategy: Living Healthier, Staying Well and planning framework, and work is ongoing to embed them across the organisation at all levels:

Our Purpose

- To improve health and provide excellent care.

Our Vision

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

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

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

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

Our Values

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

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

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

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

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

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

The priorities are supported by key deliverables/enablers:

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

11. Board Composition

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

12. Board Effectiveness and Standards

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

13. Board Development

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

14. Board and Committee Arrangements

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

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

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

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

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

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

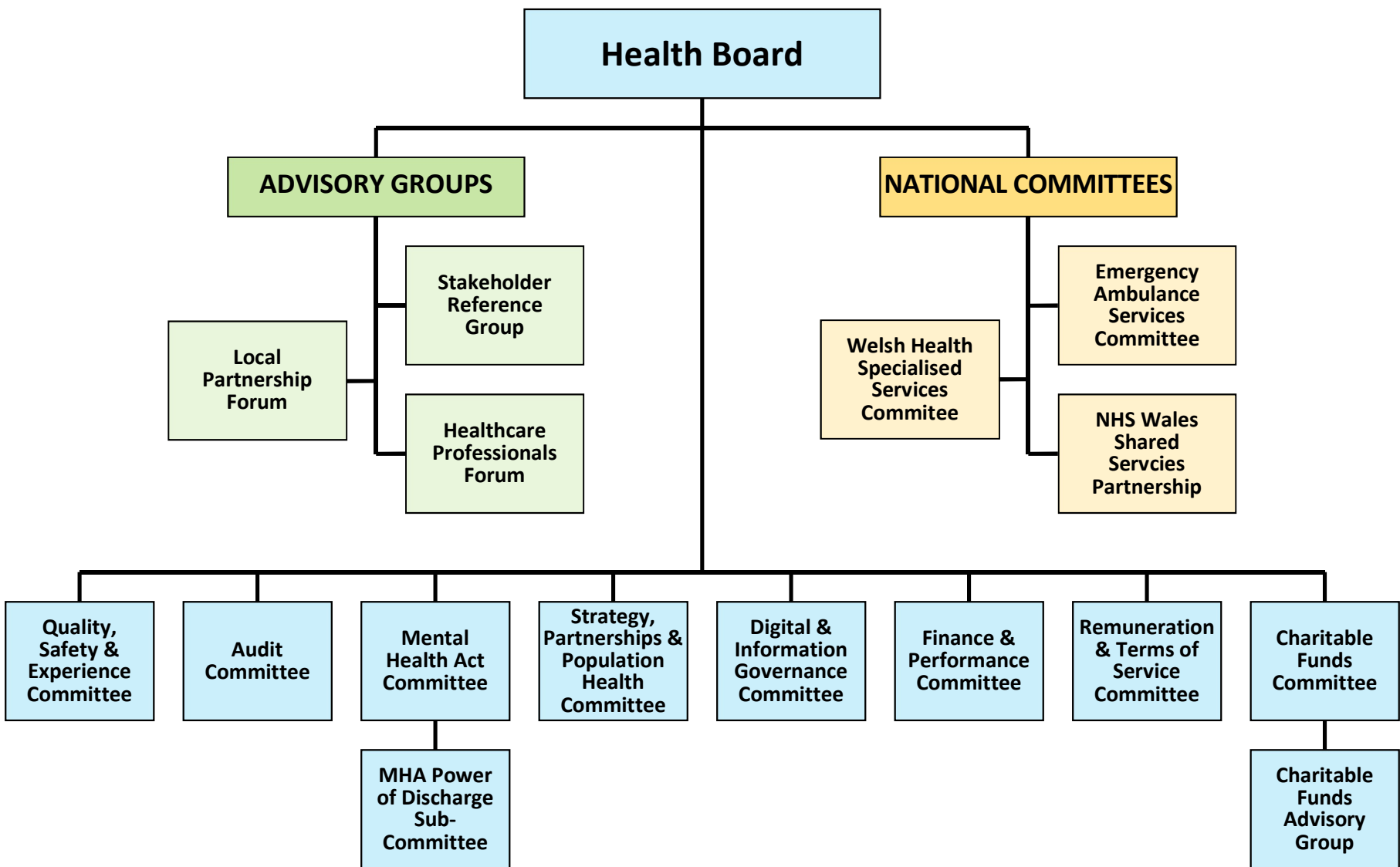
- 14.2 A review was completed during the year of the quality governance structure in line with discussions held pre-COVID-19, including specific consideration of the Quality and Safety Group. This work was part of the Quality Governance Self-Assessment Action Plan from January 2020. The remit and purpose of the review was to further clarify the assurances required by the Quality, Safety and Experience (QSE) Committee in working to its delegated function and authority from the Board. This included rationalising the flow of information and reporting up into QSE Committee. The Groups which became operational from 01.10.20, as ratified by the QSE Committee in August 2020, are as follows:
- Patient Safety and Quality Group;
 - Clinical Effectiveness Group;
 - Patient and Carer Experience Group; and
 - Strategic Occupational Health and Safety Group.

