

# ANNEX – Annual Governance Statement

## 1. Introduction

1.1 This Annual Governance Statement covers a period of considerable challenge for the Betsi Cadwaladr University Health Board ('the Health Board'). The Health Board has been in special measures since June 2015. This escalation status remains unchanged, although there have been notable improvements such as the removal of GP out of hours services from special measures. Finance, performance and planning remain in a very serious position and these, together with all special measures themes, are subject to robust Welsh Government oversight, scrutiny and support arrangements.

1.2 By the end of this Annual Governance Statement's 2018/19 reporting period, the Health Board had progressed to the third reporting period of the special measures improvement framework issued in May 2018 comprising four themes:

- Leadership and Governance;
- Strategic and Service Planning;
- Mental Health;
- Primary Care including Out of Hours Services.

Further detail on improvements made, ongoing challenges and reports submitted is provided in section 4 of this statement.

1.3 During the reporting period, there has been some turnover of Board members and key appointments made, most notably the new Chair who commenced in September 2018. Further details are available in Appendix 1.

1.4 In March 2019, the Chair and Chief Executive, with other senior colleagues, were called to give [evidence](#)<sup>1</sup> to the Public Accounts Committee (PAC) in relation to finance and performance, progress against previous PAC recommendations, mental health services, special measures and concerns management. In February 2019, the North Wales Community Health Council (CHC) also provided evidence before the PAC and, whilst noting the challenges faced by the Health Board, acknowledged progress under special measures in terms of aspects of public engagement, systemic culture change and vision.

1.5 In 2018/19 the Health Board breached its statutory duty to produce an Integrated Medium Term Plan (IMTP). The Board has been working to a deficit Interim Financial Plan, and has breached its statutory duty to achieve financial balance.

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<sup>1</sup> [http://senedd.assembly.wales/documents/s85083/PAC5-06-19 P1 - BCUHB paper\\_e.pdf](http://senedd.assembly.wales/documents/s85083/PAC5-06-19 P1 - BCUHB paper_e.pdf)

- 1.6 During 2018/19 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 regional Population Assessment and Area Plan developed under the SSWB Act and the four Public Services Boards' well-being assessments and well-being plans required under the WFG Act have fed into the Health Board's own corporate strategy, Living Healthier, Staying Well (LHSW) and Annual Operating Plan.
- 1.7 In addition to the strategy work, the Board has been working with the Office of the Future Generations Commissioner and Public Health Wales on prototyping a live lab approach, which aims to challenge and support teams in applying the five ways of working to a defined area of work. Further information is provided in section 25 of this statement.
- 1.8 During 2018/19 *A Healthier Wales*, the long-term plan for Health and Social Care, was published, responding to the findings of the Parliamentary Review. *A Healthier Wales* sets out the ambition of Welsh Government to bring health and social services together, designed around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well. The plan describes the importance of the quadruple aim in helping achieve this vision.
- 1.9 *A Healthier Wales* describes the increasing importance of the role of the Regional Partnership Board in driving the development at local level of models of health and social care, including primary and secondary care. In response to this, the Health Board has strengthened its membership and engagement with the Regional Partnership Board and is developing shared approaches to transformation of services in accordance with the design principles of the long-term plan. To date, the Health Board has been party to 3 successful bids to the Welsh Government Transformation Fund, in partnership with local authority RPB colleagues.

## **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 are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales. Welsh Government issued confirmation of my Accountable Officer status in March 2016.
- 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.

## **3. Background Information**

- 3.1 The Health Board had a revenue resource allocation of £1.49bn for 2018/19 and a workforce of approximately 18,064 (15,486 whole time equivalents). Further details are provided within the Remuneration Report.

- 3.2 The Health Board is responsible for improving the health and wellbeing of the population of North Wales. This encompasses prevention of ill health as well as treating illness and providing excellent healthcare services.
- 3.3 The Health Board provides primary, community and mental health services as well as acute hospital services for a population of about 678,000 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 105 General Practitioner (GP) practices and NHS services provided by dentists, opticians and pharmacists in North Wales.
- 3.6 The clinical management of services is delivered by three Area Teams, a Mental Health and Learning Disabilities Division, and a single Secondary Care Division comprising three hospital site teams, all supported by the corporate departments.

#### **4. Special Measures**

- 4.1 Due to increasing concerns about the organisation's governance, and also maternity and mental health services, the Health Board was placed in special measures in June 2015. Since then an ongoing organisation-wide programme of work to strengthen governance has been in place. Throughout 2018/19, Welsh Government continued to hold regular meetings and discussions with the Health Board in respect of special measures, scrutinising and challenging in order to drive improvements in performance and delivery.
- 4.2 The Board has established the Special Measures Improvement Framework (SMIF) Task & Finish (T&F) Group to advise and assure the Board on the effectiveness of the arrangements in place to respond to the expectations within the SMIF. The group membership comprises key directors, independent members and an independent adviser. Now chaired by the new Health Board Chair, the group oversees progress, and continues to report to the Board after each of its meetings.
- 4.3 Despite improvement in some important areas throughout the special measures process, significant challenges have remained, particularly in terms of finance and performance. A set of intervention actions and additional support (including input from Mr David Jenkins, Independent Adviser appointed by Welsh Government) was therefore announced by the then Cabinet Secretary for Health & Social Services, with improvement criteria to be progressed by April 2018. The Board published a [report](#)<sup>2</sup> on these actions in June 2018.

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<sup>2</sup> <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%207.6.18%20Public%20V1.0.pdf>

- 4.4 A further SMIF [Framework](#)<sup>3</sup> for the period May 2018 - September 2019 was issued by Welsh Government in May 2018. It comprised the four themes of leadership & governance, strategic & service planning, mental health and primary care including out of hours services, with expectations spread across three time periods. It was made clear by the Cabinet Secretary that future progress assessments would need to demonstrate that sustainable solutions were in place to maintain improvement.
- 4.5 Welsh Government published an [update](#)<sup>4</sup> on the Joint Escalation & Intervention Arrangements across Wales in July 2018. Also in July 2018, the Health Board received a [report](#)<sup>5</sup> on the ‘Review of the governance arrangements relating to the care of patients on Tawel Fan ward prior to its closure on 20<sup>th</sup> December 2013 and governance arrangements in older people’s mental health at BCUHB from December 2013 to the current time’ undertaken by Donna Ockenden. In response, the Board agreed governance and oversight [arrangements](#)<sup>6</sup> for the implementation of the recommendations arising from the Ockenden review. Similar arrangements were also agreed for the recommendations made as a result of the HASCAS independent investigation, which had been commissioned in August 2015, with the report being published in May 2018.
- 4.6 In September 2018 when a new Chair, Mr Mark Polin, took up post, he immediately assumed responsibility for chairing both the SMIF T&F Group and the Finance & Performance Committee. Expectations as to governance and scrutiny were reset and Board meetings placed on a bi-monthly footing to allow more in depth scrutiny of key topics during intervening discrete workshops. The effect of this was noted by the WAO in their most recent [structured assessment](#)<sup>7</sup> issued in November 2018:
- “We looked at how the Board organises itself to support the effective conduct of business. We found the Health Board has good arrangements to support board and committee effectiveness, and shows recent signs of strengthened scrutiny, and is working to develop a strong focus on fewer but key priorities”.*
- 4.7 In November 2018 the Board approved for submission to Welsh Government a special measures progress [report](#)<sup>8</sup> covering May - September 2018. This report highlighted progress relating to Board capability and stability, development of a comprehensive response to the HASCAS and Ockenden recommendations, staff engagement, clinical involvement in service change proposals and achieving a culture of not placing mental health patients out of area.
- 4.8 In November 2018, the Health Board [considered](#)<sup>9</sup> in detail the additional investment agreed by Welsh Government in July 2018, totalling £6.8m, to support special measures work across 2018/19 and 2019/20.

3 <https://gwedhill.gov.wales/docs/dhss/publications/180508bcu-improveen.pdf>

4 <https://gwedhill.gov.wales/docs/dhss/publications/joint-escalation-and-intervention-arrangements-july18.pdf>

5 <http://www.wales.nhs.uk/sitesplus/documents/861/Eng%20Donna%20Ockenden%20-%20Full%20Report%20-%202018.pdf>

6 [http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2012.7.18%20Public\\_English.pdf](http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2012.7.18%20Public_English.pdf)

7 <https://www.audit.wales/publication/betsi-cadwaladr-university-health-board-structured-assessment-2018>

8 <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20-%201.11.18%20public%20Board%20meeting%20v2.0.pdf>

9 <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20-%201.11.18%20public%20Board%20meeting%20v2.0.pdf>

- 4.9 In an oral [statement](#)<sup>10</sup> in November 2018, following publication of the fourth progress report, the then Cabinet Secretary for Health & Social Services updated on the Health Board's progress since May 2018. He noted the strong focus on Board capability, including the fact that all board level vacancies had been addressed. He also noted the introduction of more robust appraisal and assurance systems, an increased commitment to partnership working in support of 'A Healthier Wales', the comprehensive plans put in place to address the Ockenden and HASCAS recommendations (see section 5), developments in mental health services, better staff engagement, progress against some specialist service strategies and continuing improvement in GP out of hours services.
- 4.10 Alongside these improvements, the Cabinet Secretary also acknowledged the Health Board's challenging financial position and the need to accelerate progress on strategic and service planning, both in respect of specific areas such as orthopaedics and also from a whole-system perspective in describing more clearly the plans for service transformation. The Cabinet Secretary emphasised the need for the Health Board to spend the next 6 months focusing on finance, strategic & service planning – especially unscheduled care and referral to treatment targets (RTT) – and on delivering the Ockenden and HASCAS recommendations.
- 4.11 Following a meeting of the Welsh Government, Wales Audit Office (WAO) and Healthcare Inspectorate Wales (HIW) Tripartite Group in January 2019, the Minister for Health and Social Services issued a written [statement](#)<sup>11</sup> in February 2019 on joint escalation and intervention arrangements across NHS Wales. The Minister noted that progress had been seen in several areas across the Health Board, most notably on GP out of hours services, which had improved to a level comparable to other organisations and was therefore removed as a special measures concern. Further improvements were also noted in mental health, quality and safety governance and board effectiveness under the new Chair. The way in which the organisation had responded to the Ockenden and HASCAS recommendations was also highlighted.
- 4.12 Whilst noting the positive steps forward, the Minister acknowledged that the Health Board still faced a challenging improvement agenda as it worked to improve performance and governance within the context of a sustainable 3 year plan. It was therefore decided that the Health Board would remain at its current escalation status of special measures. The Director General of NHS Wales [wrote](#)<sup>12</sup> to the Health Board on 22.2.19 confirming the outcome of the tripartite meeting and setting out the concerns that remained around the lack of necessary pace for change, particularly in relation to finance, planning and performance.
- 4.13 The Health Board continues to drive improvements as measured by the SMIF. The most recent formal update report submitted to Welsh Government covered the October 2018-March 2019 element of the Framework.

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10 <http://record.assembly.wales/Plenary/5361#A46441>

11 <https://gov.wales/written-statement-escalation-and-intervention-arrangements>

12 <http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2028.3.19%20%20V2.0%20updated%2022.3.19-min.pdf>



## 5. Tawel Fan

- 5.1 In May 2018 the independent Health and Social Care Advisory Service (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.
- 5.2 The investigation process proved to be a very complex piece of work which has taken longer than first envisaged, but this was necessary in order to ensure that it was thorough so those affected could be satisfied that the findings were robust, and to inform the organisational learning associated with the outcomes.
- 5.3 The HASCAS report provides a full, evidence-based view that is the result of a comprehensive investigative process which included over 100 interviews of families and staff and over half a million pages of information including police transcripts, medical records, staff records and corporate records.
- 5.4 The investigation found the overall standard of care on Tawel Fan ward to be generally good and found no evidence to support the view that patients suffered from deliberate abuse or wilful neglect. However, it found that some patients did not receive the standard of care that we would expect across our services. The report also highlighted systemic organisational weaknesses that were present at that time, which contributed to poor care.
- 5.5 The Health Board accepted the report's findings and has established a taskforce led by the Executive Director of Nursing and Midwifery, to build upon existing work programmes and to take forward the specific recommendations, alongside our partners, at pace.
- 5.6 Alongside the HASCAS investigation, the Health Board commissioned a governance review to be undertaken by Donna Ockenden. This review focused on the governance arrangements relating to the care of patients on Tawel Fan ward prior to its closure and also reviewed current governance arrangements in the Health Board's older people's mental health services. The findings of the Ockenden Governance Review were received at the Health Board public meeting held in July 2018.
- 5.7 The July Health Board meeting also approved a paper setting out the Health Board's initial response to the HASCAS report and approved the governance and reporting arrangements which would oversee the implementation of the recommendations arising from both the HASCAS report and Ockenden governance review. The Health Board also approved the establishment and terms of reference for an Improvement Group to respond to all the recommendations and a Stakeholder Group to strengthen and guide the work of the Improvement Group. These groups report directly into the Health Board.
- 5.8 Several meetings of the Improvement Group and Stakeholder Group have taken place and all recommendations have been mapped together to ensure the necessary actions identified are embedded across the organisation and not dealt with in isolation. The example [here](#)<sup>13</sup> demonstrates the breadth of lessons learned and outcomes. Action such as appointing more staff in mental health units has resulted in improvements to services that have been independently recognised by Healthcare Inspectorate Wales in recent [reports](#)<sup>14</sup>. Progress is regularly and closely monitored via the Committee Structure and Board. Reports feed up to the QSE Committee from the Improvement Group, and then onwards to the Board.

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<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%2024.1.19%20%20Public%20V1.0%20with%20Ablett%20Appendices%20removed%20for%20web.pdf>

14 <http://hiw.org.uk/find-service/service-index/?serviceType=Mental+Health&lang=en>

## **6. Financial Position**

- 6.1 The Health Board did not meet the control total of £35m deficit, primarily due to the £6.7m under delivery of the savings target of £45m, which was set as part of the 2018/2019 Financial Plan. There were also significant overspends in specific areas of expenditure, particularly in Secondary Care, which were offset by underspends in Primary Care and Contracts.
- 6.2 During 2018/19 the Board appointed a Director of Turnaround and through dialogue with Welsh Government has secured additional resources which will build capacity and capability to design and deliver the substantial recurring savings required in future years. This additional capacity will enhance the Board's central Programme Management Office, increase programme management capacity for change programmes and further develop service improvement skills and capacity to support clinical teams to deliver change.
- 6.3 A Savings Programme task group has been established, reporting into the Finance and Performance Committee to provide additional and detailed scrutiny of the 2019/20 Health Boards savings programme and thus enhance governance and oversight.
- 6.4 The Health Board has also commissioned an external financial review as part of focused efforts to improve the financial position. With financial support from Welsh Government, Price Waterhouse Coopers have been engaged to work alongside the Health Board in reviewing and improving its approaches to delivering sustainable improvement and change whilst at the same time saving money. The review is due to be reported to the Health Board in June 2019.