- 14.3 In addition to the Board's formal committees, the Health Board has three Advisory Groups, as illustrated in the structure diagram in Figure 1 below. These groups assist the Board in fulfilling its statutory duty to take account of representations from the community it serves and other key stakeholders. The three groups are the Stakeholder Reference Group (SRG), Healthcare Professionals Forum (HPF) and the Local Partnership Forum (LPF). Two of the Advisory Group Chairs are invited to attend the Board and committees as follows:
- Quality, Safety and Experience Committee – HPF Chair;
 - Strategy, Partnerships and Population Health Committee – SRG Chair;
 - Health Board – HPF and SRG Chairs as Associate Board Members.
- 14.4 Committee Chairs provide written assurance reports to the Board after each committee meeting, highlighting issues of significance and any key risks. These Chairs' reports are published with Health Board papers. Each Board Committee and Advisory Group is required to produce an annual report which is submitted to the Audit Committee, with an overarching assurance report then being prepared by the Audit Committee for the Board. The significant matters considered by the committees, and examples of actions taken during 2020/21 were as set out in section 14.10 onwards. These key issues feature as highlights in Committee Chairs' Assurance Reports. A fundamental review of the Board's Committee Structure has taken place during the year and is expected to conclude during Quarter 1 of 2021-22.
- 14.5 In addition to the formal Committee Structure, on 12.3.20, the Health Board initiated command and control structures following a Gold, Silver and Bronze (sub-regional) model. The Health Board also established a 'Cabinet' consisting of three independent members and three executive officers to oversee the response and enable timely decision-making and scrutiny. A further eleven work streams were set up within the command structure to address specific but significant challenges. By early April 2020 the Health Board had developed and agreed a COVID-19 strategy. This strategy helped to further shape and focus the work including the newly created work streams to help co-ordinate the required action. At this point, the Health Board also introduced a Covid Command Group within the pandemic response structure. This group enabled the whole Executive Team to have oversight of the totality of the COVID-19 response. The group enabled separation of oversight of the pandemic response to the Executive Team's 'business as usual', allowing greater time and focus on specific COVID-19 issues.
- 14.6 The revisions to the Health Board's governance and management arrangements supported rapid decision-making while maintaining necessary scrutiny. The structure was clear and successfully helped the Health Board respond to urgent and significant challenges. The Health Board developed COVID-19 daily situation (sitrep) reporting which included hospital admission numbers/trends including acute bed occupancy, critical care bed occupancy, delayed transfer of care, workforce capacity and sickness absence. On 15.4.20 the Board considered Welsh Government guidance on discharging Board committee responsibilities during COVID-19. In line with guidance, the Board approved temporary changes to its Standing Orders which included suspending its committees apart from the Audit Committee and the Quality and Safety Committee. The Health Board also reduced the breadth of agendas to focus on key risks and matters relating to COVID-19 and essential business. Revised standing orders appropriately detailed the alternative arrangements for those committees that had been 'stood down', identifying which committees would be responsible for considering key urgent items, making decisions and authorising expenditure (see sections 2.7 and 21).

- 14.7 At the same meeting in April 2020, the Board approved a revised approach to decision making. This required that, where possible, the full Board would retain decision making. If the full Board was not available, decision making operated with a quorum of three executives and three independent members that could be convened at speed to scrutinise and authorise decisions. ‘Chair’s Action’ would be used as a last resort and would be recorded and ratified. During its pandemic response, the Health Board was required to use chair’s action for a small number of decisions, for example in the approval of the field hospitals. Chair’s actions were reported to the Board at its meetings on 14.5.20 and 23.7.20 in line with the Board approved ‘Standard Operating Procedure on Chair’s Action During COVID-19’. The Health Board also introduced decision logs into the command and control and work streams to provide evidence and justification for decisions being taken. The decision logs were routinely reported into the Command structure and were taken to board briefing meetings. The COVID-19 Command structure was stood down with effect from 22.6.20, and business as usual arrangements re-established.
- 14.8 However, with the arrival of a second wave of COVID-19, the Board further invoked the Cabinet meetings from November 2020. The revised Terms of Reference for the Cabinet were approved by Chair’s action and reported to the November 2020 Board meeting in public session. To continue to strengthen transparency and reporting arrangements, a Chair’s Assurance report was produced detailing the work of the Cabinet and will be reported to the Public Board Meeting in common with the approach for Committee Chairs Assurance Reports, with effect from March 2021. During this period the Chief Executive continued to deploy decision making through the established Executive Incident Management Team (EIMT). The EIMT initially met daily. COVID-19 daily situation (sitrep) reporting also continued. The EIMT reports formally to the Executive Team which continues to meet weekly.
- 14.9 The EIMT structure continues to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification. A Coronavirus Coordination Unit was also established which provides a mechanism for oversight and effective tracking of COVID-19 decision making. The purpose of the EIMT was agreed as below:
- Ensure executive oversight of key programmes of activity;
 - Provide direction and support for actions taken or required at tactical and operational levels;
 - Make and record key decisions based on clear risk assessment;
 - Address issues escalated from tactical level and identify issues for escalation to Strategic Co-ordinating Group (SCG) or Board;
 - Ensure clear, concise and timely briefing of Board and partners (through SCG).

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

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



14.10 Audit Committee

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

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

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

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

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

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

14.12 Charitable Funds Committee

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

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

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

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

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

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

14.14 Mental Health Act Committee (MHAC)

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

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

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

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

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

14.15 Finance and Performance Committee

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

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

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

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

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

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

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

14.16 Quality, Safety and Experience Committee

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

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

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

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

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

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

14.17 Strategy, Partnerships and Population Health Committee

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

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

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

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

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

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

14.18.1 The purpose of the Committee is to provide:

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

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

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

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

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

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

14.19 Digital & Information Governance (IG) Committee

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

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

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

14.20 Advisory Groups

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

14.20.2 Stakeholder Reference Group

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

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

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

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

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

14.20.3 Local Partnership Forum

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

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

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

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

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

Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/local-partnership-forum-lpf/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/local-partnership-forum-lpf/>).

14.20.4 Healthcare Professionals Forum

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

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

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

Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/healthcare-professionals-forum-hpf/) (<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/health-board-committees-and-advisory-groups1/healthcare-professionals-forum-hpf/>).

14.20.5 National Committees

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

15. The Purpose of the System of Internal Control

- 15.1 The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.
- 15.2 The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Health Board's strategic goals and corporate objectives. This includes evaluating the likelihood of those risks being realised and the impact should they be realised, and the arrangements in place to manage them efficiently, effectively and economically. The pre-COVID-19 system of internal control as described in this Statement was in place for the year ended 31.3.20, however the Command structure established in response to the pandemic began planning revised governance arrangements from 12.3.20.
- 15.3 From April 2020, prioritisation of the pandemic response meant that it was necessary to agree temporary variations to normal systems. Revisions to governance arrangements such as standing down committees for April and May and departures from Standing Orders were agreed by the Board on [15.4.20](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/maintaining-good-governance-covid-19-v2-0/>) and [14.5.20](https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/) (<https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-14-5-20-public-v3-0/>) (item 6), and a temporary approach to risk management was published on 22.4.20. The system of internal control incorporating these revised elements has been in place since 15.4.20, and with some further revisions from 14.5.20 to 21.6.20. The COVID-19 Command structure was stood down with effect from 22.6.20, and business as usual arrangements re-established, thus reverting to the pre-COVID-19 system of internal control. With the advent of the second wave of COVID-19 the Board invoked the Cabinet meetings from November 2020. In respect of COVID-19, the Chief Executive deployed decision making through the Executive Incident Management Team (EIMT) as opposed to a formal Command Structure as had been established during the first wave. The EIMT reports formally to the Executive Team which continues to meet weekly. The EIMT structure continues to work within the Board approved Standing Orders and Standing Financial Instructions and refer appropriate decisions to the Board for approval and ratification.
- 15.4 In addition, the Health Board established the Financial Governance Cell, working in partnership with Internal Audit and Audit Wales, and undertook a self-assessment against the key principles of financial governance as set out in the Welsh Government Guidance of 30.3.20. The Health Board's Finance and Performance Committee received the key findings, including elements of good practice and learning opportunities.
- 15.5 The system of internal control has therefore undergone significant adaptation following the declaration of the COVID-19 pandemic, as described. These changes have continued and are likely to evolve throughout 2020/21.