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

- 7.1 The Health Board does not as yet have an approved IMTP, therefore does not fulfil its statutory duty in this respect, but has developed a Three Year Outlook and 2019/20 Annual Plan which was noted as an interim plan by the Board in March 2019, pending further work to develop a revised 2019/20 annual plan by July 2019. This will take into account results of a financial review and the output from the Referral to Treatment Time (RTT) Taskforce for planned care.
- 7.2 In July 2018, the Board considered a draft Annual Operating Plan which set out the Health Board's priorities for action to deliver improvement across a range of activities and services. The approach was designed to ensure a balance between the ambition to improve service delivery at pace and the responsibility to make difficult choices regarding the allocation of resources from Welsh Government. However the plan was deemed to need further work. In December 2018, a core set of priorities were agreed by the Health Board for the remaining quarter of the year.

- 7.3 In respect of a general assessment of progress against the Annual Operating Plan, it is acknowledged that it had been a very challenging year in terms of delivery of the plan and falling short in some areas. However, a number of achievements have been made across a range of services during the year. As part of *Improving Health and Reducing Health Inequalities*, the Health Board introduced the 'Let's Get North Wales Moving' collaboration with partners, implemented the tier three weight management service, the hospital based smoking cessation service commenced and an alcohol licensing framework was established. Key examples of achievements within Care Closer to Home include the development and opening of a new healthcare centre in Flint, the redevelopment of Corwen Health Centre and more advanced practitioner nursing, physiotherapy, audiology and pharmacy roles introduced in primary care settings. Within Excellent Hospital Care, the Sub-Regional Neonatal Intensive Care Centre (SuRNICC) was opened at Ysbyty Glan Clwyd and the major refurbishment for Ysbyty Glan Clwyd has been completed bringing major improvements to the environment for patients and staff.
- 7.4 *Living Healthier, Staying Well* (LHSW) is the Board's long-term strategy that describes how health, well-being and healthcare in North Wales might look in ten years' time and how the Board is working towards this now. The Health Board approved LHSW in March 2018. The Health Board will work with stakeholders to review LHSW and refresh the strategy by March 2020 to accompany the IMTP for 20/21 and beyond. In addition, by developing a more detailed service strategy in 2019/20 supported by financial, workforce and estates analysis, the 'high level' statements set out in LHSW will be progressed to more specific actions, to improve outcomes and more effectively use resources.

## 8. Emergency Preparedness

- 8.1 The Health Board is categorised as a Category 1 responder within the Civil Contingencies Act (2004) and as result required to have certain arrangements in place. The Health Board has in place:
- A Major Emergency Plan and underpinning site or incident specific plans that describe the response of the organisation to an emergency defined as a major incident;
  - A governance structure that provides oversight and coordination of our emergency preparedness arrangements. This structure links into the North Wales Resilience Forum, which provides the coordinated planning and preparedness across all agencies involved in civil protection activities;
  - A programme of exercises and training to support our staff who have specific roles within our major emergency arrangements, delivering command and control competencies in line with National Occupational Standards, bespoke training relating to pre-hospital medical response, in-hospital decontamination and emergency preparedness awareness;
  - A Business Continuity Policy and major programme of work focused on developing a Business Continuity Management System for critical services, to enable recovery within tolerable timescales following a business disruption;



- A Civil Contingencies Group, which is the Board's internal forum which provides leadership relating to health emergency preparedness. A cycle of business has been developed, which demonstrates how the Civil Contingencies Group, provides assurance and governance relating to health preparedness as well as the coordination of specific health economy resilience;
- An assurance process that includes internal audit carrying out annual audits of the business continuity management system and Civil Contingencies arrangements aligned with the Emergency Preparedness, Resilience and Response Guidance and Framework;
- A Civil Contingencies Risk Register along with individual divisional risk registers which provide a method for reporting and escalating risks;
- A resilience work programme that builds upon established organisational resilience arrangements and ensures the delivery of duties placed upon the Health Board through the Civil Contingencies Act (2004) and associated non legislative guidance. A new Head of Emergency Preparedness and Resilience was appointed at the end of the 2018/19 reporting period.

## 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 Community Voluntary Councils;
  - Public Service Boards / Regional Leadership Board;
  - Mid Wales Healthcare Collaborative.
- 9.2 Partnership working is long established in North Wales, and has been strengthened in year through greater involvement with the Regional Partnership Board (RPB), as alluded to earlier in this statement.
- 9.3 In addition, the Health Board has key working relationships with HMP Berwyn as a provider of healthcare services within the prison. The Health Board has responsibility for meeting the health and wellbeing needs of the population at HMP Berwyn. Embedded into the service design and operational parameters is the concept of a comprehensive and fully integrated offer, available to all, with access based on clinical need. Services within HMP Berwyn have been configured to support early identification and diagnosis, and a reduction in reoffending rates through health and wellbeing improvement, with services reflecting those delivered in the community in terms of access and standards of care.

## **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, well-being objectives and values are shown below. These are reflected within the planning framework and work is ongoing to embed them across the organisation at all levels:

### **Our Purpose**

- To improve health and provide excellent care.

### **Our Vision**

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

### **Our Well-being Objectives**

- Improve physical, emotional and mental health and wellbeing for all;
- Target our resources to those with the greatest needs and reduce inequalities;
- Support children to have the best start in life;
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being;
- Improve the safety and quality of all services;
- Respect people and their dignity;
- Listen to people and learn from their experiences.

10.4 Our purpose, vision and well-being objectives set out the long terms 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.

## **11. Board Composition**

11.1 The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, which are reflected in its Standing Orders.

11.2 The Board meets on a bi-monthly basis and consists of the Chair, ten Independent Members (IMs), four Associate Members (the Director of Mental Health and Learning Disabilities became an Associate Member in June 2016), the Chief Executive and eight Executive Directors. The Board Secretary is in attendance.

11.3 During the reporting period of this Annual Governance Statement, the Board has seen a number of new appointments including, as stated earlier, a new Chair who took up post in September 2018. The Vice-Chair was appointed substantively in August 2018. Following an in year restructuring and the departure of the Chief Operating Officer in June 2018 when this post was abolished, further appointments were made. These were an Executive Director of Primary and Community Services and an Executive Director of Planning and Performance. Other appointments to the Board included a new Executive Director of Workforce and Organisational Development. In addition, a number of new Independent Members joined the Board. Board membership is documented at Appendix 1, together with related information including Board Members' Champion roles. The Executive Director of Finance secured a role in another organisation at the end of April 2019 and at the time of writing further changes are due to take place with the departure of the Executive Medical Director in July 2019. Recruitment to both of these posts is now underway.

11.4 In addition the Board currently has the support of an Independent Financial Advisor, in the absence of the appointment of an Independent Member with a financial background. Following an Independent Member resignation in February 2019 recruitment is underway to ensure that the new appointee has the necessary financial expertise.

## **12. Board Effectiveness and Standards**

12.1 In order to improve its effectiveness and meet aspirations for openness and accountability, the Board aims to be transparent about the decisions it makes and the way in which it operates. The majority of Board and Committee meetings are routinely held in public.

12.2 All Board Members have a responsibility to abide by the Nolan principles of public life and Executive Directors must adhere to the NHS Code of Conduct (Disciplinary Rules and Standards of Behaviour). A robust electronic system is in place for declarations of interests and gifts & hospitality.

- 12.3 Board Members are required to declare any interests at the beginning of Board meetings and complete a return annually. Board Members are also required to declare gifts and hospitality received or offered, in line with the set guidance. Declarations are recorded on the corporate register, which is available for public inspection via the Office of the Board Secretary. In November 2016, a new Standards of Business Conduct Policy and electronic declaration system were introduced and this has continued to mature.
- 12.4 In the interests of good governance, scrutiny and challenge, all Health Board Committees are chaired by an Independent Member.
- 12.5 The Board's annual cycle of business / work plan is regularly reviewed and updated, most recently in March 2019.
- 12.6 Whilst the Health Board remains in special measures, as detailed in section 33 of this Statement, the overall conclusion from the Wales Audit Office's 2018 Structured Assessment work was that the Health Board has strengthened its governance arrangements and that those for strategic planning are developing. However, Wales Audit Office consider that the Health Board needs to focus on key strategic goals to overcome the significant challenges it faces.

### **13. Board Development**

- 13.1 The Health Board has committed a minimum of a day per month over the last year to Board Development, building on the approach from the previous year to strengthen leadership and governance as part of a special measures theme. A bi-monthly half day was also devoted to Board briefings to update members on key strategic, service and mandatory training issues.
- 13.2 A tendering exercise has been undertaken and an experienced provider appointed in April 2019, to deliver a bespoke board development programme (whole Board, Executive and Independent Members). This will build upon the work already undertaken but it is acknowledged that turnover at Board level impacts on the effectiveness of Board development. The programme will include a series of development activities, to support Board Members individually and the Board collectively in discharging core functions and effective decision-making in accordance with the principles of good governance. This will assist Board Members in enhancing their personal contribution and in ensuring board effectiveness.

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

- 14.1 The Health Board has an established Committee Business Management Group (CBMG) 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. CBMG gave consideration at its meeting in April 2018 to revised meeting arrangement proposals and agreed a number of actions which were broadly put in place from May 2018:
- Integrated Quality and Performance Report (IQPR) to be presented to Board bi-monthly but with the Finance Report continuing to be presented to each Board meeting;
  - Financial Recovery Group stood down from the end of April 2018;

- Information Governance Reporting to remain routed through F&P Committee;
- Special Measures Improvement Framework Task and Finish (SMIF T&F) Group - revised arrangements for the SMIF T&F's governance and reporting have been reviewed to take account of the emerging arrangements for turnaround and embedding special measures within the core business of the Board and its committees;
- A workshop approach to be adopted for future Board briefings.

- 14.2 Following on from this and the refresh of Board membership, Board and committee arrangements were further reviewed, taking into account views expressed within the Deloitte report on the Financial Governance Review of the Health Board. This primarily focused on the remit of the Finance and Performance Committee (F&P), but also the Structured Assessment Report 2017 (presented to the Board in March 2018) which drew attention to the significant demand on Independent Members as a result of the frequency of Board and committee meetings, formal board development and in-committee sessions, and other groups that members were involved in. Furthermore, the Board took into account the views of the Health Board's Specialist Advisor, relating to the significant benefits that would stem from streamlining Board and committee arrangements, thereby supporting IMs to have more effective oversight. This would support their ability to provide greater challenge in key areas, whilst enabling increased executive focus on turnaround and operational productivity.
- 14.3 Consideration was also given to the governance and reporting structures in relation to turnaround and transformation. In terms of turnaround, the Board agreed that the F&P Committee would retain oversight on behalf of the Board and that the Chairman would personally Chair the Finance and Performance Committee. The Board considered proposals for revised transformation governance arrangements in light of Welsh Government's '*Our Healthier Wales – A Plan for Health and Social Care*' which set out expectations around the Area Plan produced by the Regional Partnership Board (RPB) and Health Boards' Integrated Medium Term Plans (or three year plan in the case of BCUHB) being inextricably linked and consistent with Public Services Board planning. The Health Board strengthened and improved existing partnership arrangements, with transformation being an integral element of the Board's strategic planning responsibilities progressed through the RPB and the Strategy, Partnerships and Population Health (SPPH) Committee. The F&P Committee has had the 'in year' focus on the delivery of all agreed plans and budgets whilst the SPPH Committee has the 'futures' focus on overseeing the development of strategy, future plans and partnership working.
- 14.4 The Board agreed to establish an Information Governance & Informatics (IGI) Committee, chaired by the Board's Independent Member with specialist knowledge of IT, meeting quarterly in order to enable F&P Committee to focus more clearly on the key finance and performance issues whilst providing improved Board oversight and engagement with the IG (and IT) agenda. The IGI Committee links into the F&P Committee (via CBMG) on matters relating to in year performance and into the Strategy, Partnerships and Population Health (SPPH) Committee on future plans, but reports directly to the Board through its Chair's Assurance Reports and its Annual Report as per other Board committees.



As part of refocusing the F&P Committee in this way, consideration has also been given to the routing of workforce information. F&P Committee will retain oversight of workforce activity and performance and the SPPH Committee will oversee workforce planning and staff welfare at an organisational level. Other functions to move from F&P Committee relate to 'Upholding Professional Standards' (moved to the Remuneration & Terms of Service Committee) and staff engagement including monitoring Staff Survey results and actions (moved to SPPH). F&P Committee membership was also strengthened with the attendance of the Executive Medical Director to ensure clinical oversight as part of the quality impact assessment process. The Board took the opportunity to revise its meetings schedule, moving to bi-monthly Board meetings.

- 14.5 The Board's committee structure from September 2018 comprised 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 (FandP) Committee;
  - Information Governance and Informatics Committee;
  - Quality, Safety and Experience (QSE) Committee;
  - Strateg, Partnerships and Population Health (SPPH) Committee;
  - Charitable Funds Committee, with its Charitable Funds Advisory Group Sub-Committee.
- 14.6 These committees and sub committees were in addition to the Health Board's three Advisory Groups and three Joint Committees, as illustrated in the structure diagram in Figure 1 below. A Savings Programme Group reporting to the F&P Committee was established to monitor manage and report on the development and delivery of the Health Board's Savings Programme; its inaugural meeting was held in April 2019.
- 14.7 The Strategic Health and Safety (H&S) Committee formally reports to the Quality, Safety and Experience Committee. The committee has not met during 2018/19 having last held a meeting in October 2017. Over the course of 2017/18, the arrangements in place within the Health Board were subject to a review by Internal Audit. The report titled *Review of Corporate Legislative Compliance: Health & Safety at Work etc. Act 1974* was finalised in March 2018 and considered by the Audit Committee in May 2018. The review, based on field work undertaken between July and December 2017 provided an overall limited assurance opinion. Since October 2018, accountability for Health and Safety has been allocated to the Executive Director of Workforce and Organisational Development (having resided temporarily with the Executive Director of Nursing and Midwifery between April and October 2018 following the abolition of the Chief Operating Officer role). The Executive Director of Workforce and Organisational Development prepared a detailed report for the November 2018 Board setting out a series of proposals to address the shortcomings following an initial review of the structures in place and the availability/visibility of critical information. New leadership structures have been agreed with the appointment of an Associate Director of Health, Safety and Equality, two Heads of Health and Safety, a Violence and Aggression Manager (0.8 full time equivalent) and three Safety Advisors. Work is now in hand to:

- Review and recommend an effective governance and performance management structure to align with the overall accountability and assurance structure of the Health Board;
- Develop a 3 year improvement plan with clear and time bound objectives for delivery within 2018/19 and each year following to be considered by the Board no later than March 2019;
- Continue to build on the work undertaken by the Executive Director of Nursing and Assistant Director of Quality Assurance to develop a more effective relationship with the Health and Safety Executive to secure trust and confidence in the Health Board.

The Board approved the proposals and at the time of writing the H&S Committee is scheduled to commence meeting again in May 2019 and then monthly for an initial nine month period, reverting to bi-monthly thereafter.