16. Capacity to Handle Risk

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

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

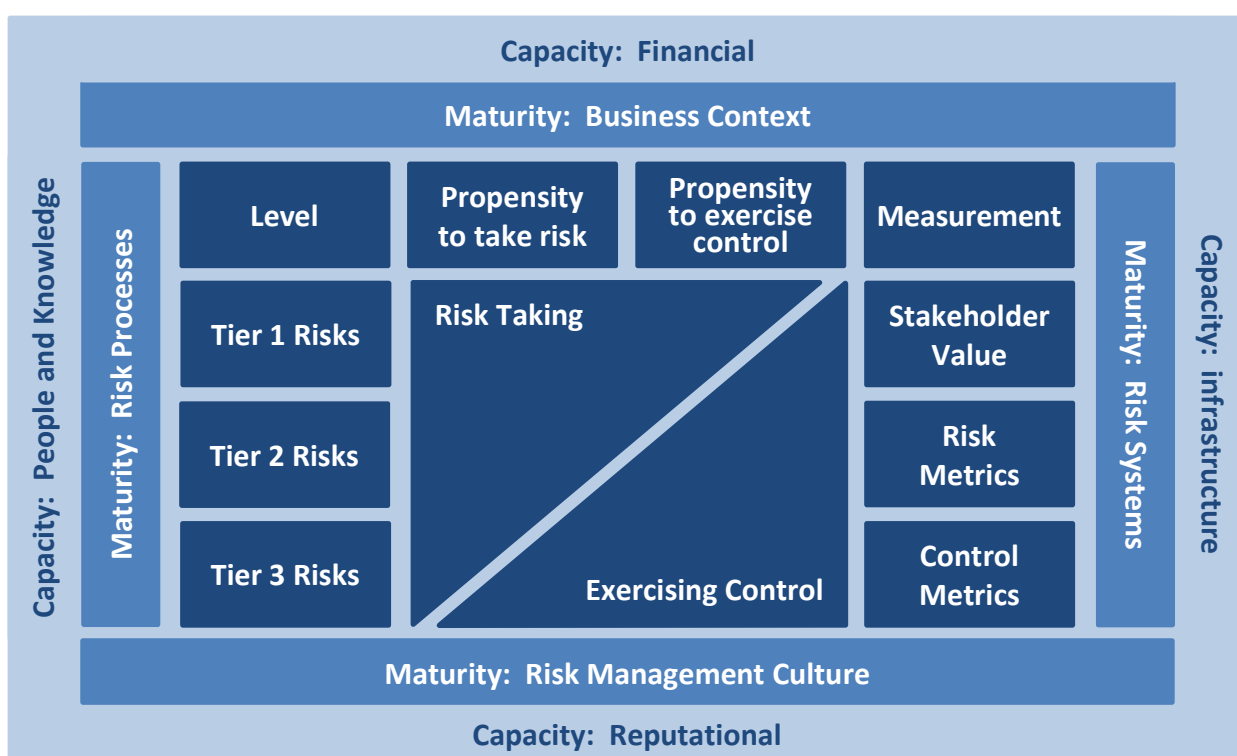
17. Board Assurance Framework

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

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

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

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



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

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

18. Principal Risks

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

19. Management of Key Risks

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

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

20. The Control Framework

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

21. Standing Orders

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

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

22. Audit Wales Reports

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

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

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

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

23. Corporate Governance Code

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

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

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

24. Quality Governance Arrangements

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

- 24.8 In addition to the above, the wider corporate governance review referred to earlier, incorporating the role of Board committees and sub-committees, will directly impact on the continued strengthening of quality governance arrangements.
- 24.9 Health and Care Standards (HCS)
- 24.10 The Health Board continues to work on compliance with the Health and Care Standards through the measures outlined above, such as the Ward Accreditation and Quality Governance Reviews which are mapped to the standards.
- 24.11 In addition, the strong working relationship with Healthcare Inspectorate Wales (HIW) has continued through monthly engagement meetings and ongoing dialogue. During the year a new central database was developed and launched. The database tracks all inspections and improvement plans, with evidence of improvement uploaded to provide assurance. Regular reports on the outcomes of HIW inspections are presented at the Patient Safety and Quality Group and QSE Committee.
- 24.12 Quality Improvement
- 24.13 The previous Quality Improvement Strategy (2017-2020) concluded at the end of March 2020 and the findings of an internal audit were to be used to shape the next iteration. Regrettably, due to the COVID-19 pandemic, work to develop a new strategy was put on hold to support the focus on front line clinical service delivery. At the time of writing, that work has recommenced and a new Quality Strategy will be developed early in 2021/22 underpinned by a Patient Safety Strategic Plan, a Patient and Carer Experience Strategic Plan and a Clinical Effectiveness Strategic Plan.
- 24.14 Quality improvement (QI) specialist capability is provided by the Nursing QI Team, Medical QI Team and Service Improvement Team. In addition, the organisation has a QI Hub (known as the BCUQI Hub) which provides a single point of access for staff training, support and guidance on improvement projects. The BCUQI Hub works closely with Improvement Cymru, the national quality improvement agency within NHS Wales, to deliver the Improvement in Practice staff training programme. During the year, a number of cohorts were trained in human factors as part of the commitment to embed this understanding and application in patient safety work.

25. Engaging With Stakeholders

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

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

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

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

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

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

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

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

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

Feedback was provided to the Health Board vaccination programme to help improve vaccine uptake.

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

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

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

25.8 Staff Engagement

25.8.1 During the period 2020-2021 work has been ongoing to support engagement with both Health Board staff through a combination of both indirect and direct routes - indirectly through work supporting the organisation's wider workforce needs linked to the redeployment of clinical and non-clinical staff during the first wave of COVID-19. This work enabled staff who were shielding and/or unable to attend to their usual duties to find opportunities to work and stay engaged with the organisation through redeployment, for example to the Enfyys hospitals, Track, Trace and Protect (TPP) and Community Testing Unit (CTU) programmes. Additional efforts in this period involved setting up, hosting and maintaining the on-boarding and deployment of public volunteers to support the changing nature of work required during the COVID-19 pandemic. This continued during the second wave when the focus shifted to on-boarding volunteers, retired health workers and existing staff to support the vaccination programme.

- 25.8.2 More direct engagement activity during this time included the National Staff Survey in the winter of 2020, team engagement activity through the BeProud Pioneer Programme, and supporting cohorts to complete management and leadership training. Staff development opportunities were maintained through the development and delivery of virtual sessions. Development of a new approach to supporting staff wellbeing got underway, the benefits of which will be more fully realised in 2021/22.
- 26.0 Raising Concerns/Speak Out Safely - A new Raising Concerns/Speak out Safely process for staff to raise concerns was developed during the latter part of 2020 and into early 2021. This has included the creation of new structures intended to help the organisation learn lessons and to support a more just and restorative culture. A Speak out Safely Guardian role and Raising Concerns multidisciplinary team (MDT) have been created to ensure that concerns are properly investigated and potential inhibitors to staff members' ability to speak out are addressed. An independent Speak out Safely platform – Work in Confidence – has been procured. This hosts anonymous two-way dialogue between staff members and the Guardian or member of the MDT. This additional level of support, when launched in May 2021, will help create conditions for an organisational culture that welcomes challenge, invites participation and takes seriously the ideas, comments and concerns of our staff.
- 27.0 NHS Staff Survey 2020 - Following the publication of *A Healthier Wales*, the creation of the draft Workforce & OD Strategy and the 2018 survey, there has been significant reflection and consensus building as to the purpose and subsequent approaches for future staff surveys across NHS Wales. As a result the 2020 NHS Staff Survey, launched on 4.11.20, was significantly different to previous staff surveys. The new approach entitled 'Our Reflections, Our Decisions, Our Future' was designed with fewer questions - 20 in total (down from 80 in the previous survey). The new approach was co-produced with key NHS partners across Wales, to facilitate feedback at team level and encourage those teams to make decisions locally on what improvements were required. Following the 2020 survey, the results dashboard was shared widely with divisions and services across the organisation, enabling teams to have conversations at a local level about their results and necessary improvements. More frequent surveys are planned for 2021, with an annual staff survey planned for the autumn.
- 28.0 Developing Healthier Working Relationships - In addition to the new approach to surveys, the national Staff Survey Project Group has been charged with implementing approaches which develop and build an in-house ongoing sustainable approach to measuring colleague experiences. The new approach will help develop the NHS Wales culture so that colleagues regularly give and receive feedback. The approach entitled 'Developing Healthy Working Relationships' was consulted on during the summer of 2020 and is due to be launched in 2021, and will focus on the development of working relationships at local/team level. The new 'Respect and Resolution Policy' will also support in providing a framework for individuals and teams to resolve conflict before any formal steps are implemented. This approach encourages open dialogue through, for example, 'cuppa conversations', resolution coaching and mediation.
- 28.2 Byddwch yn Falch / Be Proud -The team level surveys to improve staff engagement at local team level continues, with 16 teams having started the virtual programme from February and continuing into 2021/2022. The programme involves training team members (known as Pioneers) in the use of a variety of engagement tools to support team development and improvement plans.

- 28.3 Review of Staff Engagement - COVID-19 has had an impact on the way in which engagement activities such as staff recognition is carried out. Research has been undertaken over the past year to review a range of organisational approaches to engagement and consultation as we plan the way forward.

29. Other Control Framework Elements

29.1 Equality and Human Rights

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

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

Other measures include:

- An annual equality development session is facilitated for Board to ensure they are aware of their duty to have 'due regard' to the PSED and SED;
- The Annual Plan demonstrates how the Health Board meets the duties associated with equality and human rights and the arrangements for equality impact assessment (EqIA);
- The Workforce Strategy and policy development is informed by workforce equality information and EqIA;
- Equality and Human Rights Training is mandatory for all staff;
- A programme of EqIA training is facilitated alongside coaching support and guidance. Scrutiny of EqIA has been strengthened this year;
- Risks associated with compliance have been identified and included in the corporate risk register;
- The Equality and Human Rights Strategic Forum monitors compliance against the SEP;
- Progress is presented to the external Equality Stakeholder Reference Group. This group includes representation from members of the public with an interest in equality issues including the Community Health Council;
- Progress is reported to Welsh Government via the Advancing Equality Delivery Framework Measure;
- The Equality and Human Rights Annual Report is submitted to Board via the Strategy, Planning and Population Health Committee governance route; published and accessible to the public.

29.2 Pension Scheme

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

29.3 Post Payment Verification

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

29.4 Carbon Reduction Delivery Plans

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

29.4.2 BCUHB ISO14001 Environmental Management System

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

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

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

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

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

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

- The key changes, the changes service providers need to make;
- Commitment and involvement in the EMS at all levels;
- Compliance with the Environmental Policy;
- Needs and expectations of interested parties;
- External and internal issues, compliance obligations and significant aspects;
- What each section of the standard means to their service/department;
- Performance, evaluation and monitoring.

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

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

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

29.4.7 Waste Management

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

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

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

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

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

29.4.9 An implementation strategy to manage the Carbon Reduction Commitment (CRC) that was in place in previous years has now been phased out. It has been replaced by an increase on the climate change levy (CCL) which is applied directly to the utility bills.

29.4.10 A Corporate Carbon Action Plan has been developed in Welsh Government standard format. Implementation will be monitored and reported annually. Most items within the plan are dependent upon resource allocation from major capital development and annual discretionary capital allocations, which will vary year on year. The action plan progress will therefore be dependent upon corporate resource availability.

29.5 Local Counter Fraud Service

29.5.1 During 2020/21, the Local Counter Fraud team has undertaken a range of activities, leading to a number of benefits and outcomes. The Health Board has an Anti-Fraud, Bribery and Corruption Policy in place, approved by the Audit Committee and fit for purpose for 2020-21. The Anti-Fraud, Bribery and Corruption Policy is regularly publicised in electronic communications with staff and is available on the Health Board's web site.

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

29.6 Welsh Health Circulars (WHCs) and Ministerial Directions

- 29.6.1 A range of WHCs was published by Welsh Government during 2020/21 and have been centrally logged within the Health Board with a lead Executive Director being assigned to oversee implementation of any required action, as per the table in Appendix 4.
- 29.6.2 All Independent Members (IMs) are provided with a copy of WHCs upon receipt and a copy is stored on the paperless software system. This allows IMs who are Committee Chairs to ensure that the Board or one of its Committees is also sighted on the content as appropriate. Welsh Government publish WHCs on their [website](https://gov.wales/health-circulars) (<https://gov.wales/health-circulars>).
- 29.6.3 Ministerial Directions are published by Welsh Government as part of their [health and social care publications](https://gov.wales/publications?keywords=&field_policy_areas[43]=43) ([https://gov.wales/publications?keywords=&field_policy_areas\[43\]=43](https://gov.wales/publications?keywords=&field_policy_areas[43]=43)). General Ministerial correspondence continues to be received and actioned by the Health Board with a logging and tracking system in place.