- 14.8 The Health Board has three Advisory Groups to assist it in performing its statutory duty to take account of representations from the community it serves and other key stakeholders. The three groups are the Stakeholder Reference Group (SRG), Healthcare Professionals Forum (HPF) and the Local Partnership Forum (LPF). Two of the Advisory Group Chairs are invited to attend as follows:
- Quality, Safety and Experience Committee – HPF Chair;
  - Strategy, Partnerships and Population Health Committee – SRG Chair.
- 14.9 The Health Board's Committee and Advisory Group structure is illustrated below in Figure1.
- 14.10 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.
- 14.11 Each Board committee produces an annual report. The Audit Committee receives all the committee annual reports in advance (May meeting) and then submits an overarching assurance report to the Board. The 2018/19 annual reports were considered in detail by a workshop of Audit Committee Members in May 2018 and then formally received by the Audit Committee at its meeting later that month. They detailed the business, activities and main issues and risks dealt with by the Committees or escalated to the Board during the previous year.
- 14.12 Committee Chairs provide written assurance reports to the Board after each committee meeting, highlighting issues of significance and any key risks. These Chairs' reports are published with Health Board papers.
- 14.13 The significant matters considered by the committees, and examples of actions taken during 2018/19 were as follows from section 14.14 onwards. These key issues feature as highlights in Committee Chairs' Assurance Reports.

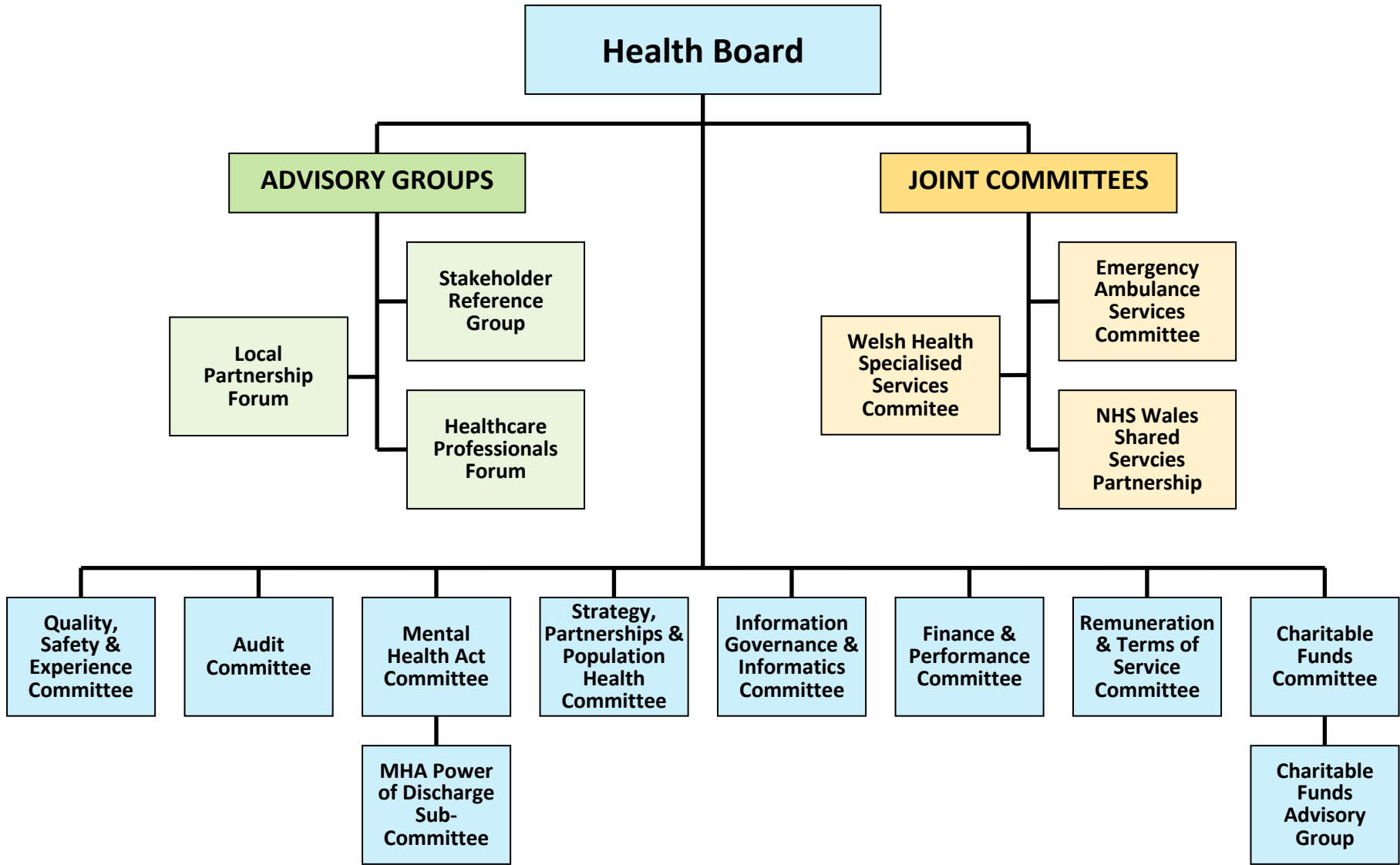


Figure 1 : The Health Board's Committee and Advisory Group Structure

#### 14.14 Audit Committee

The role and purpose of the Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place - through the design and operation of the LHB's system of assurance - to support them in their decision taking and in discharging their accountabilities for securing the achievement of the LHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales. Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its assurance framework may be strengthened and developed further.

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

- The Committee acknowledged the additional resources required to fully meet the audit frequency in the National Cleaning Standards and that these would be considered as part of the 2019/20 budget setting process.
- As mentioned in the last AGS, the Committee has piloted the NWSSP Team Central database for the tracking of audit recommendations and has worked with Internal Audit and the Office of the Board Secretary is now using this system to input and monitor all External Audit recommendations. The Committee continues to hold Executives to account by requiring them to attend meetings to present evidence of progress on key issues, for assurance purposes.
- The Committee received the Public Health Wales Programme Closure report following the WAO Report on the collaborative arrangements for managing Public Health resources. The Committee noted with some concern the review of allocated funding across Wales which would have a £400,000 adverse impact on the North Wales population. The Health Board's Director of Public Health informed members that despite discussions at Chief Executive level attempts to reverse this decision had been unsuccessful.
- Managing the Outpatients' Backlog – Limited Assurance Internal Audit Report - Members expressed serious concerns relating to demand and capacity and failure to manage the clinical risks effectively, and the lack of evidence and traction in terms of resolving any of the issues identified in the report despite the Board having been sighted on the issues previously. Members felt that an overarching transformational plan was needed. The Committee concluded that the matter required escalation to both Quality, Safety and Experience Committee and Board to ensure sufficient oversight and traction given the scale of the issues involved, and the need to develop both a strategic and operation plan.
- Clinical Audit – Members expressed concerns that actions identified as part of previous Structured Assessments in relation to Clinical Audit had not been addressed and there was a need for a clearly articulated plan to set out how clinical audit would address the strategic objectives of the organisation taking a risk based approach to support quality improvement going forward.

Minutes and papers from the Committee meeting are available [here](#)<sup>15</sup>.

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<sup>15</sup> <http://www.wales.nhs.uk/sitesplus/861/page/51690>

#### 14.16 Charitable Funds Committee

The purpose of Betsi Cadwaladr University Health Board's Charitable Funds Committee is to make and monitor arrangements for the control and management of the Health Board's Charitable Funds. Awyr Las is the umbrella charity for over 350 charitable funds which together support every ward, unit, department, specialty and community project right across the area of North Wales which is served by the Betsi Cadwaladr University Health Board. Awyr Las, provides enhanced services over and above what the NHS funds. Gifts from the public make a huge difference to the care and treatment that our dedicated NHS staff are able to provide.

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

- The Committee welcomed the work being done to bring the charity's risks onto the Health Board's Datix system, which will ensure that they are reported and scored in a consistent way and in line with the Corporate Risk Register.
- The Committee received an update report on the staff engagement strategy. This included the key deliverables for each project within the strategy and details of how the benefits will be measured, including key metrics. The scope of some elements of the individual projects have been amended in line with the updated Workforce objectives and the total projected cost reduced to £0.25m. The Committee requested that updates on progress be provided quarterly.
- The committee rejected a proposal to spend £100,000 of the allocated Staff Engagement Fund underspend as a Staff Development Grant. The committee also emphasised the need to improve the current evaluation and monitoring processes and to investigate ways of better measuring the impact of the funding.
- It was noted that £2.5m had been received by Awyr Las during 2017/18 with total donations and fundraising income received amounting to £1,573,000. 5,193 donations were received and grants worth £2.7m were given to research, training, equipment and improvement of hospital environments.
- The Committee noted and expressed their thanks for the contribution of £500,000 from the Livsey Trust towards equipment in the new Hybrid Theatre at Ysbyty Glan Clwyd.
- The revised Reserves Policy for the charity, which maintained the target level of reserves at £3,060,000, was approved by the Committee.

Minutes and papers from the Committee meeting are available [here](#)<sup>16</sup>.

#### 14.18 Mental Health Act Committee (MHAC)

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

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

- Concerns were expressed at the pressure placed on practitioners across all sites relating to the increasing number of requests for Deprivation of Liberty assessments, though it was acknowledged that plans were in place to increase the number of Best Interest Assessors [BIA], who have since been recruited to in year.

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<sup>16</sup> <http://www.wales.nhs.uk/sitesplus/861/page/44875>



- North Wales Police (NWP) Medical Officers are no longer available, which is placing consultants under considerable pressure due to the number of requests for fitness to plead assessments. Discussions are continuing with NWP and the Mental Health and Learning Disability Division (MHLDD).
- Concerns were expressed around staff having the appropriate training for dealing with S136 for under 18s. Members acknowledged the work being undertaken regarding capacity and demand management, due to staff retention issues. Members noted that the Welsh Government Delivery Unit expected to conclude their Demand and Capacity work early in 2019, which it was hoped will help address challenges in delivering the Mental Health Measure in Child and Adolescent Mental Health Services (CAMHS). The reasons for missing the targets centered around increased demand in CAMHS referrals and a reduction in capacity due to sickness, maternity leave and vacancies impacting on the sustainable delivery of targets & driving down performance. Whilst feedback from a two-day visit from Welsh Government to consider Together 4 Children and Young People was awaited, there was concern about internal and external communications. The crisis pathway for young people in distress and Out of Hours access to the emergency bed was an ongoing issue. These matters were being addressed by MHLDD and Children's Services.

Minutes and papers from the Committee meeting are available [here](#)<sup>17</sup>.

#### 14.19 Finance and Performance Committee

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance and delivery. This includes the Board's Capital Programme, Informatics and Information Governance, Communications and Technology Programmes and Workforce matters.

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

- The Committee discussed concerns regarding the financial position including significant pressures in a number of areas including Mental Health and Learning Disabilities, Secondary Care, Unscheduled Care, Planned Care, Agency Costs, RTT, Out of Area Placements and Care Packages. The Health Board developed closer monitoring systems although it was necessary to revise the forecast deficit to £41m.
- The Committee discussed Health Board's turnaround programme on a monthly basis. Following concerns on progress, the Programme Management Office (PMO) supporting structure has been appointed to improve capacity. In addition, the Committee has set up a Savings Sub-Group to monitor activity.
- In response to the concerns raised above the Chair has commissioned an assurance review of current financial control management and turnaround activity to be completed and reported by June 2019.
- Upon joining the Health Board in September 2018, the new Chairman decided personally to chair the Committee and this has introduced an added rigour to the scrutiny of F&P business. This has included a more robust focus on performance such as the development of a new format for the Integrated Quality & Performance Report and making 90 day unscheduled care plan progress and referral to treatment time (RTT) waits standing agenda items.

Minutes and papers from the Committee meeting are available [here](#)<sup>18</sup>.

<sup>17</sup> <http://www.wales.nhs.uk/sitesplus/861/page/48736>

<sup>18</sup> <http://www.wales.nhs.uk/sitesplus/861/page/85397>

## 14.20 Quality, Safety and Experience Committee

The purpose of the Committee is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to quality, safety and patients and service user experience of health services.

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

- The Committee had noted continued concern at the level of pressure ulcers. The Committee required a number of controls and actions to be put in place in-year including increased training and awareness for staff to ensure correct reporting processes; close liaison at a senior level with the Ambulance Trust to reduce the risk of pressure ulcers resulting from long waits in ambulances; the development of the harms dashboard and the establishment of an improvement collaborative.
- With regards to ward staffing levels, Committee members required the Associate Director of Quality Assurance to look at an enhanced reporting functionality to the Committee. An issue around paediatric middle grade cover in the West was also considered at the Committee with the Executive Medical Director being required to assure the Committee around the mitigating actions being taken, and the Executive Director of Primary Care & Community Services to develop a wider paper on governance and escalation processes for this service.
- The Committee received regular items on Safeguarding and the Committee had fed back to the Associate Director of Safeguarding on their requirements in terms of future reporting, enabling the papers to clearly articulate any gaps in assurance. The Committee also contributed to the review of corporate risk CRR16. In terms of Deprivation of Liberty Safeguards the Committee also lent its support to a review of the corporate team to ensure demand and challenges could be met.
- During 2018-19 the Committee cycle of business was amended to reflect that Health & Safety would feature as a standing item. The Committee required amendments to the Health & Safety Annual Report to be made before it was submitted to the full Health Board.
- The Committee required the establishment of a task group to develop the format and content of Listening and Learning from Experience reports which resulted in a refreshed report being presented in March 2019 where members welcomed the revised format and suggested further improvements going forward to present the information in a positive way.

Minutes and papers from the Committee meeting are available [here](#)<sup>19</sup>.

## 14.21 Strategy, Partnerships and Population Health Committee

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

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<sup>19</sup> <http://www.wales.nhs.uk/sitesplus/861/page/85396>

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

- Capacity within the organisation to complete the Board's 3 year plan was identified as a concern and assurances were sought regarding delivery within the timescales set by the Board.
- Concerns were identified with the robustness of reporting against the Annual Operational Plan and as a result the reporting framework was modified.
- Whilst progress was noted on the draft divisional improvement plans arising from issues highlighted within the Staff Survey 2018, assurances were provided that Executive visibility would be appropriately addressed.
- Whilst significant work was noted within the draft Estates and Workforce Strategies as part of the Three Year Plan, the Committee was provided with the opportunity to put forward additional comments and sought assurance that a Communications Plan would be in place, emphasising the importance of clear messaging.

Minutes and papers from the Committee meeting are available [here](#)<sup>20</sup>.

#### 14.22 Remuneration and Terms of Service Committee

The purpose of the Committee is to provide:

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

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

- Requesting further updates relating to spikes in data referrals to the Nursing & Midwifery Council (NMC) in April to June 2016.
- Risks associated with the realignment of Executive portfolios and the associated reporting lines below Executive level.
- Compliance issues relating to the implementation of the Smoke Free Policy.
- Risks associated with failure to have in place appropriate remuneration arrangements for very senior managers.

Minutes and papers from the Committee meetings are available [here](#)<sup>21</sup>.

#### 14.23 Information Governance and Informatics Committee

The purpose of the Committee is to advise and assure the Board in discharging its responsibilities with regard to the quality and integrity; safety and security and appropriate access and use of information to support health improvement and the provision of high quality healthcare. The inaugural quarterly meeting took place on in November 2018.

<sup>20</sup> <http://www.wales.nhs.uk/sitesplus/861/page/85403>

<sup>21</sup> <http://www.wales.nhs.uk/sitesplus/861/page/77170>

Examples of how the Committee has acted upon emerging issues that have arisen include:

- In respect of risk and the potential actions and mitigation costs outlined in supporting the Telepath system, and the Committee's concern regarding escalation, the Board Secretary clarified the governance system in place.
- The Health Board's position on the Electronic Patient Record was discussed and concern raised regarding progress and whether the risks were adequately monitored.
- Concern with the performance of national systems were highlighted in the Wales Audit Office (WAO) Informatics report and the Public Accounts Committee (PAC) report.