30 Data

30.1 Data Security

- 30.1.1 Lead responsibility for information governance in the Health Board transferred to the Deputy Chief Executive Officer in September 2019, with the Assistant Director of Information Governance and Assurance undertaking operational responsibility for the designated role of the Health Board's Data Protection Officer on behalf of the Chief Executive, in line with the Data Protection Act 2018. The role of Caldicott Guardian is delegated to the Executive Medical Director, with the Senior Associate Medical Director carrying operational responsibility. Operational responsibility for the role of the Senior Information Risk Owner transferred to the Executive Director of Finance on behalf of the Chief Executive, as noted in the revised Scheme of Reservation and Delegation ratified by the Board on 23.2.20.

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

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

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

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

- 30.1.7 The Health Board self-reported one data security breach that triggered referral to the Information Commissioner's Office and Welsh Government. This was in relation to patient information being sent to an incorrect address.
- 30.1.8 The above incident has been closed by the Information Commissioners Office (ICO) with no further action required by the ICO due to the immediate actions and improvements in place by the Health Board. The ICO made two recommendations which the Health Board has implemented. The Board did not incur any financial penalties during the year.

- 30.1.9 As part of the process to ensure lessons are learnt following incident investigation, the Information Governance Team has taken a number of steps, including:
- Notifying all the individuals/data subjects who have been affected by the incident and provided appropriate support where necessary;
 - Since the breach the Health Board has introduced new procedures to prevent a reoccurrence;
 - Compliance audits will be undertaken at the incident site and the other two main hospitals to ensure continuity and the same ways of working are being followed across all sites;
 - Quarterly information governance bulletins highlighting lessons learnt are disseminated across the organisation and are available to staff on the intranet site;
 - Staff have been reminded of the importance of reporting incidents on Datix (the Health Boards incident management system) to identify trends and to make improvements and also the need to externally report serious breaches to the ICO and Welsh Government within 72 hours of notification;
 - The Information Governance Team regularly reviews the content and delivery of the information governance training package to ensure staff fully understand their responsibilities when dealing with personal information. A review of the training programme is currently underway and will include virtual training.
- 30.1.10 Revised working arrangements continue to be implemented to support the Health Board's response to the COVID-19 pandemic. These include the use of virtual clinics, telephone and video consultations and agile working from homes.
- 30.1.11 This year has seen a significant increase in the number of Data Protection Impact Assessments (DPIA) being undertaken in order to accommodate the new ways of working. The Information Governance Department continue to work with ICT colleagues to ensure that the appropriate scrutiny and due diligence checks are carried out in line with the Health Board's data protection obligations.

30.2 Data Quality

- 30.2.1 The Health Board makes every attempt to ensure the quality and robustness of its data, and has regular checks in place to assure the accuracy of information relied upon. However, the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement.
- 30.2.2 Completeness of patient demographic data from source (i.e. the patient and/or GP) remains a national challenge. This has been highlighted again by the pandemic, and will require policy intervention to ensure a shift in the value of this data.
- 30.2.3 Formal assurance to the Board on data quality is provided by the annual report of the Digital and Information Governance (DIG) Committee's annual report. The Committee receives assurance on compliance with key performance indicators in relation to the quality and effectiveness of information and information systems against which the Health Board's performance will be regularly assessed.

- 30.2.4 This year's DIG Committee annual report agreed a RAG status of Amber. Whilst the Committee received data quality information within regular assurance reports e.g. compliance with the timeframes for responding to requests for information, patch management and clinical coding performance, the Committee recognises that the complexity of opportunities for data issues required further work especially in the light of the impact of the pandemic.
- 30.2.5 The pandemic has impacted all aspects of health care and has highlighted the importance of high quality data more than ever. In particular:
- One of the key information systems implementations, the Welsh Patient Administration Systems (WPAS), was delayed due to a combination of COVID-19 and national data centre challenges. This has pushed back our hope for a single standardised administration system within this coming year. WPAS is the core patient information system for the organisation and underpins all other clinical and patient related information. Work continues with Digital Health and Care Wales (DHCW) to re-plan and implement a single WPAS as quickly as possible. Early indication of planning based on existing capacity in local and national teams that a single WPAS is unlikely before 2023.
 - COVID-19 introduced a significant growth in the need for real time data for information that was previously not regularly used or processed – in particular the need to develop ways of collecting, processing, validating and reporting intelligence on specific covid related laboratory tests was very challenging but ultimately positive in creating a real focus on data and intelligence.
 - The National Target for Compliance Audit has been postponed to 2021 to due to COVID-19. There was no external audit on electronically coded data during 2020.
 - The introduction of the system to support Test, Trace and Protect (TTP).
 - The introduction of WIS (the Welsh Immunisation System) across the Health Board has been a significant undertaking. This has included:
 - the training and support of hundreds of staff across primary & secondary care;
 - hardware at several mass and local vaccination centres;
 - central clinic and appointment letter generation, along with innovative online booking solutions and text reminders services.
 - COVID -19 also highlighted existing data quality issues – such as limited data quality (e.g. incomplete data) on ethnicity, out of date addresses, landline and mobile numbers.
 - There is a need for a policy shift towards regular checking of patient demographic details in primary and secondary care – both at registration and at regular intervals. Keeping this information up to date has significant benefits in terms of managing urgent referrals, and more recently, timely COVID-19 vaccination appointments.
 - Real time data on patient flow requires a renewed focus as there is a clear need to be able to track patients and their location to a level of detail that that has not been essential to date i.e. knowing every precise location of each patient can help protect and staff and provide intelligence to better understand the spread of the disease or infection. This will have resource, process and technical implications for the organisation.
 - The need for any Health Board's data to be accurate and up to date has always been well understood but the pandemic has highlighted how all stakeholders, such as general practice and care homes, need to re-consider their approach to data quality and the downstream effect of not holding up to date information about individuals.