Minutes and papers from the Committee meetings are available [here](#)<sup>22</sup>.

#### 14.24 Advisory Groups

14.24.1 Items of business considered by the Board's Advisory Groups are detailed below. The Chair of each Group provides an Assurance Report to the Board after each meeting to highlight significant issues or advice.

#### 14.24.2 Stakeholder Reference Group

The role of the Stakeholder Reference Group is to provide:

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

During the year the SRG has been engaged in the following key matters:

- Learning Disability Services – Joint Strategy;
- Review of Stroke Services and the proposed changes to be considered by the Health Board;
- NHS Wales Strategic Direction – “*A Healthier Wales Plan: Our Plan for Health & Social Care*”;
- Review of Unscheduled Care (Including Out of Hours);
- Cluster Development Plans - Primary Care;
- Developing the Third Sector Strategy;
- Wylfa Development.

Details of the issues considered and discussed by the Group are documented within the minutes which are available [here](#)<sup>23</sup>.

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<sup>22</sup> <http://www.wales.nhs.uk/sitesplus/861/page/97583>

<sup>23</sup> <http://www.wales.nhs.uk/sitesplus/861/page/51648>

#### 14.24.3 Local Partnership Forum

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

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

During the year the LPF has been engaged in the following key matters:

- Regular updates on BCUHB's financial position, whilst under Special Measures.
- The link between the Trade Unions in BCUHB working in partnership with BCUHB and the Chief Executive.
- Regular focus put on the prevention of illness, the need for early intervention and the strengthening of primary and community services.
- Due to the increase in short and medium term staff sickness, improved staff engagement within BCUHB. The requirement for more staff development programmes and opportunities, better staff health, wellbeing and support and the messages that need to be communicated by both managers and trade unions across the organisation.
- The steps necessary to streamline the processes surrounding appointing successful job applicants to their new positions.

Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](#)<sup>24</sup>.

#### 14.24.4 Healthcare Professionals Forum

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

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<sup>24</sup> <http://www.wales.nhs.uk/sitesplus/861/page/52988>



During the year the HPF has been engaged in the following key matters:

- Workforce priorities and draft 3 year workforce strategy and representation of the HPF on the newly created Workforce Transformation Group;
- Stroke Services and the comprehensive service redesign taking place;
- “7 day working” to support weekend discharge planning;
- Strategy for the Development of Community Dental Services in North Wales for the period 2017 to 2022;
- Together We Care’: a synopsis of the All Wales Medical Workforce Strategy;
- Health Board’s draft 3 year plan;
- Optometry and Contact Lens provision;
- Work in progress to develop an all Wales Therapy Framework;
- Dental: Consultant Paediatric Dentistry - regarding the feasibility of appointing to a shared Consultant in Paediatric Dentistry.

Details of the issues considered and discussed by the Forum are documented within the minutes which are available [here](#)<sup>25</sup>.

#### 14.24.5 Joint Committees

- 14.21.1 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](#)<sup>26</sup>.

### 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 system of internal control has been in place for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

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<sup>25</sup> <http://www.wales.nhs.uk/sitesplus/861/page/51649>

<sup>26</sup> <http://www.wales.nhs.uk/sitesplus/861/page/94107>

## 16. Capacity to Handle Risk

- 16.1 The Health Board has a challenging risk profile due to the diversity of services provided, ranging from primary and community services through to acute hospitals, mental health services and support prison health services. In addition, the Health Board has a wide geographical spread, cultural diversity and significant provision of services from England. It also has to be capable of dealing with peaks in demand as a result of North Wales being a holiday destination of choice for many.
- 16.2 Lead responsibility for risk and assurance rests with the Board Secretary who also acts as the Board's Senior Information Risk Owner (SIRO).
- 16.3 The Health Board has in place a structure to identify, assess and control its risks. During 2018, the Health Board's corporate risk management team was fully resourced to deliver risk management support to all services across North Wales. The primary aim of the team is to continue to provide the Health Board with a competent advice and support service for the development of effective systems and arrangements to help embed the Board's approach to risk management at all levels.
- 16.4 The Risk Management Strategy remains an active document and following changes made to executive portfolios during 2018 and the Board Workshop in December 2018, the Health Board has further explored its approach to risk management, discussed in detail its risk appetite, objective setting in the context of a 3 year plan, the calibration of risks and opportunities to improve reporting mechanisms. Therefore a revised version of the Risk Management Strategy is being progressed which will include the separation of the Risk Appetite Statement to improve its visibility and ownership and to test this against the emerging corporate objectives.
- 16.5 In January 2019 the Health Board set up a new Risk Management Group which is chaired by the Chief Executive, with its inaugural meeting held in April 2019. The Group has been established to oversee the implementation of the Risk Management Strategy to drive through consistency and coordination of improvements in risk management practices and to seek assurance on the effectiveness of risk management systems and processes. The Group will also seek assurances from the Health and Safety Group and the Quality and Safety Group ensuring there is evidence of learning from patient and staff experience.
- 16.6 Risk Management procedures, guidance and training plan continue to be implemented across the Health Board to fully support embedding risk management, alongside each divisional area adopting the standard model risk management process and escalation plan. This has been supported by independent expert facilitation to ensure best practice and at Board level with a programme of work planned for 2019.
- 16.7 In December 2018 an Internal Audit report on how the risk management strategy was being embedded across the Health Board provided reasonable assurance. Whilst there was evidence that Divisional Risk Management Procedures were in place, training had been provided and risk management had been embedded within the local governance structures, weaknesses were identified in some of the divisional and departmental approval processes of their risk management arrangements. A detailed management response was prepared to address the recommendation made and has been implemented.
- 16.8 The Risk Management Strategy will be further reviewed in 2019 to take account of the feedback received from the Board Risk Management Workshop in December 2018 alongside the relaunch of the Health Board's Risk Appetite Statement.

- 16.9 Following the initial project to centralise a register and management system for the Legislative Assurance Framework within the Health Board, work continued to assess the level of compliance alongside the likelihood and impact of non-compliance, with regular reporting to the Audit Committee. Members were supportive of this development and progress being made.
- 16.10 This work was also shared with the All Wales Board Secretaries meeting in October 2018. Furthermore, following the Law Commission's Recommendations (The Form and Accessibility of the Law Applicable in Wales), the Welsh Government had committed to pursue a programme of (electronic) consolidation and codification of devolved legislation. BCUHB supplied the list of compiled legislation to the Welsh Government.

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

- 17.1 The Board has continued with its previous approach to the management of risk adopting the 5 tier framework, details of which are included within the Risk Management Strategy. Guidance and procedures have been revised throughout the year. As mentioned earlier in the document, there has been a significant refresh of Board Membership and therefore a dedicated Risk Management Workshop took place in December 2018. Further work is planned and this is scheduled for approval by the Audit Committee in May 2019.
- 17.2 All Executive Directors are required to ensure the management of risk within their particular area of responsibility and this is explicit within the Risk Management Strategy. In addition, all staff are encouraged and empowered to use risk management processes as a mechanism to highlight areas they believe need to be improved. Where staff feel that raising issues may compromise them or may not be effective, they are encouraged to follow guidance on whistle blowing and raising concerns.
- 17.3 The Board have continued to use an integrated Corporate Risk and Assurance Framework approach which combines the former Board Assurance Framework (BAF) document and the Corporate Risk Register.
- 17.4 During 2018 the Board continued to review the CRAF in this format. Each risk on the CRAF has now been further refined and is presented to the Board as a risk on page. This includes a visual representation depicting the movement of the risk scoring over a defined period, in addition to respective assurance reporting arrangements and links to the Special Measures Framework.
- 17.5 Throughout this period a significant amount of work has been undertaken to further develop and refine the CRAF and to produce an assurance map based on an All Wales approach.
- 17.6 This approach recognised the importance of having an effective system in place in which identifying and managing risk was a continuous thought process for the Board in order to satisfy the Audit Committee that risks are being managed well. The Audit Committee has agreed that there should be three distinct products (acknowledging that there would be local variation), namely:
- A narrative BAF document;
  - The Assurance framework map;
  - The Corporate Risk Register (using the current risk on a page template).

- 17.7 The Assurance Framework map was populated and presented to the Audit Committee in September 2018. The Map presented was the product of a series of meetings with Leads. The key deliverables had been aligned to the objectives emanating from the Health Board's three year plan. Further work is now being undertaken to refresh the assurance map based on the new objectives that were signed off by the Board in the March 2019 meeting.
- 17.8 The Board Assurance Framework narrative document will also be refreshed and presented for approval alongside the Risk Management Strategy in May 2019.
- 17.9 The Health Board's current risk appetite statement set out below describes the risks it is prepared to accept or tolerate in the pursuit of its strategic goals.

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

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

- 17.10 In defining the existing risk appetite, the Board adopted a maturity matrix for risk scoring which includes elements relating to quality and safety, regulatory compliance, finance and innovation. The Board recognises this is not a fixed concept and refreshed the risk appetite statement during the Board workshop in December 2018 which will be relaunched in 2019.
- 17.11 The Health Board involves its public stakeholders in managing risks that impact on them. There continues to be public engagement as an integral part of the delivering the *Living Healthier, Staying Well* strategy. Additionally the roles of the Stakeholder Reference Group and Regional Partnership Board are two significant elements of the governance structure that help to support arrangements for the management of risk facing the organisation(s) through collective dialogue.

## **18. Principal Risks**

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

## 19. Key Risks

- 19.1 The Corporate Risk Register was regularly reviewed and takes account of the areas in special measures as detailed below. As part of the Risk Management Strategy there is a requirement to ensure mitigating actions and controls are in place to enable the Health Board to manage each risk. All identified Corporate Risks and their associated controls and mitigating actions are scrutinised on a cyclical basis as part of the Board Committees' cycles of business. In line with the Health Board's Risk Management Strategy during the year the Health Board identified that two risk entries limited the ability of the Board to focus on and address the key issues. The Board agreed to disaggregate CRR11 Access and Delivery into two key components: CRR11a Planned Care and CRR11b Unscheduled Care; and also CRR10 Informatics into two key components: CRR10a Informatics Infrastructure and CRR10b Health Records.
- 19.2 In January 2019 the Health Board approved the escalation of a new risk CRR18 linked to EU Exit Transition Arrangements and the impact the exit could have on the Health Board's ability to maintain safe and effective healthcare services. This risk will be monitored during 2019 by the Strategy, Partnership and Population Health Committee on behalf of the Board. Also, a Task and Finish group has been established to scope all further risk and issues relating to EU Exit as well as involvement and engagement at a regional and national level.
- 19.3 The Health Board also agreed to deescalate two risks for management at Tier 2 Directorate Level. This was following submission of significant evidence, improvements and assurance. These were CRR04 Maternity Services which was also taken out of Special Measures in February 2018 and CRR08 Strategy Development, noting that the Living Well, Staying Healthier Strategy was no longer in development and had moved to the implementation stage.
- 19.4 The Health Board has also embedded risk management into future planning processes by aligning the Corporate Risk Profile to the emerging Three Year Outlook and 2019/20 Annual Plan.
- 19.5 Clinical risks are included within the overall risk management systems and processes which includes escalation and de-escalation in a consistent and standard reporting regime with Datix. This is in line with the Risk Management Strategy and supporting procedures. Examples of clinical risks include CRR02 – Infection Prevention, CRR13 – Mental Health and CRR04 – Maternity Services. More recently, the decision by the Countess of Chester Hospital no longer to accept elective patients from Wales has created potential clinical and patient safety risks. In addition, a review of the management of the Outpatients backlog as reported to the recent Audit Committee meeting (see section 24.3) has also raised concerns about the risks involved. Further detail on risk is available [here](#)<sup>27</sup>.

## 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.

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<sup>27</sup> <http://www.wales.nhs.uk/sitesplus/documents/861/19.21%20CRAF%20January%202019.pdf>



- 20.2 The control framework is designed to manage risk at a reasonable level rather than to eliminate all risk of failure to achieve our 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 our purpose, vision, strategic goals and values;
  - Evaluate the likelihood of these risks being realised and the impact, should they be realised;
  - Managing these risks efficiently, effectively and economically.
- 20.3 The Board has agreed a risk appetite statement referred to earlier in this document in section 17.

## 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](#)<sup>28</sup>.
- 21.2 The Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice. Together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define its 'ways of working'. These documents, together with the Corporate Risk and Assurance Framework (incorporating the corporate risk register) and a range of policies and business standards agreed by the Board, make up the control framework within which the Board operates.
- 21.3 The Audit Committee routinely undertakes an annual review of the Standing Orders. The Committee approve amendments that have been reported to the Health Board for ratification. With the exception of the Scheme of Reservation and Delegation (approved by the Board in March 2019) its annual review this year has been aligned to the national review of the Model Standing Orders being undertaken by Welsh Government and which are expected to be formally presented to the Audit Committee and Board in late Spring 2019.
- 21.4 A Conformance Report is provided at every Audit Committee meeting. The report highlights conformance with the Standing Financial Instructions, in relation to:
- Procurement Procedures (Reporting of waivers of tenders and breaches of procurement requirements);
  - Payroll Procedures (Reporting of overpayments of salaries and wages);
  - Receivable and Payable Procedures (Reporting of aged balances over £10,000 and over 6 months old);
  - Losses and Special Payments requirements (Reporting of losses, special payments, and write-off of balances owed to the Health Board).

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<sup>28</sup> <http://www.wales.nhs.uk/sitesplus/861/page/87709>



- 21.5 During 2018/19 examples of key issues identified in the conformance report included flagging concerns regarding the large number of invoices received by NHS Wales Shared Service Partnership (NWSSP) without a valid Purchase Order. Since the introduction of the All Wales ‘No PO, No Pay’ Policy, a new invoice hold code was introduced in July 2018, so that this data can be analysed and targeted action taken to address the issue.
- 21.6 The report also highlighted that the number of single tender waivers had increased in the third quarter of 2018/19, when compared with the prior year. Action has been taken to improve awareness of the procurement regulations and targeted work undertaken to address areas of expenditure where no tender action has been taken. Controls have been reviewed and areas for improvement identified to ensure greater compliance with EU regulations.
- 21.7 The value and volume of salary overpayments are monitored on a monthly basis to identify opportunities to reduce the risk of avoidable overpayments.
- 21.8 The Health Board continues to work to ensure that payments are made within the 30 day target period and for the period to December 2018, the number of non-NHS invoices paid on target was 95.1%. When this is not possible action is taken to escalate outstanding invoices. Improvement has been noted in the volume and value of debts over 90 days.

## 22. External Audit

22.1 Wales Audit Office published the following reports and documents relating to the Health Board during 2018/19. The Health Board has formally responded to each of these and actions arising from recommendations are tracked using action plans and the Audit Tracker database which the Health Board is piloting, called Team Central, 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 2018.

Report	Date
<b>Financial audit reports</b>	
Audit of Financial Statements Report	May 2018
Opinion on the Financial Statements	June 2018
Audit of the Charity Financial Statements Report	December 2018
Opinion on the Charity Financial Statements	January 2019
<b>Performance audit reports</b>	
Structured Assessment 2018	December 2018
Primary Care	November 2018
<b>Other reports</b>	
2018 Audit Plan	April 2018

These publications are available [here](https://www.audit.wales/publications)<sup>29</sup>.