31. Review of Effectiveness

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

31.2 My review has also been informed by:

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

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

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

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

- A review of governance structures being led by the Deputy Chief Executive and supported by the appointment of an Interim Director of Governance, focusing on Committee reporting and Groups reporting through accountable Executives;
- A facilitated and structured Board Development Programme aligned to collective and individual needs;
- Implementation of external review recommendations;
- Ongoing review of BCUHB wide policies and the agreement to purchase the associated Policy Datix Module to improvement the robustness of the overall management of the system;
- Integrated performance reporting and a revised accountability framework;


- Continued efforts to meet the expectations of the Targeted Intervention Improvement Framework (this having replaced the Special Measures Improvement Framework following de-escalation as referred to earlier in this Statement);
- Recommendations from internal audits;
- Ongoing work to improve the management of concerns and claims;
- A review of the Business Continuity Arrangements;
- Stakeholder engagement in the clinical strategy and plan development;
- Strengthening of the planning arrangements including an independent review of the function.

32. Internal Audit

- 32.1 Internal Audit provided me as Accountable Officer, and the Board through the Audit Committee, with a flow of assurance on the system of internal control. A programme of audit work was commissioned and delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit Committee and is focused on significant risk areas and local improvement priorities. The Audit Committee also oversees the progress-tracking of management actions taken in response to internal audit recommendations.
- 32.2 The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting the drive for continuous improvement. The programme has been impacted by the need to respond to the COVID-19 pandemic with some audits deferred, cancelled or curtailed as the organisation responded to the pandemic. The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. The Internal Audit plan has needed to be agile and responsive to ensure that key developing risks are covered. As a result of this approach, and with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee. Audit work carried out during the year conforms with the requirements of the Public Sector Internal Audit Standards. In forming the Opinion the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

32.3 The Head of Internal Audit has concluded:

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

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

32.4 Basis for Forming the Opinion

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

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module.
- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations.

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

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

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

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

Substantial Assurance (Green)



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

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

Reasonable Assurance (Yellow)



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

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

Limited Assurance (Amber)



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

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

No Assurance (Red)



No reviews were assigned a 'no assurance' opinion.

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

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

Key to symbols:

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

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

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

33. External Audit – Structured Assessment and Annual Audit Report

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

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

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

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

expenditure and financial compliance, however, for further reassurance, the Health Board is undertaking additional work led by a 'Financial Governance Cell' to review compliance during this period.

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

- 33.2 Progress continues to be monitored via the audit tracker tool. At its January meeting, the Board also formally received and noted the Audit Wales Annual Audit Report 2020. This year's audit work took place at a time when the Health Board was responding to the unprecedented and ongoing challenges presented by the COVID-19 pandemic. Given its impact, the Auditor General re-shaped planned work programmes by considering how to best assure the people of Wales that public funds were well managed. The impact of the crisis on both resilience and the future shape of public services was taken into account, ensuring that the work did not hamper the Health Board in tackling the crisis, whilst ensuring continued support for both scrutiny and learning.
- 33.3 The Auditor General for Wales' key messages as set out in the Annual Audit Report are detailed below. Further details of the full report can be accessed via the Audit Wales [website](https://www.audit.wales/publication/review-public-services-boards) (<https://www.audit.wales/publication/review-public-services-boards>):

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

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

the Health Board maintained a good overall focus on governance, risk and quality during its response to the first phase of the pandemic;

reasonable financial arrangements were put in place to respond to COVID-19, and until the recent additional financial allocation announced in November, there were significant risks to the Health Board’s financial position;

the Health Board’s quarterly operational plans are helping it to respond to a range of complex service risks, but there is a need for a strategy to recover services to help ensure they provide sustainable capacity and improvements in productivity;

the Health Board demonstrates a commitment to counter-fraud, has suitable arrangements to support the prevention and detection of fraud and is able to respond appropriately where fraud occurs;

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

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

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

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

34. Conclusion

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

34.3 In addition to progressing the work listed in section 31.3, and addressing the risks set out in section 19 of this Statement, the Health Board's key priority areas for improvement and focus in the year ahead will be:

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

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

34.4 As Accountable Officer, I am very clear on the improvements that need to be made at pace and the further work required to tackle the range of challenges facing the Health Board. I have confidence in the willingness and commitment of all staff within the organisation to strive to overcome the many challenges faced by the Health Board, in order to deliver success that translates into better performance and outcomes for patients.

34.5 This Annual Governance Statement has been developed in accordance with the Health Board's governance arrangements and was approved by the Audit Committee on behalf of the Board on 25.5.21. As the Accountable Officer, I am taking assurances on the accuracy of the Annual Governance Statement from the arrangements established by the Health Board.

34.6 As indicated throughout this statement, the need to plan and respond to the COVID-19 pandemic has had a significant impact on the organisation, wider NHS and society as a whole. It has required a dynamic response which has presented a number of opportunities in addition the risks. The need to respond and recover from the pandemic will be with the organisation and wider society throughout 2021/22 and beyond. I will ensure our Governance Framework considers and responds to this need.

Signed:

Jo Whitehead
Chief Executive and Accountable Officer

Date: 10th June 2021

Appendix 1 Board and Committee Membership 2020/21

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

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

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

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

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

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

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Associate Board Members				
Andy Roach	Director of Mental Health and Learning Disabilities <i>to 30.11.20</i> (includes a period of sickness absence)		<ul style="list-style-type: none"> • Associate Board Member • Lead Director / In attendance Mental Health Act Committee • In attendance Quality, Safety and Experience Committee • Member Local Partnership Forum 	
Lesley Singleton	Acting Director of Mental Health and Learning Disabilities <i>to 1.6.20</i> (covering Andy Roach's sickness absence)		<ul style="list-style-type: none"> • Associate Board Member • Lead Director / In attendance Mental Health Act Committee • In attendance Quality, Safety and Experience Committee • Member Local Partnership Forum 	
Morwena Edwards	Associate Member	Director of Social Services, Gwynedd	<ul style="list-style-type: none"> • Associate Board Member 	
Ffrancon Williams	Associate Member	Chair Stakeholder Reference Group	<ul style="list-style-type: none"> • Associate Board Member 	
Gareth Evans	Associate Member	Chair Healthcare Professionals Forum	<ul style="list-style-type: none"> • Associate Board Member • In attendance Quality, Safety & Experience Committee 	

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

- Simon Dean's secondment to the Health Board ended on 31.8.20
- Gill Harris became Acting Chief Executive 1.9.20-31.12.20
- Jo Whitehead was appointed substantive Chief Executive from 1.1.21.
- Lesley Singleton was Acting Director of Mental Health and Learning Disability until 1.6.20
- Andy Roach, Director of Mental Health and Learning Disability, left on 30.11.20 (this post is no longer designated an Associate Board Member)
- Debra Hickman was Acting Executive of Director of Nursing & Midwifery 1.9.20-31.12.20
- Teresa Owen was Acting Deputy Chief Executive 1.9.20-31.12.20
- David Fearnley, Executive Medical Director, left on 30.9.20
- Arpan Guha became Acting Executive Medical Director on 1.10.20
- Sue Hill was Acting Executive Director of Finance until 31.12.20, then substantively appointed from 1.1.21
- Linda Tomos commenced as a new Independent Member on 27.10.20
- Helen Wilkinson, Independent Member, left the organisation on 23.11.20
- There were two Acting Board Secretaries in the reporting period until 11.1.21, when Louise Brereton was substantively appointed.

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

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

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

Y = Present A = Apologies P = Part attendance

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

[illegible]

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

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

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

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

Appendix 4 Welsh Health Circulars 2020/21

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

WHC No	Date Received	Description	Lead	Action taken
016	21.12.20	Procedure for Performance Management, Removal or Suspension of NHS Chairs et al	Chairs, IMs and Associate Members	Information was circulated to the full Board on 22.12.20.
018	1.10.20	Last Man Standing	Executive Director of Primary Care & Community Services	Executive Director of Primary Care & Community Care confirmed that this has been actioned.
022	14.12.20	NHS Wales Annual Planning Framework 2021-22	Executive Director of Planning & Performance	The Board approved Plan was submitted to Welsh Government on 31.12.21 by the CEO's office.
023	23.12.20	EU Exit – Continuity of Medicine Supply at the End of the Transition Period	Office of the Medical Director	Noted and forwarded to the Office of the Medical Director.
024	22.12.20	Clinical Assessment of Covid-19 in the Community – Update December 2020	Executive Director of Primary Care & Community Services	This was all taken forward through the national working group and pathway and pulse oximeters, etc are being put in place.
025	22.12.20	2021-22 Health Board and Public Health Wales NHS Trust Allocations	Executive Director of Finance	The Health Board's financial plan has been updated to reflect the 2021-22 Health Board and Public Health Wales NHS Trust Allocations, and a draft Financial Plan was approved by the Board on 30.12.21.
2021/				
001	14.1.21	Consolidation Rules for Managing Cancer Waiting Times	Executive Director of Therapies & Health Sciences	New data collection and reporting systems have been put in place to meet reporting requirements in line with national timescales; implemented with effect from December 2020 as per the national requirement.
002	19.1.21	Board Champion Roles	Board Secretary	The Head of Corporate Affairs reviewed the WHC and highlighted necessary changes. The Chair will review this matter with Independent Member colleagues.

WHC No	Date Received	Description	Lead	Action taken
003	10.3.21	Senedd Election 2021	Board Secretary	10.3.21 - Information circulated to Board and to all staff via the Corporate Communications bulletin. Records updated accordingly.
004	19.2.21	Flu Vaccinations 2021-22	Executive Director of Public Health Wales	To be discussed and direction of travel agreed at the Strategic Immunisation Group 21.04.21
006	11.3.21	Senedd Election 2021 – Guidance for NHS Wales	Board Secretary	12.3.21. Information circulated to all staff via the Corporate Communications bulletin. Records updated accordingly.
007	11.3.21	6 weeks post-natal GP physical examination of child. HCWP (Healthy Child Wales Programme)	Executive Director of Primary Care & Community Services	There was no action required. This is guidance which has been sent directly to practices by Welsh Government. The Health Board is, however, currently working with colleagues to understand the ongoing level of compliance and what review processes (if any) are in place locally.
009	25.3.21	School Entry Hearing Screening Pathway	Executive Director of Primary Care & Community Services	28/3/21 – forwarded to the Assistant Area Director for Children (West) for action.

Appendix 5 – Principal Risks

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

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

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

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

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

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

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

Appendix 6 – BAF and CRR risks

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