<sup>29</sup> <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 ‘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 Code of Good Practice can be accessed [here](#)<sup>30</sup>.

## 24. Quality and Governance Arrangements

- 24.1 In July 2018 the Health Board published its Annual Quality Statement (AQS) 2017/18 which brought together a summary of how the organisation had been working over the past year to improve the quality of all the services it plans and provides. The report can be found [here](#)<sup>31</sup>.
- 24.2 The Executive lead for Quality and Safety within the organisation is the Executive Director of Nursing and Midwifery, which complements the role of the Executive Medical Director and Executive Director of Therapies and Health Science.
- 24.3 The Quality and Safety Group (QSG) oversees the implementation of the Quality Improvement Strategy and associated delivery plans. It impacts positively on overall governance and controls by routinely monitoring clinical risk, escalating and de-escalating as necessary. The group seeks assurance from its established sub-groups, ensuring the triangulation of assurances and evidence of learning from patient experience. Each clinical division provides a monthly assurance report to the QSG for consideration and identification of Health Board wide themes and trends, as well as providing assurance about the risks which are being managed in the various services. External audit is also used to identify risks and issues that impact on quality. For example, as noted in section 14.15 of this Statement, the Audit Committee meeting in March 2019 was presented with the findings of a review of the management of the Outpatients backlog, and a number of issues around data quality and the effective integration of systems and management of clinical risk were identified. This matter was escalated to the Board for resolution.
- 24.4 At the time of writing, the most recent Annual Report on Putting Things Right (PTR) was presented to the Board in July 2018 and can be accessed at agenda item 18/171 [here](#)<sup>32</sup>.

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[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)

31 <http://www.wales.nhs.uk/sitesplus/documents/861/A18.3a%20Annual%20Quality%20Statement%202017-2018%20v1.0%20English%20language%20version.pdf>

32 [http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%202012.7.18%20Public\\_English.pdf](http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%202012.7.18%20Public_English.pdf)

- 24.5 The Concerns function is under the portfolio of the Executive Director of Nursing & Midwifery and the Associate Director of Quality Assurance is responsible for the leadership of Putting Things Right (PTR) regulations. A key focus of the function is to support and strengthen the triangulation of themes and the ability of the Health Board to learn from concerns, complaints and incidents in order to reduce repetition and harm. The total number of open complaints reduced by approximately 50% during the last six months of this Statement's reporting period. However, in terms of operational departments' adherence to statutory requirements, the time taken to respond to claimants is not routinely compliant therefore further work is required on this aspect.
- 24.6 The Board receives regular update reports on PTR through the Integrated Quality and Performance Report, which reflects the Health Board's performance against key Welsh Government and local targets. Additional assurance is provided through reporting to the Quality, Safety and Experience Committee on matters including compliance with PTR policy, emerging trends and themes and lessons for learning.
- 24.7 Principles for remedy are covered in the PTR disclosures made in the Annual Quality Statement, available [here](#)<sup>33</sup>.
- 24.8 Work has been progressing to improve clinical leadership and ownership of the PTR process. The established Patient Advocacy and Support Service (PASS) in Ysbyty Glan Clwyd Hospital has shaped the development of the service in both East and West regions during 2019/20. The service will also be re-branded at this time to become the Patient Advice and Liaison Service, PALS.
- 24.9 As alluded to in sections 16 to 19 in this Statement, the Health Board's risk management systems have been developed to consider all risk, including clinical risks, which are identified and assessed using a generic methodology of identifying what the risk is, what could cause the risk to be realised and what or who could be impacted upon. These risks are then recorded in the Integrated Risk Management System (Datix) with the information being utilised for management reviews and escalation within the organisation as appropriate. The clinical risk management process is led jointly by the Executive Medical Director and the Executive Director of Nursing and Midwifery. During 2019/20 further strengthening of the risk management system will be undertaken to ensure that this aligns to the organisational service models and planning.

## 25. Engaging With Stakeholders

- 25.1 As part of special measures, there is an expectation that the Health Board continues to maintain a focus on engagement in order to build and improve relationships with the public and work more closely with the Community Health Council. The impact of engagement activity is being measured via a number of mechanisms including feedback from public and stakeholder surveys.
- 25.2 To monitor progress against this requirement, two public perception surveys have been undertaken - the first in November 2017 and a second in November 2018. The purpose of the surveys is to:
- help provide a baseline of information about levels of trust and confidence in the Health Board;
  - identify and monitor any changes in attitudes towards the Health Board;

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<sup>33</sup> <http://www.wales.nhs.uk/sitesplus/861/page/87723>

- provide a measurement tool to establish whether our designated continuous engagement activity is impacting on how the general public view the Health Board so that weaknesses can be identified and we can act on feedback to alter our approach as necessary.

25.3 In respect of the November 2018 survey, a total of 1,161 survey responses were received by the end of the year. On the whole, there were no significant differences when comparing the findings of the 2017 and 2018 surveys. The latest survey suggested that current levels of engagement with services remain high, with the majority of respondents being aware of a wide range of services offered - over 70% of respondents stated they were aware of all services.

25.4 Respondents demonstrate a good understanding of the Health Board's role in delivering local health services (77%). However, some still believe they are unable to influence or have a say in the health priorities and decisions taken (35%). Despite this, respondents appreciate the services provided, with many highlighting excellent care from Health Board staff. The results of the survey show that respondents' priorities for improvement focus primarily on:

- The need for more consultation and active involvement with the public before decisions are taken;
- The need to be listened to: a clear demonstration that their voices are being heard and taken into account;
- A desire to be involved, but not really knowing or understanding how they can be, or indeed believing that it will make a difference.

25.5 Addressing these areas of public concern will require continued listening to our communities and stakeholders. The Health Board's engagement approach will need to develop and grow to reflect the expectations of the communities it serves.

25.6 During 2018/19, a comprehensive range of public and stakeholder engagement activities has continued across North Wales. There has been a balanced focus on both the wider community and seldom heard groups. The activities include

- Engagement with agricultural workers - in November 2018 the engagement team, supported by the Public Health Wales screening team and Dolgellau Outpatients team, visited the Bryncir Auction Centre to talk to farmers about their health priorities and issues such as bowel screening and blood pressure;
- Live Lab – the Health Board has been working with the Office of the Future Generations Commissioner and Public Health Wales to pilot this new service improvement approach, focusing on childhood obesity and healthy lifestyles;
- High visibility and reconnecting with the public - a key priority for the Health Board is to be more visible within communities and to build a strong reputation. Together with key partners, Health Board representatives have continued to attend a wide range of high footfall events such as the Denbigh and Flint, Merioneth and Anglesey shows, Mold and Llangollen Food Festivals and the National Armed Forces day held in Llandudno. Examples of partner services and organisations involved were: C.A.L.L helpline, Public Health Wales, I CAN – Mental Health, recruitment, Pharmacy, Arts in Health, primary care, North Wales Bowel Cancer Group, Cancer Research Wales and Health Wise Wales;

- Engagement Practitioners Forums - three fora have been established across North Wales, comprising public and voluntary sector engagement professionals who share good practice and pool resources.
- Outpatients - during autumn 2018, a programme of engagement was undertaken to better understand the reasons patients miss outpatient appointments. The feedback is now being used to help inform the service improvement programme;

- 25.7 Progress against the Staff Engagement Strategy is monitored through the Staff Engagement Working group, a tri-partite body comprising Board Members, Trade Union representatives and senior managers. Update reports on progress are submitted to the Board every six months. The results of the 2018 NHS Wales Staff Survey have been woven into the staff engagement work programme. The top three areas for improvement at organisational level highlighted by the survey were work-related stress, harassment/bullying/abuse and Executive Team Visibility/Engagement.
- 25.8 In his oral [statement](#)<sup>34</sup> in November 2018, the Cabinet Secretary for Health & Social Services highlighted the improvements in the 2018 results of the NHS Staff Survey since 2016, including staff engagement.
- 25.9 In the same month, the Board received a report setting out progress made against the Staff Engagement Strategy, together with the findings of the 2018 national Staff Survey. The improvement across a range of measures was noted and the proposed development of an overarching improvement plan together with Divisional improvement plans was approved. This approach is fully supported by Staffside.

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

- 26.1 The Health and Care Standards launched in April 2015 confirmed that effective governance, leadership and accountability was essential for the sustainable delivery of safe, effective person centred care and as such was an integral part of all the Health and Care Standards.
- 26.2 The Health Board has been continuously self-assessing and using the learning from this, and in addition, monitoring has been undertaken by HIW, WAO and Welsh Government as an integral part of the Special Measures Improvement Framework.
- 26.3 A Joint Review was undertaken by HIW and WAO “*An Overview of Governance Arrangements BCUHB – A Summary of Progress*” published in June 2017. In addition to this Welsh Government commissioned Deloitte’s to undertake a Financial Governance Review, published in February 2018 which included examining leadership, governance and accountability across the organisation.
- 26.4 In accordance with Standing Orders, all Committees of the Board have undertaken a self-assessment the results of which are incorporated into their respective Annual Reports which are reviewed by Audit Committee members and are taken into account as part of the Audit Committee Annual Reporting arrangements which in turn informs the Annual Governance Statement (AGS).

<sup>34</sup> <http://www.wales.nhs.uk/sitesplus/861/page/87723>



26.5 As part of special measures arrangements the Minister has issued a series of statements indicating progress as referred to elsewhere in this Statement.

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

27.1 The Health Board continues to embed the Health and Care standards as part of the ongoing quality work to support routine reporting and monitoring. The monthly ward to Board audits have been replaced by a revised monthly audit (launched April 2019). The revised audit has been developed in an electronic format to complement and support the recently implemented Ward Accreditation programme. The audit questions have been mapped against the HCS as well as the themes from within the Ward Accreditation framework.

27.2 The 'HARMS' Dashboard continues to evolve and is in the process of significant development following its launch in October 2017, particular development is in relation to the view for the Wards following an upgrade to the data warehouse. The Dashboard supports the implementation of the Quality Improvement Strategy and is an integral element of the Ward Accreditation programme. The combination of the dashboard and the Ward Accreditation programme continues to promote a move towards establishing standards and building on the culture of continuous improvement, with the aim of being able to reduce variation and harm. The 'HARMS' dashboard is also a key enabler for the Health Board to support the work of the:

- Safe Clean Care Programme (to reduce infection rates);
- Hospital Acquired Pressure Ulcer (HAPU) collaborative;
- Inpatient Falls collaborative;
- Medicines management collaborative.

27.3 Healthcare Inspectorate Wales (HIW) recommendations following inspections are mapped against HCS and are reported to the Quality, Safety and Experience Committee on a quarterly basis and Quality and Safety Group on a monthly basis. This is presented as a summary of Health Board actions to recommendations following inspections or reports. The summary provides a high level view in terms of those actions that are considered as outstanding i.e. beyond the completion date as determined by the Health Board. Work continues with the Community Health Council (CHC), to map and intergrate the CHC questions asked during their unannounced inspections to the HCS standards.

## **28. Quality Improvement Strategy**

28.1 The BCUHB Quality Improvement Strategy (2017 to 2020) focuses on five aims:

1. No avoidable deaths;
2. Safe: continuously seek out and reduce patient harm;
3. Effective: Achieve the highest level of reliability for clinical care;
4. Caring: Deliver what matters most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health;
5. Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living.

28.2 Progress against the Quality Improvement Strategy is reported each year within the Annual Quality Statement.



- 28.3 The leadership of the Corporate Service User Experience Team has been revised to provide a single lead for the Health Board with strengthened geographical based teams.
- 28.4 In addition, the Patient Advice and Support Service (PASS) implemented in Ysbyty Glan Clwyd will be rolled out to the other areas of the Health Board during 2019/20. This service is intended to provide an identifiable accessible service to patients, their carers, families and friends by providing on the spot help with queries or concerns. The team have the power to negotiate immediate solutions or speedy resolution of problems, thereby improving the service user experience and reducing the number of formal complaints.
- 28.5 The Health Board has also procured a Real Time Feedback system and this has been “live” in the three district general hospitals in North Wales since September 2017 and is currently being rolled out to community hospitals in the three regions. In response to the themes and trends noted in patient feedback, the Service User Experience team have developed a Customer Care training programme that is being held on a monthly basis for all Health Board staff.
- 28.6 Significant work has been undertaken during 2018/19 to further develop the triangulation of information from the 2018 refreshed leadership walkabouts programme and a number of different sources. The evidence from all of these sources provides opportunities to prospectively evidence our compliance with health and care standards and priority objectives to support this triangulation.
- 28.7 Further work is required across the Health Board through governance arrangements to evidence local triangulation and implementation of improvement to demonstrate lessons learned.

## **29. Other Control Framework Elements**

### **29.1 Equality Diversity and Human Rights**

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

The policy framework is in place supported by a programme of training to raise awareness and build capacity about the general and specific duties within the organisation and to support staff to deliver on their responsibilities. The committee structure has been reviewed and accountability and communication strengthened. Other measures include:

- The LHSW strategy sets out the commitment to promoting equality and human rights in all Health Board functions;
- The 3 year plan clearly demonstrates how the Health Board meets the duties associated equality and human rights and the arrangements for equality impact assessment;
- The 3 year plan sets out how equality impact assessment is embedded into service change plans and informed by the findings from engagement and consultation and other evidence;
- The Health Board has made arrangements to ensure that equality considerations are included in the procurement commissioning and contracting of services;

- The Workforce Strategy and policy development is informed by workforce equality information and Equality Impact Assessment;
- Equality and Human Rights Training is mandatory for all staff;
- A programme of Equality Impact Assessment (EqIA) training is facilitated alongside coaching support and guidance;
- The Equalities and Human Rights Strategic Forum monitors compliance against the Strategic Equality Plan;
- Progress is also presented to the external Equality Stakeholder Reference Group. This group includes representation from members of the public with an interest in equality issues including the Community Health Council;
- The Equality and Human Rights Annual Report is submitted to the Board;
- The Board receive an Annual Equality Development Session;
- The Equality and Human Rights Annual Report is published and accessible to the public;
- In accordance with our duties under the Equality Act 2010 the development of a revised Strategic Equality Plan for 2020-2024 has commenced. This will include extensive evidence gathering and public engagement in collaboration with public sector partners across North Wales.

## 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 Post Payment Verification team to undertake probity checks on a continuous basis. This gives the necessary assurance to the Health Board that public monies have been expended appropriately and also provides assurance to contractors regarding their arrangements.
- 29.3.2 An adjusted three year rolling programme of Post Payment Verification visits for General Medical Services, General Pharmaceutical Services and General Optical Services has been agreed, in accordance with NHS Wales agreed protocols.
- 29.3.3 The NHS Wales Shared Services Partnership (NWSSP) applies risk analysis techniques and liaises with relevant Health Board colleagues, and depending on error rates found, undertakes re-visits or other appropriate action with the Health Board.
- 29.3.4 Regular updates against the agreed work plan and an Annual Report are received by the Audit Committee detailing the analysis.

## 29.4 Carbon Reduction Delivery Plans

29.4.1 The organisation has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements based on UKCIP 2009 weather projections, to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting requirements are complied with. Partnership arrangements and information sharing with other public bodies are also being pursued as part of continuous development of the Health Board 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 has now been implemented and embedded throughout BCUHB certification was achieved April 2018. The ISO14001 EMS has proven to make BCUHB more aware of their environmental responsibilities that have a significant impact on the environment, including legal and regulatory accountabilities, and enables associated risks to be managed more efficiently. The Environment Officers have successfully completed Lead Auditor transitions training, and are now IEMA/IRCA & CQI certified.

- 29.4.5 Members of the Environmental Management Steering Group have engaged in implementing the 2015 version of the standard by highlighting:
- The key changes, the changes service providers need to make;
  - Commitment and involvement in the EMS at all levels;
  - Compliance with the Environmental Policy;
  - Needs and Expectations of interested parties;
  - External and Internal Issues, compliance obligations and significant aspects;
  - What each section of the standard means to their service/department;
  - Performance, evaluation and monitoring.

- 29.4.6 ISO14001:2015 provides a framework to protect the environment and respond to changing environmental conditions in balance with socio-economic needs. ISO14001:2015 helps to achieve the intended outcomes of its EMS, which provide value for the environment, BCUHB itself and interested parties. Consistent with BCUHB's Environmental Policy, the intended outcomes of the EMS include:
- Enhancement of environmental performance;
  - Fulfilment of compliance obligations;
  - Achievement of environmental objectives.

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

#### 29.4.7 Waste Management

The Health Board continues to work in partnership with Seven Ways Environmental Services as its recyclable/domestic (clear bag) waste contractor to improve waste management within the Health Board and reduce its impacts on the environment, by diverting as much waste as possible from landfill. The recycling rate for the Health Board is approximately 97%; it is anticipated that recycling will continue to increase following measures that have been implemented to improve waste segregation. In conjunction with Safe Clean Care Campaign to continually improve patient safety and reduce infections, Spring clean events and Autumn cleans took place April 2018 and October 2018, during which furniture, electrical and metal waste were collected from 45 sites across the Health Board.

- 29.4.8 The All Wales Clinical Waste Contract for the collection, transportation and disposal of Clinical Waste commenced on 1<sup>st</sup> April 2017. The Health Board now benefits as Stericycle have developed a commercially viable use for the end product of orange bag clinical waste treatment processes (flock) which is used as a fuel sources and is shipped to Norway/Sweden and used as an additive to bind cement. This means that the Health Boards' alternative heat treated clinical waste is 100% recycled. Incinerated clinical waste is also 100% recycled into energy which will result in further improvements to our waste reuse/recycling figures.

- 29.4.9 An implementation strategy to manage the Carbon Reduction Commitment (CRC) has been developed and implemented and is now awaiting an internal audit review to test the robustness of the regime and data collection for the 2018 – 2019 period. This is the last year of CRC reporting as its being phased out. Next year CRC will be replaced by an increase on the CCL (climate change levy).
- 29.4.10 A Corporate Carbon Action Plan has been developed in Welsh Government standard format. Implementation will be monitored and reported annually. Most items on the plan are dependent upon resource allocation from major capital development and annual discretionary capital allocations, which will vary year on year. The action plan progress will therefore be dependent upon corporate resource availability.

## 29.5 Local Counter Fraud Service

- 29.5.1 The Audit Committee receives regular Local Counter Fraud Progress Reports, on a quarterly basis, and an Annual Report of Local Counter Fraud work which has been undertaken during the financial year. This collectively provides a summary briefing of the work which has been undertaken by Local Counter Fraud Services Team, during the year and details the main outcomes in-year, including both the number of Criminal and Disciplinary sanctions, as well as the financial recoveries which have been secured.
- 29.5.2 The Chair of the Audit Committee holds quarterly bilateral private meetings with the Head of Local Counter Fraud Services, to ensure that there is a clear understanding of current issues and risks, as recommended in the NHS Wales Audit Committee Handbook. The change in frequency to quarterly meetings from an annual meeting was recommended by the Executive Director of Finance. This represents an improvement in assurance for the Health Board and results in more efficient performance of the Audit Committee when dealing with Counter Fraud matters.
- 29.5.3 During 2017/18, the Local Counter Fraud team has undertaken a range of activities, leading to the outcomes and benefits realised as set out below:
- Regular Fraud Awareness presentations are delivered to Health Board Staff at Staff Induction training sessions, through the Step into Management Programme training courses as well as to ad-hoc groups as and when required. The Fraud Awareness presentations include information on how to report Fraud, Bribery and Corruption.
  - The Health Board has an Anti-Fraud, Bribery and Corruption Policy in place which has been approved by the Audit Committee and which is publicised in the electronic staff newsletter and is available on the Health Board's web site.
  - Those who wish to report fraud may do so anonymously via the NHS Protect Fraud and Corruption Reporting Line.
  - Local Counter Fraud messages are included in the staff payslips.
  - Fraud Deterrence Activities involving the publication of media reports relating to successful cases on Counter Fraud activities are regularly published in the Health Board's electronic staff newsletter and reported both to the Audit Committee and Welsh Government.
  - Fraud Prevention Activities involving actions undertaken to directly change procedures identified as being at risk to fraud or actions to implement a structured Prevention Process are regularly carried out and reported both to the Audit Committee and Welsh Government.

- The Local Counter Fraud team have reported to the Audit Committee work which has been undertaken which has resulted in a saving of public money amounting to £705,569. This related to a fraudulent claim for Clinical Negligence which was settled out of Court by the NHS Wales Shared Services Department Legal and Risk team.

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

- 29.6.1 A range of WHCs were published by Welsh Government during 2018-19 and are centrally logged within the Health Board with a lead Executive Director being assigned to oversee implementation of any required action e.g. WHC(2018)015 Ordering Ajuvanted Flu Vaccine for the 2018-19 Season – was shared with infection prevention, medicines management and occupational health teams. The Nurse Immunisation Co-ordinator subsequently confirmed that the information had been shared with GPs and community pharmacies with GPs being reminded of the cut off date to place orders. The Health Board had been kept informed by the vaccine company of the progress with ordering across North Wales, and the BCUHB own pharmacy team had placed orders for the managed practices. 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 [here](#)<sup>35</sup>.
- 29.6.2 There were no Ministerial Directions during the past year. 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 rests with the Board Secretary who acts as the Senior Information Risk Owner (SIRO) with the Assistant Director of Information Governance and Assurance undertaking the designated role of the Health Board's Data Protection Officer in line with the updated data protection legislation which came into force in May 2018. The Deputy Medical Director was replaced following his retirement in January 2019 by the Senior Associate Medical Director as the appointed Caldicott Guardian.
- 30.1.2 The Health Board's information governance and cyber security status was regularly reviewed by the Finance and Performance Committee and more recently by the reintroduction of the Information Governance and Informatics Committee in November 2018.
- 30.1.3 Following the successful implementation of the GDPR Programme in May 2018, assurance reporting to the Committee has included specific reference to data protection compliance and practice (including mandatory training) and Freedom of Information Act compliance.

<sup>35</sup> <https://gweddill.gov.wales/topics/health/nhswales/circulars/?lang=en>



- 30.1.4 The Health Board has undertaken an annual self-assessment against the Caldicott C-PiP tool. This has demonstrated that the Health Board has maintained a Class 4 star rating with an increased compliance of 90% against the tool. This increase was due to the ability to assess training needs for all staff groups and the delivery of various levels of training to specific staff groups who require more advanced or specialised levels of training.
- 30.1.5 During the year the Health Board continued to participate in the development of the National Information Governance Toolkit to strengthen assurance and reporting arrangements across Wales. The new Toolkit will be piloted during 2019 with the first submission from the Health Board being presented in 2020.
- 30.1.6 The Health Board also invited the Information Commissioner's Office (ICO) to undertake a data protection compliance audit in June 2018 which focused on three main areas:
- 1) Governance and Accountability
  - 2) Records Management and
  - 3) Requests for Personal Information.

Overall the Health Board received a reasonable level of assurance from the ICO audit, and were commended for the development of an exceptional informatics portal for the Asset Register. Where weaknesses were identified, the ICO put forward recommendations primarily around enhancing existing processes. Plans were put in place to address the areas of shortfall and were incorporated into the Information Governance Work Programme for future monitoring. A copy of the Executive Summary Report is available [here](#)<sup>36</sup>.

- 30.1.7 The Health Board self-reported 8 data security breaches that triggered referral to the Information Commissioner's Office and Welsh Government. These were:
- One in relation to missing test results;
  - One in relation to theft;
  - One in relation to a purchased filing cabinet;
  - Two in relation to the loss of records;
  - One in relation to removal of information from a health record;
  - One in relation to information sent to an incorrect address;
  - One in relation to inappropriate access to a system.
- 30.1.8 Six of the incidents have been closed with no further action from the Information Commissioners Office due to the immediate actions and improvements put in place by the Health Board, with the purchased filing cabinet incident transferred to the responsibility of the local authority as data controller. The Information Commissioner's Office are not pursuing any further action in relation to the incident involving the removal of information, but require an update with regards to the Police Investigation and the outcome is still awaited with regards to the loss of information in relation to the outstanding incident. The Board did not incur any financial penalties during the year.

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<sup>36</sup> <https://ico.org.uk/media/action-weve-taken/audits-and-advisory-visits/2259551/betsi-cadwaladr-university-health-board-executive-summary-v-01.pdf>

- 30.1.9 As part of the process to ensure lessons are learnt following incident investigation, the Information Governance Team has taken a number of steps, including:
- Notifying individuals affected by the incident;
  - Updates to transportation methods and use of recorded delivery for tracking to ensure more robust processes in place;
  - Completion of home working risk assessments;
  - Quarterly information governance bulletins are disseminated across the organisation and available on the staff intranet site;
  - Alerts have been issued to all staff to remind them of their responsibilities under the data protection legislation specifically with regards to the ensuring up to date patient demographic information is recorded within systems; safe storage and transportation of personal information; information and IT security; confidential waste disposal and secure printing methods;
  - Increased information governance awareness and mandatory training compliance.

## 30.2 Data Quality

- 30.2.1 The Health Board makes every attempt to ensure the quality and robustness of its data, and has regular checks in place to assure the accuracy of information relied upon. However, the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement, as exemplified in section 24.3 of this Statement.
- 30.2.2 During 2018/19 the Health Board also implemented Welsh Patient Administration System (WPAS) in Wrexham Maelor Hospital, with lessons learnt from the Ysbyty Glan Clwyd implementation. This was a significant achievement, supported by the local Hospital Management Team.
- 30.2.3 As the Health Board begins to standardise onto one Patient Administration System, with the potential for one way of working, real time data quality dashboards are being rolled out to support operational staff to take ownership of errors. This will support the standardisation agenda. In support of this, we are hoping to establish a Patient Administration System (PAS) Data Quality Forum to focus on the timeliness and correctness of data, with an operational focus. During the year data quality has been flagged in respect of data migration for WPAS in Central and East.
- 30.2.4 The last 12 months have seen a continued focus on addressing the significant backlog in clinical coding against the revised targets. At the same time, a 5.45% improvement in the quality of the coded data has been achieved.

- 30.2.5 The monthly Integrated Quality and Performance Report presented to the Board (April - October 2018) includes data on both performance against the national delivery framework indicators for the year as well as demonstrating the reported performance in the current and previous period. The current period information is demonstrated compared to the BCU planned performance for that period against profiles for the year. This assists the Board in scrutinising area where variance is greater than would be expected and also enables contributors to the report to highlight any data quality issues in their exception reports. During the year, data quality issues have been flagged in respect of the reporting of the Mental Health Measure.
- 30.2.6 Following a Board development workshop in September 2018 the Integrated Quality and Performance Report presented to the Board has been revised to focus on the core corporate priority areas( Nov 2018- March 2019). Committees of the Board scrutinise indicators contained in the Annual Delivery Framework aligned to the Board Committee terms of reference with escalation of any concerns to Board via the Chair's Assurance Report. From April 2019 these reports have been further refined to align reporting to the actions contained within the Annual Plan work programme for 2019-20, approved by the Board in March 2019. During the year increased use of trend data has been included in reports, with a move towards inclusion of statistical process control charts.
- 30.2.7 Overall, the Board is satisfied that data quality is sufficiently accurate to be able to identify patterns or trends in performance. Continuous improvement as regards data quality remains an ongoing process, the Information Department have established a data quality team within their function. CHKS provide the Health Board with data quality reports. Where there are known data quality issues these are included in the reports for the sub-committees and data quality is included in the risk register of the performance directorate.

## **31. Review of Effectiveness**

- 31.1 As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the Internal Auditors, and the Executive Directors within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.
- 31.2 My review has also been informed by:
- Feedback from Welsh Government and the specific statements issued by the Cabinet Secretary;
  - 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;
  - WAO Structured Assessment;
  - Publication of the HASCAS and Ockenden recommendations following the Tawel Fan investigation and governance review.

31.3 My review of the effectiveness of the system of internal control has been guided by the governance arrangements of the Health Board. We are working to continuously improve the effectiveness of the Health Board's systems of governance in a number of ways, for example:

- A review of the Board and Executive governance structure;
- A facilitated and structured Board Development Programme aligned to the needs of refreshed Board Membership;
- Implementation of the Deloitte Financial Governance Review recommendations;
- During 2017/18 the Health Board introduced a GDPR Transition Programme and introduced an implementation plan based on the Information Commissioner's Office (ICO) guidance. Work has continued throughout 2018/19 to ensure compliance with the new GDPR and Data Protection Act requirements and progress continues to be monitored via the Operational Information Governance Group with issues of significance being reported up to the newly established Information Governance and Informatics Committee;
- Review of BCUHB Wide Policies and the new intranet and internet arrangements and launch of the mobile staff application;
- Scrutiny and monitoring of the HASCAS and Ockenden recommendations via the HASCAS and Ockenden Implementation and Stakeholder Groups;
- A strengthening of the system of Quality Impact Assessment (QIA) of savings schemes, with progress to be measured from samples of completed QIAs and a record of outcomes as part of the Internal Audit Programme in Quarters 1 and 2 of 2019/20;
- Integrated Performance Reporting and revised accountability framework – revised arrangements have been agreed and are being tested for six months (from January 2019) to ensure that they provide a more robust and effective accountability mechanism. A programme of health economy reviews have been established and the outcomes from the first tranche took place in March 2019 with a feedback session for learning from the process having taken place at the end of March 2019;
- Continued efforts to meet the expectations of the Special Measures Improvement Framework across the four themes of leadership & governance; strategic & service planning; mental health; and primary care;
- Addressing the recommendations from the Internal Audit of Health and Safety;
- Ongoing work to improve the management of concerns and claims;
- Addressing concerns raised by previous WAO Structured Assessment reports to align the Clinical Audit Plan of the organisation to its strategic priorities, and ensuring alignment with the key risks of the Health Board.

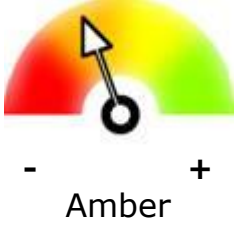
## 32. Internal Audit

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.

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 our drive for continuous improvement.

32.3 The Head of Internal Audit has concluded:

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

 <p style="text-align: center;">-                      + Amber</p>	<p>The Board can take <b>limited assurance</b> 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 <b>moderate impact on residual risk exposure</b> until resolved.</p>
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Particular focus should be placed on the agreed response to any *limited* or *no-assurance* reports issued during the year and the significance of the recommendations made.

32.4 Basis for Forming the Opinion

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

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

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

- An assessment of the range of individual opinions arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements;
- The results of any audit work related to the Health & Care Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the Governance, Leadership and Accountability module; and



- Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3 – Other Work for details).

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

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

A summary of the findings in each of the domains is set out below. Each domain heading has been colour coded to show the overall assurance for that domain.

### Corporate Governance, Risk Management and Regulatory Compliance (Amber)

- We identified reasonable assurance for both the Welsh Risk Pool claims management standard and Risk Management Strategy where embedded controls appeared to be operating as expected. We made one recommendation surrounding the scrutiny of operational compliance against the strategy and note the establishment of the Risk Management Group which is to be chaired by the Chief Executive which will discharge this function.
- Operational compliance with the Standards of Business Conduct was satisfactory although the approval of declarations of interests across some operational divisions requires improvement. The Office of the Board Secretary now scrutinises and upholds the requirements of the Standards for all recorded gifts and hospitality, which ensures independence in the process – reasonable assurance.
- Corporate Legislative Compliance: Nurse Staffing Levels (Wales) Act 2016 where we identified issues surrounding Ward compliance with the Act; a number of the wards were not using the nurse staffing levels approved by the Board or the shift times used to calculate the nurse staffing levels; inconsistent and in some cases incomplete input of information on the Safecare system; monthly performance reporting identifying safe staffing is not ward specific and was a requirement on the Action Plan – limited assurance.
- The review of governance arrangements in Mental Health and Learning Disabilities division identified issues of compliance with established terms of reference; limited evidence that the transformation agenda is being subject to scrutiny; and the quality and safety agenda is reviewed so that the divisional quality and safety meeting is not overwhelmed in both detail and expectations as it attempts to 'catch-all' matters of quality and safety within the division – limited assurance.



- The review concerning the tendering for goods and services in the Estates Department identified significant matters of non-compliance with Standing Financial Instructions as well as the department's own operational procedure. Management have been actively working to address the issues identified and ensure existing internal controls are improved to reduce the risk of a similar issue occurring in the future – no assurance.
- The Health Board has been actively tracking internal and external audit recommendations throughout the year, where all require sign-off as implemented by the relevant executive director. Follow-up reviews of agreed actions has resulted in the closure of recommendations where we found evidence of implementation and these have been reported to the Audit Committee during the year.

### Strategic Planning, Performance Management & Reporting (Amber)

- Overall assurance is positive in the review of the Annual Report – verification of reported data where minor issues were identified and the action plan developed was agreed by management.
- Business Continuity Arrangements recorded limited assurance; whilst the Business Continuity Department (BCD) actively support the roll out/work plan developed, assurance on the effectiveness of the developed Business Continuity Plans will not be possible until such time they are subject to testing, which business continuity leads advised they had not done. Progress has been made since the last review and the corporate department are active in providing training, however there remains a gap in the establishment of regular lead meetings per Policy – limited assurance.
- The review of Revenue Business Cases, against a sample due for development in the annual operational plan, identified a gap in following the guidance as well as the maintenance of a log recording receipt and scrutiny of business cases – limited assurance.

### Financial Governance and Management (Yellow)

- The reviews relating to West locality compliance with the budget setting methodology; Procurement arrangements: Integrated Care Fund, Cluster and Primary Care funding as well as the Reporting arrangement for delivery of savings plans all were assessed as reasonable assurance.
- We did however identify opportunities for management to improve internal controls and these have been reflected within the findings and agreed action plans.

### Quality & Safety (Amber)

- The reviews of the Annual Quality Statement and Infection Prevention and Control – Safe Clean Care recorded reasonable assurance. However, three reviews within this domain recorded limited assurance, as noted below.
- The review of managing the outpatients backlog identified a number of issues surrounding data quality and the effective integration of systems to ensure the correct patients are on the outpatient follow-up list with those subject to formal discharge removed. However, we did escalate details to management of patients who appeared at risk and should have been followed up – limited assurance.

- The review of the *National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 – Part 6: Redress* identified the Corporate Concerns Team and associated processes through to completion of redress documentation were fully compliant with expected controls. Operational departments' compliance in responding to claimants was not routinely adhered to and breached statutory timelines – limited assurance.
- Implementing the Falls Policy identified the policy had been implemented across all areas visited; we identified issues of compliance with expected completion of documentation across the areas reviewed.

### Information Governance and Security (Yellow)

- Three reviews within this domain recorded a mix of assurance ratings.
- Management of patient safety incidents related to informatics processes and Clinical Coding (in partnership with Informatics) received not applicable assurance.

We undertook a questionnaire based survey for the patient safety incidents review to obtain views; followed up recommendations made by NWIS concerning their most recent clinical audit review at the Health Board.

- The Freedom of Information Act review identified that whilst evident the Health Board has its Publication Scheme, the internet pages and associated information have not been maintained [recognising that the information is likely to be available through other searches or through formal requests to the Health Board]; the site is not the most intuitive and accessing the information can be challenging – reasonable assurance.

### Operational Service and Functional Management (Amber)

- The Wales Audit Office report '*Hospital Catering and Patient Nutrition Follow up review: Have the agreed actions made a positive difference*' review identified a great deal of work was being undertaken operationally through the INCHS Group, however this has not been subject to formal reporting or scrutiny through the Health Board Committee structure; There was poor self-assessment scores and no evidence how the wards were tasked with improving performance – limited assurance.
- The review of Patients Monies identified several issues of compliance with Policy, including the non-display of disclaimer notices; completion of required documentation was not in accordance with expected controls – limited assurance.
- The GP Out of Hours: Compliance with National Standards review recorded assurance not applicable as the management requested advisory review identified some differences between the self-assessment and evidence made available to support the assessment.

### Workforce Management (Amber)

- Both the Review of staff earning more than £200,000 and the case management and disciplinary process recorded limited assurance.

The review of staff earning over £200,000 noted a positive reduction in locum/agency and waiting list initiative payments, however the accuracy of one payment could not be corroborated to source timesheets/work done and did not appear to follow process for such ad-hoc payments.

The review relating to the case management and disciplinary process noted issues surrounding the timeliness of completing investigations and how these are monitored.

- The review of the Carbon Reduction Commitment Order received substantial assurance and noted full compliance with expected controls.
- The environmental sustainability review noted that performance trends require additional narrative to underpin the reported data – reasonable assurance.
- The Sub-Regional Neonatal Intensive Care Centre (SuRNICC) review identified matters across areas reviewed including the reporting of realised benefits in accordance with the strategy – reasonable assurance.
- The capital systems review identified positive assurance surrounding monitoring and reporting; capital approval process and the procedural framework. However, less assurance was noted in the discretionary bidding process and prioritising the bids submitted – reasonable assurance.
- The primary care GP leases: Assigning leases to the Health Board review identified that there is no overarching procedure through which the Health Board structures its decision making and identification of all costs prior to assuming lease ownership. We identified one lease which had not been formally approved by the Health Board at time of this review but has since been considered by the Board – limited assurance.

### 33. External Audit

- 33.1 On behalf of the Auditor General for Wales, staff of the Wales Audit Office conducted a Structured Assessment, as referred to earlier in this Statement.

The Board considered the Structured Assessment and the associated management response at its meeting on in January 2019. At that meeting members had noted that the report contained a single recommendation which was for the Board to fully complete previous outstanding recommendations made by the WAO in 2016/2017. Some of the WAO's previous recommendations had been closed for the purposes of the audit tracker tool, as they were now being measured and monitored as part of embedded standard business processes. Discussion ensued covering mental health, concerns management, estates, the need for appropriate infrastructure to be in place for the transformational journey and the importance of getting governance right in terms of ensuring changes were made in response to WAO recommendations. The Board resolved to receive the report, accept the recommendations in the Structured Assessment, and also receive and approve the management response to the Structured Assessment - noting that actions recorded as closed would, where appropriate, be included in the relevant plans such as the Three Year Plan, Annual Operational Plan, and workforce or quality strategy and plans.

- 33.2 An updated version of the management response considered by the Audit Committee at its March 2019 meeting which provided a position update regarding future monitoring arrangements. The WAO will seek to gain assurance that this has happened and review progress against outstanding recommendations in April 2019.
- 33.3 The Auditor General for Wales' summary conclusions as set out in the Annual Audit Report are detailed below (details of the full report can be accessed via the Wales Audit office website):

### “Audit of accounts

- *I have issued an unqualified opinion on the accuracy and proper preparation of the 2017-18 financial statements of the Health Board, although in doing so, I have brought some issues to the attention of officers and the Audit Committee*
- *I have issued a qualified audit opinion on the regularity of the financial transactions within the financial statements of the Health Board and placed a substantive report alongside this opinion to highlight its failure to meet its statutory financial duties*

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

- *While the Health Board is strengthening its governance and management arrangements, it continues to struggle to develop financially sustainable medium-term plans and improve priority areas of performance*
- *While strategic planning arrangements are developing, these have yet to result in an approvable Integrated Medium-Term Plan and the Health Board’s approach to monitoring the delivery of its existing plans has not been strong enough*
- *The Health Board is continuing to experience significant challenges in managing its workforce, finances and physical assets, and it needs to develop a more transformational approach to improve service performance and efficiency*
- *My wider programme of work indicates that the Health Board is responding to risks and opportunities, but continues to face several challenges*
- *The Health Board has made effective use of the National Fraud Initiative to detect fraud and overpayments.”*

## **34. Conclusion**

- 34.1 As Accountable Officer, based on the review process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. Taking into account the evidence detailed in this Statement, together with feedback from Welsh Government including Special Measures, from Wales Audit Office via their Structured Assessment and from Internal Audit’s assurance assessment together with the findings of the HASCAS investigation, I have concluded that some significant 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. Whilst there is evidence of progress being made in some areas, there remain several key areas which contribute to the Health Board remaining in special measures.

- 34.3 In addition to progressing the work listed in section 31.3, and addressing the risks set out in section 19 of this Statement, the Health Board's key priority areas for improvement and focus in the year ahead will be:
- Ongoing efforts aimed at securing the lifting of special measures;
  - Improved performance in unscheduled care and on RTT;
  - Improved financial position – turnaround progressing to transformation;
  - Increased strategic and service planning capacity and capability;
  - Ensuring continuity of business and stability during turnover of key Board members, and providing comprehensive induction for new Board Members;
  - Continuing implementation of HASCAS and Ockenden Review recommendations;
  - Continuing joint working with key strategic partners, particularly via Public Services Boards and the Regional Partnership Board;
  - The Health Board will continue to apply the principles of best practice in public sector governance.
- 34.4 As Accountable Officer, I am very clear on the improvements that need to be made at pace and the further work required to tackle the range of challenges facing the Health Board. I have confidence in the willingness and commitment of all staff within the organisation to strive to overcome the many challenges faced by the Health Board, in order to deliver success that translates into better performance and outcomes for patients.
- 34.6 This Annual Governance Statement has been developed in accordance with the Health Board's governance arrangements and was approved by the Audit Committee on 30.5.19. As the Accountable Officer, I am taking assurances on the accuracy of the Annual Governance Statement from the arrangements established by the Health Board.

**Signed:**



**Gary Doherty**  
**Chief Executive and Accountable Officer**

**Date: 30th May 2019**

## Appendix 1 – Board and Committee Membership 2018/19

A number of changes to Board membership, including interim and acting up arrangements, have occurred during 2018/19 and are reflected in the table below.

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Dr Peter Higson	Chairman <i>to 31.8.18</i>		<ul style="list-style-type: none"> <li>• Chair of the Board</li> <li>• Chair, Remuneration and Terms of Service Committee</li> <li>• Interim Chair Quality, Safety and Experience Committee <i>June 2018 only</i></li> </ul>	<ul style="list-style-type: none"> <li>• Veterans <i>to 31.8.18</i></li> </ul>
Mr Mark Polin	Chairman <i>wef 1.9.18</i>		<ul style="list-style-type: none"> <li>• Chair of the Board</li> <li>• Chair, Remuneration and Terms of Service Committee <i>wef 6.9.18</i></li> <li>• Chair Finance and Performance Committee <i>wef 6.9.18</i></li> </ul>	
Mrs Margaret Hanson	Vice-Chair <i>to 31.5.18</i>	Primary Care & Mental Health	<ul style="list-style-type: none"> <li>• Vice Chair of the Board</li> <li>• Chair, Mental Health Committee</li> <li>• Member Strategy, Partnerships and Population Health Committee</li> <li>• Vice Chair, Remuneration and Terms of Service Committee</li> <li>• Chair, Quality, Safety &amp; Experience Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Cleaning, Hygiene and Infection Management</li> <li>• Older People</li> <li>• Safeguarding</li> </ul> <p><i>All to 31.5.18</i></p>
Mrs Marian Wyn Jones	Independent Member  Vice-Chair <i>acting wef 1.6.18; appointed August 2018</i>	Community  Primary Care & Mental Health <i>wef 1.6.18</i>	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Chair Finance and Performance Committee <i>to 31.8.18</i></li> <li>• Chair, Charitable Funds Committee <i>to 5.9.18</i></li> <li>• Chair Strategy, Partnerships and Population Health Committee <i>wef 6.9.18</i></li> <li>• Chair Mental Health Act Committee <i>wef 6.9.18</i></li> <li>• Member Remuneration and Terms of Service Committee <i>wef 6.9.18</i></li> </ul>	<ul style="list-style-type: none"> <li>• Public and Patient Involvement</li> <li>• Older People <i>wef 1.6.18</i></li> <li>• Safeguarding <i>wef 1.6.18</i></li> </ul>



Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Mrs Cheryl Carlisle	Independent Member	Community	<ul style="list-style-type: none"> <li>• Board member</li> <li>• Member Charitable Funds Committee <i>to 5.9.18</i></li> <li>• Member Finance and Performance Committee <i>to 5.9.18</i></li> <li>• Member Quality, Safety and Experience Committee</li> <li>• Member Information Governance and Informatics Committee <i>wef 6.9.18</i></li> </ul>	<ul style="list-style-type: none"> <li>• Carers</li> <li>• Children and Young People</li> </ul>
Mr John Cunliffe	Independent Member	Community	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Chair Information Governance and Informatics Committee</li> <li>• Vice Chair Audit Committee</li> <li>• Vice Chair, Finance and Performance Committee</li> </ul>	
Mrs Jackie Hughes	Independent Member (Trade Union) <i>wef 1.6.18</i>	Trade Union	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Member Audit Committee <i>wef 6.9.18</i></li> <li>• Member Remuneration and Terms of Service Committee</li> <li>• Member Quality, Safety and Experience Committee</li> <li>• Member Charitable Funds Committee <i>wef 6.9.18</i></li> </ul>	<ul style="list-style-type: none"> <li>• Violence and Aggression</li> <li>• Equality</li> </ul>
Cllr Medwyn Hughes	Independent Member	Local Authority	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Chair Audit Committee <i>wef 6.9.18</i></li> <li>• Vice Chair Remuneration and Terms of Service Committee <i>wef 6.9.18</i></li> <li>• Member Strategy, Partnerships and Population Health Committee</li> <li>• Member Mental Health Act Committee <i>to 5.9.18</i></li> </ul>	<ul style="list-style-type: none"> <li>• Welsh language <i>wef March 2019</i></li> </ul>

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Mrs Lyn Meadows	Independent Member	Community	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Member Strategy, Partnerships and Population Health Committee <i>to June 2018</i></li> <li>• Chair Strategy, Partnerships and Population Health Committee <i>wef July - August 2018</i></li> <li>• Member Finance and Performance Committee <i>wef 6.9.18</i></li> <li>• Member Mental Health Act Committee <i>wef 6.9.18</i></li> <li>• Member Remuneration and Terms of Service Committee <i>wef June 2018</i></li> <li>• Member Quality, Safety and Experience Committee (<i>including Chair wef July to September 2018</i>)</li> <li>• In attendance, Stakeholder Reference Group <i>wef July - August 2018</i></li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Concerns <i>to 5.9.18</i></li> <li>• Cleaning, Hygiene and Infection Management <i>wef 1.6.18</i></li> </ul>
Ms Lucy Reid	Independent Member <i>wef 1.9.18</i>	Community	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Member Audit Committee</li> <li>• Chair Quality, Safety and Experience Committee</li> <li>• Member Information Governance and Informatics Committee</li> <li>• Member Charitable Funds Committee <i>to 1.11.18</i></li> </ul>	<ul style="list-style-type: none"> <li>• Concerns <i>wef 6.9.18</i></li> </ul>
Mrs Bethan Russell-Williams	Independent Member <i>to 3.3.19</i>	Third Sector	<ul style="list-style-type: none"> <li>• Board Member <i>to 3.3.19</i></li> <li>• Vice-Chair Mental Health Act Committee <i>to 3.3.19</i></li> <li>• Vice Chair Strategy, Partnerships and Population Health Committee <i>to 3.3.19</i></li> <li>• Member, Finance &amp; Performance Committee <i>to 5.9.18</i></li> <li>• Chair Charitable Funds Committee <i>wef 6.9.18 to 3.3.19</i></li> </ul>	<ul style="list-style-type: none"> <li>• Welsh language <i>to 3.3.19</i></li> </ul>

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Prof Jo Rycroft - Malone	Independent Member	University	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Vice Chair Information Governance and Informatics Committee <i>wef 6.9.18</i></li> <li>• Member Charitable Funds Committee <i>wef 6.9.18</i></li> </ul>	
Mr Ceri Stradling	Independent Member <i>to 31.8.18</i>	Community	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Chair, Audit Committee</li> <li>• Member, Remuneration and Terms of Service Committee</li> <li>• Vice Chair Charitable Funds Committee</li> </ul>	
Ms Helen Wilkinson	Independent Member <i>wef 1.9.18</i>	Third Sector	<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Member Strategy, Partnerships and Population Health Committee (<i>Vice Chair wef March 2019</i>)</li> <li>• Member Finance and Performance Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Veterans</li> </ul>
Mrs Morwena Edwards	Associate Member (Social Services) <i>wef 26.6.18</i>	Director of Social Services, Gwynedd	<ul style="list-style-type: none"> <li>• Associate Board Member</li> </ul>	
Mr Gary Doherty	Chief Executive		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance, Remuneration and Terms of Service Committee</li> <li>• In attendance, Audit Committee (at least annually)</li> <li>• Joint Chair / Member, Local Partnership Forum</li> </ul>	
Mr Russ Favager	Executive Director of Finance		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance, Audit Committee</li> <li>• Lead Director / Member, Charitable Funds Committee</li> <li>• Lead Director / In attendance, Finance and Performance Committee</li> <li>• Member Local Partnership Forum</li> </ul>	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Miss Teresa Owen	Executive Director of Public Health		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance, Quality, Safety and Experience Committee</li> <li>• In attendance, Strategy, Partnerships and Population Health Committee</li> </ul>	
Mrs Sue Green	Executive Director of Workforce & Organisational Development (OD)		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Lead Director/In attendance, Remuneration and Terms of Service Committee</li> <li>• In attendance, Finance and Performance Committee</li> <li>• In attendance, Strategy, Partnerships and Population Health Committee</li> <li>• Lead Director / Member, Local Partnership Forum</li> <li>• In attendance, Quality, Safety and Experience Committee <i>wef November 2018</i></li> </ul>	
Mr Geoff Lang	Executive Director of Strategy <i>to May 2018</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Lead Director / In attendance, Strategy, Partnerships and Population Health Committee</li> <li>• Member, Charitable Funds Committee</li> <li>• In attendance, Finance and Performance Committee</li> <li>• Lead Director / In attendance Stakeholder Reference Group</li> </ul>	
Mrs Sally Baxter	Acting Executive Director of Strategy <i>wef June 2018 to 21.11.18</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Lead Director / In attendance Strategy, Partnerships and Population Health Committee</li> <li>• Member Charitable Funds Committee</li> <li>• In attendance Finance and Performance Committee</li> <li>• Lead Director / In attendance Stakeholder Reference Group</li> </ul>	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Mr Mark Wilkinson	Executive Director Planning and Performance <i>wef 22.11.18</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• Lead Director / In attendance, Strategy, Partnerships and Population Health Committee</li> <li>• Member Charitable Funds Committee</li> <li>• In attendance Finance and Performance Committee</li> <li>• Lead Director / In attendance Stakeholder Reference Group</li> </ul>	
Dr Evan Moore	Executive Medical Director / (Deputy Chief Executive <i>to December 2018</i> )		<ul style="list-style-type: none"> <li>• Board member</li> <li>• In attendance, Quality, Safety and Experience Committee</li> <li>• Lead Director / In attendance Information Governance and Informatics Committee <i>wef October 2018</i></li> <li>• In attendance Finance and Performance Committee <i>wef 6.9.18</i></li> </ul>	
Ms Morag Olsen	Chief Operating Officer <i>to July 2018</i>		<ul style="list-style-type: none"> <li>• Board Member</li> <li>• In attendance, Finance and Performance Committee</li> <li>• In attendance, Quality, Safety and Experience Committee</li> <li>• Member, Local Partnership Forum</li> </ul>	
Dr Chris Stockport	Executive Director Primary and Community Services <i>wef October 2018</i>		<ul style="list-style-type: none"> <li>• Board member</li> <li>• In attendance, Quality, Safety and Experience Committee</li> <li>• In attendance Strategy, Partnerships and Population Health Committee</li> </ul>	

Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Mrs Gill Harris	Executive Director Nursing and Midwifery		<ul style="list-style-type: none"> <li>• Board member</li> <li>• Lead Director / In attendance Quality, Safety and Experience Committee</li> <li>• Member, Local Partnership Forum</li> <li>• In attendance Mental Health Act Committee</li> <li>• Member, Charitable Funds Committee</li> <li>• In attendance Finance and Performance Committee <i>wef 6.9.18</i></li> </ul>	
Mrs Deborah Carter	Acting Executive Director Nursing and Midwifery <i>wef March 2019</i>		<ul style="list-style-type: none"> <li>• Board member</li> <li>• Lead Director / In attendance Quality, Safety and Experience Committee</li> <li>• Member Local Partnership Forum</li> <li>• In attendance Mental Health Act Committee</li> <li>• Member Charitable Funds Committee</li> <li>• In attendance Finance and Performance Committee</li> </ul>	
Mr Adrian Thomas	Executive Director Therapies & Health Sciences		<ul style="list-style-type: none"> <li>• Board member</li> <li>• Lead Director / In attendance Healthcare Professionals Forum</li> <li>• In attendance Quality, Safety and Experience Committee</li> </ul>	
Mr Andy Roach	Director of Mental Health and Learning Disabilities		<ul style="list-style-type: none"> <li>• In attendance at Board</li> <li>• Lead Director / In attendance Mental Health Act Committee</li> <li>• Member Local Partnership Forum</li> </ul>	
Mrs Grace Lewis-Parry	Board Secretary		<ul style="list-style-type: none"> <li>• In attendance at Board</li> <li>• Lead Director / In attendance, Audit Committee</li> <li>• In attendance Information Governance and Informatics Committee <i>wef October 2018</i></li> </ul>	



Name	Position	Area of expertise / representation role	Board Committee membership	Champion roles
Advisory Group Associate Members				
Mr Ffrancon Williams	Associate Member	Chair of the Stakeholder Reference Group	<ul style="list-style-type: none"> <li>• Associate Board Member</li> </ul>	
Prof Michael Rees	Associate Member	Chair of the Healthcare Professionals Forum <i>to 28.2.19</i>	<ul style="list-style-type: none"> <li>• Associate Board Member</li> <li>• In attendance Quality, Safety &amp; Experience Committee</li> </ul>	

## Appendix 2 - BCUHB Health Board member attendance at Board Meetings held in public 2018/19

Y = Present A = Apologies P = Part attendance

		5.4.18	2.5.18	7.6.18	12.7.18 & AGM	2.8.18	6.9.18	1.11.18	24.1.19	28.3.19
<b>Dr Peter Higson</b> Chairman	Member	Y	Y	Y	Y	Y				
<b>Mr Mark Polin</b> Chairman	Member						Y	Y	Y	Y
<b>Mrs Margaret Hanson</b> Vice Chair	Member	A	Y							
<b>Mrs Marian W Jones</b> Independent Member / Vice Chair	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Cllr Cheryl Carlisle</b> Independent Member	Member	Y	A	Y	Y	Y	P	Y	Y	Y
<b>Mr John Cunliffe</b> Independent Member	Member	Y	Y	Y	Y	Y	A	Y	A	Y
<b>Mrs Jackie Hughes</b> Independent Member	Member			Y	Y	A	A	P	Y	Y
<b>Cllr Medwyn Hughes</b> Independent Member	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Mrs Lyn Meadows</b> Independent Member	Member	Y	Y	A	Y	Y	Y	Y	Y	Y
<b>Ms Lucy Reid</b> Independent Member	Member						A	A	Y	Y
<b>Mrs Bethan Russell-Williams</b> Independent Member <i>to 3.3.19</i>	Member	Y	Y	Y	Y	Y	Y	Y	Y	
<b>Prof Jo Rycroft-Malone</b> Independent Member	Member	Y	A	P	Y	Y	A	Y	A	A
<b>Mr Ceri Stradling</b> Independent Member	Member	Y	A	Y	Y	A				
<b>Ms Helen Wilkinson</b> Independent Member	Member						Y	Y	Y	Y
<b>Mr G Doherty</b> Chief Executive	Member	Y	Y	Y	Y	A	Y	Y	Y	Y
<b>Dr Evan Moore</b> Executive Medical Director / (Deputy Chief Executive <i>to December 2018</i> )	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Mr Russell Favager</b> Executive Director of Finance	Member	Y	Y	Y	Y	Y	A	Y	Y	Y
<b>Miss Teresa Owen</b> Executive Director Public Health	Member	Y	Y	Y	Y	Y	Y	Y	Y	Y
<b>Mrs Gill Harris</b> Executive Director Nursing and Midwifery	Member	Y	Y	Y	Y	Y	Y	Y	P	A
<b>Mrs Deborah Carter</b> Acting Executive Director Nursing and Midwifery <i>wef March 2019</i>	Member									Y

		5.4.18	2.5.18	7.6.18	12.7.18 & AGM	2.8.18	6.9.18	1.11.18	24.1.19	28.3.19
<b>Mr Adrian Thomas</b> Executive Director Therapies and Health Sciences	Member	Y	Y	Y	Y	Y	Y	A	P	Y
<b>Mrs Sue Green</b> Executive Director of Workforce & OD	Member	Y	Y	Y	A	Y	Y	Y	Y	Y
<b>Ms Morag Olsen</b> Chief Operating Officer	Member	A	Y	A						
<b>Dr Chris Stockport</b> Executive Director of Primary and Community Services <i>wef October 2018</i>	Member							Y	Y	Y
<b>Mr Geoff Lang</b> Executive Director of Strategy <i>to May 2018</i>	Member	Y	Y							
<b>Mrs Sally Baxter</b> Acting Executive Director of Strategy <i>wef June 2018 to October 2018</i>	Member			Y	Y	Y	Y	Y		
<b>Mr Mark Wilkinson</b> Executive Director of Planning and Performance <i>wef November 2018</i>	Member								Y	Y
<b>Mr Andy Roach</b> Director Mental Health & Learning Disabilities	In Attendance	A	Y	Y	Y	Y	Y	Y	Y	Y
<b>Mrs Grace Lewis-Parry</b> Board Secretary	In Attendance	A	Y	Y	Y	Y	P	A	Y	Y
<b>Mrs Morwena Edwards</b> representing Directors of Social Services <i>wef June 2018</i>	Associate Member			Y	A	Y	Y	A	A	Y
<b>Mr Ffrancon Williams</b> Chair of Stakeholder Reference Group	Associate Member	Y	Y	Y	Y	A	Y	A	Y	A
<b>Prof Michael Rees</b> Chair of Healthcare Professionals Forum <i>to 28.2.19</i>	Associate Member	Y	A	Y	P	Y	Y	Y	Y	
<b>Mr Gareth Evans</b> Chair of Healthcare Professionals Forum designate <i>wef March 2019</i>	Associate Member									Y

**Appendix 3 - Meetings of the Health Board and Committees held in public 2018/19:**

<b>Meeting</b>											
Health Board	<b>5.4.18</b>	<b>2.5.18</b>	<b>7.6.18</b>	<b>12.7.18 &amp; AGM</b>	<b>2.8.18</b>	<b>6.9.18</b>	<b>1.11.18</b>	<b>24.1.19</b>	<b>28.3.19</b>		
Quality, Safety & Experience (QSE) Committee	<b>24.4.18</b>	<b>22.5.18</b>	<b>26.6.18</b>	<b>25.9.18</b>	<b>6.11.18</b> Joint with Audit Committee	<b>29.11.18</b>	<b>22.1.19</b>	<b>28.2.19</b> Extraordinary	<b>19.3.19</b>		
Finance & Performance (F&P) Committee	<b>26.4.18</b>	<b>24.5.18</b>	<b>28.6.18</b>	<b>26.7.18</b>	<b>23.8.18</b>	<b>25.9.18</b>	<b>25.10.18</b>	<b>22.11.18</b>	<b>17.1.19</b>	<b>26.2.19</b>	<b>26.3.19</b>
Strategy, Partnerships & Population Health (SPPH) Committee	<b>12.4.18</b>	<b>10.5.18</b>	<b>5.7.18</b>	<b>9.8.18</b>	<b>9.10.18</b>	<b>4.12.18</b>	<b>5.2.19</b>				
Remuneration and Terms of Service Committee	<b>30.4.18</b>	<b>11.6.18</b> Extraordinary	<b>30.7.18</b>	<b>26.11.18</b>	<b>14.1.19</b>						
Mental Health Act Committee	<b>11.5.18</b>	<b>21.9.18</b>	<b>3.1.19</b>	<b>29.3.19</b>							
Charitable Funds Committee	<b>11.6.18</b>	<b>17.9.18</b>	<b>13.12.18</b>	<b>7.3.19</b>							
Audit Committee	<b>31.5.18</b>	<b>11.9.18</b>	<b>11.12.18</b>	<b>14.3.19</b>	<b>6.11.18</b> Joint with QSE Committee						



